

Garrett Lee Smith
Youth Suicide Prevention in Primary Care Project
Year One Annual Report

October 1, 2011-September 30, 2012

(condensed from the annual report to the federal government)

Summary Statement of Goals and Objectives

The goal of this project is to increase identification of youth (ages 14-24 years) at risk for suicide and to improve their access to mental health services. The primary means to this goal is through implementation of an early identification system within primary care medical settings in three Pennsylvania counties (Lackawanna, Luzerne, Schuylkill) with high rates of adolescent suicide. With the renewal grant, this goal was expanded to include additional Pennsylvania counties (Allegheny, Berks, Bucks, Chester, Delaware, Monroe, Montgomery, Philadelphia, and Westmoreland). This directly meets the aim of the request for applications for this project: to develop and implement early intervention and prevention programs for suicidal youth.

Objectives of the project:

Objective 1: Create a state level and county level advisory group consisting of a broad range of stakeholders. These stakeholder groups will guide the initial needs assessments and help identify and address system and policy changes necessary to implement and sustain this suicide prevention system in these twelve counties. Additionally, they will assist in plans for dissemination across the Commonwealth.

Objective 2: Provide medical practices in the designated counties with educational materials and training that will improve the PCP's ability to identify and refer youth at risk for suicide.

Objective 3: Provide medical practitioners in all participating counties free access to a web-based, patient self-report screening tool to assess for suicide and related risk factors. This tool will generate a brief report for the provider to review at the time of the visit.

Objective 4: Increase the integration, if not collocation, of behavioral health services with medical services. This collaboration will decrease access barriers, reduce delays in assessment and treatment, and provide necessary behavioral health support to medical providers and their patients.

Objective 5: Provide clinical training to behavioral health providers who receive referrals and treat those at risk for suicide. Specifically, nationally renowned experts in cognitive behavioral therapy (Dr. Mary Margaret Kerr, Dr. David Brent, and/or Kim Poling) and family therapy (Dr. Guy Diamond) will provide several workshops throughout the course of the funding period to help local behavioral health providers improve their therapeutic skill set for working with suicidal youth.

Description of progress and accomplishments related to the goals and objectives:

Objective 1:

In year one of the GLS grant, a new partnership was established with the Pennsylvania Physical Health-Behavioral Health Learning Community (PA PH/BH LC), which acknowledges the importance of the integration of physical health and behavioral health care at a statewide level. The vision of the Learning Community is to "advance commonwealth wide efforts to improve the provider focused planning, policy development, communications, and practice enhancing collaboration and coordination of care between behavioral health providers and primary care providers serving Pennsylvania residents of all ages."

Each month, the PA PH/BH LC hosts a webinar that highlights important issues concerning the integration of physical and behavioral health care. Webinars include topics such as ADHD, Physical Health/Behavioral Health "Do's and Don'ts", Co-location, and the Medical Home. These webinars are made available to GLS participants to view through the PA PH/BH LC website. In addition, three members of the GLS team participate in monthly PA PH/BH LC conference calls in order to further the collaboration between the two initiatives.

Building upon the initial feedback we received from our four regional task force meetings in 2010, and the subsequent feedback following the 2011 state symposium, our task force development efforts have included:

- Featuring one of the substantial county task force newsletters on the home page of PAYSPI (Pennsylvania Youth Suicide Prevention Initiative) for all counties to view and share.
- Distributing an initial list serve to confirm membership and contact information.
- Exploring partnerships with existing Child Death Review teams of which many already have subcommittees on youth suicide prevention.
- Empowering SAP Regional Coordinators to encourage Student Assistance Program (SAP) teams from school districts across the state to reach out to their local task forces, which might include Child Death Review team members and their county CASSP coordinators to begin conversations on how best to interface and support schools with their suicide prevention, intervention and postvention efforts.
- Sponsoring a two day train the trainer workshop on supporting survivors, both youth and adults, following a suicide. In an unsolicited email describing her experience one participant shared:

"I learned more than I could have imagined.... Thanks to this training I have the knowledge and confidence to tell a concerned parent what is normal and what is not during the grieving process, I can help them understand how their child will grieve, and also why it is better to be truthful with them even if their instincts are to lie to protect them.... If there are ever any more trainings like this I would love it if you can please send me an email to let me know. Thank you so much."

- Follow up support and consultation was offered to any task forces that decided to facilitate survivor support groups in their county via phone, email and possible Skype.

Moving forward we hope to:

- Cultivate a more interactive listserv to address county specific concerns and create connections for local task forces to share resources regionally and across the state.
- Restructure and revamp our existing PAYSPI task force subcommittee to include more representatives from local task forces and other suicide prevention entities such as Child Death Review Teams.
- Offer additional Survivors of Suicide facilitator training in other areas of the state.
- Continue supporting our local task forces in reaching out to primary care offices who may be interested in participating in the grant.
- Explore and possibly shift our recruiting efforts to include behavioral health organizations.
- Continue our monthly conference calls with the medical associations (PA Chapter of American Academy of Pediatrics, the PA Academy of Family Physicians, and the PA Coalition of Nurse Practitioners) to help with coordination of statewide policy, training opportunities, and the recruitment of primary care settings as well as identify potential presentations in existing events sponsored by each organization.

