Welcome and Sign-In

- Please sign-in by chatting
  - your name,
  - your organization
  - anyone else joining you today
- If you have not yet registered, please email uwictp@uw.edu and we will send you a link

General Disclosures

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

Planner Disclosures

The following series planners have no relevant conflicts of interest to disclose:

- Denise Chang, MD
- Jessica Whitfield, MD, MPH
- Betsy Payn, MA, PMP
- Esther Solano

Anna Ratzliff MD PhD has received book royalties from John Wiley & Sons (publishers).

Overview of Learning Collaborative

- Audience:
  - Psychiatric Consultants
  - Working or hoping to work in integrated care settings
- Goals:
  - Provide ongoing integrated care education (CME available)
  - Foster learning and support network
  - Support sustainment of integrated care
- Structure:
  - Monthly lunch hour on 2nd Tuesday
    - Didactic topic 20-30 mins
    - Open discussion remainder of time
  - Topics repeat every 6 months

Last Session will be June 2025

Thank you all for attending and supporting UW PCLC!

Alternatives to UW PCLC

- UW PACC
- Collaborative Care Community through APA
- Conferences: ICC, CFHA, ACLP, APA, Mental Health Services Conference

Resources

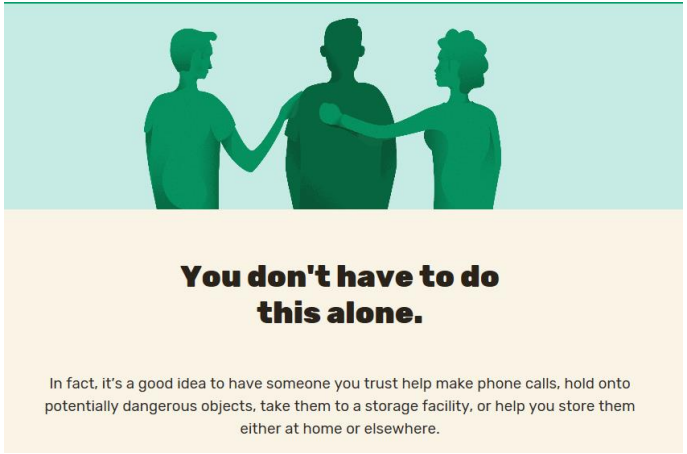
- AIMS Center office hours
- UW PACC
- Psychiatry Consultation Line
  - (877) 927-7924
- Partnership Access Line (PAL)
  - (866) 599-7257
- PAL for Moms
  - (877) 725-4666
- UW TBI-BH ECHO

Reminders

- Please keep yourself on mute during the didactic
- If you have a question during the presentation (related to the topic or not) please type it in the chat

Effectiveness of integrating suicide care in primary care:
A cluster-randomized implementation trial

We couldn't have done this work without:
*People who received health care from Kaiser Permanente Washington
*Care delivery leaders, providers, & teams



Julie Richards, PhD, MPH

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SCHOOL OF PUBLIC HEALTH
UNIVERSITY of WASHINGTON

Key Outcomes

After integrated mental health implementation

- Increased safety planning by 14%
- Decreased suicide attempts by 25%

Whose idea was this?

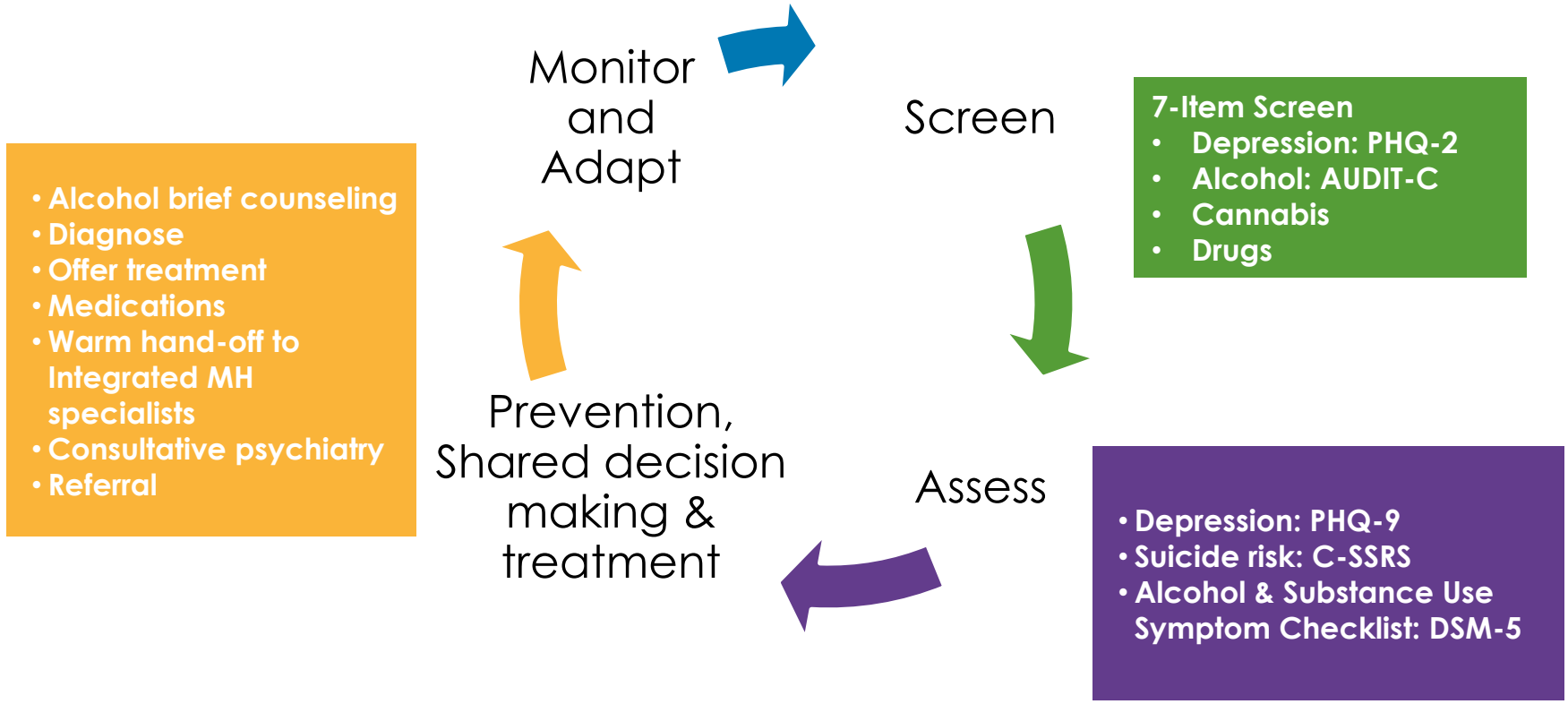
We don't have enough time or resources to do this.

