



Innovative State and Community Partnerships to Support Zero Suicide Approach Implementation in Diverse Health and Behavioral Health Care Settings in Connecticut



**American Association of Suicidology
50th Annual Conference**
Honoring the Past; Innovating for the Future
Hyatt Regency, Phoenix, AZ
April 29, 2017



Panel

- Andrea Iger Duarte, LCSW, MPH, CT Department of Mental Health and Addiction Services/CT Suicide Advisory Board
- Carl Schiessl, JD, CT Hospital Association
- Nancy E. Hubbard, LCSW, and Patricia Graham, Institute of Living/Hartford Hospital
- Amy Evison, LMFT, Community Health Resources
- Andrea C. Reischerl, PMHCNS-BC, CCHP, Department of Correction

CT Department of Mental Health & Addiction Services/ CT Suicide Advisory Board

**Andrea Iger Duarte, LCSW, MPH
Prevention Program Manager/Co-Chair**

Learning Objectives

1. Demonstrate an *understanding* of the Zero Suicide approach, and *why aspiring and committing to zero* is the only way to make real change in quality care to save lives.
2. *Identify the resources* available to systems interested in adopting the Zero Suicide approach, and related *evidence-based practices*.
3. Understand *how the Zero Suicide* approach may be *utilized within non-traditional* health and behavioral health systems, such as corrections and national guard.
4. Express *how a state-level peer to peer* Zero Suicide Learning Community with diverse membership *facilitates the awareness and adoption of the Zero Suicide* approach in various settings, and how systems *benefit* from participation in such groups.

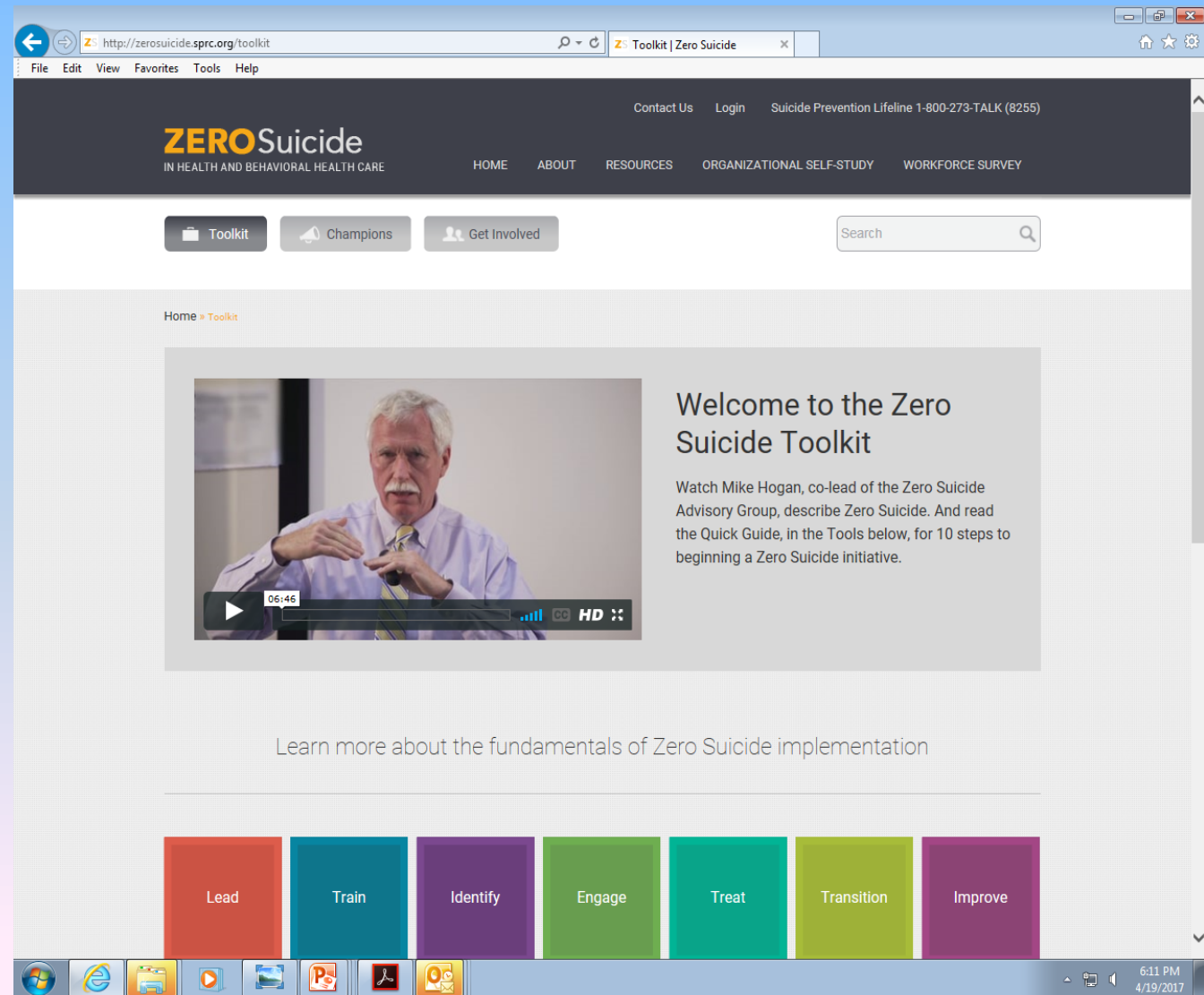
What is Zero Suicide?

