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Zero Suicides in Healthcare

Our Challenge

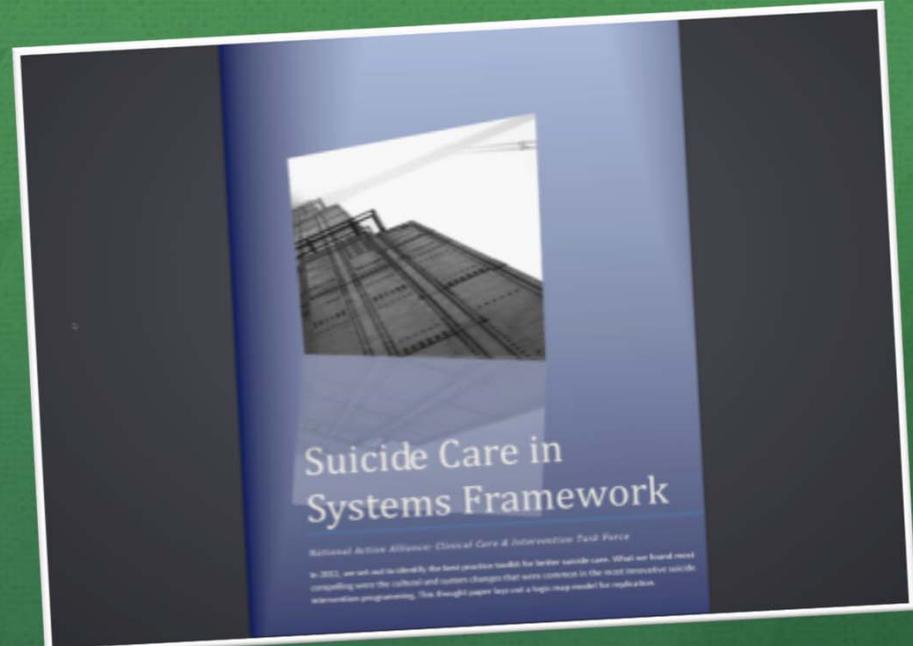
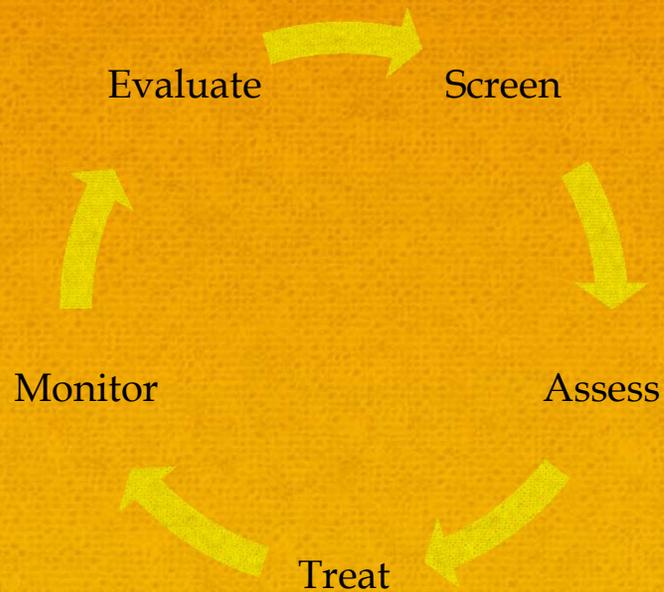
August 2011

Develop a Clinical Pathway for Suicide Prevention

Centerstone Enterprise
(Indiana and Tennessee)



Research Best Practice



News and Research

Depression Care Program Eliminates Suicide

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Depression Care Program Eliminates Suicide

DETROIT - A unique program for patients with depression has resulted in two and a half years without a single suicide from Henry Ford's patient population.

The program, chronicled in an article in this week's issue of the Journal of the American Medical Association, was created by the Behavioral Health Services division of Henry Ford Health System.

