



**2013-16 PARK COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN REPORT CARD**

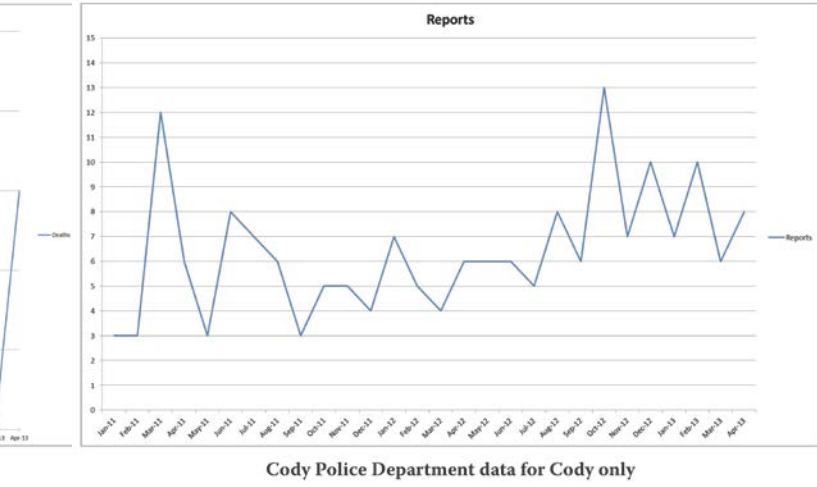
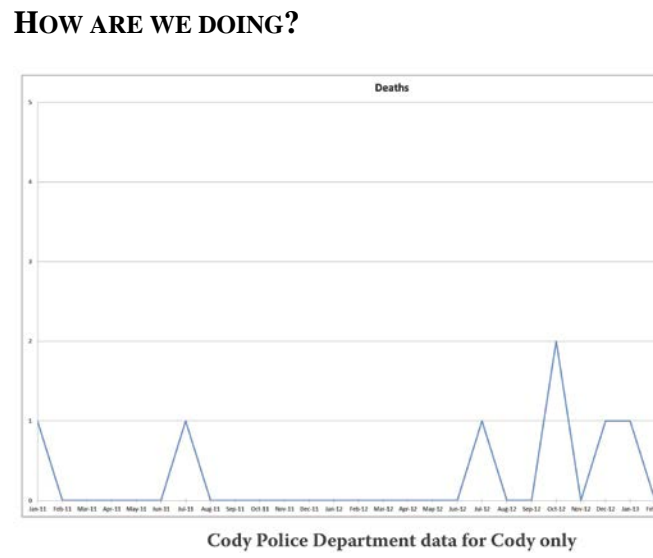
**OUTCOME:** REDUCTION IN SUICIDE  
**POPULATION:** ALL RESIDENTS OF PARK COUNTY

**ACTION TEAM DESCRIPTION:** During the initial May 1, 2013, meeting among cooperators, suicide in Park County was the overwhelming topic of concern across the diverse spectrum of cooperators involved. Although anecdotal evidence from cooperators was passionate and pervasive, few statistics were available at that meeting to back up the cooperators' stories. Upon further investigation, data was found that supports the assumption that statewide and locally in Park County, suicide is a pressing public health need at all ages.

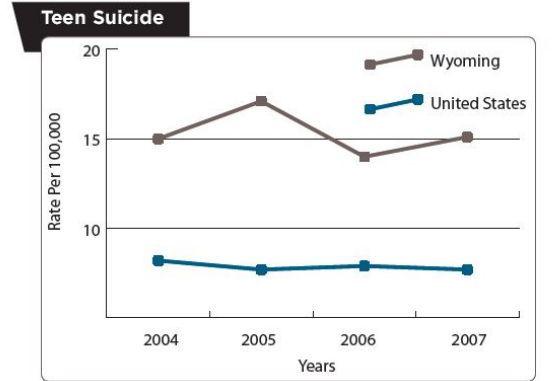
**HEADLINE PERFORMANCE MEASURES:**  
 Suicide rates  
 Mental health availability, access and wait times