A foundational belief that suicide deaths for individuals under care within health and behavioral health systems are preventable. It presents both a bold goal and an aspirational challenge.

- A methodology to eliminate suicide and a state of mind that one suicide is too many.
- 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.

How is Zero Suicide Supported?

- Key concept of the *2012 National Strategy for Suicide Prevention* and *CT State Suicide Prevention Plan 2020*
- Priority of the National Action Alliance for Suicide Prevention and CT Suicide Advisory Board
- Project of the Suicide Prevention Resource Center, multiple health & behavioral health care systems worldwide, and the CT Networks of Care for Suicide Prevention Grant (GLS)
- For more information:
<http://zerosuicide.sprc.org/>



CT SUICIDE ADVISORY BOARD: Zero Suicide Learning Community

Purpose: Support Goal 3 of [CT PLAN 2020 \(NSSP 8\)](#)
Promote suicide prevention as a core component of health care services through adoption of the [Zero Suicide](#) approach within health and behavioral health systems and beyond their walls to surrounding communities.

System LC Participation WIFM:

- Monthly forum on ZS dimensions and related evidence-based strategies (EBs)
- Listserv to facilitate communication
- CT and national resources and technical assistance/guidance
- Access to training and workforce development resources/opportunities
- Encouragement and peer to peer support to adopt the approach and EBs

Meets: Monthly on 2nd Thursday from 8-9 AM. Armed Forces Reserve Center, 375 Smith St., Middletown, CT.

Hosts: The CTSAB and the Institute of Living/Hartford Hospital (National 2015 Zero Suicide Academy graduates), in partnership with the CT Hospital Association.