The rate of suicide in Henry Ford's patient population decreased by 75 percent from 89 per 100,000 patients to 22 per 100,000 in the first four years of the program's implementation, and a half year later, that rate has been zero per 100,000. This remarkably low rate of patient suicide stands in marked contrast to an expected rate of 230 per 100,000 as reported from scientific research.

"The encouraging results of the initiative suggest that this care model can be highly effective for achieving and sustaining breakthrough quality improvement in mental health care," says *Scott C. Colfax, M.D.*, Henry Ford Health System vice president and CEO of Behavioral Health Services.

"Pursuing perfection is no longer a project or initiative for our team but a principle driving force embedded in the fabric of our clinical care."

Some of the performance improvements in the program include:

- Establish a consumer advisory panel to help with the design of the program
- Establish a protocol to assign network...

Suicide Prevention Committee

- Center for Clinical Excellence (CRI)
- Suicide Pathway Charter
- Project Plan
- Planning Worksheet
- Approval from Executive Leadership
- Commitment from Executive Leadership
- Pilot Program (TN)

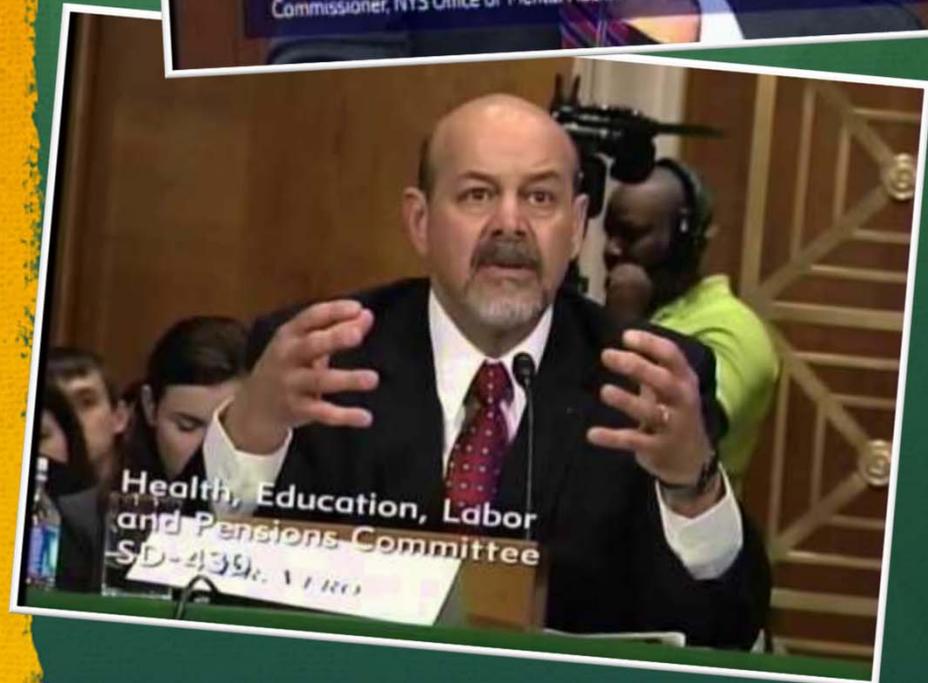


Leading Advocacy

Mike Hogan and Bob Vero

Testifying before Congress

Senate HELP Committee

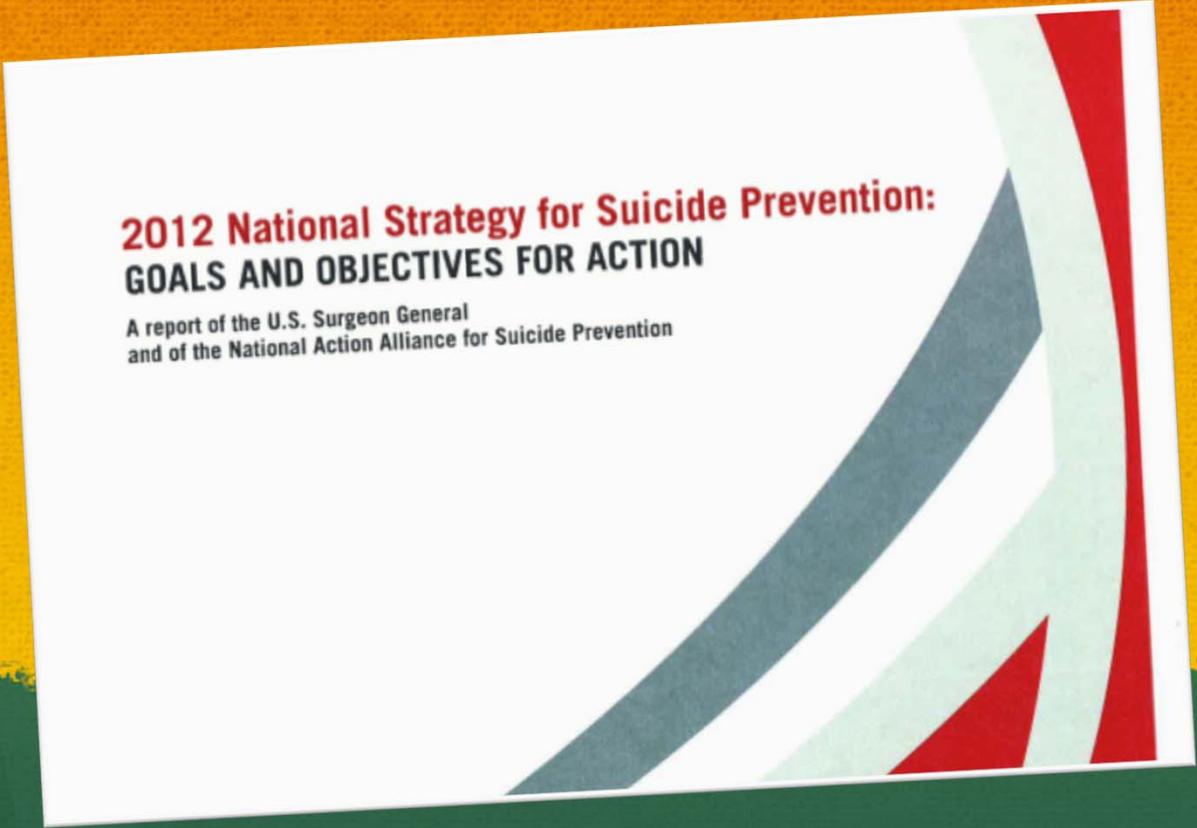


National Responsibility

- U.S. Surgeon General's Office
- National Action Alliance for Suicide Prevention
- Education Development Center
- Suicide Prevention Resource Center



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The image shows the cover of a report titled "2012 National Strategy for Suicide Prevention: GOALS AND OBJECTIVES FOR ACTION". The cover is white with a graphic design on the right side consisting of several overlapping, curved shapes in shades of blue, green, and red. The text is in a clean, sans-serif font. The background of the slide is a textured orange and green gradient.

**2012 National Strategy for Suicide Prevention:
GOALS AND OBJECTIVES FOR ACTION**

A report of the U.S. Surgeon General
and of the National Action Alliance for Suicide Prevention

Zero Suicides in Healthcare

National Collaboration

Arizona (Magellan), Kentucky (DMH), New York (DMH), & Texas (DMH)



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Providers Join National Collaborative

30,000 Foot View

- Systems of Care
- Public Health Approach
- State focused
- Health plan focused

5,000 Foot View

- Policies/Procedures
- Screening/ Assessment tool
- Treatment Modalities
- Monitor/Evaluate



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Voice of Providers

- Centerstone – Illinois, Indiana, Kentucky and Tennessee
- Group Health Cooperative – Washington State
- Institute for Family Health – New York



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What is Zero Suicide in Health and Behavioral Health Care?

