STATE OF WYOMING
SUICIDE PREVENTION PLAN

Wyoming Suicide Prevention Task Force
Wyoming Department of Health,
Behavioral Health Division

August 2011
MISSION STATEMENT

The mission of the State of Wyoming Suicide Prevention Task Force is to improve the health and well-being of Wyoming individuals, families, and communities by reducing suicidal behaviors across the life span.

VISION STATEMENT

Members of the Wyoming Suicide Prevention Task Force share a collective vision of a State that provides all its residents with timely access to mental health services without regard to age, race or income. An integral component of this vision is the fundamental principle that those who are most at risk for suicide deserve our hope, compassion and understanding, rather than society’s stigmatization. Realization of this vision requires a paradigm shift in a culture that too often portrays mental illness and suicidality as weaknesses of character instead of diagnosable conditions that can and should be timely assessed and appropriately treated.
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INTRODUCTION

SUICIDE IS PREVENTABLE in most cases. Recognizing that suicide is a problem of national scope, the Surgeon General of the United States has declared suicide a serious public health issue. According to The Surgeon General’s Call to Action to Prevent Suicide an average of 85 Americans die of suicide each day.\(^1\)

Major mental illness and/or a substance abuse disorder are risk factors for suicide.\(^2\) According to the American Foundation for Suicide Prevention, more than 60% of all people who die by suicide suffer from major depression.\(^3\) Stigma associated with major mental illness prevents many persons from seeking help. Alcohol is a factor in at least 30% of all suicides.\(^4\) Substance-abuse disorder and a family history of substance abuse are common risk factors for death by suicide.\(^5\)

Suicide is a public-health problem that affects men and women of all ages, abilities and racial backgrounds. In 2007 suicide claims the lives more than 30,000 citizens in the United States, leaving countless family members and friends as survivors of suicide.\(^6\) The devastating loss of human life by suicide and the accompanying grief, guilt, confusion and fear are all too familiar to many Wyoming families, friends, and communities. Suicide is a subject often feared and misunderstood, making it a difficult topic to discuss. However, with education, training, intervention, and treatment we can reduce the occurrence of suicidal behaviors in our state.
SUICIDE IN WYOMING

All areas of Wyoming are directly impacted by the effects of suicide. Counties with consistently high suicide rates (more than 20.0 persons per 100,000 population) in the past five years include: Big Horn, Carbon, Converse, Crook, Fremont, Hot Springs, Natrona, Park, Platte, Sheridan, Sweetwater, Uinta and Washakie.

In the adjacent chart, counties in dark brown reflect a suicide rate at or above the 90th percentile nationally; those in tan are at or above the 75th percentile nationally.

In 2007, suicide was the second leading cause of death for Wyoming residents age 15-34.6

The rate of suicide in Wyoming has historically been high. For two decades, Wyoming’s per capita suicide rates have ranked among the worst in the country. Since 1990, the State has never ranked lower than 6th nationally for suicide deaths. As of 2007, Wyoming has had the 4th highest rate of suicide in the country. Between 2007-2009 there was an average of 2 suicides every week in the state of Wyoming. The need for comprehensive suicide prevention in Wyoming has never been greater.

The costs associated with suicidal behavior are substantial. Medical expenses of $4,104 and work losses of $1,293,790 result for each Wyoming suicide death.8 When multiplied by 94 average annual suicides, financial loss alone was more than $12,022,000 per year. Each hospitalized suicide attempt in results in medical expenses of $9,154 and in $11,015 work losses. When multiplied by the annual number of 359 for hospitalized attempts, $7,240,700 was the approximate resulting cost.8 Wyoming’s annual financial losses from completed and attempted suicide were close to $129,648,700. However, the loss to family, friends, and communities is immeasurable.

Use of a gun is by far the most common method of suicide in Wyoming.8 In 2009 seventy percent of all suicides in Wyoming were by firearms. The preference for firearms is consistent with prevailing cultural norms in Wyoming, which consistently ranks among the top states in the nation in terms of household gun ownership. Specifically, about two-thirds of Wyoming residents report having a firearm in or around the home.
SUICIDE IN WYOMING

SUICIDE PREVENTION LEGISLATION
In 2005, The Wyoming State Legislature established and appropriated funding for the Wyoming Suicide Prevention Initiative, including full-time, designated staff. The suicide prevention statute is codified W.S. §9-2-102(a)(v). The statute requires WDH to establish a statewide suicide prevention program that includes the following components: A statewide written plan adopted by WDH following at least one statewide public meeting of interested persons and entities; Assistance to local communities in the development and maintenance of suicide prevention coalitions; consultation, technical assistance and training to state and local agencies, organizations and professional groups; maintenance of a library of suicide prevention materials and information which shall include copies of or links to Cochrane Collaboration systematic reviews or other similar sources relevant to this subject; plus collection and dissemination of information regarding best practices for suicide prevention as well as intervention. The hiring of the Suicide Prevention Program Manager has increased state efforts in building community coalitions, expanded collaboration with schools statewide, plus increased attention and visibility of suicide activities. Since its establishment in 2005, the Wyoming Suicide Prevention Initiative state has accomplished the following:

► Obtained $1.2 million federal youth suicide prevention grant funding
► Provided Suicide Prevention Core Competencies training to local coalitions
► Conducted statewide school-based suicide prevention outreach
► Distributed suicide prevention survey to school administrators
► Drafted Wyoming Youth Suicide Prevention Manual
► Increased local suicide prevention task forces from 9 to 16
► Maintained and updated suicide prevention website
► Formed Wind River Native American INSPIRE Initiative
► Expanded suicide prevention network of partners & stakeholders
► Published and circulated quarterly suicide prevention newsletter
► Increased suicide prevention library to 1,000+ materials
► Governor issued suicide awareness and prevention proclamations
► Increased public awareness through more than 50 media articles and interviews, public serve announcements, and press releases
► Translated suicide prevention brochures into Spanish
► Conducted State Task Force strategic planning retreat
► Sponsored Building Bridges to a Better Tomorrow State Suicide Prevention Conference
State Of Wyoming Suicide Prevention Plan

SUICIDE IN WYOMING

HISTORY OF STATE SUICIDE PREVENTION EFFORTS

The Wyoming Department of Health is the state agency responsible for providing health-related prevention services for the State of Wyoming. The Department’s primary approach in solving major health problems such as suicide is through application of the public health approach to prevention. The Mental Health Division within Wyoming Department of Health has led the state’s suicide prevention since 1998, when it partnered with the State Task Force to develop Wyoming’s first state suicide prevention plan. Modeled after the National Strategy for Suicide Prevention, the Wyoming State Suicide Prevention plan contains three overarching goals: awareness, intervention, and methodology. Within each of these goals are specific objectives and methods for achieving the goal. Since that time, the suicide prevention plan has been developed and revised annually, fifteen community coalitions have been funded, four major conferences have been provided, and multiple training events and educational presentations have been provided.