We are too overwhelmed. This is opening up Pandora's box.

One of the best things that has happened to my primary care practice…this is just how we do primary care now.

I wouldn't go back to providing care the way I used to if they asked me to.

The Story…Integrated Mental Health Care



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Implementation Strategies

Bobb IJERPH 2017; Glass Implementation Science 2018; Lee JAMA IM 2023
Greenhalgh T et al, Milbank Quarterly 2004;82:581-692
Bradley Am J Managed Care 2006; Lapham Med Care 2012
Bradley Quality Concerns JGIM 2011; Chavez JSAT 2016; Berger JGIM 2017

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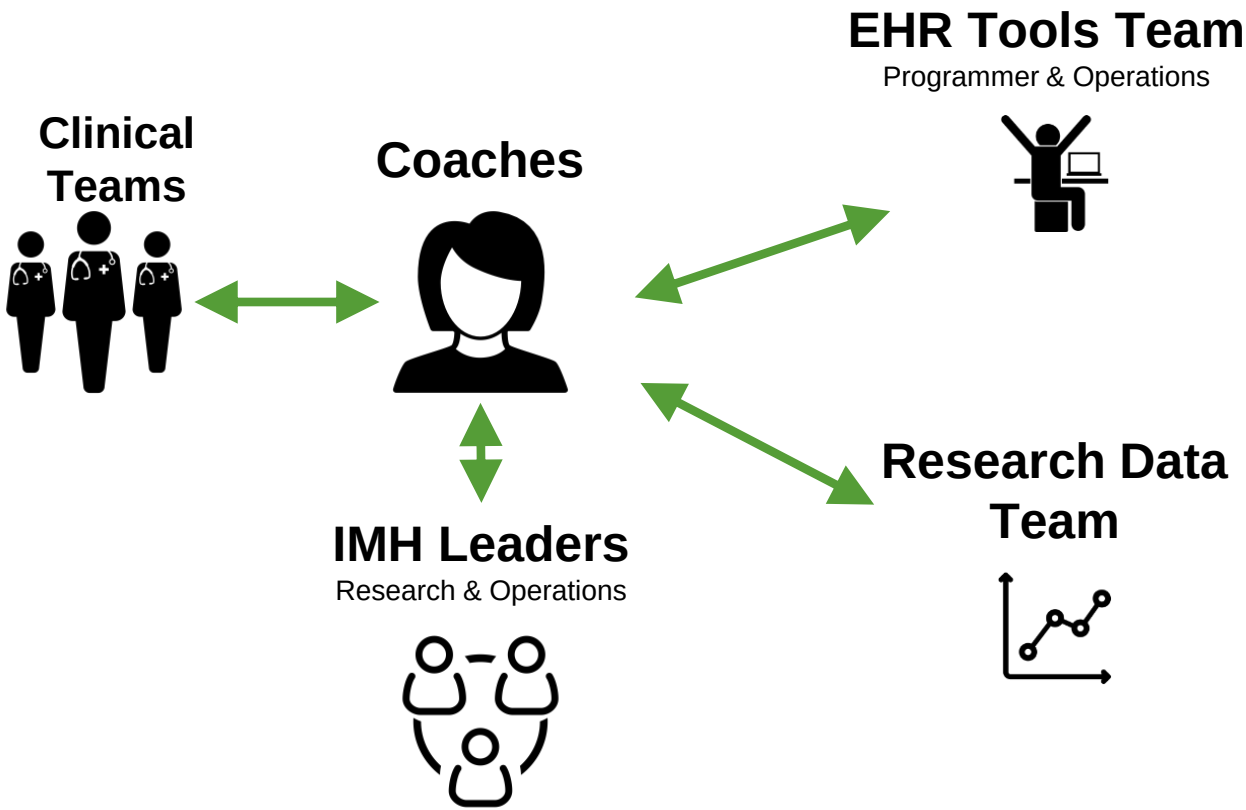

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https://www.youtube.com/watch?v=tbKbq2IytC4

