

Welcome and Sign-In

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 - your organization
 - anyone else joining you today
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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

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



Implementing Suicide Risk Assessment into Pediatric Settings

Sarah Danzo, PhD and Sophie King, MHA

Speaker Disclosures

This work is made possible thanks to the generous funding from an anonymous donor.

Learning Objectives

Objectives for today's session:

- Provide an overview of Seattle Children's Care Network's (SCCN) IBH Program
- Provide an overview of SCCN and Seattle Children's Suicide Prevention Program for Pediatric Primary Care
- Discuss common barriers and solutions to implementing suicide care in pediatric primary care

SCCN IBH Program Timeline

2018 SCCN Behavioral Health Strategic Priority

SCCN Board elevates behavioral health as strategic priority

2019 Funding Hope Award

SCCN receives Seattle Children's Guild Association Funding Hope Award for integrated behavioral health

2020 SCCN IBH Cohort 1 Launch

SCCN launches IBH initiative with cohort of 6 pediatric primary care practices

2021 SCCN IBH Cohort 2 Launch

SCCN launches a second cohort of 6 pediatric primary care practices

2022 Suicide Prevention Pathway Launch

SCCN launches a pathway for primary care settings to support youth with suicide risk

2022 SCCN ED Follow Up Pilot Launch

SCCN launches a pilot program to provide care navigation following an ED visit for suicide risk

2022 SCCN BH Care Management Launch

SCCN launches behavioral health care management for children with medical complexity

2022 SCCN BH Navigation Launch

SCCN launches dedicated, closed-loop behavioral health navigation and referral services for contracted populations

2023 Online Training Module

SCCN launching an online learning module for pediatric primary care providers

2023 SCCN ED Follow Up Program Launch

SCCN launches care navigation and Caring Contacts for contracted populations following an ED visit for suicide risk

2024 SCCN IBH Program Sustainability

SCCN launching a program to assess and provide recommendations on program sustainability

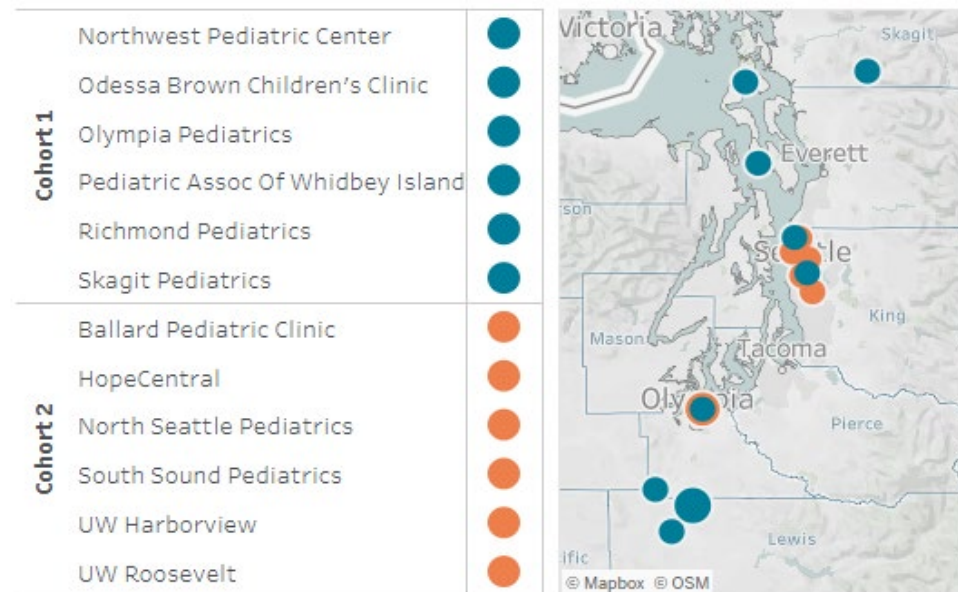
Integrated Care Training Program

SCCN IBH Learning Collaborative

IBH Program Goal: To improve the health of children and adolescents by providing behavioral health **training and education** for providers and implementing universal behavioral health **screening** and appropriate **services** within primary care settings.