Over the decades, there have been many instances where individual mental health clinicians have made heroic efforts to save lives, but systems of care have done very little. Two exceptions are Henry Ford Health System and Magellan Health Services of Arizona. The 2011 report *Suicide Care in Systems Framework* describes the Henry Ford and Magellan successes and asserts that suicide intervention and care must be defined as a core business competency and expectation for community behavioral health.

Suicide Care in Systems Framework was developed by the Clinical Care and Intervention Task Force of the National Action Alliance for Suicide Prevention. Task Force co-chairs David Covington, vice president for Youth & Adult Services at Magellan of Arizona, and Mike Hogan, then commissioner of mental health for the state of New York, strongly believe that organizations and systems must work to make suicide a "never event" in programs and systems of care.

[Read how David Covington and Mike Hogan describe the culture change that must be achieved.](#)

Meet Our Champions



<http://www.zerosuicide.com>



Zero Suicide in Healthcare Toolkit

www.zerosuicide.com

National Action Alliance

Clinical Care & Intervention
Taskforce

Essential Dimensions of
Suicide Prevention in
Healthcare Systems

- Create a Culture
- Pathways to Care
- Competent Workforce
- Identify/ Assess Suicide Risk Level
- Use Evidence Based Care
- Continued Contact After Care



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Zero Suicide Movement

National Explosion of Interest and Adoption



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Zero Suicide Task Force

- National Action Alliance
Appointed: Advisory Group & Data Panel
- Zero Suicide Academy - June 2014 Washington DC
- Advisory Group – Becky Stoll
- Tennessee Suicide Prevention Network
- Data Panel – Becky Stoll, Brad Nunn and Jennifer Lockman
- Faculty/Mentor – Becky Stoll



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International Collaborative

Ireland, Netherlands, New Zealand, Northern Ireland, United States
Zero Suicide



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Clinical Pathway for Suicide Prevention

Clinical Pathway Suicide Prevention

- Organizational Readiness
- Workforce Survey
- Communication Plan – Internal & External
- Adoption of “Zero Suicide” Culture
- Training Program



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Indiana Tennessee

Current Components
“Clinical Pathway for Suicide
Prevention”

- Electronic Health Record
- Screening/ Assessment
- Frequency of Contact
- Monitoring
- Quality Assurance
- Evaluation



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Columbia Suicide Severity Rating Scale

Dr. Kelly Posner - Columbia University

Screening & Assessment

- Ages 12 and older
- All service lines
- At every service delivery point
- Some provisions on frequency for daily programs
- Embedded in Electronic Health Record
- Recommendation based on response



Placement in the Pathway

Education Sheet

- Reviewed with the client
- Outlines components of the Pathway
- Acknowledgment from client
- Commitment from client

Crisis Management Plan

- Triggers
- Supports
- Reduction of access to means
- Coping strategies
- Resources



Frequency of Contact

- Guideline - 1X per week for an in person therapy session
- Refer those who are not in therapy
- Continue to assess and refer, as appropriate, those who refuse therapy services



Monitoring

Suicide Pathway Clients Who
Do Not Show

Populate on Crisis Call
Center's "High Risk Follow
Up" List



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Electronic Health Record

- Screening/ Assessment Tool (mandatory)
- Education Sheet & Crisis Management Plan (mandatory)
- Suicide Pathway clients display in “red”
- Blast email to providers when enrolled/removed
- Intake question on weapons in home
- Intake question on access to internet/devices
- Safety functionality for Suicide Pathway clients who DNS



Oversight

Quality Assurance

- Definition of who counts as a “client” in suicide rates
- Confirmation of death as a suicide (medical examiner reports)
- Monthly analysis of attempts & completions
- Fidelity monitoring

Evaluation

- Use of Centerstone Research Institute
- Study of “High Risk Follow Up “ (BC/BS of TN Foundation)
- Contract with SPRC
- Need for funding