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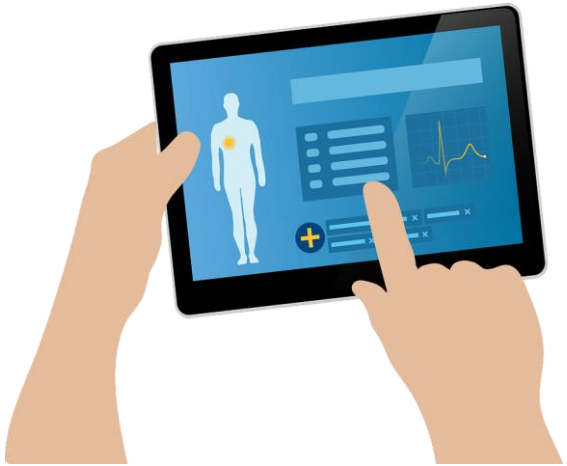
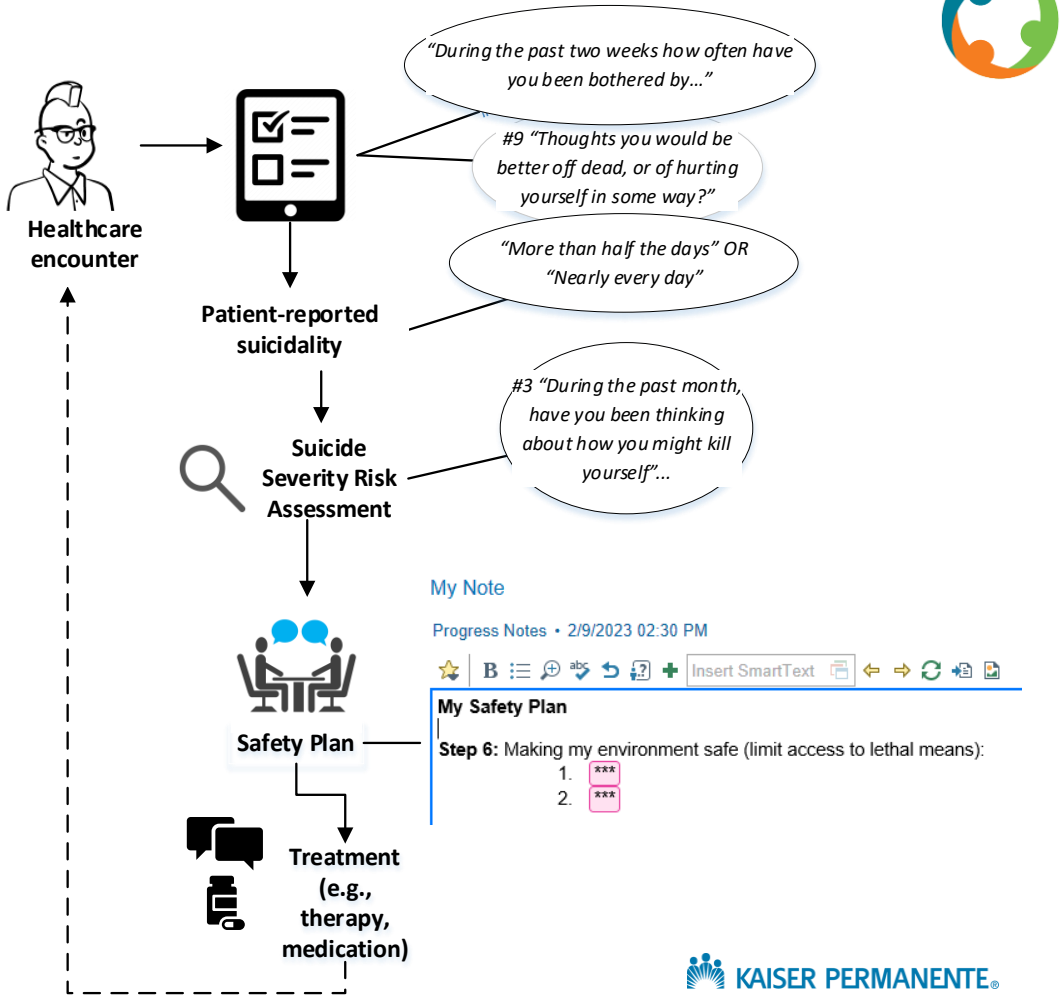
EHR-Based Clinical Decision Support



