

Riding the Roller Coaster: Implementing Zero Suicide

Vermont Pilot



Pilot Sites

➤ Northwest Counseling and Support Services

- Pilot Site Coordinator Steve Broer, Psy.D
(802) 393-6450 sbroer@ncssinc.org
- Outcomes and Evaluation Julie Parker, LCMHC
- Program Manager for Outpatient, Integrative Health and Crisis Services
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➤ Howard Center

- Pilot Site Coordinator Beth Holden, LCMHC, LADC
- Associate Director
(802) 488-6617 bethh@howardcenter.org

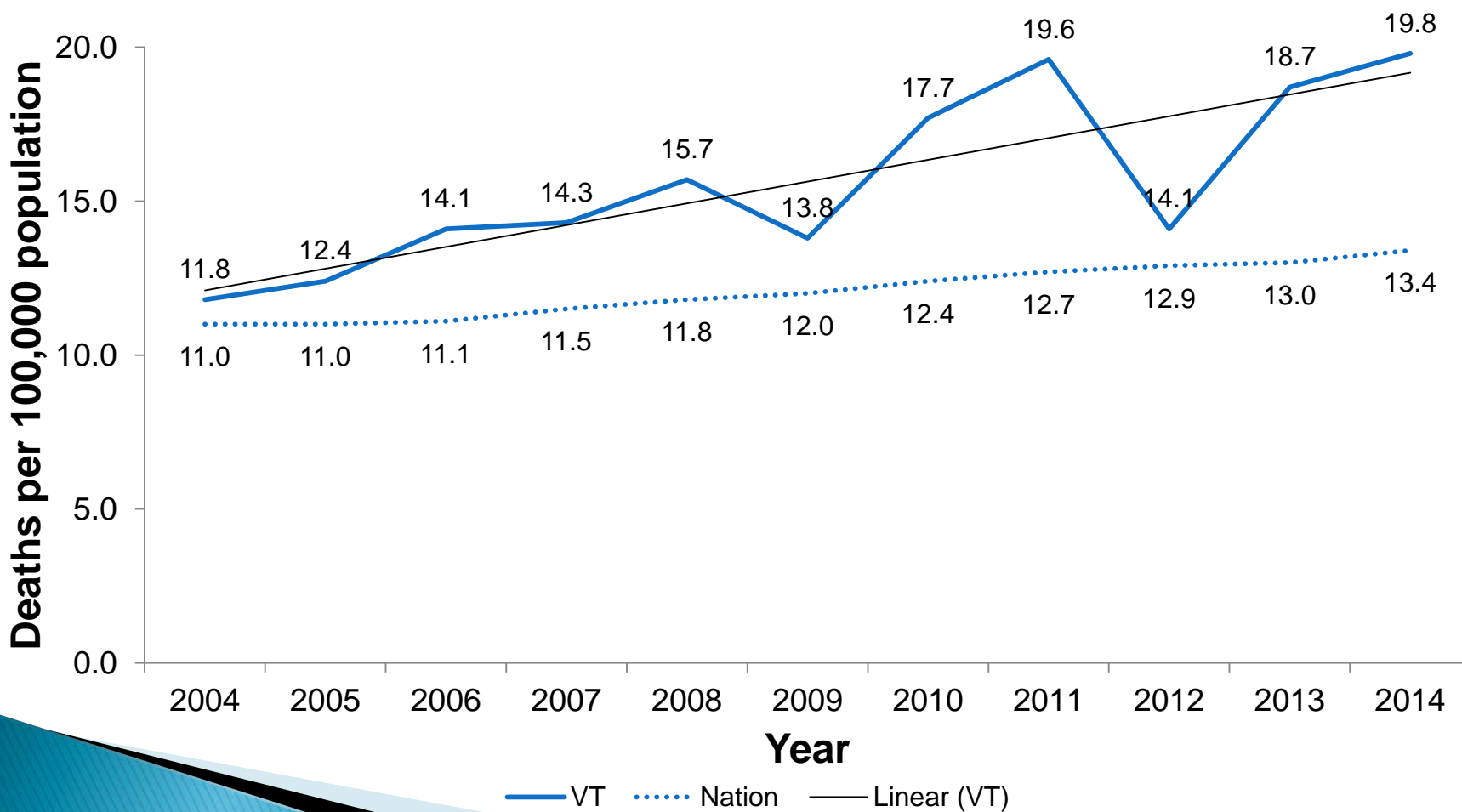
➤ Lamoille County Mental Health

- Pilot Site Coordinator Michael Hartman, LCMHC

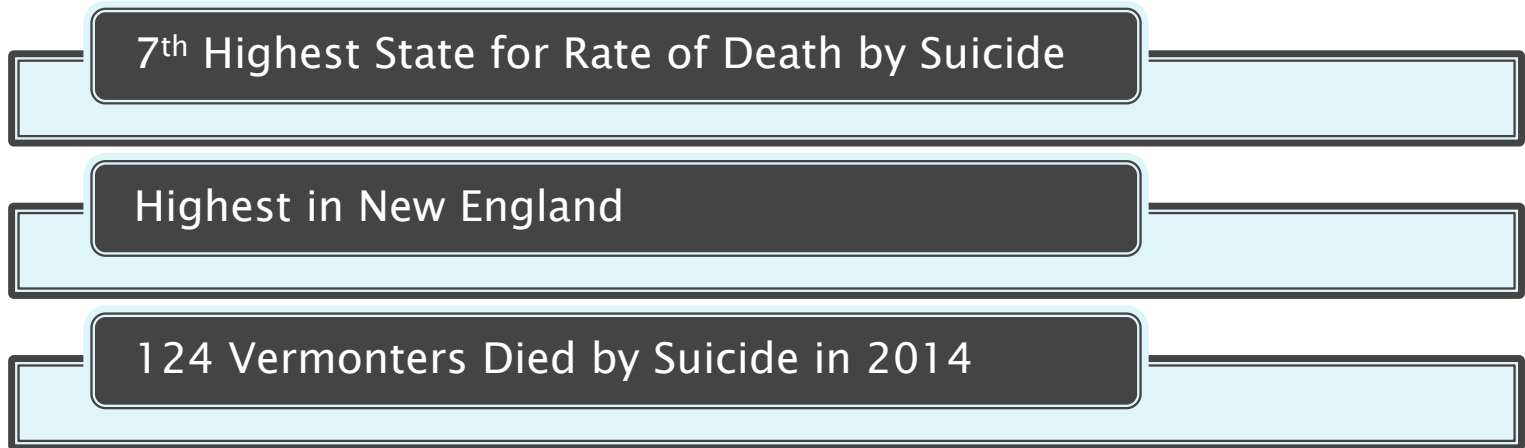
Death by Suicide