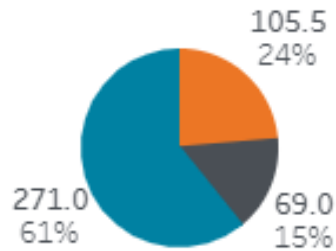
IBH Program Includes:

- ✓ Training and education
- ✓ Implementation support and ongoing coaching
- ✓ Funding program “upstart” costs
- ✓ Data and technology systems support
- ✓ Access to pediatric mental health professionals
- ✓ MOC and CME Opportunities



SCCN IBH Trainings

Total hours of training facilitated by SCCN



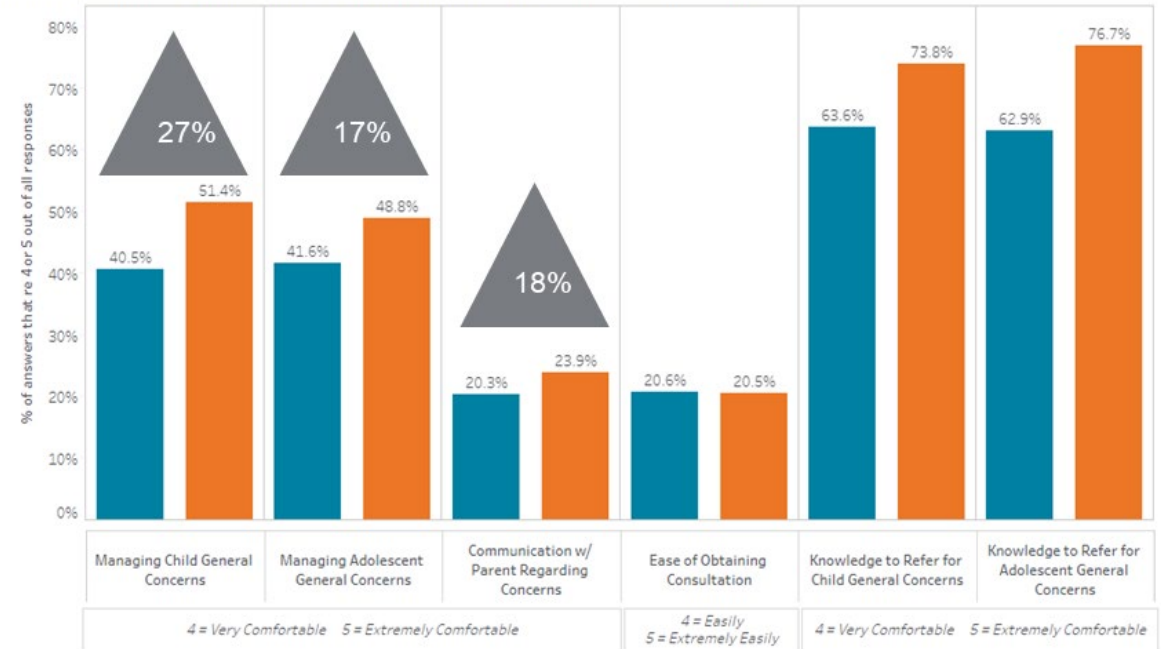
- = Clinic Specific Coaching Calls
- = Implementation Training
- = Support Forums

Data through 9/30/2023

Provider Comfort Scale

Cohort: All Practice: All

Percent of providers answering 4 or 5 in each segment of the Provider Comfort Scale



Self-reported comfort of primary care providers managing behavioral health conditions (before and after participating in SCCN's IBH Program)

SCCN BH Screenings

SCCN Integrated Behavioral Health: Short-Term Outcomes Network Review of Screening Over Time

