

THE ZERO SUICIDE INITIATIVE SITE REVIEWS

Presented to CQI

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Southeast Florida
Behavioral Health
Network



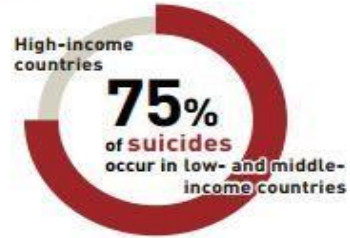
Suicide: facts and figures

Suicide is the **second** leading cause of death among **15-29** year-olds

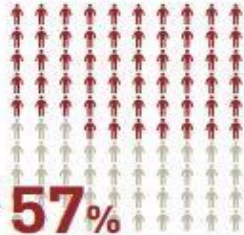


Over **800 000** people die by **suicide** every year

1 death every **40** seconds



Pesticides, hanging and firearms are the most common methods used globally



Suicides are preventable



Key is a comprehensive multisectoral approach

Most countries currently do not have a national suicide prevention strategy



10% reduction of suicide rates is the target in the Mental Health Action Plan 2013-2020

Why are Suicide Prevention activities important?

BAKER ACT ANNUAL REPORT FY 17/18 - SUICIDE TRENDS

Suicide and Self-Harm: Three-quarters (77.36%) of involuntary examinations were based evidence of harm to self (either by itself, or in combination with harm to others and/or self-neglect). Self-harm includes suicidal ideation and suicide attempts.

Rates per 100,000 population for deaths by suicide and involuntary examinations over a ten-year period were positively and significantly correlated statewide for all ages

COUNTY DATA – PERCENT CHANGE IN THE SUICIDE RATE FROM 2014 TO 2017

Age Group	Palm Beach	Martin	Saint Lucie	Indian River	Okeechobee
All Ages	-18.5%	6.21%	-1.23%	23.37%	-27.86%
Children (< 18 y.o.)	-20.0%	105.88%	N/A	0	0
Older Adults (65 y.o. +)	-32.66%	31.03%	22.6%	-27.24%	-8.39%

ZERO SUICIDE
RECOMMENDATIONS
FOR BEHAVIORAL
HEALTH
ORGANIZATIONS

The key components of the Suicide Care Pathway endorsed by SAMHSA and the Zero Suicide Initiative are...

- “Level 1” Screeners for depression, anxiety and other mental health issues
- “Level 2” Screeners for suicidal thoughts, plans and intentions
- Clinical suicide risk assessments to triage immediate risk
- Comprehensive safety and crisis planning to reduce suicide attempts
- Workforce suicide prevention and intervention training for both clinical and non-clinical staff delivering services

THE ZERO SUICIDE INITIATIVE AT SOUTHEAST FLORIDA BEHAVIORAL HEALTH NETWORK

The Zero Suicide Initiative for Southeast Florida has focused on helping agencies develop best-practices and evidence-based suicide care for the youth, families and adults that they serve.

This grant has been active throughout Circuits 15 and 19 from May to September 2019, and Southeast Florida Behavioral Health Network has made an ongoing commitment to ensuring that the Zero Suicide Initiative developed policies and practices are continued in the region, even after the end of the grant.

Ten (10) Zero Suicide Site Reviews have been completed so far.

New Horizons of the Treasure Coast – July 18th, 2019

Counseling and Recovery Center, Inc. – July 22nd, 2019

South County Mental Health Center – July 23rd, 2019

Drug Abuse Treatment Association – July 29th, 2019

Sinfonia Family Services – July 31st, 2019

Tykes and Teens – August 5, 2019

Wayside House, Inc. – August 9th, 2019

Legacy Behavioral Health – August 27th, 2019

Helping People Succeed – August 29th, 2019

Father Flanagan's Boys Town Florida, Inc. – September 9th, 2019

NETWORK PROVIDER SITE
REVIEWS FOR THE ZERO
SUICIDE INITIATIVE

THE ZERO SUICIDE ORGANIZATIONAL SELF-STUDY

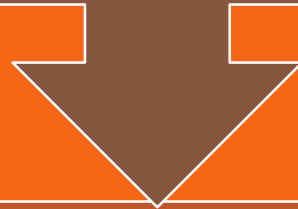
- Prior to a site review, providers have been asked to complete a Zero Suicide Organizational Self-Study. The Self-Study is intended to be a collaborative discussion held by leadership and director-level staff who are responsible for creating and evaluating agency-wide policies.
- The Self-Study covers whether or not agencies have policies and tools in place that effect the following areas:
 - Workforce training on suicide prevention and risk assessment
 - Policies and procedures directly guiding screening, assessments and suicide care management
 - Evidence-based screening tools and risk assessment instruments for suicide risk
 - Overall treatment planning being tied to screening tools and risk assessments
 - Clinical staff trained in best-practice, suicide care treatment modalities (i.e., Cognitive Behavioral Therapy for Suicide Prevention, Dialectical Behavior Therapy, etc).