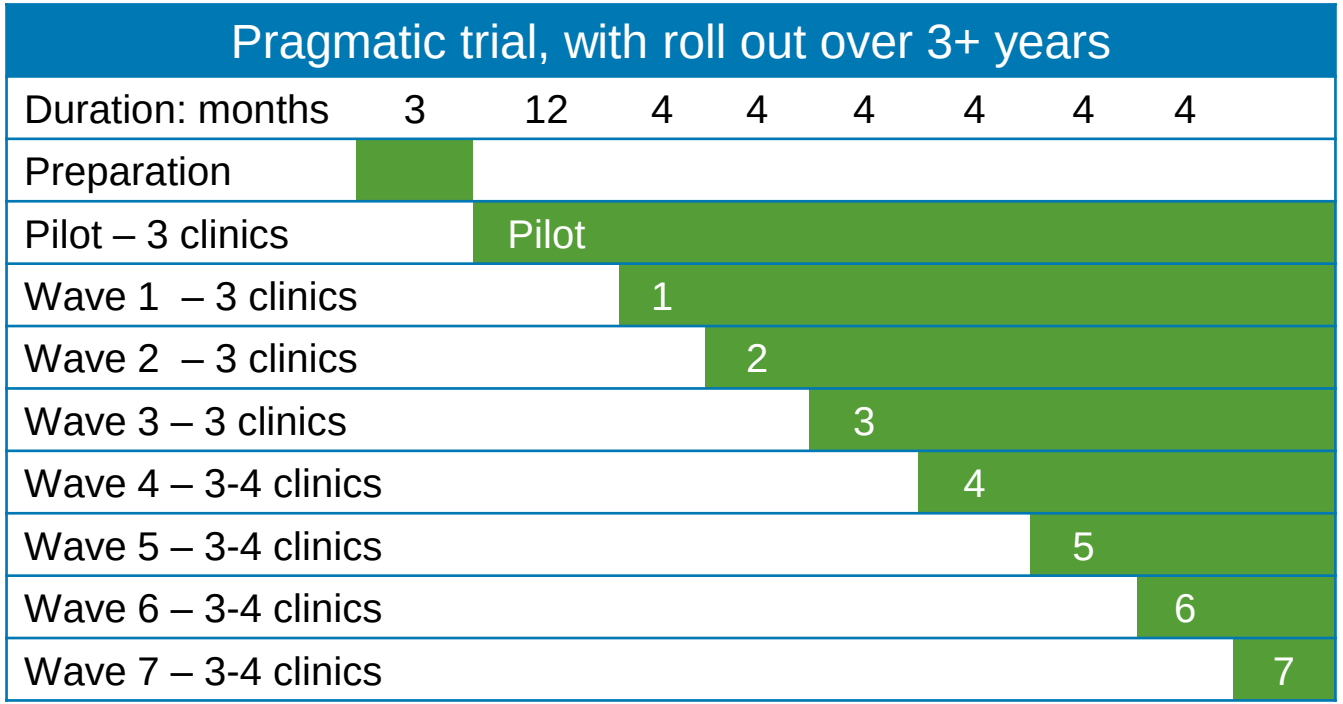


Performance Monitoring & Feedback

September 2022 Behavioral Health Integration Summary (Data from September 1-September 30)						
Clinic	Quarterly PDCA scheduled?	Screening rate depression	Assessment rates depression	Assessment rates Suicide	Screening rates SUD	Assessment rates SUD
1	•	91%	99%	100%	90%	83-93%
2	•	76%	100%	100%	75%	80-91%
3	•	84%	99%	75%	82-83%	71-81%
4	•	87%	99%	100%	85-86%	76-82%
5	•	86%	99%	90%	83%	70-86%
6	•	85%	97%	88%	83%	72-84%
7	•	92%	99%	90%	90%	68-88%
8	•	90%	98%	100%	87-88%	91-100%
9	•	85%	93%	100%	83-84%	69-85%
10	•	84%	98%	75%	81%	95-100%
11	•	89%	96%	100%	88-89%	91-100%

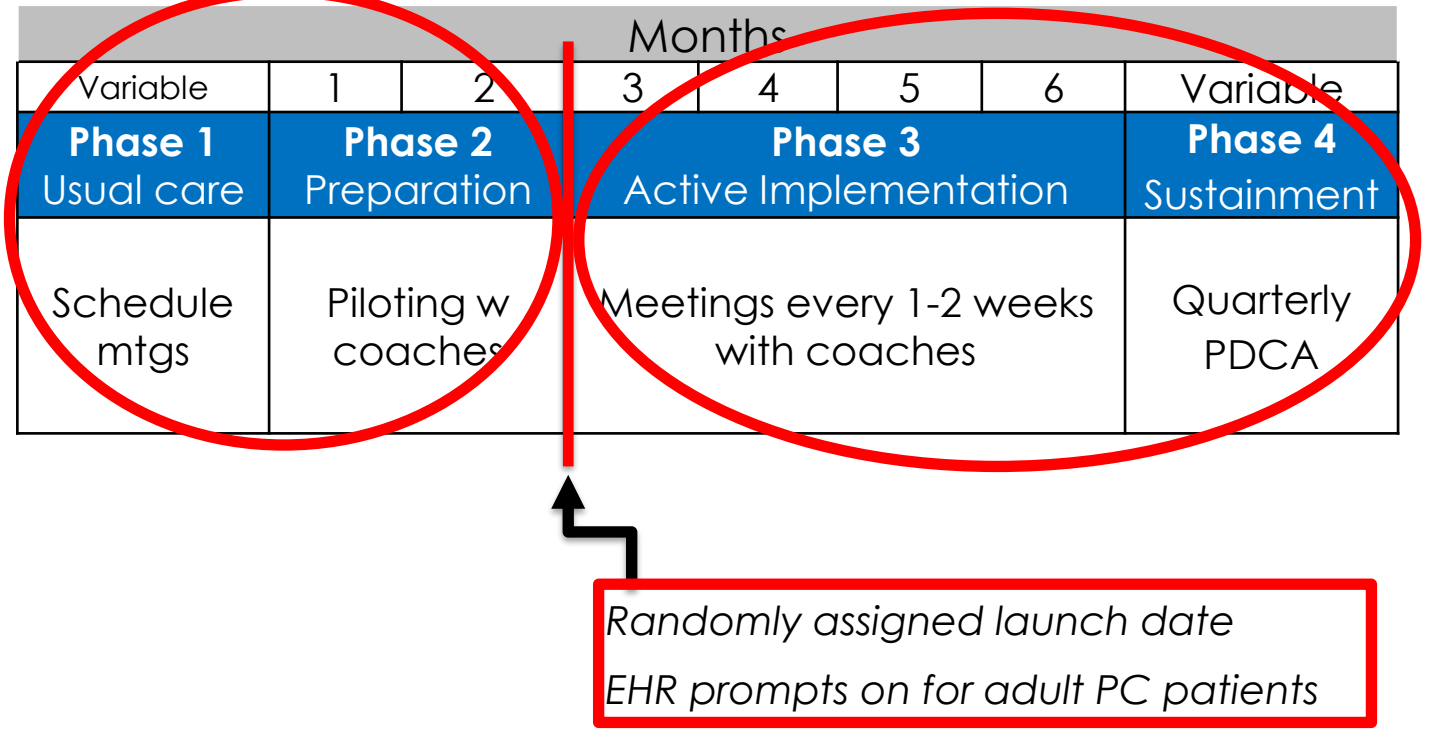
Key: Green = At or above Target; Yellow = within 10% of target; Red = >10% below target

