

Can Suicide Be A Never Event?



- Bart Andrews – **Behavioral Health Response**
- Jacque Christmas – **Department of Mental Health**

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But **first** . . . lets talk about **babies!**

- Infant mortality in 1950 was 1 in 30
- Dr. Virginia Apgar appalled at care
- Created the Apgar score

Results:

- Revolutionized newborn care
- Increased monitoring = saved lives
- Created the obstetrics package
- 27,000 mothers saved – 2008
- 160,000 Newborns saved – 2008



Apgar and #zerosuicide

- This was not a new technology
- It was not expensive
- It was not, in and of itself, a treatment
- **IT WAS** Continuous Quality Improvement (CQI)
- It was being **intentional** and creating a **cultural mindset** of **WE CAN DO BETTER**

THIS IS #ZEROSUICIDE



#ZEROSUICIDE

**LIFE SHOULD BE AS SAFE AS
FLYING**

People At Risk For Suicide Are Falling Through the Cracks in Our Health Care System

In the **month** before their death by suicide:

- Half saw a general practitioner
- 30% saw a mental health professional

In the **60 days** before their death by suicide:

- 10% were seen in an emergency department



“Suicide represents a worst case failure in mental health care. We must work to make it a ‘never event’ in our programs and systems of care.”

*Dr. Mike Hogan
NY Office of Mental Health*

Suicide Care in Behavioral Health Care Settings



- Suicide prevention is a **core responsibility** for behavioral health care systems
- Many licensed clinicians are **not prepared**
 - 39% report they don't have the skills to engage and assist those at risk for suicide
 - 44% report they don't have the training

“Over the decades, individual (mental health) clinicians have made heroic efforts to save lives... but systems of care have done very little.”

Dr. Richard McKeon
SAMHSA

What is Zero Suicide?

- A **priority** of the National Action Alliance for Suicide Prevention
- A **goal** of the National Strategy for Suicide Prevention
- A **project** of the Suicide Prevention Resource Center
- A **framework** for systematic, clinical suicide prevention in behavioral health and health care systems
- A **focus** on safety and error reduction in healthcare
- A **set of best practices** and tools for health systems and providers

“It is critically important to design for zero even when it may not be theoretically possible...It’s about purposefully aiming for a higher level of performance.”

Thomas Priselac
President and CEO of Cedars-Sinai Medical Center



Better Approaches to Suicide Care Are Available, Effective, and Fill The Cracks in Our Health Care System

Zero Suicide Core Components

- Leadership commitment
- Standardized screening and risk assessment
- Suicide care management plan
- Workforce development and training
- Effective, evidence-based treatment
- Follow-up during care transitions
- Ongoing quality improvement and data collection

Zero Suicide Is Feasible

Health and behavioral health care organizations have found:

- **It's feasible**—without additional funding.
- **It's working**—lives are being saved.

For resources and additional information:

www.ZeroSuicide.com



2012 NATIONAL STRATEGY FOR SUICIDE PREVENTION: Goals and Objectives

- Goal 8: Promote suicide prevention as a core component of health care services.
- Goal 9: Promote and implement effective clinical and professional practices for assessing and treating those at risk for suicidal behaviors.

U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. *2012 National strategy for suicide prevention: Goals and objectives for action*. Washington, DC: HHS, September 2012.

MO Timeline



- **2012**
 - Tim Swinfard and Dr. Keith Schafer discussed
- **2103**
 - Coalition Conference keynote David Covington
- **2014**
 - Joined the National Collaborative
 - Attended 1st Zero Suicide Academy
 - Stakeholder Planning & Implementation Team convened
 - Suicide Prevention Conferences focus on Zero Suicide concepts

Timeline continued



- **2015**
 - Breakthrough Series
 - Ozark Center Pilot
 - 2nd Zero Suicide Academy
 - Coalition engaged



DMH Zero Suicide Initiatives

Zero Suicide National Collaborative (Current and ongoing)

