

**Show Me ZERO Suicide:  
Missouri's Suicide Safer Care Initiative**



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BEHAVIORAL HEALTH RESPONSE

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**SPRING TRAINING INSTITUTE,**  
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@BARTANDREWS



#ZEROSUICIDE

**BECAUSE LIFE SHOULD BE  
AS SAFE AS FLYING**

# Introductions



**Dr. Bart Andrews, Ph.D.**

**Vice-President of Clinical Practice/Evaluations**

**Behavioral Health Response**

- Crisis Contact Center services
- ACI Provider Eastern, MO
- Doctor Who Junkie



# Introductions



Jacquelyn “Jacque” Christmas, BSW, MPA

Fatality Review Coordinator

Office of the Chief Medical Director

Department of Mental Health

- Suicide Prevention Contact
- Show-Me ZERO Suicide Lead
- Certified Question, Persuade and Refer Gatekeeper Trainer



# Who Are We?



- Show-Me ZERO Suicide Stakeholder Planning & Implementation team (since Jan. 2015)
- Zero Suicide Academy participants
- National initiative participants
- MO initiative participants
- Champions & **Rock Stars**



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# Dr. Bart Andrews

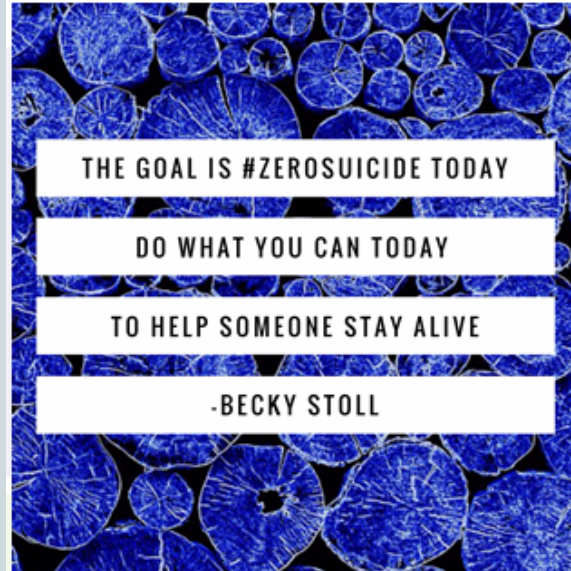


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# Objectives



- Workforce development
- Organizational processes in a Zero Suicide culture
- Continuous Quality Improvement



# Show-Me ZERO Suicide: MO's Suicide Safer Care Initiative



2014 – MO DMH & OZARK CENTER at 1st #zerosuicide academy



2015 – DMH & OC Breakthrough Series



2015 - Regional Suicide Prevention Conference



2016 – BHR & Crider Center attend the 2<sup>nd</sup> #zerosuicide academy



2016 – DMH & BHR participate Community of Practice



2016 - Coalition sponsored the 1<sup>st</sup> MO #zerosuicide academy





# What is Suicide Safer Care?



- Leadership commitment - making suicide a never event
- Shift in culture (just culture of safety)
- Trained workforce
- Systematically identify, assess & formulate suicide risk
- Pathway to care
- Evidence-based practices for treatment, safety planning...
- Data collection & analysis

<http://zerosuicide.sprc.org/about>

# 2015 DMH Suicide Data Analysis

## 2008 through 2014



DDD State Operated	DDD Community	DBH State Operated	DBH Community
Number of Suicides	Number of Suicides	Number of Suicides	Number of Suicides
0	10	13	185
	<ul style="list-style-type: none"> <li>• Case management</li> <li>• Supported employment</li> </ul>	<ul style="list-style-type: none"> <li>• Adult inpatient – acute treatment</li> <li>• Adult inpatient – general</li> <li>• Adult residential</li> <li>• Adult Inpatient - Psychiatric Rehab</li> <li>• Youth inpatient</li> <li>• PR+ Level 1 w./ Residential Support</li> </ul>	<ul style="list-style-type: none"> <li>• Adolescent CSTAR Level 2 (1)</li> <li>• Adult CSTAR Levels 1 (14)</li> <li>• Adult CSTAR Level 2 (8)</li> <li>• Adult CSTAR Level 3 (2)</li> <li>• Adult Community Psychiatric Rehabilitation (64)</li> <li>• Adult Community Services (72)</li> <li>• Adult Targeted Case Management (3)</li> <li>• Non DMH-Funded (1)</li> <li>• Opioid CSTAR (1)</li> <li>• Other – Community (3)</li> </ul>

# Mental Health Workforce Development



“Strategies specifically designed to facilitate the training of mental health practitioners in evidence-based practices (EBPs) have lagged behind the development of the interventions themselves.”