Suicide Prevention

"Baking It Into Our System"



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Future Development

Continued Culture Growth
Training Program
Engagement
Treatment Modalities
Expertise of “Lived Experience”
Interface with PCPs
Post Suicide Response
Further Report Development
Further EHR Development



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Robust Suicide Pathway

Several years of work to do

Focus on developing best
practice

Will begin to inject new
developments

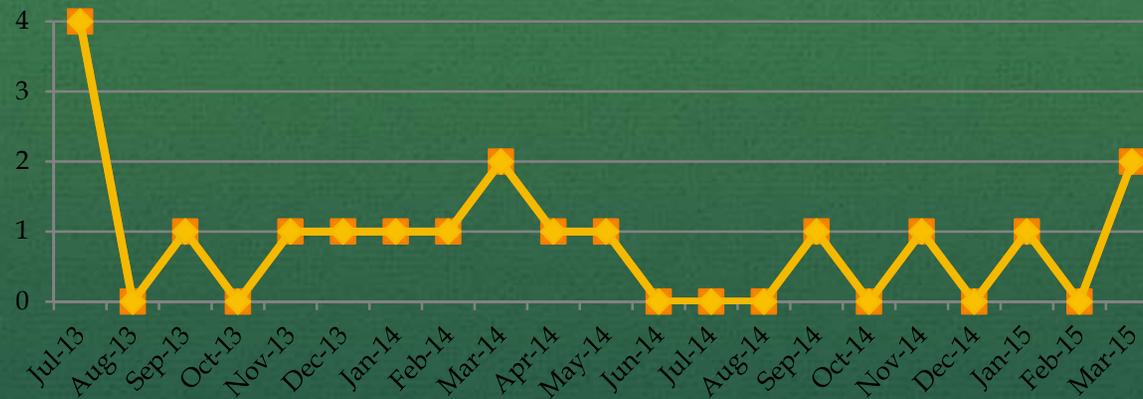
Rolling in Illinois



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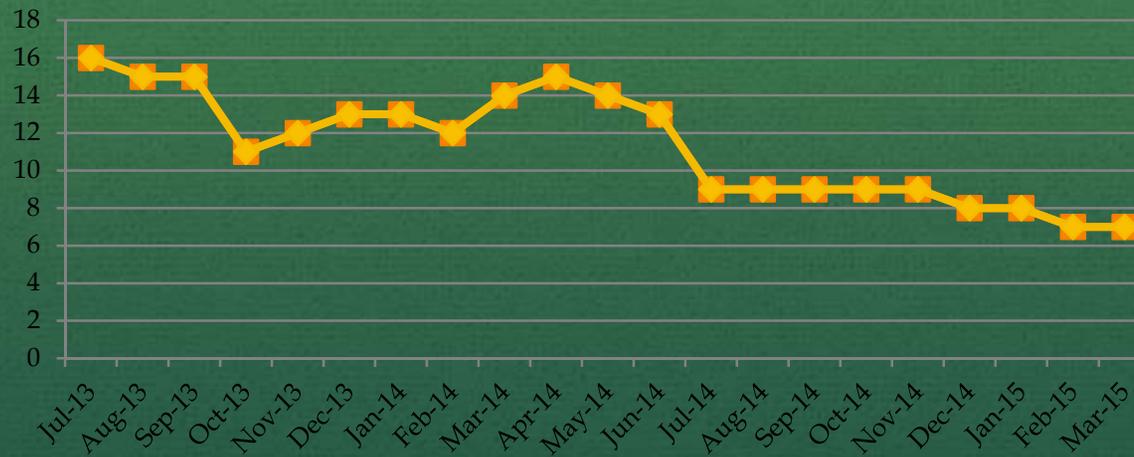
Suicide Prevention Outcomes

