

Garrett Lee Smith Youth Suicide Prevention in Primary Care: A Systems Change Project

Stakeholder Meeting

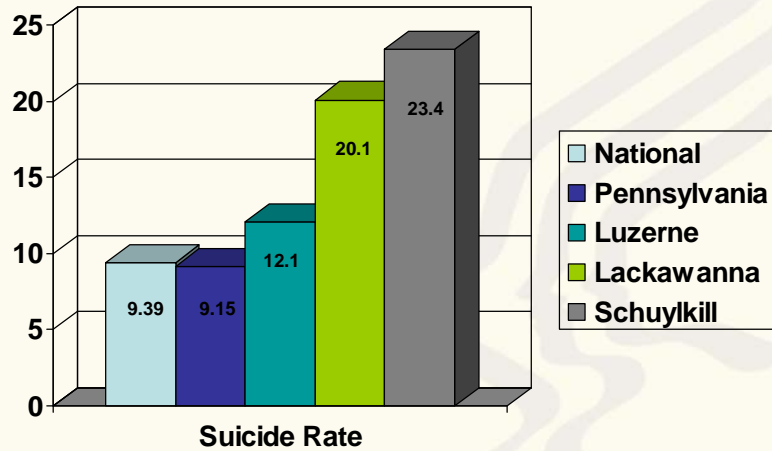
October 16, 2009

Youth Suicide



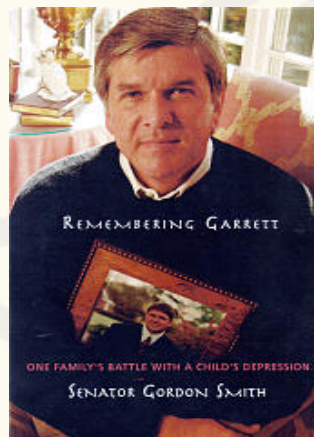
- Suicide is a major public health problem in our community.
- It is the 3rd leading cause of death among youth ages 15-24 (CDC, 2007).
- Youth suicides are an annual occurrence, with the majority of Pennsylvania's counties averaging at least one per year. (2005-2007)

Youth Suicide Rates Nationally and Locally



What is the Garrett Lee Smith Memorial Act?

- Passed by Congress in 2004
- Named after Senator Gordon Smith's (OR) son who died by suicide at age 21
- Provides funding for community based suicide prevention



Agenda

- 9:30 – Welcome from Joan Erney, Deputy Secretary, OMHSAS
- 9:45 – Overview and Discussion of Five Objectives of the Grant
- 12:15 – Lunch
- 1:00 - Pennsylvania Physical & Behavioral Health Collaborations – Two sample projects
- 2:00 – Break
- 2:15 – Closing Statements/Discussion with Richard McKeon, Coordinator, SAMHSA/CMHS - Suicide Prevention Initiative
- 3:00 – Wrap up

The Five Objectives

1. Create a task force of a broad range of **stakeholders**.
2. Provide a youth suicide **“gatekeeper” training** program to participating primary care providers in the designated counties.
3. Provide medical practitioners in three counties free access to a web-based, patient self-report **screening tool** to assess for suicide and related risk factors.
4. Increase the **integration**, if not collocation, of behavioral health services with medical services.
5. Provide **clinical training** in best practice therapy models for suicidal youth to behavioral health providers.

PCP Survey

- Survey developed by GLS team
- Focus on screening, assessment, and triage of suicidal adolescents in primary care
- In conjunction with medical associations, sent to 7,500 PCPs across Pennsylvania
- Over 600 responses
- Data used to inform Objectives, when applicable

Objective 1

Create a task force of a broad range of **stakeholders.**

Objective 1: Stakeholders

Successes

State level

- Multiple state agencies collaborating – Dept. of Welfare, Dept. of Health
- Engagement of the:
 - PA Chapter of the American Academy of Pediatrics
 - PA Association of Family Physicians
 - PA Coalition of Nurse Practitioners
- Linked with Pennsylvania Association of Community Health Centers
- Access Plus collaboration
- Website Development – www.payspi.org
- Monitoring Committee Foundation