NETWORK
TRENDS
FROM THE
ZERO
SUICIDE
INITIATIVE
SITE
REVIEWS

Through site reviews, Southeast Florida Behavioral Health Network has been able to establish the current trends for suicide care in the network and identify both opportunities for improvement and areas of strength.

WHAT HAPPENS AT A ZERO SUICIDE SITE REVIEW?

The Zero Suicide Initiative site reviews begin with reviewing the Self-Study and engaging providers in a discussion about the types of policies, procedures and screening tools that are already in place to address suicide care among their clients.



This initial discussion is followed by a full-site review in which Southeast Florida Behavioral Health Network reviews charts, quality assurance practices and interviews key team members and stakeholders to see how the agency can best be supported in implementing and delivering quality suicide risk management and care.

What does Zero Suicide recommend?

Screening for depression and anxiety at every contact point to monitor symptoms and behavioral changes.

Research shows that assessing for depression, anxiety is **equally** important as looking at suicidal thoughts and intent.

Using validated, scored screeners like the Patient Health Questionnaire 9 (PHQ-9).

Level 1 screeners should begin the suicide risk assessment process (i.e., a certain score on a Level 1 screener will trigger another assessment).

**“LEVEL 1” SCREENERS FOR DEPRESSION,
ANXIETY AND OTHER MENTAL HEALTH ISSUES**

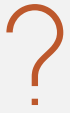
What are some network trends?

Few dedicated Level 1 screeners observed. Most screening for depression and anxiety takes place during intake on a Biopsychosocial assessment.

Most Level 1 screening takes place at intake through a Biopsychosocial and is not redone at frequent intervals.

This means that most screening for depression, anxiety and mental health is not scored and is not able to be used in a comprehensive suicide risk assessment.

**“LEVEL 1” SCREENERS FOR DEPRESSION, ANXIETY
AND OTHER MENTAL HEALTH ISSUES**



What does Zero Suicide recommend?



After a Level 1 screener indicates a score of at least “moderate depression”, then a Level 2 screener should be immediately completed.



Using validated, scored screeners like the Columbia Suicide Severity Rating Scale (C-SSRS), which should tell you if additional assessments are needed.



The use of Level 1 & 2 screeners should be formalized in policy for consistency of use across the agency.



It is considered best practice to screen for **both** symptoms of mental health and thoughts / plans of suicide.

“LEVEL 2” SCREENERS FOR
SUICIDAL THOUGHTS,
PLANS AND INTENTIONS



What are some network trends?



Many agency-created Level 2 screeners were observed in use.



Most Level 2 screening takes place at intake within a Biopsychosocial Assessment. It is sometimes completed on Progress Notes, as well.



Most Level 2 screeners are not scored and agencies had informal practices on what constituted additional assessment.

“LEVEL 2” SCREENERS FOR
SUICIDAL THOUGHTS,
PLANS AND INTENTIONS

CLINICAL SUICIDE RISK ASSESSMENTS TO TRIAGE IMMEDIATE RISK

What does Zero Suicide Recommend?

If client is indicating suicidal thoughts and plan on a Level 2 screener, a formal clinical risk assessment should be completed by a clinician or MRT Specialist.

Using evidence-based suicide risk assessments such as the full Columbia Suicide Risk Assessment or the SAFE-T Suicide Risk Assessment.

Risk assessments should always trigger additional safety planning.

CLINICAL SUICIDE RISK ASSESSMENTS TO TRIAGE IMMEDIATE RISK

What are some network trends?

Most risk assessments in use were agency-created and not evidence-based tools.

There were not always clear policies and guidelines around when a risk assessment should be completed (left up to clinician judgement).

There were not clear policies and guidelines surrounding what should happen when a risk assessment was completed.

What does Zero Suicide Recommend?

Using an evidence-based safety plan (such as the Stanley Brown Safety Plan) that is administered every time a risk assessment is completed.

This safety plan should be collaboratively written and a copy kept by both the provider and the youth/adult.

Safety plans should be updated at least every 6 months if client is still determined to be at-risk.

Safety plans should also be reviewed at crisis points with both the client and their families (if applicable).