1998 Reno Conference
1999 Surgeon General’s Call to Action to Prevent Suicide
2004 Congress Passes Garrett Lee Smith Memorial Act
August 2006 Wyoming Awarded GLSMA Youth Suicide Prevention Grant (Cohort II)
Late 1990s Wyoming Suicide Prevention Task Force Formed
Early 2000s Wyoming State Task Force & Mental Health Division Draft State Suicide Prevention Plan
2005 Wyoming Legislature Passes Suicide Prevention Legislation W.S. § 9-2-102(a)(v)
July 2005 State Suicide Prevention Program Begins in MHD
Aug 2006 First Strategic Planning Retreat for State Task Force
October 2006 Wyoming Youth Suicide Prevention Initiative Begins & WYSPAC Formed
2007 Five-Year Strategic Plan Developed
October 2009 Wyoming Youth Suicide Prevention Initiative Refunded
PRIORITY POPULATIONS

Members of certain groups have an increased vulnerability toward suicide and suicidal self-injury therefore are considered a priority population for suicide prevention efforts. Wyoming is profoundly rural in nature, having the second lowest population density in the nation (5.9 persons per square mile). Mental Health services are unavailable or significantly limited in many areas. Moreover, Wyoming has long-valued the “cowboy-up” philosophy that emphasizes rugged independence, self-reliance, and stoicism in the face of personal adversity. Because Wyoming residents commonly perceive mental illness as a personal weakness, those who suffer from depression or experience suicidal ideation may take their own life rather than risk the stigma of being diagnosed with and/or treated for a mental disorder.

Older Adults

Older adults (age 70+) statistically have the highest suicide rate of any age group in the United States and Wyoming.\(^8\) It is important to remember that depression and mental illnesses are not developmental aspects of the aging process. Networks of family and friends are vital in recognizing issues and obtaining help. Organizations that provide services to older persons can play a key role in suicide prevention. Everyone can support the maintenance of protective factors amongst the elderly.

More than 14 older Americans take their own lives each day.\(^7\) There was an average of 30 deaths per year for older adults in Wyoming between 2007-2008. Nationally, white men age 85 or older had an even higher rate, in 2007.\(^6\)

![Graph showing suicide rates per 100,000 population by race and gender.](http://www.cdc.gov/violenceprevention/suicide/statistics/rates05.html)
Youth

According to Centers for Disease Control and Prevention suicide is the third leading cause of death for youth between the ages of 10 and 24. Reported deaths from suicide for youth 10 to 24 years old, 84% were males and 16% were females.\(^1\) However, there are more youth who survive suicide attempts than who actually die.\(^1\) Females for this same age range are more likely to report attempting suicide than males.\(^1\) In Wyoming the 15 to 19 age group had the highest hospitalized attempt rate in 2005.\(^2\)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Deaths</th>
<th>Population</th>
<th>Crude Rate</th>
<th>Age-Adjusted Rate</th>
<th>Rank in Nation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>19</td>
<td>75,708</td>
<td>25.10</td>
<td>24.58</td>
<td>3</td>
</tr>
<tr>
<td>2000</td>
<td>11</td>
<td>75,358</td>
<td>14.60</td>
<td>15.00</td>
<td>10</td>
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<tr>
<td>2001</td>
<td>16</td>
<td>75,832</td>
<td>21.10</td>
<td>21.06</td>
<td>3</td>
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<tr>
<td>2002</td>
<td>24</td>
<td>76,553</td>
<td>31.35</td>
<td>31.18</td>
<td>2</td>
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<tr>
<td>2003</td>
<td>18</td>
<td>76,658</td>
<td>23.48</td>
<td>23.56</td>
<td>6</td>
</tr>
<tr>
<td>2004</td>
<td>9</td>
<td>76,344</td>
<td>11.79</td>
<td>11.73</td>
<td>24</td>
</tr>
<tr>
<td>2005</td>
<td>16</td>
<td>75,593</td>
<td>21.17</td>
<td>21.04</td>
<td>5</td>
</tr>
<tr>
<td>2006</td>
<td>13</td>
<td>75,840</td>
<td>17.14</td>
<td>17.08</td>
<td>8</td>
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<tr>
<td>2007</td>
<td>15</td>
<td>75,743</td>
<td>19.80</td>
<td>19.46</td>
<td>5</td>
</tr>
</tbody>
</table>

Total 1999-2007: 141 deaths

Population: 683,629

Crude Rate: 20.63

Rank in Nation: 3
Minority Groups

Acknowledging the dignity of individuals and respecting their culture is an important way of showing respect. While Wyoming faces the same challenges as many other states in developing and implementing effective suicide prevention practices, there are demographic, cultural and geographic barriers unique to the State. For prevention efforts, it is particularly critical to identify groups who are marginalized within their communities or by society as a whole. Marginalization happens when negative attitudes and viewpoints are focused on a group such as the young, the elderly, the disabled, those with various sexual orientation and sexual identity, GLBTQ, those incarcerated, families of prisoners, homeless people, those whose body image does not fit social norms, youth in a juvenile justice system, ethnic and religious minorities, those who speak a minority language, indigenous peoples, and other marginalized groups. Because of the increased vulnerability toward suicide and suicidal self-injury, these types of populations are a priority for suicide prevention efforts. For example, of all ethnic groups, Native American youth between the ages of 10-15 have a suicide rates four times higher than all other races combined in this age group. In the fall of 1985 on the Wind River Reservation in Wyoming, ten young Native Americans between the ages of 14 and 25 died from suicide within the span of some two months.