25 PC Clinics – 2015-2018



Usual Care

Intervention



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Population

	Usual Care	IMH
Number of patients	255,789	228,270
Visits	953,402	615,511
Age, years, mean	49.3	50.2
Female (%)	58.5	59.3

Original Investigation

FREE

February 27, 2023

Integrating Alcohol-Related Prevention and Treatment Into Primary Care

A Cluster Randomized Implementation Trial

Amy K. Lee, MPH[1,2]; Jennifer F. Bobb, PhD[1]; Julie E. Richards, PhD, MPH[1,3]; Carol E. Achtmeyer, ARNP, MN[4]; Evette Ludman, PhD[1]; Malia Oliver, BA[1]; Ryan M. Caldeiro, MD[2]; Rebecca Parrish, LICSW, MSW[2]; Paula M. Lozano, MD, MPH[1]; Gwen T. Lapham, PhD, MSW, MPH[1,3]; Emily C. Williams, PhD, MPH[1,3,4]; Joseph E. Glass, PhD, MSW[1,3,5]; Katharine A. Bradley, MD, MPH[1,3,6]

Risk Identification

Usual Care vs Intervention per 10,000 PC patients			
	UC	IMH	Diff
Screened for depression (PHQ-2)	2923	8278	5355
QX'd suicidal ideation (PHQ-9 Q9)	2594	3763	1169
Reported frequent suicidal ideation	200	225	25
Assessed for suicide risk (C-SSRS)	146	189	43
Reported intent/planning	60	70	10

Engagement & Treatment

Usual Care vs Intervention per 10,000 PC patients	UC	IMH	Diff
Safety Plan documented (14% increase)	32.8	38.3	5.5 (2.3, 8.7)
New Psychotherapy within 30 days	115.2	110.5	-4.5 (-9.9, 0.9)
New Psychotherapy within 60 days	175.1	169.6	-5.3 (-12.5, 1.9)
New Psychotherapy within 90 days	224.0	215.2	-8.5 (-16.6, -0.4)

4% decrease

Documented Suicide Attempts

Usual Care vs Intervention per 10,000 PC patients			
	UC	Intervention	Diff
Within 30 days of visit	2.7	2.2	-0.5 (-1.3,0.4)
Within 60 days of visit	4.5	3.4	-1.1 (-2.1,-0.1)
Within 90 days of visit	6.0	4.5	-1.5 (-2.6,-0.4)

25% decrease

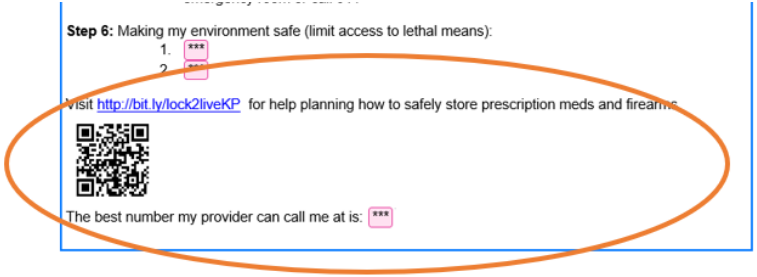
IMH System Change Recap

Team-based primary care for substance use & suicide care

- Population-based screening, assessment
- Integrated mental health providers (LICSWs) available for warm handoffs
- Brief interventions, treatment initiation for SUDs Suicide risk mitigation via safety planning

Work in progress now…

1) Firearm lock resources



2) Using predictive analytics

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Why address firearm access?

Firearms=leading cause of death for children age 1-19
Firearms are the most common method of suicide deaths
WA state 42% of households have firearms
Limiting access= recommended suicide prevention strategy
Healthcare=valuable suicide prevention opportunity
Most people see provider prior to suicide death

Firearm locking devices distribution

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Firearm injury & suicide prevention: KPWA offering free firearm cable locks starting June 17, 2024

Questions?

- Rebecca Parrish, LICSW, MSW, Administrator, MHW Clinical Operations
- Julie Angerhofer Richards, PhD, MPH, Assistant Investigator, KPWA Research Institute

Why are we offering firearm locking devices?

In Washington state, 42% of households report having firearms. **The most common reason people report owning firearms is for protection, but firearms are also the leading cause of death for children and teens (age 1-19) and the most common way people of all ages die by suicide.** Research shows providers often have valuable opportunities to help patients learn about firearm injury and mortality prevention before accidents and deaths occur.

When will we offer a locking device?

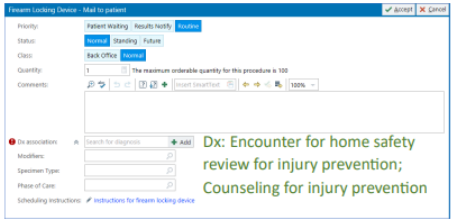
- During safety planning anytime patients are identified at risk of suicide.
- During preventive (well-visits) for children and teens (more details coming later this summer)
- Anytime providers feel like it might be helpful for patients or family members.