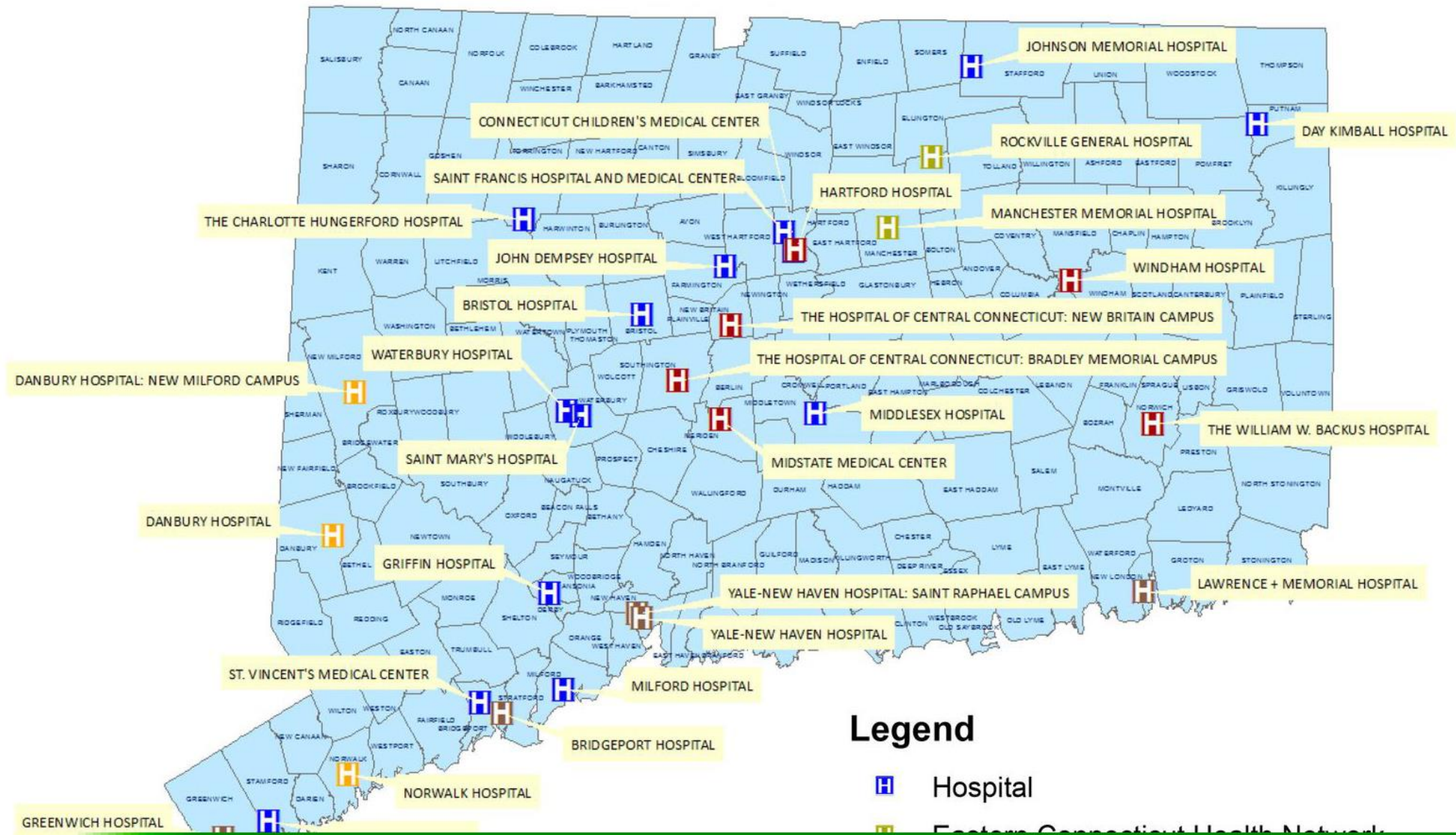
Connecticut Hospital Association

Carl Schiessl, JD

Director, Regulatory Advocacy

About CHA

- Founded in 1919, the Connecticut Hospital Association (CHA) represents hospitals and health-related organizations. Our mission is to advance the health of individuals and communities by leading, representing, and serving hospitals and healthcare providers across the continuum of care that are accountable to the community and committed to health improvement.
- Public policy and advocacy on behalf of the interests of hospitals and their related healthcare organizations.
- Leadership and innovative services to further community-based healthcare delivery.
- Strengthening ties and collaborative efforts with other organizations that have common values and aims.
- Innovative research and education in the delivery and financing of healthcare services.
- Leadership in fostering an environment within which integrated delivery systems can be created and thrive.
- Assistance to the membership in ensuring quality, increasing efficiency and effectiveness, containing costs, and enhancing revenue.