Table 1: Population by Race by County: 2000

<table>
<thead>
<tr>
<th>County</th>
<th>Total</th>
<th>White</th>
<th>Black or African American</th>
<th>American Indian and Alaska Native</th>
<th>Asian</th>
<th>Native Hawaiian and Other Pacific Islanders</th>
<th>Some Other Race</th>
<th>Two or More Races</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wyoming</td>
<td>493,768</td>
<td>454,670</td>
<td>3,722</td>
<td>11,133</td>
<td>2,771</td>
<td>302</td>
<td>12,301</td>
<td>8,883</td>
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<td>Albany</td>
<td>32,014</td>
<td>29,235</td>
<td>354</td>
<td>305</td>
<td>545</td>
<td>18</td>
<td>847</td>
<td>710</td>
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<tr>
<td>Big Horn</td>
<td>11,461</td>
<td>10,777</td>
<td>13</td>
<td>86</td>
<td>24</td>
<td>8</td>
<td>386</td>
<td>167</td>
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<tr>
<td>Campbell</td>
<td>33,698</td>
<td>32,369</td>
<td>51</td>
<td>313</td>
<td>108</td>
<td>29</td>
<td>378</td>
<td>480</td>
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<tr>
<td>Carbon</td>
<td>15,639</td>
<td>14,092</td>
<td>105</td>
<td>199</td>
<td>105</td>
<td>9</td>
<td>808</td>
<td>321</td>
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<tr>
<td>Converse</td>
<td>12,052</td>
<td>11,416</td>
<td>18</td>
<td>110</td>
<td>32</td>
<td>3</td>
<td>294</td>
<td>177</td>
</tr>
<tr>
<td>Crook</td>
<td>5,887</td>
<td>5,761</td>
<td>3</td>
<td>60</td>
<td>4</td>
<td>0</td>
<td>15</td>
<td>44</td>
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<tr>
<td>Fremont</td>
<td>35,804</td>
<td>27,388</td>
<td>44</td>
<td>7,047</td>
<td>106</td>
<td>9</td>
<td>417</td>
<td>793</td>
</tr>
<tr>
<td>Goshen</td>
<td>12,538</td>
<td>11,764</td>
<td>25</td>
<td>108</td>
<td>25</td>
<td>15</td>
<td>458</td>
<td>143</td>
</tr>
<tr>
<td>Hot Springs</td>
<td>4,882</td>
<td>4,685</td>
<td>17</td>
<td>74</td>
<td>12</td>
<td>0</td>
<td>31</td>
<td>63</td>
</tr>
<tr>
<td>Johnson</td>
<td>7,075</td>
<td>6,685</td>
<td>6</td>
<td>45</td>
<td>8</td>
<td>0</td>
<td>59</td>
<td>112</td>
</tr>
<tr>
<td>Laramie</td>
<td>81,607</td>
<td>72,563</td>
<td>2,124</td>
<td>693</td>
<td>777</td>
<td>89</td>
<td>3,267</td>
<td>2,094</td>
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<tr>
<td>Lincoln</td>
<td>14,573</td>
<td>14,157</td>
<td>15</td>
<td>83</td>
<td>33</td>
<td>8</td>
<td>103</td>
<td>174</td>
</tr>
<tr>
<td>Natrona</td>
<td>66,533</td>
<td>62,644</td>
<td>505</td>
<td>686</td>
<td>277</td>
<td>25</td>
<td>1,275</td>
<td>1,121</td>
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<tr>
<td>Nubra</td>
<td>2,407</td>
<td>2,360</td>
<td>3</td>
<td>12</td>
<td>3</td>
<td>0</td>
<td>12</td>
<td>17</td>
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<tr>
<td>Park</td>
<td>25,786</td>
<td>24,872</td>
<td>23</td>
<td>122</td>
<td>114</td>
<td>13</td>
<td>364</td>
<td>278</td>
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<tr>
<td>Platte</td>
<td>8,807</td>
<td>8,471</td>
<td>14</td>
<td>44</td>
<td>15</td>
<td>2</td>
<td>149</td>
<td>112</td>
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<tr>
<td>Sheridan</td>
<td>24,540</td>
<td>23,445</td>
<td>49</td>
<td>338</td>
<td>102</td>
<td>33</td>
<td>317</td>
<td>356</td>
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<tr>
<td>Sublette</td>
<td>5,920</td>
<td>5,771</td>
<td>12</td>
<td>29</td>
<td>14</td>
<td>5</td>
<td>31</td>
<td>58</td>
</tr>
<tr>
<td>Sweetwater</td>
<td>37,613</td>
<td>34,461</td>
<td>275</td>
<td>380</td>
<td>240</td>
<td>16</td>
<td>1,349</td>
<td>892</td>
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<tr>
<td>Teton</td>
<td>18,251</td>
<td>17,081</td>
<td>27</td>
<td>97</td>
<td>99</td>
<td>6</td>
<td>718</td>
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<td>Uinta</td>
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<td>172</td>
<td>54</td>
<td>13</td>
<td>564</td>
<td>296</td>
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<tr>
<td>Washakie</td>
<td>8,269</td>
<td>7,476</td>
<td>9</td>
<td>46</td>
<td>61</td>
<td>0</td>
<td>515</td>
<td>180</td>
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<tr>
<td>Weston</td>
<td>6,644</td>
<td>6,374</td>
<td>8</td>
<td>84</td>
<td>13</td>
<td>1</td>
<td>62</td>
<td>102</td>
</tr>
</tbody>
</table>

Population by Race by County: 2000
Survivors of a Loved One’s Suicide

For surviving family members, friends and coworkers, the suicide of a loved one is a personal tragedy that can resonate far into the future. Because of the nature of suicide, the grief felt by survivors is often compounded by feelings of anger, shame, confusion and guilt. Grief is unpredictable and unique to each individual. Often they also suffer from isolation in a community that may be uneducated and anxious about suicide. The victim of suicide is often blamed and the survivors are stigmatized. The status of survivor may increase the risk for adjustment problems or self-destructive behaviors. For vulnerable individuals, their own suicidal feelings may be intensified at the loss of someone important in their life making them susceptible to copycat suicide.

According to the Surgeon General, “Interventions must be adapted to support and reflect the experience of survivors and specific community values, cultures, and standards.” Faith-based organizations could be instrumental in providing community guidance for supporting survivors. Places such as schools and workplaces could also be utilized as community care resources for providing referral service along with support for surviving family and friends.

If you have lost someone to suicide, know the path of grief is often complex, so it is important to be patient with yourself and seek out those who will listen as well as provide supportive silence. Remember, you are not alone. Each year over 33,000 people in the United States die by suicide leaving behind countless survivors trying to cope with the pain and loss. Bear in mind, part of self-care includes seeking professional support.
Because of societal taboos and prejudices surrounding mental illness, suicide has been called the nation’s “silent epidemic.”

Understanding factors associated with suicide can help dispel the myths that suicide is a random act or results from stress alone. Having an awareness of risk factors and fostering protective factors can significantly lower the danger of suicide and suicidal thoughts. Environmental strategies are essential for promoting healthy supportive community conditions and for reducing suicidal behaviors and ideation. Effective environmental strategies can be instrument for changing the physical, legal, economic, and socio-cultural environments.

Key Components to Successful Prevention

1. Public Awareness and Support
2. Policies that are clear, concise and well communicated
3. Consistent adherence to adopted policies
Risk Factors

A combination of individual, relational, community, and societal factors can contribute to the risk of suicide but may or may not be the direct cause. In the Wyoming Youth Risk Behavior Survey conducted for the State Department of Education, 17.3% of high school students surveyed reported they considered attempting suicide during the twelve months prior to the survey and 9.4 % who actually attempted suicide one or more times during the past 12 months. According to the Surgeon General, “mental and substance abuse disorders confer the greatest risk for suicidal behavior.”

