

ZERO SUICIDE in MISSOURI

Summary 10/08/15

I. STAKEHOLDER PLANNING & IMPLEMENTATION TEAM

- Scott Perkins, MO Suicide Prevention Project (MSPP) – Lead
- Jacque Christmas, Fatality Review Coordinator – Assistant to the Lead
- Dr. Bart Andrews, Lived Experience (attempt survivor) & BHR
- Andy Atkinson, DBH - State Operated Facilities
- Jim Casey, Cole County Residential Services, & Lived Experience (loss survivor) (new)
- Debbie Fitzgerald, Ozark Center
- Mackenzie Garst, LGBTQ Advocate
- Emily Koenig, DMH Children’s Office
- Katrina McDonald, Crider Center
- Dr. Christine Patterson, Coalition
- Jon Sabala, DBH - Service Members, Veterans and their Families
- Kim Stock, DD

II. ZERO SUICIDE INITIATIVES 2015

Zero Suicide Collaborative (Current and ongoing)	Zero Suicide Breakthrough Series (December 2014 through September 2015)	MO Zero Suicide Stakeholders (January 2015 and ongoing)
<p><u>PURPOSE</u> The purpose of the Zero Suicide National Collaborative is to advance the 2012 National Strategy for Suicide Prevention: Goals and Objectives 8 & 9, through the implementation of the Zero Suicide approach.</p>	<p><u>PURPOSE</u> The purpose of the Zero Suicide Breakthrough Series is to advance implementation of Zero Suicide and to learn what state-level actions support implementation and what provider-level actions facilitate successful improvements in suicide care and implementation of the Zero Suicide approach.</p>	<p><u>PURPOSE</u> The purpose of the Stakeholder team is to implement the Zero Suicide approach in state operated facilities (DMH); and to engage community contracted providers in the Zero Suicide approach.</p>

III. ZERO SUICIDE STRATEGIC ACCOMPLISHMENTS

- Leadership commitment
- Ozark Center pilot
- Embedded in the MO Plan for Service Members, Veteran’s and their Families

- Midwest Regional Suicide Prevention Conference
- Embedded in the Excellence in Mental Health Act application as a demonstration site
- 2nd Team attended Zero Suicide Academy
- Purchased 1,000 Assessing and Managing Suicide Risk manuals
- Embedded in recent youth grant application
- MO Association of County Developmental Disabilities Services engaged
- MO Coalition for Community Behavioral Healthcare Centers engaged and involved
- MO Primary Care Association engaged
 - Proposal to the Federally Qualified Healthcare Centers representatives
- Presentations
 - Spring Training Institute
 - Coalition Clinical Managers
 - Coalition Psychiatric Rehabilitation Managers
 - Coalition Board Members
 - MO Association of County Developmental Disabilities Services

IV. ZERO SUICIDE STRATEGIC GOALS

- Develop and implement branding and messaging
- Official “launch” of the MO Initiative
- Implement a MO collaborative similar to the national collaborative
- Provide the Zero Suicide Academy in MO
- Revise the MO State Suicide Prevention Plan
- Continue to embed in other DMH initiatives
- Develop budget and explore sustained funding

V. DMH DATA

From 2008 through 2014, 208 suicide events were reported as follows:

Table 1. Reported suicide events, 2008 through 2014.

Year	2008	2009	2010	2011	2012	2013	2014
DBH	25	28	24	26	33	37	25
DD	0	1	0	1	2	3	3
Total	25	29	24	27	35	40	28

NOTE: Analysis of the DMH data shows the majority of deaths by suicide are in the DBH populations. Additionally, there has not been a suicide death in a state operated facility since 2011

DIVISION OF BEHAVIORAL HEALTH DATA

Table 2. DBH reported suicide events, 2008 through 2014 by service.

	FY 2008	FY200 9	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	Total
Adolescent CSTAR Level 1	0	0	0	0	0	0	0	0
Adolescent CSTAR Level 2	0	0	0	0	0	1	0	1
Adult CSTAR Level 1	1	3	2	3	2	3	0	14
Adult CSTAR Level 2	3	0	1	1	2	0	1	8
Adult CSTAR Level 3	1	0	0	0	1	0	0	2
Adult Community Psychiatric Rehabilitation	8	3	7	11	8	15	12	64
Adult Community Services	7	8	7	8	18	13	11	72
Adult Inpatient - Acute Treatment	0	1	0	0	0	0	0	1
Adult Inpatient - General	1	3	0	0	0	0	0	4
Adult Inpatient - Psychiatric Rehab	0	1	0	1	0	0	0	2
Adult Residential	0	0	0	0	0	0	1	1
Adult Targeted Case Management	0	1	1	1	0	0	0	3
Non DMH-Funded	0	0	1	0	0	0	0	1
Opioid CSTAR	0	0	0	0	1	0	0	1
Other - Community	0	2	1	0	0	0	0	3
PR+ Level 1	1	2	0	0	0	1	0	4
PR+ Level 1 w./Residential Support	2	2	0	0	0	0	0	4
PR+ Level 2	0	1	0	0	0	0	0	1
PR+ Level 3	0	0	2	0	0	1	0	3
Recovery Support	0	0	1	0	0	0	0	1
SATOP	0	1	0	0	0	0	0	1
Youth Community Psychiatric Rehabilitation	0	0	0	0	0	1	0	1
Youth Community Services	0	0	0	1	1	1	0	3
Youth Inpatient	0	0	1	0	0	0	0	1
Youth Targeted Case Management	1	0	0	0	0	1	0	2
Total	25	28	24	26	33	37	25	198

NOTE: Analysis of the DBH data shows the majority of deaths by suicide are in community settings.

DBH Zero Suicide Activities	
State Operated Facilities	Community Behavioral Healthcare Centers
<ul style="list-style-type: none"> • Organizational self-assessments completed • Workforce surveys completed • Champions identified 	<ul style="list-style-type: none"> • Team attended 2nd Zero Suicide Academy • Provider work group organized & led by Dr. Patterson • 2 letters of intent completed for grant applications

DBH Zero Suicide Next Steps	
State Operated Facilities	Community Behavioral Healthcare Centers
<ul style="list-style-type: none"> • Analysis of organizational self-assessments & workforce surveys • Develop the role of the Champions • Develop a suicide prevention training plan for all state operated DBH staff 	<ul style="list-style-type: none"> • Secure grants • Bring Zero Suicide Academy to MO

DIVISION OF DEVELOPMENTAL DISABILITIES DATA

Analysis of DD reported suicide events, 2008 through 2014, shows DD consumers who died by suicide were receiving case management or supported employment services. There are no reported suicides of consumers in habilitation centers or community placement.

Table 3. DD reported suicide events, 2008 through 2014 by service.

Year	2008	2009	2010	2011	2012	2013	2014
Case Management		1		1	2	3	2
Supported Employment					1		

DD Zero Suicide Next Steps	
State Operated Facilities	DD Contracted Providers
<ul style="list-style-type: none"> • Analysis of DOR 4.060 (DD Risk Screening & Assessment Procedures) to ensure inclusion of suicide risk • Develop a plan for training DD staff 	<ul style="list-style-type: none"> • Identify training needs related to behavioral health. • Complete Root Cause Analysis on all suicide deaths regardless of service provided.