Select a Cohort

(All) ▼

Select a Practice

(All) ▼

Behavioral Health

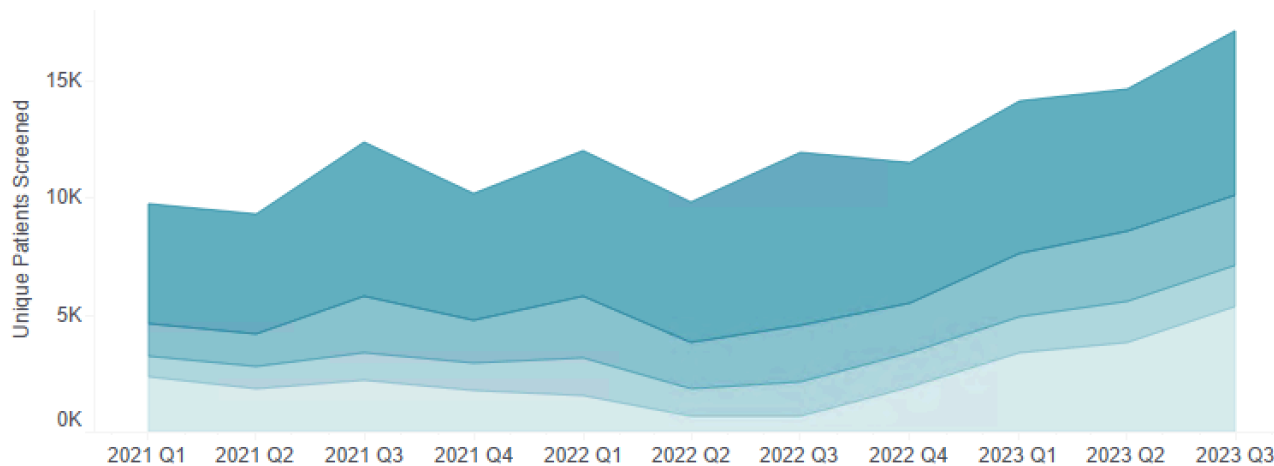
Postpartum Depression

Developmental

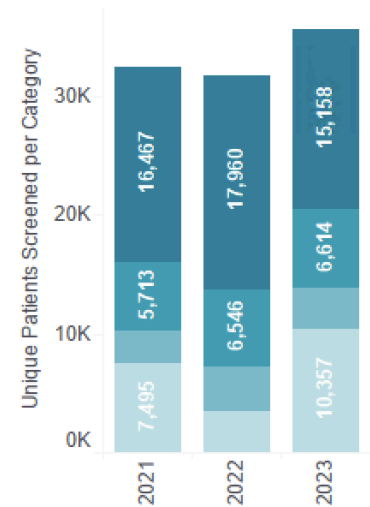
Social Determinants of Health

Unique Patients Screened per Category from 2021 Q1 to 2023 Q3 *All ages*

Practice: All



Total Patients Screened per Category *All ages*

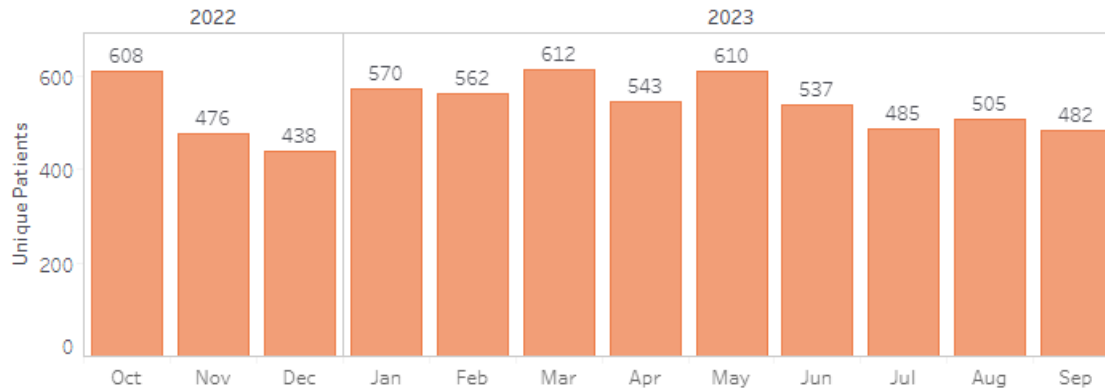


Total 26,255 25,502 26,224

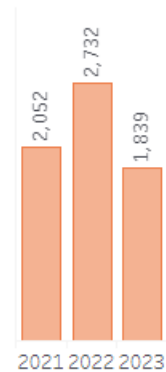
Data through 9/30/2023

SCCN IBH Visits

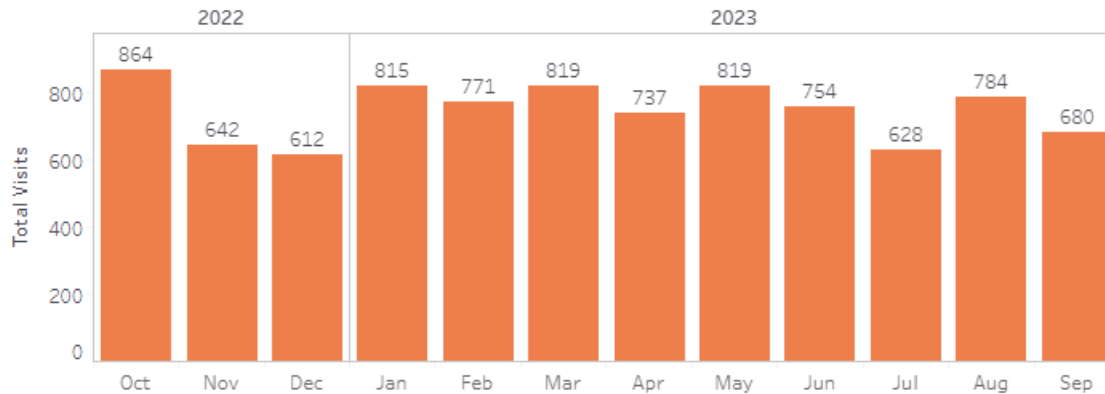
Unique Patients Seen (internal)
Practice: All



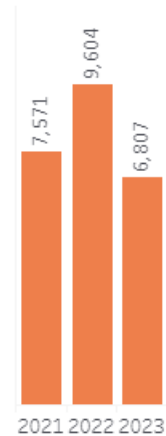
Total Patients Seen



Total Behavioral Health Visits (internal)
Practice: All



Total Visits



Avg Visits per Patient



Data through 9/30/2023

SCCN IBH Learnings

- **Engage clinic leadership**
 - IBH program must be **unique and tailored** to the needs of the clinic and the community
- **Provide ongoing coaching and project management support**
 - Support **multi-disciplinary teams** in decision making
- **Develop effective process and outcome measures**
 - Align on shared definitions and measures that are **meaningful and realistic** to capture
- **Create standard processes**
 - Develop and document workflows that are **reliable and efficient**

Suicide Prevention Program

- Problem Statement:
 - Even clinics with IBH programs often do not have developed pathways for how to respond to patients with suicidal risk.
 - Often, patients with any STB are sent to emergency departments. However, for many, this does not get them what they need.