Barriers to accessing mental health or substance abuse treatment such as discrimination, lack of insurance or financial means, citizenship issues, or the stigma attached to mental illness and substance disorders.

Suicide risk factors may include:

► Previous suicide attempt(s)
► Easy access to lethal methods
► Family history of suicide
► Family histories of abuse and violence
► Incarceration
► Impulsive or aggressive tendencies
► Significant grief and loss (relational, social, work, or financial)
► Poverty, economic problems
► Lack of social support
► Isolation
► Feelings of hopelessness
► Physical illness or disabilities
► Refusal to eat or take necessary medication
► Teen suicide may occur due to unplanned pregnancies
► Runaway behavior
► Public humiliation or shame
► Local epidemics of suicide
► Cultural and religious beliefs, for instance, the belief that suicide is a dignified way of proving regret or for protecting the family from shame.
► Reduction or elimination of traditional cultural buffers against suicide behavior such as acculturation

Many people may have risk factors, but may not be suicidal.

Suicide and suicidal behavior are not normal responses to risk factors.
Protective Factors

Protective factors are the strengths, abilities, and conditions that foster functioning, healing, growth, and allows for success in overcoming adversity, challenges, and barriers. Understanding resilience is core to building protective factors. For preventing suicide, ongoing measures that enhance resilience through the development of protective factors are as essential for risk reduction. A range of individual, relational, community, and societal protective factors can provide for a strong force for preventing suicide.

EXTERNAL RESOURCES OF RESILIENCE THAT FOSTER PROTECTIVE FACTORS

► Family support
► Stable home environment
► Support from extended family
► Safe supportive school and work environments
► Involvement with positive extracurricular activities
► Affirmative peer support
► Positive role models
► Safe community
► Community support
► Stigma free communities that promote and commend help seeking for mental illness, substance abuse disorders, and suicidal thoughts
► Easy access to a variety of clinical interventions and support for help seeking
► Effective and culturally appropriate clinical care for mental disorders, physical disorders, and substance abuse disorders
► Support from ongoing medical and mental health care relationships
► Cultural and religious beliefs that discourage suicide and support self-preservation

RESILIENT ATTRIBUTES ARE CHARACTERISTICS THAT FOSTER PROTECTIVE FACTOR

► Positive self-concept
► Adaptability
► Inner drive
► Determination
► Goal-oriented
► Positive perspective
► Hope
► Optimism
► Inner tranquility
► Patience
► Spirituality
► Sense of humor
► Commitment to children, family, and loved ones
► Pride in ethnic, racial, cultural, and religious origins
► Social tolerance
► Recognizing limits
► Personal accountability
► Emotional regulation
► Restricted access to highly lethal means of suicide
► Learning skills in problem solving, conflict resolution, and nonviolent handling of disputes
► Willingness and ability to seek help
### Cultural Buffers for Preventing Suicide

Cultural protective factors of Asian Americans may include perceptions of death in context of relationships. Suicidal thoughts and actions may be discouraged if the individual's decision for suicide is considered selfish, disrespectful, or harmful to the family. Family or group responsibility for suicide may serve as a buffer in that if someone is at risk for suicide, he or she will have the attention and support of those around.


<table>
<thead>
<tr>
<th>suidical behavior and self-preservation should be considered in a cultural context</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Native Americans, tribal unity and tribal cohesiveness can strengthen close relationships amongst tribal clans and extended families members. Native American families who maintain traditional cultural legacies and religious beliefs may serve as safeguards against suicidal behavior. Stability in the tribal government structure may heal the effects of acculturation and improve living conditions on reservations.</td>
</tr>
<tr>
<td>Hispanic Americans may have a wide-ranging regard for the consideration of extended family. This concept of extended family may provide a buffer of social support for countering suicidal behavior. Religious faith may also inhibit suicidal thoughts and behaviors. Faith communities such as the Catholic Christian Church teaches that it is a serious transgression to take a life including suicide.</td>
</tr>
<tr>
<td>The multigenerational extended family networks of many African Americans may be buffer against suicide in that this networks can provide support for family members. The important role of the elderly in the African American families may serve as protective factor. Family roles of the elderly may include helping maintain a household, sharing parenting responsibilities, and financial contribution.</td>
</tr>
</tbody>
</table>

Awareness and sensitivity to cultural distinctiveness and cultural protective factors are fundamental for effective suicide Prevention. Therefore, some of the cultural protective factors may contribute to decreasing suicidal behavior and increasing self-preservation. In fact, some cultural groups, such as many Native American tribes, strive to preserve their cultural integrity while avoiding interventions that fail to recognize and allow for cultural beliefs and traditional customs.12

| State Of Wyoming Suicide Prevention Plan |
| cultural Buffers for Preventing Suicide |

### Cultural Buffers for Preventing Suicide

For Native Americans, tribal unity and tribal cohesiveness can strengthen close relationships amongst tribal clans and extended families members. Native American families who maintain traditional cultural legacies and religious beliefs may serve as safeguards against suicidal behavior. Stability in the tribal government structure may heal the effects of acculturation and improve living conditions on reservations.

Hispanic Americans may have a wide-ranging regard for the consideration of extended family. This concept of extended family may provide a buffer of social support for countering suicidal behavior. Religious faith may also inhibit suicidal thoughts and behaviors. Faith communities such as the Catholic Christian Church teaches that it is a serious transgression to take a life including suicide.

The multigenerational extended family networks of many African Americans may be buffer against suicide in that this networks can provide support for family members. The important role of the elderly in the African American families may serve as protective factor. Family roles of the elderly may include helping maintain a household, sharing parenting responsibilities, and financial contribution.

Cultural protective factors of Asian Americans may include perceptions of death in context of relationships. Suicidal thoughts and actions may be discouraged if the individual’s decision for suicide is considered selfish, disrespectful, or harmful to the family. Family or group responsibility for suicide may serve as a buffer in that if someone is at risk for suicide, he or she will have the attention and support of those around.

The Wyoming Department of Health established the Suicide Prevention Task Force in response to the growing state and national public health concern over suicide and the probability that the rate is higher than reported. The State of Wyoming Suicide Prevention Task Force is a public-private partnership reflecting state, local, private, and personal interests including the United States Air Force, through F.E. Warren Air Force Base in Cheyenne.

The Task Force has researched risk factors related to suicide among youth, identified and reviewed numerous educational and intervention approaches that may impact youth suicide, and identified barriers to prevention and early intervention. In 1998 the Task Force conducted a statewide survey of suicide prevention activities in all Wyoming school districts.

Following the lead of the Suicide Prevention Advocacy Network (SPAN) and the national conference on suicide held in Reno Nevada in 1998, the Task Force planned and organized the first statewide conference on suicide, held in January 2000. The conference utilized national and regional experts on the topic of suicide, with emphasis on the elderly, youth, and Native Americans. The 211 participants included representatives from various human service agencies, health care providers, school personnel, law enforcement, legislators, clergy, families and survivors of suicide.