Statewide Suicide Prevention Monitoring Committee

- Office of Mental Health and Substance Abuse Services
- Children's Hospital Of Philadelphia
- Jefferson Medical College
- Department of Health – Bureau of Drug and Alcohol Programs and Bureau of Injury Prevention
- Pennsylvania Council for Children, Youth, and Family Services
- Community Care Behavioral Health
- Office of Children, Youth & Families
- Delaware County Juvenile Probation Department
- Department of Education
- University of Pittsburgh – STAR Center
- Office of Mental Retardation
- MH/MR Administrators Association
- Juvenile Court Judges' Commission
- Juvenile Detention Centers Association of Pennsylvania
- Pennsylvania Community Providers Association
- Pennsylvania Network for Student Assistance Services
- Pennsylvania Chapter, American Academy of Pediatrics, Child Death Review
- National Alliance for Mental Illness of Pennsylvania
- Commonwealth Approved Trainer – Compass Mark
- Feeling Blue Suicide Prevention Council

Objective 1: Stakeholders

Challenges

State level

- Building relationships with insurance companies
- Involving the Monitoring Committee consistently

Objective 1: Stakeholders

Goals for Year 2

State level

- Trying to engage insurance companies
- Utilize the expertise of the monitoring committee
- Try to bring together groups around the state working on similar projects – maybe host a meeting in Year 3

Objective 1: Stakeholders

Successes

Project level

- Working group in region
- Located project in county MH/MR offices

County level

Task Forces

- All three counties have Suicide Prevention Task Forces
- Lackawanna has started a new task force, Luzerne has revived a once active group, and Schuylkill has continued work with their active group

Performance Site Recruitment

- All three counties able to recruit PCP practices to be involved
- Partnership with Federally Qualified Health Centers and Access PLUS
- Successfully engaged mental health system – identified partners for primary care sites

Objective 1: Stakeholders

Challenges

County level

Task Forces

- Getting broad representation on the community task forces

Performance Site Recruitment Barriers

- **Time** (34% do not have time for adequate assessment and referral of suicidal patients)
- **Already Screening**
- **Liability**
- **Lack of reimbursement** (Only 1% report that they can bill explicitly for suicide risk assessment)
- **No access to mental health care**
- **Prior negative experiences with MH system**

Objective 1: Stakeholders

Goals for Year 2

Project level

- Work on engaging task forces more actively in this project

County level

Task Forces

- Get broader representation on task forces

Performance Site Recruitment

- Continue to recruit new practices, utilize the new partnership with Access PLUS

Objective 1: Stakeholders

Discussion

- What is the best way to start the conversation with insurance companies?
- How can we utilize the local task forces for the grant?
- How can we engage more primary care practices?

Objective 2

Provide a youth suicide
“gatekeeper” training
program to participating
primary care providers in
the designated counties.

Objective 2: Gatekeeper Training Survey Results

- 27% of PCPs report adequate training in suicide risk assessment.
- 35% of PCPs report adequate knowledge about suicide risk assessment.
- 66% of PCPs feel comfortable talking to adolescent patients about suicide.

Objective 2: Gatekeeper Training Successes

- Partnered with AAS to adapt training
- Gave AAS training to three PC sites
- Supporting the development of a web-based training
- Supported two webinars by Dr. David Brent

Objective 2: Gatekeeper Training Challenges

- Scheduling the training into busy practices schedules
- Amount of information in short time
- Not enough time for discussion after trainings
- Difficult to change the thinking of PC sites that they can be a resource
- Retention of information

Objective 2: Gatekeeper Training

Goals for Year 2

- Train new PC sites
- Deploy the web-based training
- Continue to sponsor webinars through the medical associations
- Find ways to utilize resources in SPRC and WICHE's Suicide Prevention Toolkit for Rural Primary Care

Objective 2: Gatekeeper Training

Discussion

- How often should we be doing this type of training?
- Should we include a broader training about mental health issues?

Objective 3

Provide medical practitioners in three counties free access to a web-based, patient self-report **screening tool** to assess for suicide and related risk factors.

Objective 3: Screening Tool Successes

- Practices are enthusiastic about screening
- Web-based system and user's manual developed
- Successful collaboration with mdlogix
- Clinical and research training in 3 sites
- Generated some ideas about other uses for the tool

Objective 3: Screening Tool

Why Screen in Primary Care?