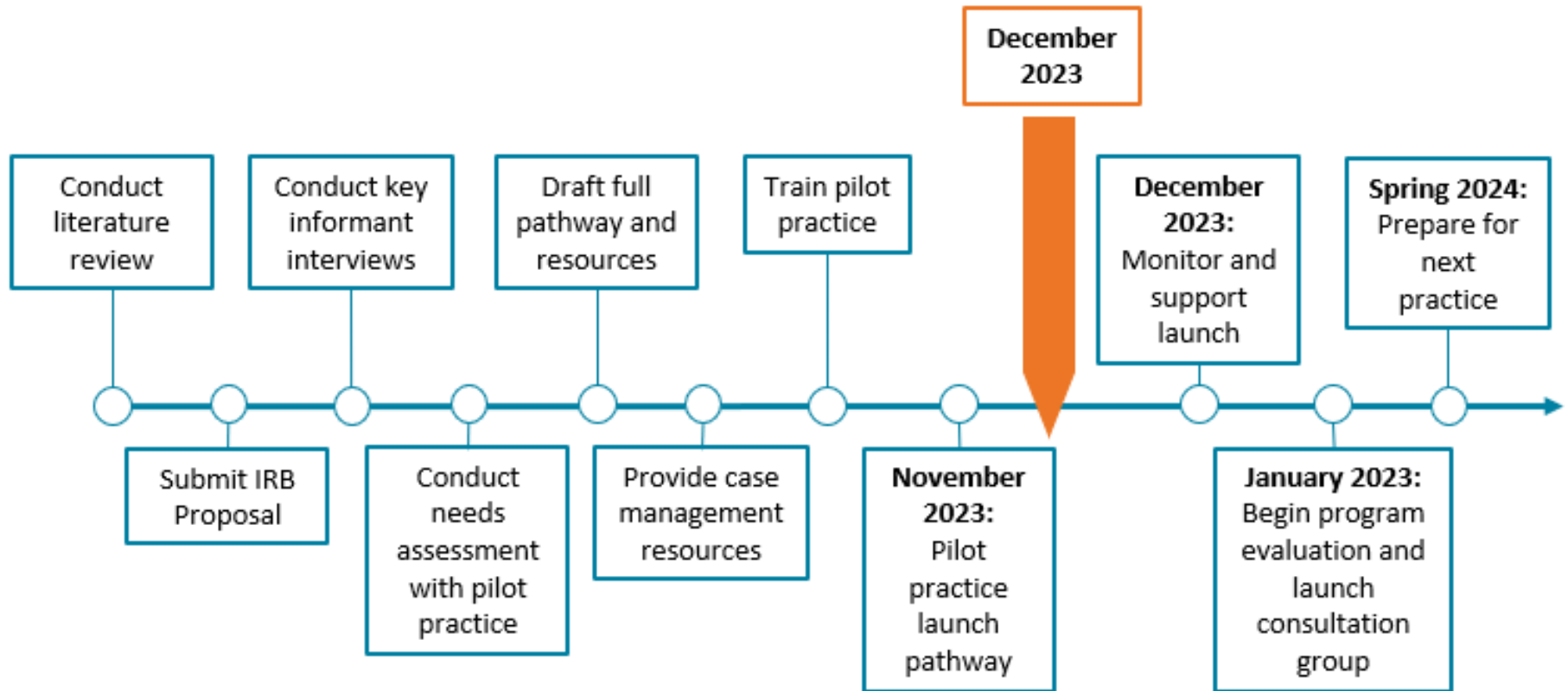
Suicide Prevention Program

- Program Goal:
 - To create a pathway to identify, triage, and support patients with suicide risk that can be tailored to the needs of a specific clinic.

Suicide Prevention Program

- Pathway Includes:
 - Screening guidelines
 - Practice-specific recommendations on triaging patients and community resources
 - Training on evidence-based brief interventions suitable for pediatric primary care
 - Case management resources
 - Ongoing consultation

Suicide Prevention Program Timeline



SCCN Suicide Prevention Pathway: Development and Implementation

- **Step 1:** Focus groups to identify perceived need, barriers, and facilitators
- **Step 2:** User testing of materials with PCP stakeholders
- **Step 3:** Provider Training
- **Step 4:** Piloting

Focus Group Feedback: Quotes

When suicidality is brought up:

- *“It just spontaneously comes up in visits at times when kids are there for other somatic complaints ...”*
- *“... they may come in on a 20-minute time slot sometimes for something else. Or, you know, there's just not time or they come in later. And it's a struggle sometimes to all of a sudden shift the whole schedule.”*
- *“Feel like we're stuck with managing very difficult situations without adequate resources.”*

Focus Group Feedback: Quotes

Training and support:

- *“We all are managing a lot of it all the time.”*
- *“I just feel like it's not what I was trained to do and I'm trying to get up to speed, but, yeah, it definitely makes me feel anxious and uneasy.”*

Focus Group Feedback: Quotes

Screening:

- *"I feel like the questions and the three tools, the PHQ, the ASQ, and then brief suicide assessment are redundant with each other. So, it's not efficient. And then it leads to frustration with the patient to be repeating the questions. And they're asked in slightly different ways because they're different tools."*

Focus Group Feedback: Quotes

Follow-up Services:

- *“It almost feels like we're sending an asthmatic home who really should be hospitalized. That same kind of gut feeling that you know ... for me at least, it feels hard to sleep at night because, you know, I know if I send them a lot of times to the ED, they're not likely to get admitted... it just makes for a very uneasy experience and for very unsatisfying like you, you haven't helped them in the way that you could possibly help them because the resources aren't available.”*

Focus Group Themes & Take-Aways

- Screening needs to be structured and non-repetitive
- Want structure and clear guidelines for triage
- Need better training and ongoing consultation
- Need approaches that staff can implement that can be integrated with busy clinic schedules
- Need to build relationships and referral networks and understand additional resources outside of the ED

C-SSRS

COLUMBIA-SUICIDE SEVERITY RATING SCALE Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
	YES	NO
Ask questions that are bolded and <u>underlined</u>.		
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past three months?</u>		

- Low Risk
- Moderate Risk
- High Risk

Triage Guidelines

General Brief

Risk Stratification

Moderate Risk

- Recent or current suicidal ideation with or without method **WITHOUT plan, intent, or behavior** in past 3 months
AND/OR
- Active suicidal ideation with method, plan, or intent; or **suicidal behavior** more than 3 mo ago
AND/OR
- Recent or current non-life threatening **NSSI**
AND/OR
- Multiple risk factors and few protective factors