Achieving Goals as Healthcare Evolves

- One suicide in a hospital setting is one too many
 - **This is a core principle of the Zero Suicide movement**
- Overcome a fragmented, distracted healthcare system
 - **Zero Suicide is an integrated care management model**
- Need for systematic approaches to quality improvement
 - **Zero Suicide is a population health initiative**
- Practitioners cannot do it all
 - **Zero Suicide offers clinical support**
- Need for statewide approaches to improving outcomes and closing gaps
 - **Zero Suicide is consistent and sustainable**

Engaging Hospitals at the Association Level

- Almost every state has a hospital association
- Find ways to work with them
- Leverage existing initiatives
- Recruit hospital champions
- Propose issue-based forums
- Develop informational material
- Host webinars
- Face-to-face engagements
- Maximize use of social media
- ...whatever works...

Institute of Living, Hartford Hospital

Zero Suicide Initiative: Can Suicide Be A Never Event?

Nancy Hubbard & Patricia Graham

Zero Suicide Academy Team (ZSAT)

Hartford HealthCare/Institute of Living

- Connecticut HealthCare Systems
 - Multiple levels of care
 - More than 15 partners
- Over 18,000 employees
- Behavioral Health Network
 - 5 entities
- Institute of Living
 - Founded 1822
 - All levels of care
 - All ages

Zero Suicide Journey

- Attended ZS National Academy, Baltimore, MD, June 2015
- Presented to leadership July, August, September
- Grand Rounds to campus October 2015
- Clinician Seminars October 2015-June 2016
- Created Champions Group January 2016

Zero Suicide-Year 1 Implementation

- Letter to organization introducing ZS from Dr. Schwartz November 2015
- Leadership ZS Academy Team, Meets Monthly
- Zero Suicide Champions Group, Meets Monthly, More than 50 members
- Monthly State Learning Community
- Monthly Clinician Seminars
- Workforce Survey-Spring of 2016
- Training Presentations: C.A.S.E., QPR, ASIST, C-SSRS
- Incorporating ZS into EPIC
- Piloting Follow Up Calls on inpatient units post discharge
- Piloting assisting patients in safety planning, including video calling National Suicide Prevention Lifeline
- Incorporating Update into Employee Monthly Message
- Presented to all BHN entities, Hartford Hospital Groups
- Created Year 2 Plan

Zero Suicide-Year 2 Implementation

- Training Non-Clinical Staff (MHFA)
- C-SSRS Training and Implementation
 - Pathways to care
- C.A.S.E. Macro-trainings
- BHN expansion (Natchaug, Rushford, HOCC)
- Creation of Postvention Plan
- Follow Up Calls as part of D/C Planning