- The three leading causes of death among adolescents - unintentional injury, homicide and suicide - are preventable (Downs & Klein, 1995; Ellen et al., 1998).
- Screening tools can maximize efficient use of time (Rhodes et al., 2001).
- Screening in places like primary care has also been shown to alleviate problems by addressing risk taking behaviors directly (Gadomski et al., 2003).
- Teens are willing to discuss risk-taking behaviors with practitioners (Townsend et al., 1991).
- However, patients are more likely to disclose “socially undesirable” behaviors on a screening tool than they are in a face-to-face interview (Kurth et al., 2004).
- Screening adolescents for risk-taking behaviors or symptoms of emotional distress is a first step in helping practitioners to better address the needs of adolescents (AACAP, 2009; US Preventive Services Task Force, 2009).

Objective 3: Screening Tool

Survey Results

- Majority (65%) of PCPs rarely screen for suicide or only screen when they suspect it.
- 14% report using a standardized screening tool to assess suicide risk.
- 83% would consider using a reliable suicide screening tool.
- 74% do not think that a screening tool would disrupt the patient-provider relationship.

Domains for the BHS-PC

SHADESS Categories	Domain	Number of Items	Time Frame	Descriptor
School Activities	School	6 and 5	Current; past year	Grades, attendance, enrollment status
Home	Family	4 and 1	Current	Conflict, cohesion, monitoring
Drugs and Substances	Substance Use	4 and 5	Whole life; past 30 days Past year	Use of tobacco, alcohol, other drugs and abuse of drugs
Emotions	Anxiety	16 and 2	Past year; past 2 weeks	Generalized anxiety, OCD symptoms, panic, social phobia, and impairment
	Depression	4 and 7	Past year past 2 weeks	Feeling sad, loss of interest in things, and impairment
	Trauma	8 and 1	Past year; whole life	Exposure to difficult or upsetting things and symptoms of avoidance
	Suicide and Self-Harm	5 and 5	Ever; past week	Suicidal thoughts, plan, attempt, self-harm
	Psychosis	2	Past year	Seeing or hearing things that aren't there
Sexuality	Sexuality	6 and 9	Whole life; current	Unprotected sex, number of partners, orientation
Safety	Safety	11 and 1	Current; past 30 days; past year	Personal safety
Other	Independence	5	Past year; current	Taking responsibility for one's medical care, transition to adulthood
	Demographics	6	Current	Age, race, gender
	Medical	4 and 1	Past year	Health over past year
	Nutrition and Eating	7	Current	Eating and exercise habits, and weight control

Sample Patient Screen

Internet Mediated Research System - Edit Page - Mozilla Firefox

File Edit View History Bookmarks Tools Help

https://bhs.schuykill.blackcreek.mdlogix.com/form/response/225/51

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Behavioral Health Screen

Welcome [bhsstest6](#) | [preferences](#) | [log off](#) | [Not bhsstest6?](#) [contact us](#)

Have you ever, in your whole life, even once, used alcohol?

Yes
 No
 I can't answer because...

[< Previous](#)
[> SAVE where I am and I will return later](#)
[Next >](#)

Version: 1.0.7

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https://bhs.schuykill.blackcreek.mdlogix.com/user/hot_person

Sample Report for Provider

Patient Name: _____ DOB: _____

MRN: _____ Date: _____

BEHAVIORAL HEALTH SCREENING RESULTS CONFIDENTIAL

INSTRUCTIONS

Review report before meeting with the patient. Review results with patient and follow standard care procedures, including referral, if necessary. Place results report in medical chart.

CRITICAL ITEMS

SCALES (All scales are 0 – 4. 0 = no risk and 4 = highest risk)

	Score	Clinical Significance
Depression		
Anxiety		
Suicide - Lifetime		
Suicide - Current		
Traumatic Distress		
Eating Disorder		
Substance Abuse		

RISK BEHAVIORS

PATIENT STRENGTHS

Advantages of a web-based tool

- Greater dissemination and accessibility
- Instant scoring of results
- Interface with electronic medical records
- Track patient status and service use over time
- Aggregate reports within a practice
- County and state level reports

Objective 3: Screening Tool Challenges

- Time to launch – IRB, development of tool, technological issues at PC sites
- Remaining improvements to be made to system
- Language – tool not in Spanish
- No reimbursement for screening
- Increase in identification of non- suicide mental health issues