Following the conference, the efforts of the Task Force focused on the development of a statewide Suicide Prevention Plan. Members of the Task Force collected and reviewed suicide prevention plans developed by other states, as well as the National Suicide Prevention Strategy Draft Goals and Objectives. Written in 1999, the plan receives annual updates.

accomplishments

► Created Wyoming’s suicide prevention plan: Saving One Life in 1999, with annual updates.
► Provide funding to nine communities to establish suicide prevention coalitions and provide suicide prevention activities.
► Planned and sponsored two Wyoming conferences on suicide prevention.
► Developed and presented the Gatekeeper Training to over 600 people statewide
► Conducted a Train the Trainer, Gatekeeper event, and disseminated copies of the Gatekeeper Training to community coalitions.
► Created and distributed three types of brochures on suicide among youth, among the elderly, and among the general adult population. Over 30,000 brochures have been distributed.
► Developed “Suggested Guidelines for Wyoming Media on Reporting Suicide”
► Adapted radio and TV public service announcements and posters made available from the American Association of Suicidology
► Created an informational display for use at conferences and training events
► Developed and provided training on Suicide and Violence Risk Assessment
► Reviewed and recommended suicide risk assessment tools for physicians, senior centers, public health offices, and other locations where health status is assessed
► Publish a quarterly newsletter.
GUIDING PRINCIPLES

saving one life

► Suicide is preventable in most cases
► Suicide is a serious public health problem
► A public health approach to suicide prevention will maximize efforts and resources
► A sustained, long-term commitment is required to reduce suicide rates
► The statewide plan must be considered in its entirety; piecemeal implementation may not be effective
► Suicide is inter-related with other social complexities and cannot be impacted in isolation
► A comprehensive response to suicide requires a continuum of services, i.e., prevention, intervention, and treatment.
► Suicide prevention and intervention activities must build on the strengths of individuals, families and communities
► The development of health communities through comprehensive, collaborative, community-based approaches is required to reduce the rate of suicide
► Suicide prevention and intervention strategies should be culturally and age appropriate and should reflect community values
► Planning and implementation of suicide prevention and intervention activities should include the participation of individuals within the target population as well as survivors and families
► Suicide prevention and intervention activities must be outcome based and include evaluation components
The strategies in this state suicide prevention plan are guided by The Surgeon General’s Call to Action to Prevent Suicide and the National Strategy for Suicide Prevention.

Just as The Surgeon General’s Call to Action is a blueprint for states to develop their own suicide prevention plan, this statewide plan is designed as a blueprint for communities to develop and implement culturally appropriate, research-based prevention approaches to address needs unique to their own community.
GOAL for AWARENESS:
Promote Awareness That Suicide Is a Public Health Problem That Is Preventable

Objective 1.1
Provide ongoing education and outreach to increase public knowledge of suicide is a public health epidemic, to enhance suicide prevention efforts, and to promote help-seeking behaviors

Methods:
► Hold regular state and local suicide prevention conferences.
► Sponsor training events to increase the awareness of suicide prevention and increase inter-agency collaboration within communities.
► Develop and disseminate brochures and posters on suicide prevention that provide information on suicide risk factors and resources.
► Provide public service announcements on radio and television to disseminate information on suicide and suicide prevention.
► Develop and maintain suicide prevention information and intervention resources as part of the web site of the Mental Health Division.
► Provide education and training on suicide prevention to families and significant others who have loved ones at risk of suicide.
► Provide training for community helpers, such as school bus driver, mail carriers, meter readers, taxi drivers, coaches, hairdressers, animal control officers, Meals on Wheels volunteers, senior service volunteers and faith leaders on how to recognize, respond to, and refer for help, people at risk of suicide and associated mental and substance abuse disorders.

Objective 1.2
Increase and enhance efforts to provide suicide prevention education via the Internet.

Potential sources of measurement data: number of education and training opportunities provided; the number of media reports made available; and the number of letters of support received.
State Of Wyoming Suicide Prevention Plan

2

GOAL for AWARENESS:
Develop Broad-Based Support for Suicide Prevention

Objective 2.1
Provide education to state, county, and local officials and employees about suicide, suicidal behavior, mental illness, and substance abuse associated impact on health. The education could be targeted to judges, court personnel, care, social services, law enforcement, corrections systems, etc.

Methods:
► Develop and disseminate an annual report on the status of suicide and suicide prevention activities within the state.
► Develop and disseminate quarterly newsletters, directed at specific professional groups, such as school personnel, physicians, law enforcement, clergy, health care providers, etc.

Objective 2.2 Increase political and financial support for suicide prevention efforts by lawmakers, state and local policy makers, business leaders, and public and private foundations.

Methods:
► Distribute Wyoming's Suicide Prevention Plan to stakeholder groups, private entities, professionals and the general public.
► Establish broad representation of various agencies, interest groups, and individuals and families on the Suicide Prevention Task Force.

Objective 2.3
Increase groups that integrate suicide prevention into their ongoing programs and activities, including state, county, and local officials, judges and court personnel, social services, providers, law enforcement agencies, public and private employers, corrections systems, primary care providers and hospital staff, and other members community, etc.

Objective 2.4
Increase the number of clergy and other faith-based community groups that integrate suicide prevention into their ongoing programs and activities.
GOAL for AWARENESS:
Develop and Implement Strategies to Reduce the Stigma Associated with Being a Consumer of Mental Health, Substance Abuse, and Suicide Prevention Services

Objective 3.1
Increase the proportion of the public that views mental and physical health as equal and inseparable components of overall health.

Methods:
► Develop and disseminate a statewide and regional public awareness anti-stigma campaign.
► Provide local coalitions with technical assistance and resources necessary to develop and implement local anti-stigma efforts.

Objective 3.2
Increase the proportion of the public that views mental disorders as illnesses that respond to specific treatments.

Method:
► Collaborate with other participants and stakeholders in the mental health field to provide education and technical assistance regarding the need for parity in the provision of mental health services.

Objective 3.3
Increase proportion of public that views MH/SA consumers as pursuing fundamental care for overall health.

Objective 3.4
Increase the proportion of suicidal persons who receive appropriate treatment provided to those suicidal with underlying disorders.

Methods:
► Provide ongoing information and training to members of the public, primary care physicians and other health-care providers, and community gatekeepers on the casual link between mental illness and suicidality.
► Provide information on screening, assessment and referral of individuals at risk of suicidal behaviors.
State Of Wyoming Suicide Prevention Plan

GOAL for INTERVENTION:
Develop and Implement Community-Based Suicide Prevention Programs and Activities

Objective 4.1
Increase the number of communities with suicide prevention coalitions.