Objective 2:

Our first year of training began with a one-day Youth Suicide Prevention Symposium in Harrisburg. With nearly 300 participants in attendance, representing primary care, behavioral health, schools, and other areas, the event offered morning plenaries focused on 10 years of youth suicide prevention since the original *National Strategy for Suicide Prevention* in 2001 (presented by David Litts, OD), a national perspective on Garrett Lee Smith funding and Pennsylvania's leadership in primary care (presented by James Wright), and an overview of our Pennsylvania Model for Youth Suicide Prevention (presented by Guy Diamond, PhD, and Matthew Wintersteen, PhD). Following lunch, afternoon breakout sessions targeted different venues by which suicide prevention efforts occur: schools, behavioral health, and primary care. Sessions were facilitated by exceptional Pennsylvania-based academics, such as David Brent, MD, as well as national leaders in suicide prevention, such as Lanny Berman, PhD, ABPP. Overall, the symposium was very well received by attendees, who provided feedback about future trainings.

With the expansion of the project away from just northeastern PA, it became necessary to develop new methods of disseminating training information. Consequently, Dr. Matthew Wintersteen worked with Jefferson Medical Media and the American Association of Suicidology (AAS) to transform *Recognizing and Responding to Suicide Risk in Primary Care for Providers of Youth and Young Adults (RRSR-PC-Y)* to an archived web-based version that could be accessed on the web.

Current and new practices continue to receive copies of the Suicide Prevention Resource Center (SPRC) and WICHE Toolkit for Suicide Prevention in Rural Primary Care.

In June 2012, we coordinated a training of *Assessing and Managing Suicide Risk (AMSR)* in Nanticoke, PA. This one-day training was attended by several behavioral health providers in northeastern PA.

Consistent with our proposed plans for Year 1, we have developed a training on *Developing Effective Safety Plans for Suicidal Youth*. This training uniquely spans both primary care and behavioral health settings and focuses on the development and implementation of safety plans in clinical practice.

We have begun development of a training focused on working with suicidal LGBT youth in the primary care setting. Dr. Matt Wintersteen and Dr. Rob Winn (Medical Director, Mazzoni Center), and a graduate student in the Jefferson School of Population Health anticipating completing this training during Year 2.

Objective 3:

Our first year of our renewal grant involved locating potential practices in the expanded counties (Allegheny, Berks, Bucks, Chester, Delaware, Monroe, Montgomery, Philadelphia, and Westmoreland) in order to implement our Behavioral Health Screen as well as continuing screening in the participating practices of the original three NE Pennsylvania counties (Lackawanna, Luzerne, and Schuylkill) from our first grant. We located 25 potential practices among the new counties and received commitments from 15 to participate in the project. We have worked closely with all of these practices over the past 6 months to provide many of the aims of this grant. Currently two of the sites have started screening and we anticipate that by the end of November, 11 of the 15 sites will be actively screening patients. Moving into Year 2, we plan to continue to locate additional practices and help increase the amount of screens being done in our participating practices.

The majority of the first year was spent on working on an upgrade to the web-based screening tool based on feedback from our pilot sites. This new upgrade enhanced ease of use and decreased time and workflow burdens on PCP staff.

We have also continued to support six PCP offices in the Northeast that were funded in the initial grant project. We were able to establish a new screening site in the Northeast in the student health center at the Penn State Schuylkill campus. This is the third campus student health center site that we have established with the grant, and the second in the Northeast. This site is housed with a nurse and counselor who refer students to be screened.

We also plan to explore the possibility of implementing the project through school nurses and school counseling centers. Since, we have already established sites within university health centers and because many are connected to counseling programs on or off campus we think there is opportunity for expansion in various settings.

During Year 1, 674 youth were screened; 104 youth at risk for suicide were identified, including 81 in Lackawanna County, nine in Luzerne County, one in Philadelphia County, and 13 in Schuylkill County.

Objective 4:

We are working with the County Task Forces that have been established to use the two TRIAGE models outlined below to find solutions for specific communities within each county.

Triage Model #1: Collocation of services. The ideal solution is to co-locate behavioral health professionals in the same building or within close proximity to the PCP practice.

Triage Model #2: Intensify collaboration between the two systems. In many settings, co-location will not be possible. One alternative is to strengthen the relationship between the medical and behavioral health facilities.

Objective 5:

In addition to the activities described above, several steps have been taken to improve access to training materials for existing performance site. First, the Pennsylvania Youth Suicide Prevention Initiative website (www.payspi.org) has added a page dedicated to training materials. This page includes offerings for primary care providers, behavioral health providers, and others working with high risk youth. Several trainings highlight this addition:

- Archived training on legal and ethical issues related to working with suicidal youth presented by Dr. Lanny Berman, PhD, ABPP, Executive Director of the American Association of Suicidology.
- Overview of Youth Suicide Prevention in Primary Care project presented by Drs. Guy Diamond and Matthew Wintersteen at the 2011 Youth Suicide Prevention Symposium in Harrisburg.
- Webinar for the National Technical Assistance Center for Children’s Mental Health at Georgetown University focused on integrating behavioral health into primary care.
- Exclusive web-based training on *Suicide Prevention through Method Restriction*, by Dr. David Brent.
- In addition to these highlights, numerous trainings presented during our Cohort IV funding are available on the website, as well as links to free, online trainings offered by a number of respectable external sources, such as SPRC and Well Aware.