Objective 3: Screening Tool Goals for Year 2

- Fully launch in all three sites
- Spread to other practices
- Begin tracking suicidal adolescents
- Develop further functionality in the web-based system
- Gather qualitative data from the sites about the tool
- Work on reimbursement for screening

mdlogix: Background and Theory

An Applied Health Informatics company:

- Health Science Process Framework
- State-of-the-art Web Technology
- Client-centered “Agile” Software Engineering

Pathways to Innovation

- Most inventions do not result in innovation
- Why do many health IT projects struggle?
- There is a need to support complexity and ongoing change

mdlogix: Project and Mission partner

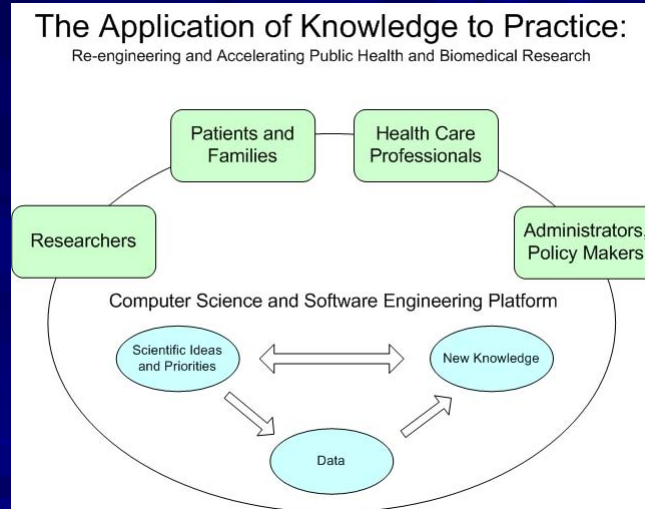
Implementation plans:

- Continued roll-out and software refinements
- Address integration and transitions
- Address training and education

Sustainability:

- Address national HIT needs and priorities
- Support business model development
- Ongoing grant and contract applications

mdlogix: Socio-technology Framework



Objective 3: Screening Tool Discussion

- Does this screening have relevance for other systems of care?
- What are potential barriers to using this tool as a link between medical and behavioral health systems?

Objective 4

Increase the **integration**, if not collocation, of behavioral health services with medical services.

Objective 4: Integration Survey Results

- 78% have referred at least 1 adolescent patient to MH services for suicidal ideation or attempts in the past year.
- The majority do not have a MH worker in their office to help with triage (73%) or treatment (81%).
- 45% report that they never or rarely can quickly get MH appointments for suicidal patients.
- 24% report that the MH provider always or often lets them know if a patient attends services.

Objective 4: Integration

Successes

- Behavioral health partners for each PC site identified
- Successful meetings between medical and behavioral health providers facilitated
- Partnership with Access Plus
- Engagement of D&A providers
- Resource sheets developed in each county

Objective 4: Integration

Challenges

- Lack of faith in the mental health providers
- Lack of communication between systems
- Inability to change practice behavior
- Many barriers to collocation

Objective 4: Integration

Goals for Year 2

- Work on coordination of care between systems
- Reinforce the referral systems in place
- Explore the possibility of telepsychiatry in some sites
- Continue to consult with other effective models on how to bring behavioral health services effectively into primary care

Objective 4: Integration

Discussion

- How do we better bridge the communication gap between systems?
- What is the motivation of each side to engage the other? What's in it for the mental health providers? And how do we tap into this?
- What are the benefits and drawbacks to telepsychiatry?

Objective 5

Provide **clinical training** in best practice therapy models for suicidal youth to behavioral health providers.

Objective 5: Therapy Trainings Successes

- Provided 2 CBT trainings in the region
- Provided 2 family therapy trainings in the region
- Coordinated a co-occurring training with the Bureau of D&A Programs

Objective 5: Therapy Trainings Challenges

- Difficult for providers to get full days to attend trainings
- Not able to offer CEUs for all trainings
- High staff turnover rate at mental health agencies
- Low attendance from certain areas

Objective 5: Therapy Trainings Goals for Year 2

- Provide one additional CBT training
- Provide one additional family therapy training
- Provide trainings that focus on suicide risk assessment and crisis planning
- Provide additional trainings about co-occurring

Objective 5: Therapy Trainings

Discussion

- What does it take to change therapist behavior?
- How do we sustain this effort?
- How do we increase attendance at trainings?