Methods:
▶ Provide funding to communities to establish coalitions for the purpose of implementing suicide prevention and intervention activities.
▶ Provide technical assistance to communities to assist in the development of coalitions and in planning and implementing suicide prevention activities.

Objective 4.2
Increase the number of schools statewide that provide evidence-based programming as part of their curricula by targeting school boards and trustees.

Objective 4.3
Increase state and local capacity by recruiting broad range of stakeholders including faith-based leaders, coroners and medical examiners, youth, law enforcement staff, first responders, family members, and foster care parents.

Objective 4.4
Increase key services to suicide survivors, including providing comprehensive support programs and guidelines, and trainings for first responders, funeral directors, law enforcements and others who routinely interact with suicide survivors in the aftermath of a suicide.
GOAL for INTERVENTION:
Promote Efforts to Reduce Access to Lethal Means and Methods of Self-Harm

Objective 5.1
Promote and encourage safe storage and disposal of medications and toxic substances.

Method:
► Develop a public education campaign in conjunction with the public health.

Objective 5.2
Promote and encourage safe storage of firearms and the use of trigger locks.

Method:
► Develop a public education campaign in conjunction with the National Rifle Association.

Objective 5.3
Develop guidelines and promote education for the safe dispensing of medications.
GOAL for INTERVENTION:
Implement Training and Recognition of At-Risk Behavior and Delivery of Effective Treatment

Objective 6.1
Increase the number of higher education institutions that provide course work on suicide, mental illness and substance abuse as a required component.

Objective 6.2
Increase the number of educators and school personnel who receive periodic in-service training on recognizing the signs and risk factors of suicide and how to facilitate appropriate interventions.

Objective 6.3
Increase the number of law enforcement officers, dispatchers, correctional facility personnel, who have received training on suicide risk assessment and recognition, suicide intervention, and aftercare as a prerequisite for certification.

Objective 6.4
Increase the number of professional groups such as mental health and substance abuse professionals, psychologists, nurses, physicians, emergency medical technicians and other health related occupations, which require training on suicide risk assessment and recognition, suicide intervention, and aftercare as a prerequisite for certification/licensure.
GOAL for INTERVENTION:
Develop and Promote Effective Clinical Practices in the Assessment, Treatment, and Referral for Individuals at Risk for Suicide

**Objective 7.1**
Increase the number of primary health care providers who recognize and refer for treatment, individuals with depression, other major mental illnesses and substance abuse.

*Method:*
- Fund pilot projects to increase collaboration between primary health care professionals and mental health professionals.

**Objective 7.2**
Increase the availability of depression screening in primary health care settings.

*Method:*
- Fund pilot projects to increase collaboration between primary health care professionals and mental health professionals.

**Objective 7.3**
Increase the number of mental health professionals who receive training on suicide and violence risk assessment.

*Method:*
- Develop and provide periodic training events on suicide and violence risk assessment.

**Objective 7.4**
Increase key services to suicide survivors including providing comprehensive support programs and guidelines.

**Objective 7.5**
Increase trainings for first responders, funeral directors, law enforcement, and other who routinely interact with suicide survivors in the aftermath of suicide.

**Objective 7.6**
Develop strategies to improve access to psychotropic medications.

**Objective 7.7**
Train emergency room personnel to routinely assess suicide risk among individuals who have experienced psychological trauma such as physical or sexual.

**Objective 7.8**
Improve crisis response systems.
State Of Wyoming Suicide Prevention Plan

GOAL for INTERVENTION:
Increase Access to and Community Linkages with Mental Health and Substance Abuse Services

Objective 8.1
Increase the number of insurance plans that provide mental health benefits.

Objective 8.2
Increase access to community-based mental health services and programs.

Method:
► Provide funding for adequate programming and staffing of community mental health service systems to provide best practice of care within a continuum of care.

Objective 8.3
Increase the number of schools, colleges, and universities with crisis responses management plans that include suicide intervention and postvention activities.

Objective 8.4
Increase the proportion of homeless shelters, correctional programs, group care facilities, nursing homes, youth crisis centers and foster care programs that provide referral to mental health and substance abuse services.

Objective 8.5
Increase the number of schools that provide mental health services on-site, independent of school guidance functions, special education functions, and testing functions, etc.

Objective 8.6
Increase mental health services to populations at highest risk of suicide.

Methods:
► Target older adults, youth, and middle-aged men for increased outreach and suicide prevention activities.
► Develop effective mental health interventions for persons who are deaf or hard of hearing.

Objective 8.7
Increase the number of communities with support programs for suicide survivors.
GOAL for INTERVENTION:
Improve Reporting and Portrayals of Suicidal Behavior, Mental Illness, and Substance Abuse in the News Media

Objective 9.1
Develop partnerships with the media to facilitate publication and dissemination of information on suicide and its risk and protective factors.

Methods:
► Develop and disseminate a guide for media on the reporting of suicides, in accordance with the media guidelines developed by the American Association of Suicide and Centers for Disease Control and Prevention.
► Assist the media in the development of articles, programs, and radio shows about suicide prevention.

GOAL for METHODOLOGY:
Promote and Support Research on Suicide Prevention

Objective 10.1
Develop and refine standardized protocols for death scene investigations and implement these protocols in counties.

Method:
► Collaborate with county coroners, law enforcement personnel, emergency responders, treating physicians and medical staff, and vital records personnel to improve investigation and reporting of deaths by suicide.

Objective 10.2
Improve the collection and reporting of suicides and suicide attempts by state and local authorities.

Objective 10.3
Implement a State Violent Death Reporting System that includes suicides and collects information not currently available from death certificates.

Method:
► Implement a State Violent Death Reporting System that includes suicides and collects information not currently available from death certificates.
**State Of Wyoming Suicide Prevention Plan**

**GOAL for METHODOLOGY:**
Improve and Expand Surveillance Systems

**Objective 11.1**
Develop and refine standardized protocols for death scene investigations and implement these protocols in counties.

*Method:*
- Collaborate with county coroners, law enforcement personnel, emergency responders, treating physicians and medical staff, and vital records personnel to improve investigation and reporting of deaths by suicide.

**Objective 11.2**
Improve the collection and reporting of suicides and suicide attempts by state and local authorities.

**Objective 11.3**
Implement a State Violent Death Reporting System that includes suicides and collects information not currently available from death certificates.