Resources should be offered regardless of patient firearm access responses on standard questionnaires, because patients often under-report firearm access due to fears about negative consequences & concerns about information privacy.

How do I offer a firearm locking device to my patients?

1. Anyone who can place an order (i.e. procedure, referral) in HealthConnect can order a cable lock to be sent to a patient (see below).
2. All MH&W clinics will also have cable locks to offer at in-person appointments.

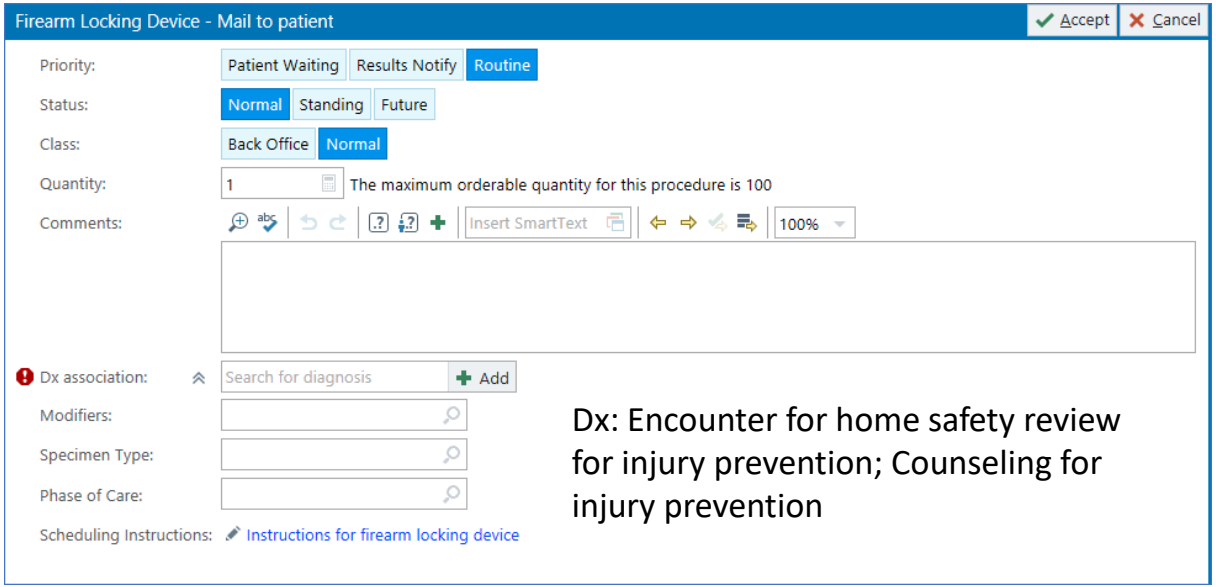
Order entry box type:
Firearm locking device
(synonyms: gun lock, cable lock, suicide, injury)



3. Sample scripting: *I'd like to mail you a firearm cable lock with locking instructions, would that be ok? Firearms owners often report storing at least one firearm unlocked for self-protection purposes, and this kind of access can create problems. Locking devices can help prevent harm.*

Firearm Lock Order Form

order entry box type: *Firearm locking device*



Dx: Encounter for home safety review for injury prevention; Counseling for injury prevention

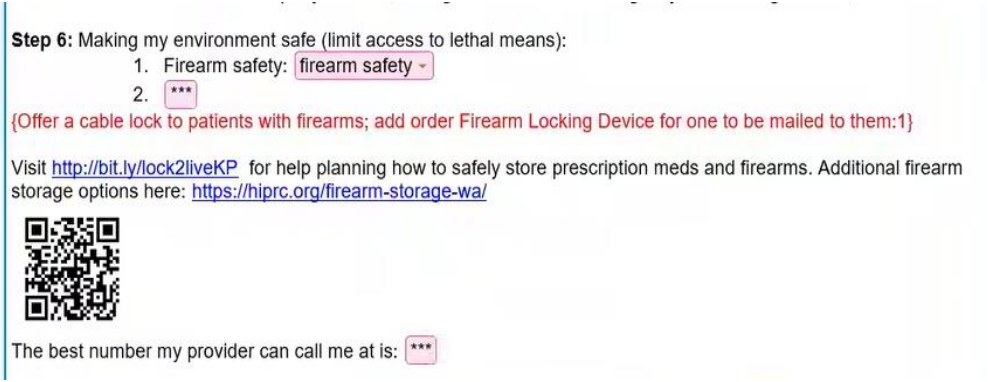
Cost <$2

When will we offer a locking device?

- During safety planning anytime patients are identified at risk of suicide.
- During preventive (well-visits) for children and teens
- Anytime providers feel like it might be helpful for patients or family members.

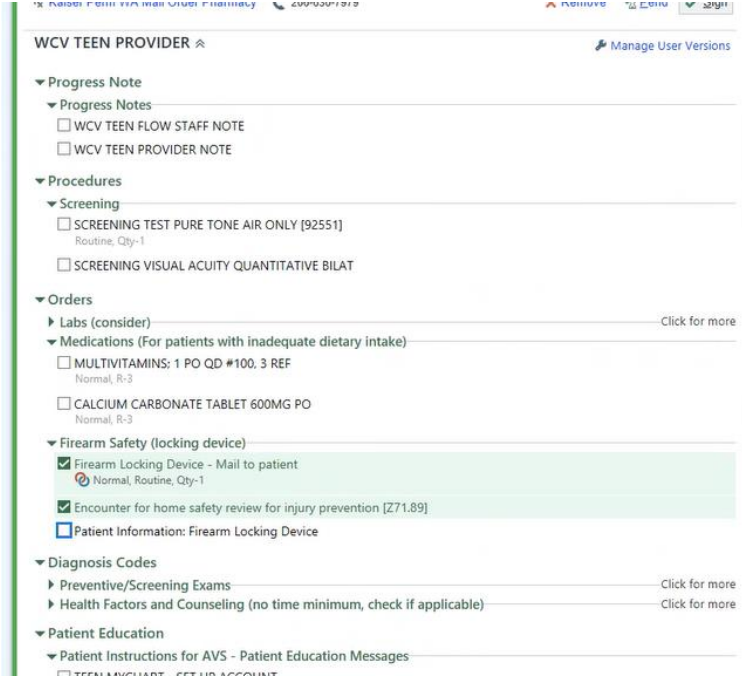
Resources should be offered regardless of patient firearm access responses on standard questionnaires.