Moderate – High Risk

- Recent SI with intent AND/OR plan (NOT current)
OR
- Recent **life threatening NSSI**
OR
- New disclosure of recent (but not current) **suicidal behavior** (1-3 months)
OR
- Youth returning from mental health ED visit or inpatient psych with discharge instructions to follow up with their PCP

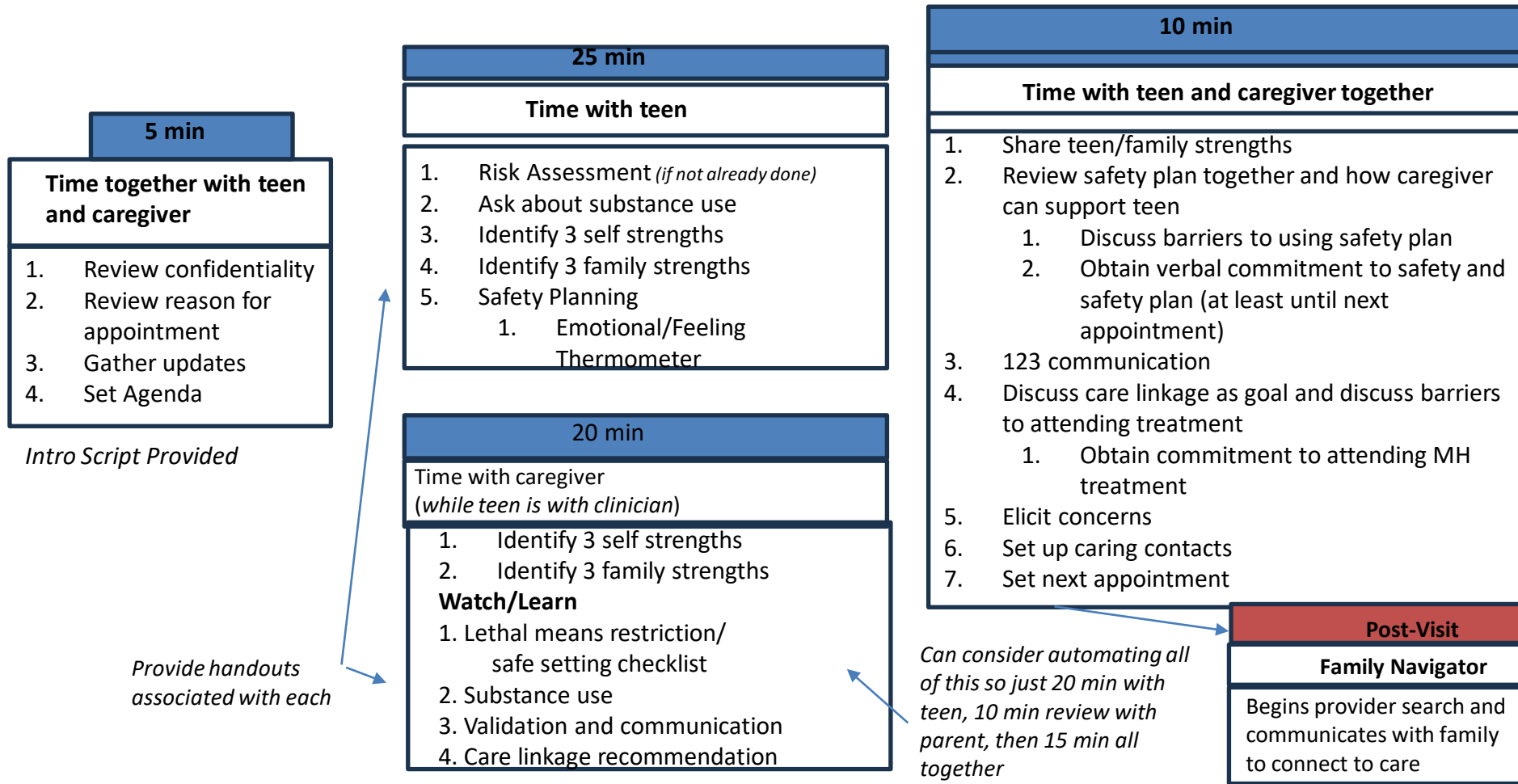
High Risk

- Current suicidal ideation with **intent** AND/OR **plan**
OR
- New disclosure of **suicidal behavior** within past 1 month
OR
- Current **life threatening NSSI**