Zero Suicide-Year 3 Implementation

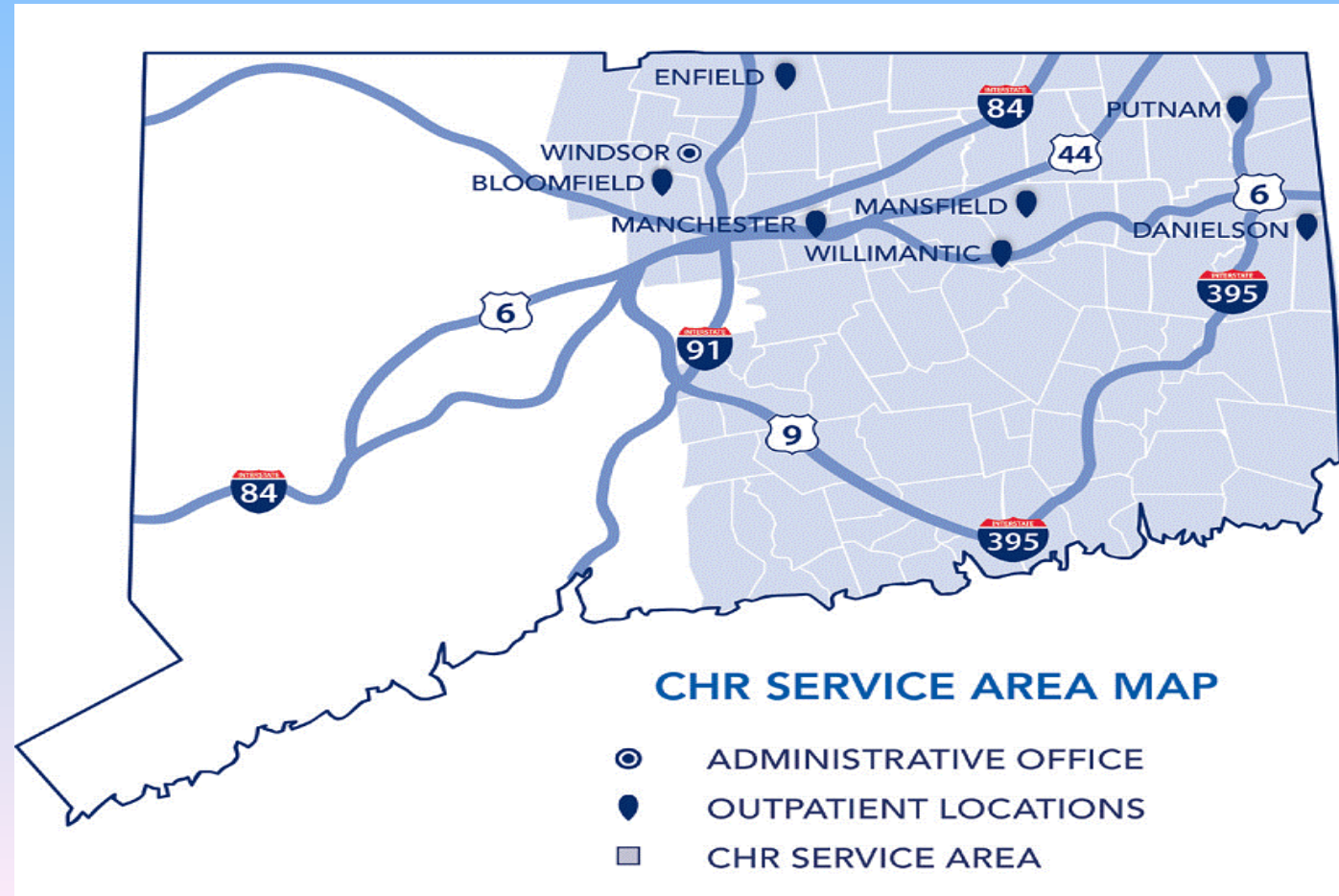
- Train Clinical Staff in C.A.S.E.
- Fully implement C-SSRS including pathways to care for all levels of care
- Incorporate Safety Planning as part of D/C
- Review impact of change through state data
- Create a Suicide Prevention Coordinator Position

Community Health Resources

Amy Evison, LMFT
Service Director

CHR's Geographic, Staffing and Client Overview

- CHR provides services across 50% of the state for both children and adults.
- We serve over 20,000 people annually.
- We have 750 employees in 40 locations.



Population Served and Programs and Services

- Many of the individuals who are referred to our programs have experienced symptoms and behavioral problems due to psychiatric disability, environmental or emotional stress, or exposure to traumatic events, or substance use/abuse.
- The resources available and potential for evidenced based practices.
 - Assessment Center
 - Crisis for both Children and Adults
 - Intensive Home-Based Therapy Services. We offer evidenced based practice models in FFT, MDFT, MST-BSF and A-CRA
 - Outpatient Clinical Services
 - Intensive Out Patient
 - Support Services (Case management, care coordination, Parent Education, etc.)
 - Residential Treatment
 - Residential Services (Housing)
 - Therapeutic Foster Care
 - Substance Abuse and Co-Occurring Treatment.