Safety Plan SmartText



Disappearing text in.SafetyPlan will disappears when clinicians sign the note

Teen Well-Visit Smartset



Mailings go out weekly…

Locks are mailed with instructions & contact information

	INSTALLATION INSTRUCTIONS	INSTRUCCIONES DE INSTALACIÓN
	AUTOLOADING PISTOL With the slide locked back and the magazine removed, insert the cable through the ejection port and out the magazine well.	**PISTOLAS DE CARGA AUTOMÁTICA** Con el lado bloqueado hacia atrás y sin el cargador, introduzca el cable por el puerto de eyección y sáquelo por el pozo del cargador. **PARA CERRARLO:** VEA ABAJO:.
	**REVOLVERS** With the cylinder open, insert the cable through the barrel or through an empty cylinder chamber. **TO LOCK:** SEE BELOW.	**REVÓLVERES** Con el cilindro abierto, inserte el cable por el cañón o a través de una recámara vacía del cilindro. **PARA CCERRARLO:** VEA ABAJO:.
	**AUTOLOADING AND PUMP-ACTION SHOTGUNS** With the bolt in the locked open position, insert the cable through the ejection port and out the loading port. **TO LOCK:** SEE BELOW.	**ESCOPETAS DE CARGA AUTOMÁTICA Y DE BOMBEO** Con el cerrojo en posición abierta bloqueada, introduzca el cable por el puerto de eyección y sáquelo por el puerto de carga. **PARA CERRARLO:** VEA ABAJO:.

How do I offer a firearm locking device?

1. Anyone who can place an order (i.e. procedure, referral) in HealthConnect can order a cable lock to be sent to a patient
2. All MH&W clinics will also have cable locks to offer at in-person appointments.
3. *I'd like to mail you a firearm cable lock with locking instructions, would that be ok? Firearms owners often report storing at least one firearm unlocked for self-protection purposes, and this kind of access can create problems. Locking devices can help prevent harm.**

A few recommendations from our patient members:

Have an open conversation

Patients were more willing to listen and try a tool if a provider took the time to **connect**, showed **compassion** for people's unique experiences, and showed **respect for autonomy.**

"So bringing it up more as like – not we're taking it [firearm] away from you, but letting you decide what to do with it….I'm more keen to follow somebody who's like 'I'm offering you the opportunity to maybe do this together,' instead of 'I'm watching out for you.'"

Be nonjudgmental

Understanding **reasons for firearm access** (self-protection, recreation, job requirements) may help providers engage patients conversations about limiting access.

"I think it's important to just take a breath, sit down with them, look them in the eye - how can I help you? What's going on? How are you feeling?"

Make resources accessible and memorable

Have **multiple routes** for sharing resources (in person, secure message, after visit summary, website, pamphlet).

Share what to expect

Patients said **demonstrations** are useful, especially from a **trusted provider**, to help overcome the barrier of trying something new.

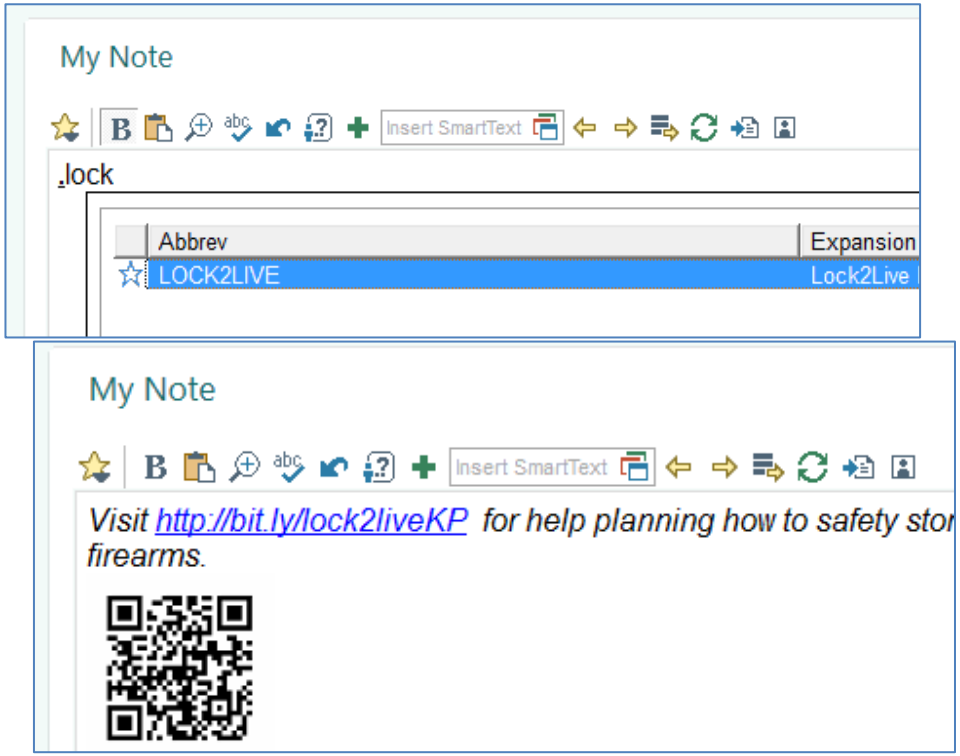
FAQs

- What if people say they don't want or need a firearm lock?
- What if offering a firearm lock makes people upset?
- What if people don't like cable locks?
- What about other medication lock boxes, when will these be available to give to patients?
- Are firearms allowed in KPWA facilities?
- What other resources can I offer?