**Always use clinical judgment. This guide does not replace clinical judgment..*

Based on risk formulation from interview and C-SSRS

PCP and IBH Proposed SPP Intervention: Single Session *Version 1 (40 min)*



PCP and IBH Proposed SPP Intervention: Single Session *Version 2 (two 20 min sessions) – Part 1*

5 min
Time together with teen and caregiver
<ol style="list-style-type: none"> 1. Review confidentiality 2. Review reason for appointment 3. Gather updates 4. Set Agenda

Intro Script Provided

15 min
Time with teen
<ol style="list-style-type: none"> 1. Ask about substance use 2. Safety Planning <ol style="list-style-type: none"> 1. Emotional/Feeling Thermometer 3. Obtain verbal commitment to safety & safety plan (at least until next appt)

15 min
Time with caregiver (while teen is with clinician)
Watch/Learn
<ol style="list-style-type: none"> 1. Lethal means restriction/ safe setting checklist 2. Substance use

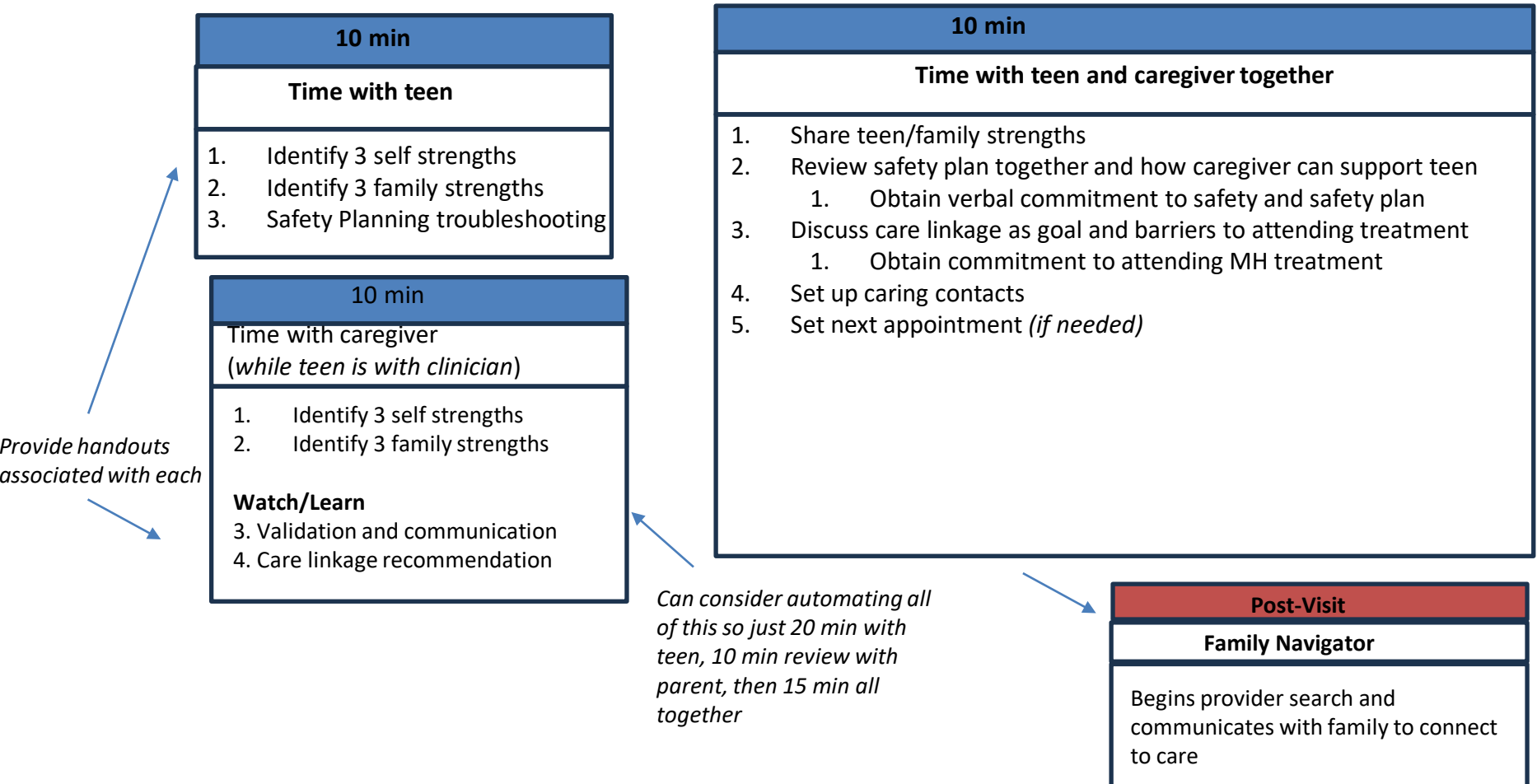
Provide handouts associated with each

Homework before next visit
<ol style="list-style-type: none"> 1. 123 communication 2. Conduct home safety sweep (<i>lethal means restriction</i>) 3. Review safety plan together and how caregiver can support teen <ol style="list-style-type: none"> 1. Discuss any barriers to using safety plan

Can consider automating all of this so just 20 min with teen, 10 min review with parent, then 15 min all together

PCP and IBH Proposed SPP Intervention: Single Session

Version 2 (two 20 min sessions) – Part 2



PCP and IBH Proposed SPP Intervention: Follow-up visit(s) *[If needed]*

1. Determine if follow-up is needed based on risk and duration of gap in care before care linkage.
2. After initial visit caring contacts should also be initiated and followed up with at follow-up

5-10 min
Time together with teen and caregiver
<ol style="list-style-type: none"> 1. Review safety from past week 2. Review 123

15-20 min
Time with teen
<ol style="list-style-type: none"> 1. Review Safety Plan 2. CSSRS -Recent 3. Distress tolerance/emotion regulation skill 4. Review transition to outpatient MH

10 min
Time with teen and caregiver together
<ol style="list-style-type: none"> 1. Review changes to safety plan if needed 2. Review skill(s) taught 3. Review outpatient MH options identified 4. Discuss plan for care linkage 5. Set next appointment (if needed)

(Family Navigator/Any Staff)



up to 2 hours