*Method:*
- Implement a State Violent Death Reporting System that includes suicides and collects information not currently available from death certificates.
Resources

**Suicide Prevention Web Sites**
American Association of Suicidology: [www.suicidology.org](http://www.suicidology.org)
American Foundation for Suicide Prevention: [www.afsp.org](http://www.afsp.org)
Center for Disease Control Suicide Statistics: [www.cdc.gov](http://www.cdc.gov)
Children’s Safety Network: [www.injuryprevention.org](http://www.injuryprevention.org)
Critical Illness and Trauma Foundation: [http://www.citmt.org/index2.htm](http://www.citmt.org/index2.htm)
Emergency Medical Services for Children: [www.ems-c.org](http://www.ems-c.org)
Critical Illness & Trauma Foundation: [http://www.citmt.org/index2.htm](http://www.citmt.org/index2.htm)
National SAFE KIDS Campaign: [www.safekids.org](http://www.safekids.org)
Suicide Awareness Voices of Education: [www.save.org](http://www.save.org)
Suicide Information and Education Centre: [www.siec.ca](http://www.siec.ca)
Suicide Prevention Advocacy Network: [www.spanusa.org](http://www.spanusa.org)
Suicide Prevention Triangle: [http://www.suicidepreventtriangle.org/](http://www.suicidepreventtriangle.org/)
Yellow Ribbon Suicide Prevention Program: [www.yellowribbon.org](http://www.yellowribbon.org)

**Depression/Mental Illness Web Sites**
Aging and the Substance Abuse and Mental Health Services Administration: [http://www.oas.samhsa.gov/aging.cfm](http://www.oas.samhsa.gov/aging.cfm)
American Psychiatric Association: [www.psych.org](http://www.psych.org)
American Psychological Association: [www.apa.org](http://www.apa.org)
Health Connecting Mental Health Resources: [www.athealth.com](http://www.athealth.com)
Knowledge Exchange Network: [www.mentalhealth.org](http://www.mentalhealth.org)
National Alliance for the Mentally Ill (NAMI): [www.nami.org](http://www.nami.org)
National Alliance of Multi-Ethnic Behavioral Health Association (NAMBHA): [http://www.nambha.org](http://www.nambha.org)
National Depressive and Manic-Depressive Association: [www.ndmda.org](http://www.ndmda.org)
National Depression Screening Project: [www.mentalhealthscreening.org/asha.htm](http://www.mentalhealthscreening.org/asha.htm)
National Institute of Mental Health: [www.nimh.nih.gov](http://www.nimh.nih.gov)
National Mental Health Association: [www.nmha.org](http://www.nmha.org)
Mental Health Infosource: [www.mhsource.com](http://www.mhsource.com)
Substance Abuse and Mental Health Services Administration: [www.samhsa.gov](http://www.samhsa.gov)

**DISCLAIMER:** Web sites are provided for informational purposes only.
State Of Wyoming Suicide Prevention Plan

Resources

**Afton**
High Country Counseling & Resource Ctr
389 Adams St
Afton, WY 83110
Phone: (307) 885-9883
*Service Setting*: Outpatient Care

**Basin**
Big Horn Basin Counseling Services
116 S 3rd St
Basin, WY 82410
Phone: (307) 568-2020
*Service Setting*: Outpatient Care

**Buffalo**
Northern Wyoming Mental Health Center
Johnson County Outpatient Office
521 W Lott St
Buffalo, WY 82834
Phone: (307) 684-5531
*Service Setting*: Outpatient Care

**Casper**
Central Wyoming Counseling Center
1430 Wilkins Cir
Casper, WY 82601-1336
Phone: (307) 237-9583
*Service Setting*: Residential and Outpatient Care

**Cheyenne**
Cheyenne Regional Medical Center
Behavioral Health Unit
214 E 23rd St
Cheyenne, WY 82001-3748
Phone: (307) 634-2273
*Service Setting*: Administrative Only

**Cheyenne Regional Medical Center**
Behavioral Health Services
2600 East 18th Street
Cheyenne, WY 82001
Phone: (307) 633-7370
*Service Setting*: Inpatient and Outpatient Care

**Cheyenne VAMC**
Mental Hygiene (116A)
2360 E Pershing Blvd
Cheyenne, WY 82001-5356
Phone: (307) 778-7550
*Service Setting*: Inpatient and Outpatient Care

**Peak Wellness Center**
Laramie County Outpatient MH/SA Srvs
2526 Seymour Ave
Cheyenne, WY 82001-3159
Phone: (307) 634-9653
*Service Setting*: Outpatient Care

**Peak Wellness Center**
Laramie County Youth and Family Srvs
510 West 29th Street
Cheyenne, WY 82001
Phone: (307) 632-9362
*Service Setting*: Outpatient Care

**Peak Wellness Center**
Laramie County Adult Rehab Services
604 E 25th St
Cheyenne, WY 82001-3133
Phone: (307) 632-6435
*Service Setting*: Outpatient Care

**Cody**
Park County Mental Health Center
Hope House
1002 Rumsey Ave
Cody, WY 82414-3533
Phone: (307) 587-3008
*Service Setting*: Outpatient Care

**Yellowstone Behavioral Health**
Wallace H. Johnson Group Home
2713 Cougar Ave
Cody, WY 82414-8400
Phone: (307) 587-2197
*Service Setting*: Outpatient Care

**Yellowstone Behavioral Health Center**
2538 Big Horn Ave
Cody, WY 82414-9299
Phone: (307) 587-2197
*Service Setting*: Outpatient Care

**Douglas**
Solutions For Life
formerly Eastern Wyoming MHC
1841 Madora Ave
Douglas, WY 82633
Phone: (307) 358-2846
*Service Setting*: Outpatient Care
Resources

Evanston
Mountain Regional Services, Inc.
Cornerstone Behavioral Health
195 Feather Way
Suite 1
Evanston, WY 82930
Phone: (307) 789-0715
Service Setting: Outpatient Care

Pioneer Counseling Services
350 City View Dr
Ste 302
Evanston, WY 82930-5307
Phone: (307) 789-7915
Service Setting: Residential and Outpatient Care

Wyoming State Hospital
830 State Highway 150 S
Evanston, WY 82930-5341
Phone: (307) 789-3464 Extn.354
Service Setting: Inpatient, Residential, and Outpatient Care

Gillette
Campbell County Memorial Hospital
Behavioral Health
501 S Burma Ave
Gillette, WY 82716-3426
Phone: (307) 682-8811
Service Setting: Inpatient and Outpatient Care

Youth Emergency Services, Inc.
706 Longmont St
Gillette, WY 82716-2927
Phone: (307) 686-0669
Service Setting: Residential Care

Glenrock
Solutions For Life
Glenrock Office
319 W. Birch, Suite 203
Glenrock, WY 82637
Phone: (307) 436-8335
Service Setting: Outpatient Care

Green River
Southwest Counseling Service
175 River View Dr
Green River, WY 82935
Phone: (307) 872-3205
Service Setting: Outpatient Care

Jackson
Jackson Hole Community Counseling Ctr
640 East Broadway
Jackson, WY 83001
Phone: (307) 733-2046
Service Setting: Outpatient Care