COMPREHENSIVE SAFETY PLANNING TO REDUCE SUICIDE ATTEMPTS

What are some network trends?

Many agencies using agency-created Safety Plans or “No Harm” Contracts.

Research has shown that “No Harm” Contracts can actually be clinically harmful.

Not always clear policies or guidelines on when a Safety Plan should be administered, reviewed and/or updated.

Planned adoption of Stanley Brown Safety Plan by many agencies.

COMPREHENSIVE SAFETY AND CRISIS PLANNING
TO REDUCE SUICIDE ATTEMPTS

What does
Zero Suicide
Recommend?

- Basic suicide prevention training for non-clinical staff
- Advanced risk assessment and management training for clinicians

What are some
network
trends?

- Some basic suicide prevention training upon new hire
- Some risk assessment training for clinicians
- Network wide willingness to seek out different, more comprehensive trainings for staff

WORKFORCE SUICIDE PREVENTION AND
INTERVENTION TRAINING FOR ALL STAFF

SUICIDE PREVENTION TRAININGS

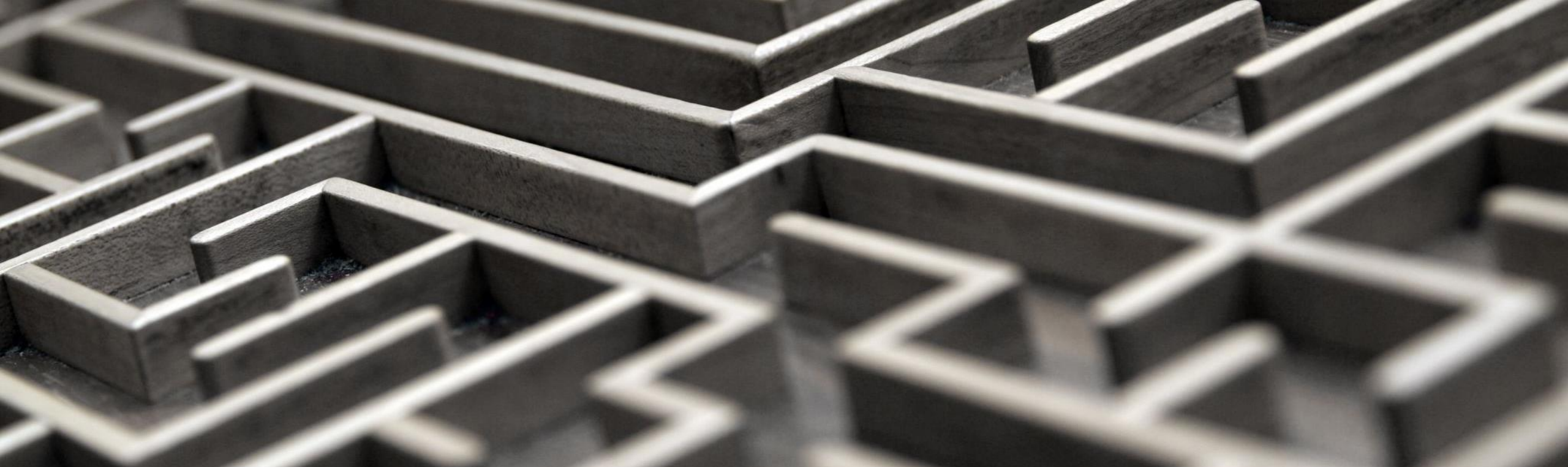
- **QPR** = Question, Persuade, Refer (Gatekeeper)
- **QPRT** = Question, Persuade, Refer and Treat (Advanced Practitioner – Risk Assessment and Risk Management training with role plays and online component)
- **CALM** = Counseling on Access to Lethal Means

OVERALL?

- Southeast Florida region was incredibly receptive and open to the Zero Suicide Initiative Site Reviews and information on how to enhance suicide care.
- Many agencies were acutely aware of the need to assess for suicide risk and are developing policies designed to support staff and clients.
- There is planned adoption of many evidence-based tools at agencies within the network.
- Supervision and guidance of staff regarding risk assessments was a strength seen at many agencies, which can be used as new policies are created and evidence-based tools are adopted.

RESOURCES

- SEFBHN staff – Primary Point of Contact (PPOC)
- <https://zerosuicide.org/>
- <https://zerosuicide.sprc.org/toolkit>
- SAMHSA Suicide Safe App



QUESTIONS?
PLEASE CONTACT LINDSAY OR JILL
AT 561-203-2485