Reported Suicides per Month

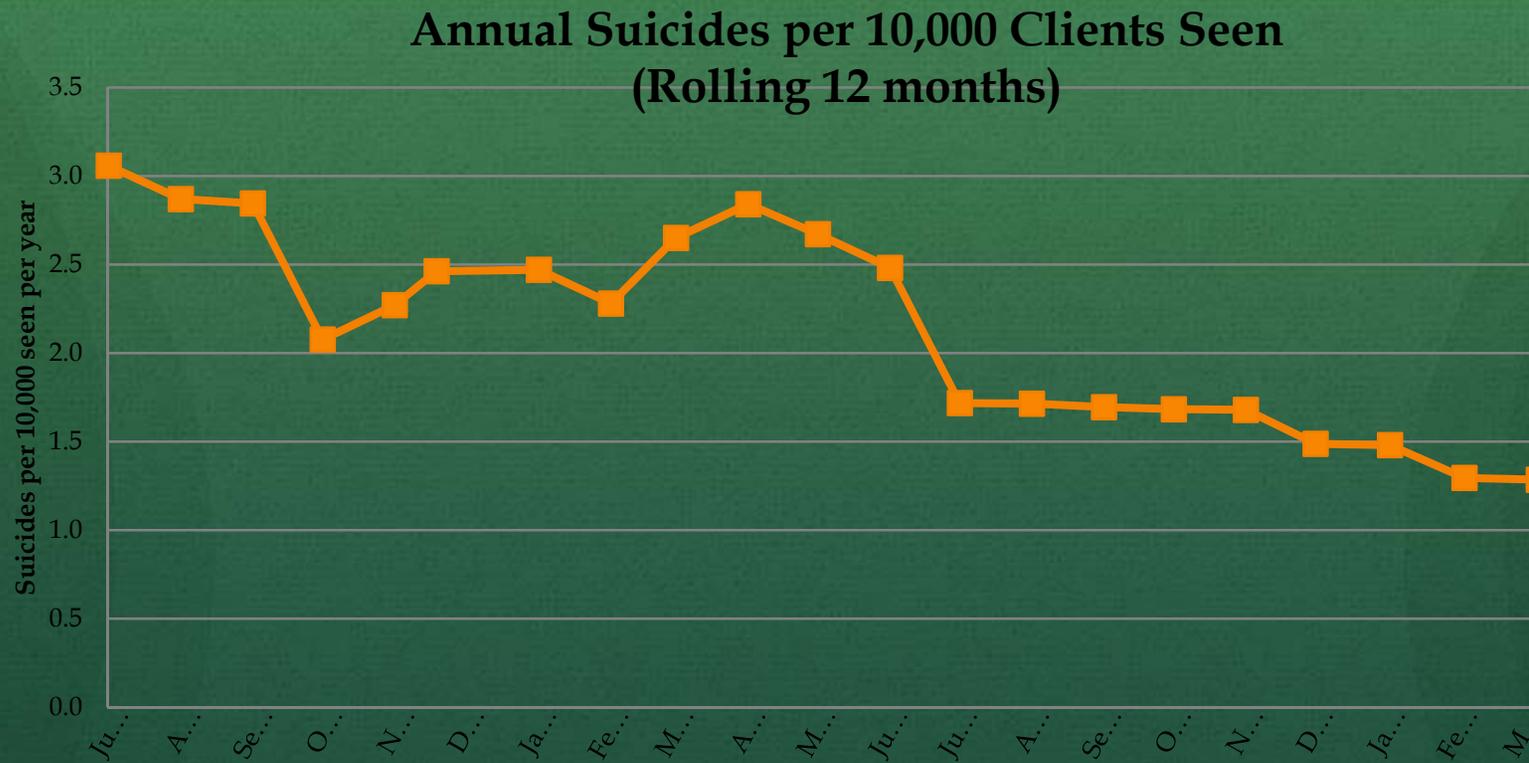


Suicide Prevention Outcomes

Reported Suicides per Rolling 12 Month Period



Suicide Prevention Outcomes



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Zero Suicides in Healthcare

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