10th Leading Cause of Death across the population

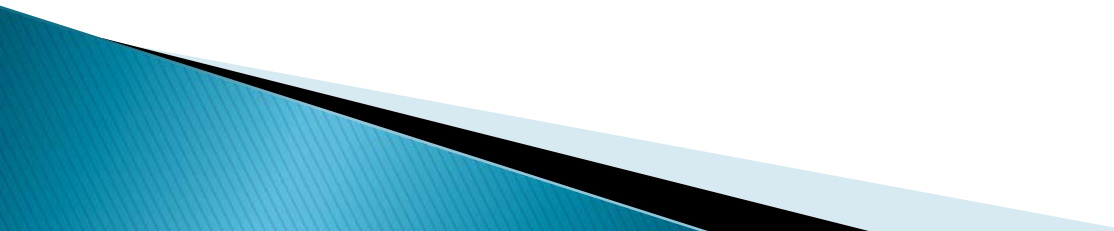
3rd Leading Cause of Death <18



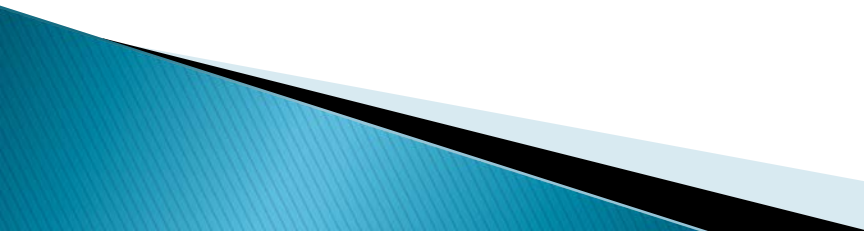
Vermont Facts



Logistics

- ▶ 101 HC and 70 NCSS attended training to date, LCMH new to training
 - ▶ Completed three cycles of training cohorts
 - ▶ Staff included: Senior Leadership, Supervisors and Direct Service Clinicians
 - ▶ Other criteria considered: participants who work with adults or adolescents, transition age youth highlighted
 - ▶ Numbers initially limited due to space
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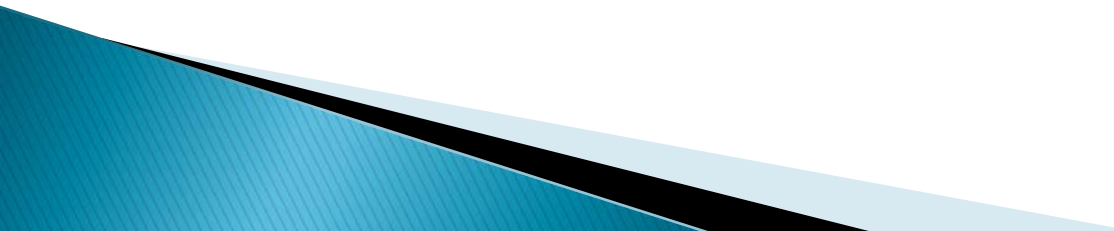
Staff Roles Participating