The Timeline of Zero Suicide Implementation

- October 2015.
 - Joined Statewide Zero Suicide (ZS) Learning Collaborative.
 - Received and reviewed the Joint Commission standards relative to the National Patient Safety Goals.
 - CHR initiated a Continuous Quality Improvement Plan in order to adopt Zero Suicide as a system wide performance improvement initiative.
 - Initiated a ZS monthly committee and introduced the initiative to senior management and staff. Our first goal was to identified a process to review data on the suicides of clients in our care.
- January 2016.
 - Completed ZS Internal Assessment
 - Endorsed staff training for a screening tool. Columbia University provided training on the CSSR-S tools and Safety Planning. (Subsequent training events occurred in March, September and January of 2017.)
- February 2016.
 - Supported grant application for UCONN Health in Applied Research Toward Zero Suicide Healthcare Systems with the National Institute for Mental Health.
 - Completed ZS Workforce survey
- March 2016.
 - Added the CSSR-S to our electronic health record for both child and clinical assessments.
- May 2016.
 - The CSSR-S training from the Lighthouse Project was added to our online training website. All current and new employees are required to take the course.
- June 2016.
 - The Garrett Lee Smith Intensive Site for the Town of Manchester Grant was executed and funding came in. Recruitment for staff began.

Timeline of Implementation Activities continued....

- July 2016.
 - Initiated Pilot of our Assessment Center and the triage and access to care based on risk assessment and positive CSSR-S screen.
- August 2016.
 - Hired GLS Program Manager for intensive site in Manchester, CT.
- November 2016.
 - The adult teams pilot the safety plan consistent with the Texas Zest Safety and Dr. Posner's safety planning format. The Child division is currently revising one to be more appropriate for children.
- January of 2017.
 - Sponsored a kick off event for the GLS partners and Manchester Community. Through this training they were further qualified as local gatekeepers.
 - CHR developed a work plan from the ZS template to target our ongoing goals for this year.
- February 2017.
 - Child division finalized Crisis Triage Protocol's.
 - Non clinical child division staff were trained to use the CSSR-s tool and it was added to their programs in the electronic health record.
- March 2017.
 - The Adult Care Management Protocol was completed.
- April 2017.
 - Attend the AAS 50th Annual Conference to gain more information and insight about how to develop our local ZS and GLS plan further....

Summer 2016- Launch of Garrett Lee Smith Intensive Site for Manchester, CT.

Bringing ZS to the Community through a Network of Care: A Partnership with CHR and four community partners with the town of Manchester.

- Police
- Public Schools
- Community College
- ECHN (Hospital)

1. Developed an Administrative, Data and Program Workplan.

- **Goal:** Develop, enhance, implement and sustain evidence-based, culturally competent suicide prevention, intervention and response practices through an intensive community-based effort for youth age 10-24 in the Town of Manchester, CT.
- **Objective:** Integrate and coordinate suicide prevention, intervention and response activities across multiple sectors and settings through the development and formalization of a sustainable Community Network of Care (CNC) for suicide prevention, intervention and response linked to the RNC and SNC.

2. Initiated the Community Network of Care in January of 2017.

Ongoing Goals and Opportunities from the ZS Organizational Study

- Create a leadership-driven, safety-oriented culture.
- Develop a competent, confident, and caring workforce.
- Systemically identify and assess suicide risk.
- Ensure every person has a suicide care management plan. (pathway to care)
- Collaborative safety planning.
- Collaborative restriction of access to lethal means.
- Use effective, evidenced-based treatments that directly target suicidal thoughts and behaviors.
- Provide continuous contact and support.
- Apply a data-driven quality improvement approach.

Connecticut Department of Correction

Andrea C. Reischerl, PMHCNS-BC, APRN
Psychiatric APRN for Health Services

Unified System

- Responsible for the management of persons in jails and prisons
- Current supervision of 14,500 (average)
- 16 facilities
 - 15 male
 - 1 female facility
- 4 facilities have designated MH housing units

Why Adopt ZS Initiative

- Natural fit with existing Administrative Directives & committee
- Provided framework to organize existing interventions & ideas
- Self study helped to identify strengths and areas for improvement & establish priorities
- DOC is the largest health care provider in CT

Systems Resources Needed

- Commissioner/Executive Team in full support of ZSI
- Medical-Legal Risk Committee: Suicide Elimination Sub-Committee comprised of DOC Health Services staff, correctional staff and contracted health care vendor staff to improve support from all disciplines



To contact the panel:
Andrea.Duarte@ct.gov
(860)418-6801

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services.