PURPOSE

- Advance the 2012 National Strategy for Suicide Prevention: Goals and Objectives; 8 & 9

STATES

- Maryland
- Missouri
- Tennessee
- Utah

NATIONAL ADVISOR - Ursula Whiteside

DMH Zero Suicide Initiatives

Zero Suicide Breakthrough Series (Dec. 2014 through Sept. 2015)

PURPOSE

- Advance implementation of Zero Suicide
- Learn what state-level actions support implementation
- Learn what provider-level actions facilitate successful improvements in suicide care and implementation of the Zero Suicide approach

STATES

- Maryland
- Missouri
- Tennessee
- Utah

DMH Zero Suicide Initiatives

MO Zero Suicide Stakeholders

(Jan 2015 and ongoing)

PURPOSE

- Implement the Zero Suicide approach in DMH state operated facilities
- Engage community contracted providers in the Zero Suicide approach.



Team Members

DMH

- **Scott Perkins**, MO Suicide Prevention Project (MSPP) – Lead
- **Jacque Christmas**, Fatality Review Coordinator – Asst to the Lead
- **Andy Atkinson**, DBH - State Operated Facilities
- **Emily Koenig**, DMH Children's Office
- **Jon Sabala**, DBH - Service Members, Veterans and their Families
- **Kim Stock**, DDD

Agencies and Community

- **Bart Andrews**, Ph.D., Lived Experience & BHR
- **Debbie Fitzgerald**, Ozark Center
- **Mackenzie Garst**, LGBTQ Advocate (new)
- **Katrina McDonald**, Crider Center (new)
- **Christine Patterson**, Ph.D., Coalition



State Operated Psychiatric Facilities

- Organizational self-assessment
 - Completed by Exec. teams
- Workforce survey
 - Completed by staff
- Champions
 - To be developed



Zero Suicide is Data Driven

- DMH consumer suicide deaths 2008 – 2014
 - Last suicide in a state operated psychiatric facility 2011
- 208 deaths by suicide
 - 10 DD
 - 198 DBH

Embed in Other Initiatives



- Service Members, Veteran's and their Families State Plan
- Excellence in Mental Health Care demonstration site application
- Director's blue print for the future

Branding/Messaging MO Suicide Safe Care



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 initiatives & systems
- Develop budget and explore sustained funding



Workforce Survey

- 74% **knew how to** gather suicide warning signs, risk factors from suicidal clients
 - 45% **always ask** about suicide with clients
 - 36% felt **confident in their ability** to treat a client's suicidal thoughts and behavior
 - 70% had **never worked with a client** who ended his/her life
- 41% who took the survey were **behavioral health clinicians or community support specialists**
 - 19% were **administrative support staff**

Ozark Center: Findings & Recommendations

- Identified the **top 20 high risk behavioral health utilizers** of emergency room visits and inpatient admissions to begin developing crisis care plans that includes follow-up
- Provide **enhanced follow-up** to all crisis consumers deemed at risk for suicide
- Forming a committee currently to work on a **center wide standardized suicide pathway of care**
- Enhanced **collaborative relationships with law enforcement** by providing QPR training for law enforcement, civil involuntary detention as well as MHFA training, to area officers
- **Staff utilize a collaborative QPR-T and QPRT-P document**



#zerosuicide



- Reviewing suicide **training&screening tools**
- BHR started **workforce survey** on 9/11/15
- BHR **All staff** will be ASIST trained by 6/16
- Crider/BHR collaborating on **Suicide Care Plan** for individuals identified at risk
- Adding **Lived Experience** perspective to trainings and #zerosuicide resource page



Next Steps

1. Develop and implement branding and messaging and **LAUNCH MO initiative**
2. Implement a **MO learning collaborative**
3. **BRING Zero Suicide Academy** to MO!
Build capacity in MO
4. Revise **MO Suicide Prevention Plan**
5. Budget and **Sustainability Plan**
6. Submit grant application opportunities

Community Collaboration