- ▶ Outpatient Therapists
 - ▶ Crisis Clinicians
 - ▶ School Services Clinicians
 - ▶ Community Family Clinicians
 - ▶ Emergency Bed Clinicians
 - ▶ Intensive Family Based Services Clinicians
 - ▶ Transition Age Youth Clinicians
 - ▶ Peer Support Staff
 - ▶ Directors, Coordinators or Supervisors
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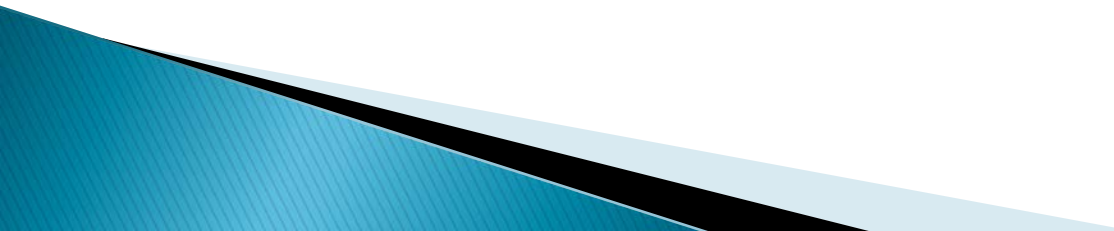
Training Requirements

- ▶ Counseling on Access to Lethal Means (CALM)
 - On-line training (free 2 hr. training)
- ▶ Collaborative Assessment and Management of Suicidality (CAMS)
 - On-line training (3hr training)
- ▶ Collaborative Assessment and Management of Suicidality (CAMS)
 - In-person training w/ CAMSCARE Team (1.0 days)

Post Training Expectations

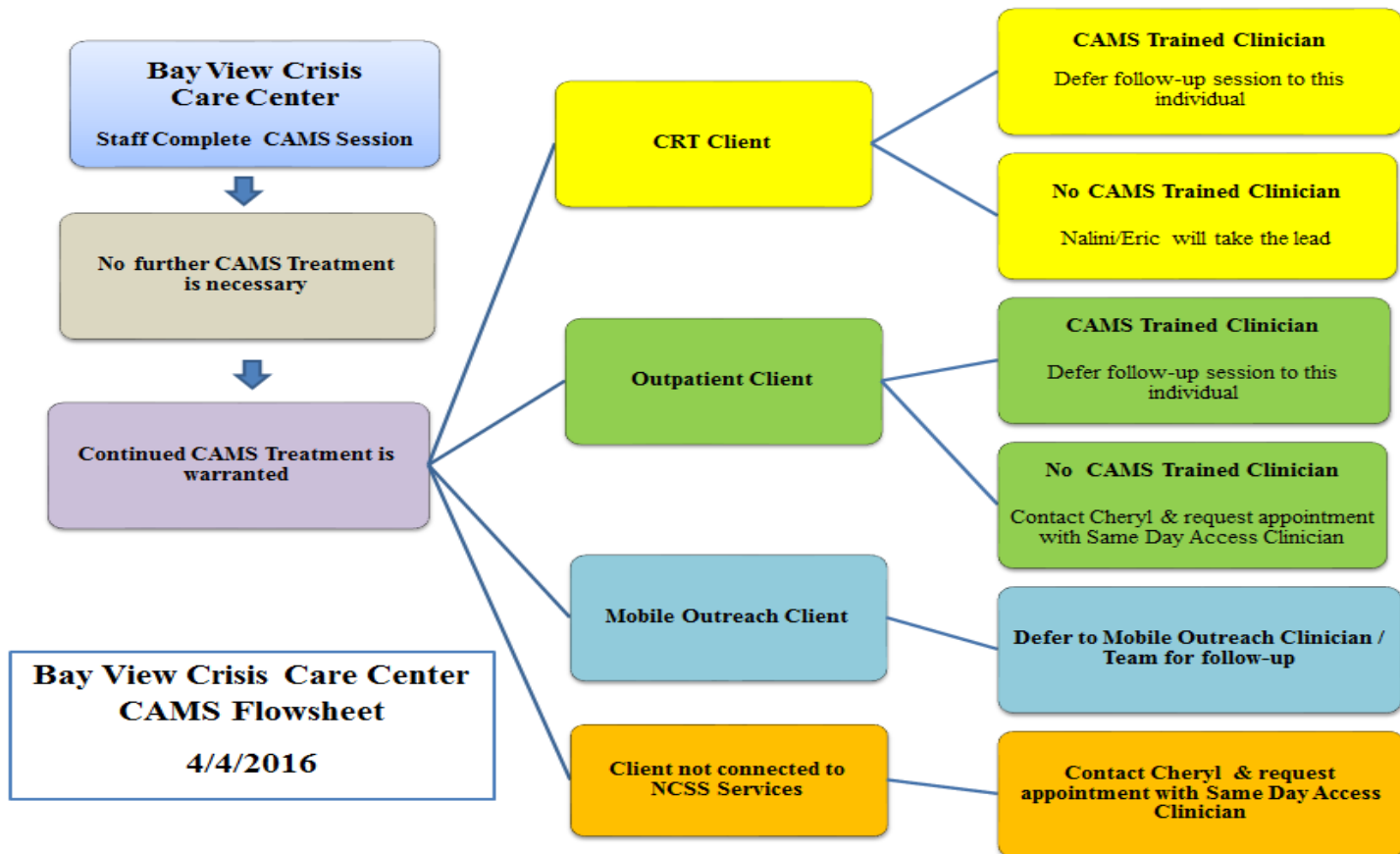
- ▶ 8 Technical Assistance calls occur with CAMSCARE facilitators over 4 months following the in-person training
 - ▶ Pilot Sites required staff to complete 4 TA calls
 - ▶ NCSS, HC, and LCMH alternate case presentations
 - ▶ Time also allowed for general questions or case related questions
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Sustainability and Fidelity