**DATA DEVELOPMENT AGENDA:**  
 Substance abuse rate (especially prescription drugs)  
 Local suicide rates for teens, middle-aged, elderly

- STORY BEHIND BASELINE:**
- State statutes on Title 25 holds are inadequate for needs of providers
  - Cost of reforming mental health system is a barrier to care
  - Lack of wrap-around/follow-up/communication among involved agencies
  - Drug abuse (especially prescription)
  - Cost of mental health care services
  - Social stigma around mental health problems, "cowboy up" mentality in Wyoming
  - Accessibility and availability of lethal means (especially guns)
  - High rate of alcoholism
  - Lack of early identification of mental illness (no mental health evaluation at school level)
  - Suicide has many contributing factors, including sudden life events, and those at-risk may have no known history of mental health problems
  - Individuals who need help are able to "game" the system and bypass risk systems in place
  - Participation in prescription drug database is not timely and not universally used
  - High time/location of socio-economic stress
  - Lack of awareness/knowledge of response from greater public about the issue
  - Child neglect/abuse
  - Postpartum depression



**The suicide rate among Wyoming teens 15-19 is double the national rate.**



- WHAT WORKS (BEST PRACTICES):**
- TRAINING LAY-PEOPLE, PROVIDERS AND PROFESSIONALS IN AWARENESS AND RESPONSE
  - AWARENESS/EDUCATION OF BROADER PUBLIC, ESPECIALLY SCHOOLS AND PARENTS, THROUGH GRASSROOTS MEANS AND MEDIA
  - IMPROVING AND STANDARDIZING DATA COLLECTION TO RECOGNIZE TRENDS, PATTERNS, ETC.
  - IMPROVE ACCESS TO MENTAL HEALTH SERVICES AND IMPROVE FOLLOW-UP PROCESSES WITHIN HEALTH CARE AND MENTAL HEALTH PROVIDER COMMUNITIES

**PARTNERS WHO CAN HELP US?**

MENTAL HEALTH PROFESSIONAL COMMUNITY  
 FAITH COMMUNITY  
 SUICIDE COALITION  
 PREVENTION MANAGEMENT OFFICE  
 SCHOOLS  
 PRIMARY CARE/FRONT LINE MEDICAL PROVIDERS  
 LAW ENFORCEMENT  
 HOSPITALS/HEALTH CARE CLINICS  
 SENIOR SERVICES

EARLY CHILDHOOD SERVICES  
 CORONER  
 LOCAL PHARMACISTS  
 PTAS/PTOs  
 SUICIDE SUPPORT GROUP  
 NAMI  
 AFTERSCHOOL PROGRAMS  
 LEGISLATORS  
 MENTORING PROGRAMS  
 CRISIS INTERVENTION SERVICES  
 ACADEMIC EXPERTS

**MEDIA**  
 NORTHWEST COLLEGE  
 SUICIDE HOTLINE  
 VETERANS' SERVICES – VFW, LEGION, FAMILIES ON THE FRONT LINE

- WHAT ARE WE GOING TO DO TO IMPROVE PERFORMANCE?**
- SET AND IMPLEMENT TRAINING GOALS FOR INVOLVED/POINT-OF-CONTACT LAYPEOPLE AND FRONTLINE MEDICAL PERSONNEL/RESPONDERS
  - IMPLEMENT USEFUL AND THOROUGH DATA-COLLECTION PRACTICES TO GET A BETTER PICTURE OF THE PROBLEM AND GUIDE BEST PRACTICES/PREVENTION STRATEGIES
  - INVESTIGATE ACCESS-TO-CARE ISSUES VIA SAME-DAY AVAILABILITY OF MENTAL HEALTH SERVICES
  - WORK WITH LEGISLATORS TO IMPLEMENT DESIRED TITLE 25 POLICY CHANGES
  - REVIEW AGENCY PROCEDURES REGARDING REFERRALS/FOLLOW-UP TO ENSURE "WARM HANDOFF" AMONG AGENCIES AND REDUCE ACCESS BARRIERS
  - PROMOTE SUICIDE AWARENESS/PREVENTION RESOURCES VIA THE MEDIA