What other resources can I offer?

Lock2Live

is a patient-facing web-based decision aid to support making decisions about lethal means. Providers can use **.LOCK2LIVE** to add a short URL and a QR code for easy access to this resource (i.e. in AVS or Secure Message). It is also embedded in Step #6 of **.SafetyPlan** (Making my environment safe).
Clinicians and patients (including firearm owners and those with suicidal thoughts) helped develop this tool. It is completely anonymous (it does not ask for/store any identifiable information).
Link to 3 minute training video: here



WA Firearm Safe Storage Map

The businesses and law enforcement agencies listed on this interactive map consider requests for temporary, voluntary firearm storage.

What else might be helpful to know about?

Voluntary Waiver of Firearm Rights (Voluntary Do-Not-Sell)

In Washington state, an individual who is concerned about suicidal thoughts may voluntarily ask to be put on a Do-Not-Sell list used during the background check process. This request is fully reversible and may happen in consultation with your medical provider. The goal is to reduce suicide risk by voluntarily and confidentially restricting immediate access to firearm purchase.

Extreme Risk Protection Orders (ERPOs)

ERPOs are noncriminalizing and allow a judge to temporarily restrict individual possession and purchase of firearms using a civil order to protect someone from harming themselves or others. In Washington State, only law enforcement, family, and household members may file an ERPO petition, but family members may ask their healthcare providers for assistance.

Our Team's Published Research

#1-4 Open Access

1. **Richards JE**, Kuo E, Stewart C, Shulman L, Parrish R, Whiteside U, Boggs JM, Simon GE, Rowhani-Rahbar A, Betz ME. Reducing firearm access for suicide prevention: Implementation evaluation of the web-based "Lock to Live" decision aid in routine healthcare encounters. *JMIR Med Inform*. 2024 Apr 22;12:e48007. doi: 10.2196/48007. PMID: 38647319.

2. **Richards JE**, Kuo ES, Whiteside U, et al. Patient and Clinician Perspectives of a Standardized Question About Firearm Access to Support Suicide Prevention: A Qualitative Study. *JAMA Health Forum.* Nov 4 2022;3(11):e224252. doi:10.1001/jamahealthforum.2022.42522799032 [pii]

3. **Richards JE**, Boggs JM, Rowhani-Rahbar A, Kuo E, Betz ME, Bobb JF, Simon GE. Patient-Reported Firearm Access Prior to Suicide Death. *JAMA Netw Open.* 2022 Jan 4;5(1):e2142204. doi: 10.1001/jamanetworkopen.2021.42204. PMID: 35006250.
4. **Richards JE**, Kuo E, Stewart C, Bobb JF, Mettert KD, Rowhani-Rahbar A, Betz ME, Parrish R, Whiteside U, Boggs JM, Simon GE. Self-reported access to firearms among patients receiving care for mental health and substance use. *JAMA Health Forum*. 2021;2(8):e211973.
5. **Richards JE,** Hohl S, Segal C, Whiteside U, Luce C, Grossman D, Lee AK, Ludman EJ, Simon G, Penfold R, Williams EC. What Will Happen If I Say Yes?" A Qualitative Study of Patient-Reported Access to Firearms. Psychiatr Serv. 2021 Aug 1;72(8):898-904. doi: 10.1176/appi.ps.202000187.

Other References Quoted

- Ahmedani BK, Simon GE, Stewart C, et al. *J Gen Intern Med*. 2014.
- Anglemyer A, Horvath T, Rutherford G. *Ann Intern Med.* 2014.
- Boggs JM, Beck A, Ritzwoller DP, et al. *Gen Intern Med.* 2020.
- Rowhani-Rahbar A, Simonetti JA, Rivara FP. *Epidemiol Rev.* 2016.
- Centers for Disease Control & Prevention: National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). https://www.cdc.gov/injury/wisqars/facts.html.

Additional Free Resources for Washington State Healthcare Providers

EDUCATIONAL SERIES:

- AIMS Center office hours
- UW Traumatic Brain Injury – Behavioral Health ECHO *No cost
- UW Psychiatry & Addictions Case Conference ECHO UW PACC
- UW TelePain series About TelePain (washington.edu)
- TeleBehavioral Health 101-201-301-401 Telehealth Training & Support - Harborview Behavioral Health Institute (uw.edu) | bhinstitute@uw.edu

PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline Consultation (washington.edu) – 844-520-PAIN 7246)
- Psychiatry Consultation Line - (877) 927-7924
- Partnership Access Line (PAL) (pediatric psychiatry) - (866) 599-7257
- PAL for Moms (perinatal psychiatry) - (877) 725-4666

Questions and Discussion

- Ask questions in the chat or unmute yourself

Registration

- If you have not yet registered, please email uwictp@uw.edu and we will send you a link