Commission on Improving the Status of Children in Indiana

Recommendation to the Commission

Party Submitting Recommendation: Leslie Hulvershorn/CISC Child Safety and Services Group

Date of Submission: 3/1/2018

Type of Action Requested:

☐Legislation ☐Policy ☒Resolution of Support or Endorsement ☐Public Promotion

☐Other:_____

Which of the Commission's Strategic Priorities does this Recommendation help advance:

☒Child Safety and services ☐Juvenile Justice and Cross-system Youth

☒Mental Health and Substance Abuse ☐Educational Outcomes

Summary of Recommendation:

We are requesting CISC endorsement for a collaborative group of organizations including DMHA andCommunity Hospital to host a Zero Suicide Academy to provide training to Community Mental Health Centers (CMHCs) and hospital emergency departments so that they can begin to operate with the Zero Suicide framework. A donor has made this academy possible (cost $50,000 + location), but we would like the endorsement to encourage active participation from organizations around the state.

Background of Recommendation:

What is the need or problem?

The youth suicide rate is too high in Indiana. According to the 2018 Indiana KIDS COUNT Data Book, one in five high school students had seriously considered attempting suicide, and one in ten made an attempt. In 2016, 57 children ages 10-19, and 100 youth, ages 20-24, died by suicide in Indiana.

What is the current response to the problem by the State of Indiana?

Various. The CISC has tasked the Child Safety and Services Task force to address youth suicide. The related objective of this task force is to increase utilization of the Zero Suicide framework and method to reduce suicide in Indiana, in collaboration with the Indiana Suicide Prevention Network Advisory Committee.

What is the recommender proposing, and how will it help solve the problem?

The Zero Suicide framework is an evidence-based model which has been shown to reduce suicide among individuals touched by the organization implementing the model. It is, however, only utilized sporadically in Indiana. We anticipate that hosting an Academy for teams from 16 different organizations will increase implementation throughout the state.

What data, research or other information did the recommender consult to formulate this proposal?

From https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2015.1672:

"Preliminary data suggest that Zero Suicide is effective. At Centerstone, a large behavioral health nonprofit in Tennessee, the baseline rate for suicide before Zero Suicide implementation was 31 people per 100,000; the suicide rate two years into implementation dropped to 11 per 100,000—a reduction of about 65 percent (Becky Stoll, Centerstone, personal communication, February 22, 2016). The Institute for Family Health, a network of community health centers in New York, has not yet completed measurement of death rates but does assess adherence to its suicide care protocol. For example, after a safety-planning template was embedded into the electronic health record and training and monitoring were provided, safety-plan usage by primary care providers for patients with a positive suicide screen increased from 38 percent to 84 percent over two years (Virna Little, Institute for Family Health, personal communication, February 22, 2016)."

If a legislative request, cite the current relevant code and specify what change is being recommended.

Click or tap here to enter text.

If a policy request, cite the current relevant policy and specify what change is being recommended.

Click or tap here to enter text.

If the recommendation involves an endorsement or public promotion of a specific initiative or statement, attach the document of which you are seeking the Commission's support/endorsement/promotion.

ZEROSuicide

IN HEALTH AND BEHAVIORAL HEALTH CARE

www.zerosuicide.com

WHAT IS ZERO SUICIDE?

Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems, and also a specific set of tools and strategies. It is both a concept and a practice.

- » LEAD
- » TRAIN
- » IDENTIFY
- » ENGAGE
- » TREAT
- » TRANSITION
- » IMPROVE

Its core propositions are that suicide deaths for people under care are preventable, and that the bold goal of zero suicides among persons receiving care is an aspirational challenge that health systems should accept. The Zero Suicide approach aims to improve care and outcomes for individuals at risk of suicide in health care systems. It represents a commitment to patient safety—the most fundamental responsibility of health care—and also to the safety and support of clinical staff, who do the demanding work of treating and supporting suicidal patients.

The challenge of Zero Suicide is not one to be borne solely by those providing clinical care. Zero Suicide relies on a system-wide approach to improve outcomes and close gaps rather than on the heroic efforts of individual practitioners. This initiative in health care systems also requires the engagement of the broader community, especially suicide attempt survivors, family members, policymakers, and researchers. Thus, Zero Suicide is a call to relentlessly pursue a reduction in suicide for those who come to us for care.

The programmatic approach of Zero Suicide is based on the realization that suicidal individuals often fall through multiple cracks in a fragmented and sometimes distracted health care system, and on the premise that a systematic approach to quality improvement is necessary. The approach builds on work done in several health care organizations, including the Henry Ford Health System (HFHS) in Michigan. Like other leading health care systems, HFHS applied a rigorous quality improvement process to problems such as inpatient falls and medication errors. HFHS realized that mental and behavioral health care could be similarly improved. This insight led to the development of HFHS's Perfect Depression Care model, a comprehensive approach that includes suicide prevention as an explicit goal. The approach incorporates both best and promising practices in quality improvement and evidence-based care and has demonstrated stunning results—an 80 percent reduction in the suicide rate among health plan members.

SPRC

National Action Alliance

2.10.15

Using these successful approaches as the basis for its recommendations, the Clinical Care and Intervention Task Force of the National Action Alliance for Suicide Prevention identified essential elements of suicide prevention for health care systems (i.e., health care plans or care organizations serving a defined population of consumers, such as behavioral health programs, integrated delivery systems, and comprehensive primary care programs). These elements include:

1. **LEAD** » Create a leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care. Include suicide attempt and loss survivors in leadership and planning roles.
2. **TRAIN** » Develop a competent, confident, and caring workforce.
3. **IDENTIFY** » Systematically identify and assess suicide risk among people receiving care.
4. **ENGAGE** » Ensure every person has a suicide care management plan, or pathway to care, that is both timely and adequate to meet his or her needs. Include collaborative safety planning and restriction of lethal means.
5. **TREAT** » Use effective, evidence-based treatments that directly target suicidality.
6. **TRANSITION** » Provide continuous contact and support, especially after acute care.
7. **IMPROVE** » Apply a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk.

If we do not set big goals, we will never achieve them. In the words of Thomas Priselac, president and CEO of Cedars-Sinai Medical Center:

"It is critically important to design for zero even when it may not be theoretically possible. When you design for zero, you surface different ideas and approaches that if you're only designing for 90 percent may not materialize. It's about purposefully aiming for a higher level of performance."

Better performance and accountability for suicide prevention and care should be core expectations of health care programs and systems. While we do not yet have proof that suicide can be eliminated in health systems, we do have strong evidence that system-wide approaches are more effective.

To assist health and behavioral health plans and organizations, the Suicide Prevention Resource Center (SPRC) offers an evolving online toolkit that includes modules and resources to address each of the elements listed above. SPRC also provides technical assistance for organizations actively implementing this approach.

Learn more at www.zerosuicide.com
and at www.zerosuicideinstitute.com

FOR MORE INFORMATION, PLEASE CONTACT:
Zero Suicide
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