Lander
Fremont Counseling Service
748 Main St
Lander, WY 82520
Phone: (307) 332-2231
Service Setting: Outpatient Care

Lander Regional Hospital
Central Wyoming BH
1320 Bishop Randall Dr
Lander, WY 82520-3939
Phone: (307) 332-5700
Service Setting: Inpatient and Outpatient Care

Lander Regional Hospital
Frank Wheeler MD
1320 Bishop Randall Dr
Lander, WY 82520-3939
Phone: (307) 335-6468
Service Setting: Inpatient Care

Laramie
Cathedral Home for Children
4989 N 3rd St
Laramie, WY 82072-9548
Phone: (307) 745-8997
Service Setting: Residential Care

Cathedral Home for Children
Biegert House
515 S 5th St
Laramie, WY 82070-3734
Phone: (307) 745-8997
Service Setting: Residential Care

Ivinson Memorial Hospital
Behavioral Health Services
255 N 30th St
Laramie, WY 82072
Phone: (307) 742-2141
Service Setting: Inpatient Care

Peak Wellness Center
Albany County Clinic
1263 N 15th St
Laramie, WY 82072
Phone: (307) 745-8915
Service Setting: Outpatient Care

Lovell
Big Horn Basin Counseling Services
1114 Lane 12
Lovell, WY 82431-9555
Phone: (307) 548-6543
Service Setting: Outpatient Care

Lusk
Solutions For Life
Lusk Office
905 S Main St
Lusk, WY 82225
Phone: (307) 334-3666
Service Setting: Outpatient Care

Lyman
Pioneer Counseling Services
Bridger Valley OP Office
303 S Main St
Lyman, WY 82937
Phone: (307) 786-2105
Service Setting: Outpatient Care
## Resources

<table>
<thead>
<tr>
<th>Location</th>
<th>Health Provider</th>
<th>Address</th>
<th>Phone Number</th>
<th>Service Setting</th>
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<tr>
<td>Newcastle</td>
<td>Northern Wyoming Mental Health Center</td>
<td>420 Deanne Ave, Newcastle, WY 82701</td>
<td>(307) 746-4456</td>
<td>Outpatient Care</td>
</tr>
<tr>
<td>Weston County Outpatient Office</td>
<td>North Wyoming Mental Health Center Psych Department</td>
<td>24 Country Club Lane, Newcastle, WY 82941</td>
<td>(307) 367-2111</td>
<td>Outpatient Care</td>
</tr>
<tr>
<td>Powell</td>
<td>Park County Mental Health Center</td>
<td>627 Wyoming Ave, Powell, WY 82435-2523</td>
<td>(307) 754-5687</td>
<td>Outpatient Care</td>
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<tr>
<td>Rawlins</td>
<td>Carbon County Counseling Center</td>
<td>721 W Maple St, Rawlins, WY 82301-5447</td>
<td>(307) 856-6587</td>
<td>Outpatient Care</td>
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<tr>
<td>Riverton</td>
<td>Fremont Counseling Service 1110 Major Ave</td>
<td>Riverton, WY 82501</td>
<td>(307) 324-7156</td>
<td>Outpatient Care</td>
</tr>
<tr>
<td>Rock Springs</td>
<td>Southwest Counseling Service</td>
<td>1124 College Dr, Rock Springs, WY 82901</td>
<td>(307) 352-6680</td>
<td>Outpatient Care</td>
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<tr>
<td>Wheatland</td>
<td>Peak Wellness Center</td>
<td>1954 W Mariposa Pkwy, Wheatland, WY 82201-3102</td>
<td>(307) 322-3190</td>
<td>Outpatient Care</td>
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<tr>
<td>Wilson</td>
<td>Teton Youth &amp; Family Services Red Top Meadows Residential</td>
<td>7905 Fall Creek Rd, Wilson, WY 83014</td>
<td>(307) 733-9098</td>
<td>Residential Care</td>
</tr>
<tr>
<td>Worland</td>
<td>Cloud Peak Counseling Center</td>
<td>206 S 7th St, Worland, WY 82401-3308</td>
<td>(307) 347-6165</td>
<td>Outpatient Care</td>
</tr>
</tbody>
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### Sheridan
- **Normative Services, Inc.**
  - 5 Lane Ln, Sheridan, WY 82801
  - Phone: (307) 674-6878
  - **Service Setting:** Residential Care

- **North Wyoming Mental Health Center Psych Department**
  - 909 Long Drive, Suite D, Sheridan, WY 82801
  - Phone: (307) 674-6253
  - **Service Setting:** Outpatient Care

- **North Wyoming Mental Health Center**
  - Sheridan Substance Abuse OP Office
    - 1701 W 5th St, Ste C, Sheridan, WY 82801
    - Phone: (307) 674-7702
    - **Service Setting:** Outpatient Care

- **North Wyoming Mental Health Center**
  - Supported Independence Program
    - 1701 W 5th St, Suite C, Sheridan, WY 82801
    - Phone: (307) 674-5534
    - **Service Setting:** Outpatient Care

- **North Wyoming Mental Health Center**
  - Sheridan County Outpatient Office
    - 1221 W 5th St, Sheridan, WY 82801
    - Phone: (307) 674-4405
    - **Service Setting:** Outpatient Care

- **Sheridan VAMC Mental Health Service Line**
  - 1898 Fort Rd, Sheridan, WY 82801
  - Phone: (307) 672-3473
  - **Service Setting:** Inpatient, Residential, and Outpatient Care

### Sundance
- **Northern Wyoming Mental Health Center**
  - Crook County Outpatient Office
    - 420 1/2 Main St, Sundance, WY 82729
    - Phone: (307) 283-3636
    - **Service Setting:** Outpatient Care
# Wyoming’s Core Prevention Community Coalitions

## Albany County
- **Tracy Young**  
  COPSA  
  1050 North 3rd St., Suite B-3  
  Laramie, WY 82070  
  307-760-7073 (cell)  
  tyoung@copsa.org

## Big Horn County
- **Karen Sylvester**  
  YES I CAN  
  2633 Shady Lane  
  Greybull, WY 82426  
  307-765-2517  
  307-272-8503 (cell)  
  fax: 307-765-4481  
  sylvester@tctwest.net

## Campbell County
- **Stacy Mills**  
  Campbell County Memorial Hospital Behavioral Health Services  
  501 S. Burma Ave.  
  P.O. Box 3011  
  Gillette, WY 82717  
  307-688-5014  
  stacy.mills@ccmh.net  
  Kellie Furman  
  City of Gillette  
  201 E. 5 St.  
  P.O. Box 518  
  Gillette, WY 82717  
  307-686-5234  
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Wind River Indian Suicide Prevention Intervention Referral Education Initiative