- ▶ Develop Implementation/Consultation Team
 - Made up of participants and multi-level staff
 - ▶ Meet Consistently
 - ▶ Develop protocols, work through electronic health record issues, problem-solve around special populations
 - ▶ Provide Clinical oversight and support to clinicians and teams
 - ▶ NCSS monthly clinical chart review with outside clinician
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Multiple Provider Flow



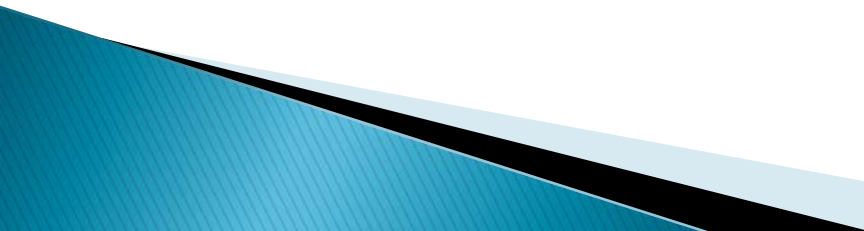
Further Areas for Consideration

- ▶ Use of standardized screening tool
 - ▶ Developing sustainability plan for previously trained staff given, train the trainers model, currently doesn't exist
 - ▶ Keeping energy alive, staff engaged and motivated
 - ▶ Pursuit of new EHR/EMR in DA system w/ specific suicide pathways to care
 - ▶ Development of CAMS protocols with specialty populations
 - ▶ Financial commitments: in-kind, non-billable time, use of tools
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PROS

- ❖ Provides meaningful structure to improve suicide care within an organization
- ❖ Potential for DA to work with other organizations in improving suicide care (PCP when we know 45% who die by suicide saw their PCP in a month prior to death). We also know PCP need to focus on Depression Care as part of their ACO and Patient Center Medical Home requirements
- ❖ Potential to bridge follow up and tracking of inpatient psychiatric hospitalization discharges along with medical discharges within the PCP system. (Data Challenge)
 - Focus on Follow up Care and Care letters good practice and aligned with ACO requirements.
- ❖ CALM is a very practical offering for all staff and can be tracked in HR training system to provide % of staff trained. Can also lead to good discussions about preventing access to lethal means (lock boxes, gun locks, etc.)

CONS

- ❖ Focuses only on the organization when we know most individuals who die by suicide are not active clients. Value of the VT Platform for Suicide Prevention to look at broader community issues contributing (Abenaki Community needs, etc.)
 - ❖ Use of measure (PHQ9, Columbia Measure) Pros & Cons
 - ❖ While CAMS is a very practical and effective treatment model, at the present time Dr. Jobes is not authorizing its use as a template within EMR which poses serious disadvantages for pulling data and tracking. Consider re-approaching Dr. Jobes since he has authorized VA to use and/or look at other EBP
 - ❖ Challenge in maintaining Evidence Based Practice and costs associated with it.
 - Consider less costly methods (online training with mentor support and no full day skills coaching)?
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Supports

- ❖ Value of Center for Health & Learning and their technical assistance and support throughout every step in the process!! Coordination through the VT Coalition for Suicide Prevention and access to legislators & media to increase awareness.
 - ❖ Support from DMH through Charlie, Nick & Jay
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