Lyon, A. R., Stirman, S. W., Kerns, S. E. U., & Bruns, E. J. (2011). Developing the Mental Health Workforce: Review and Application of Training Approaches from Multiple Disciplines. *Administration and Policy in Mental Health*, 38(4), 238–253. <http://doi.org/10.1007/s10488-010-0331-y>

# Zero Suicide Workforce Development



- Workforce survey
- Assess staff skills
  - ✦ Train staff in keys skills
    - All staff
    - Clinical staff



<http://zerosuicide.sprc.org/toolkit/train>

# Training



- Historically, training has been inadequate
- ALL Staff Need some training
- Training is ongoing.



# Workforce Survey



- Whether or not they have worked with a patient/client who ended his/her life by suicide (why is this important?)
  - Provide critical incident stress management
  - Employee assistance
- Their primary professional role
- Their primary patient/client population
- What suicide prevention training they have received in the past

# Organizational Self-Assessment

- ✦ Commitment
  - Leadership
- ✦ Policies
  - Embed Zero Suicide
- ✦ Pathway to care
  - Every person screened
  - Pathway to least restrictive environment
- ✦ Continuous quality improvement
  - Root Cause Analysis



<http://zerosuicide.sprc.org/toolkit/train>



## 2015 Survey Results



- 94% believed suicide preventable in all cases
- 20% not using supervision with at risk
- 90% always ask new clients about suicide
- 35% were not confident using EBT
- 38% not confident connecting with services
- 21% experienced client suicide death
- 44% want more training in suicide-specific TX





## BHR Recommendations

- ASIST training for all staff
- Lived Experience/Cultural Competence for ALL
- Review, cleanse and update of all trainings
- Increased education on EBTs in use
- Increased use of suicide-specific trainings
- REDUCE USE OF 911/POLICE
- REDUCE USE OF NON-COLLABORATIVE TX



## Ozark Center - 2014



- 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



# 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**



DMH



- State operated psychiatric facilities
  - 7 facilities
- Workforce survey
- Organizational self-assessment



## Participants were asked:



- Whether or not they have worked with a patient/client who ended his/her life by suicide,
- Their primary professional role,
- Their primary patient/client population, and
- What suicide prevention training they have received in the past.



## Primary Professional Role



- 60 % had direct contact with patients
  - Direct care staff
  - Nursing
  - Clinicians



# Primary Patient Population



- 59% work primarily with adults
- 20 % were in administration



## DMH Findings (State Operated Psychiatric Facilities)



- 61% do not believe they have had training to engage & assist those with suicidal desire and/or intent
- 68% were not using (receiving) supervision for people at risk
- 62% do not feel confident in their ability to assess a patient/client's suicide risk
- 54% were not confident in their ability to manage a patient's suicidal thoughts and behavior
- 25% experienced client suicide death (of which 9% more than once)
- 48% were not confident in their ability to treat a patient's suicidal thoughts & behavior using an evidence-based approach such as DBT or CBT





## Areas of Need



- Survey participants were asked to identify what aspects of assessing, managing, and treating patients/clients at risk for suicide they would like to learn more about.
- A total of 366 of the 1,221 respondents (30%) identified one or more areas of need.



...and the Survey says...



- The top three areas of need were:
  - Suicide-specific treatment approaches (38% of respondents),
  - Formal screening and assessment practices (36%), and
  - Managing suicidal patients/clients (31%)



# Recommendations & Next Steps



- Facility Engagement
  - No problem – no urgency
    - ✦ Provide feedback, communicate plans of action
    - ✦ Establish role & engage Champions
    - ✦ Establish a learning collaborative
  
- Standardized screening, assessment and risk formulation tool
  - Select or develop a tool that addresses suicidal and non-suicidal SIB
  
- Standardized training
  - MELS (inpatient specific)
  - Webinars
  - Evidence-based clinical training (i.e., AMSR, ASIST, CALM, etc.)
  - Web-based Question, Persuade & Refer Gatekeeper training

# National Collaborative Partners




- Suicide Prevention Resource Center
- National Council for Behavioral Health
- National Action Alliance for Suicide Prevention
  - Public/private partnership

# MO State Collaborative Partners



- BHR
- Coalition
- Crider Center
- DMH
- Ozark Center



TO CHANGE YOUR CULTURE YOU  
MUST CHANGE THE CONVERSATION  
-KIM WALTON

# Contact Information



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# Questions





# Zero Suicide Toolkit



<http://zerosuicide.sprc.org/>