Following Session
<ol style="list-style-type: none"> 1. Navigator reaches out to op MH providers to identify available therapists/programs 2. Navigator communicates with family about available therapists by phone/email 3. Once appointment set, obtain ROI for new therapist to coordinate care 4. Schedule care coordination call with new therapist

Handouts and Resources Provided

- **Provider Training:**
 - Basics of levels of care
 - Intervention intro script
 - SCCN SI Triage System
 - SP Intervention Checklist
 - Lethal means:
 - The basics of firearms
 - What clinicians can do SPRC
 - Lethal means counseling
 - Managing Chronic High Suicide Risk
 - Self-Care for Providers Managing STB
 - Script and tips for talking to caregivers
- **Patient Facing Handouts:**
 - Safety plans:
 - Connection and support plan (low risk)
 - Safety plan for younger youth
 - Safety plan for adolescents
 - Safety plan – Tips for Caregivers
- **Caregiver Handouts:**
 - SPP Parent Handouts packet
 - Recognizing and Responding to suicidal crises
- **Other Intervention Handouts:**
 - Strengths worksheet (teen and caregiver)
 - Feelings thermometer
 - 123 communication
- **Extra Resources for families:**
 - Mobile mental health apps
 - Escalation cycle and worksheet
 - Emotion coaching handout
 - Parent skills validation handouts
 - Lethal means handouts:
 - Home safety practices
 - SPRC Lethal means restriction
 - Teens, depression, and firearms

Development of Additional Safety Plans

Different Versions for different populations and different levels of risk:

- Safety plan for Younger Youth
- Safety plan for adolescents
- Connection and support plan (low risk)
- Safety plan – Tips for Caregivers

Trainings Provided

- Counseling on Access to Lethal Means
- Cope Ahead/Connection and Support Plan; Crisis Prevention/Safety Plan
- Building referral networks
- Connection to follow-up Specialty Care (when appropriate)
- Team-based consultation/collaboration (PCP, IBH, Care Coordinator)
- Approaches to working with resistant patients and caregivers

Takeaways

- **SCCN IBH Program**
 - Implemented IBH in 12 pediatric primary care sites across Western Washington
- **SCCN-SC Suicide Prevention Program for Primary Care**
 - Expanded on IBH and introduced new a pathway and resources including:
 - Trainings for staff and providers
 - Structured plan for screenings
 - Brief interventions
 - Referral networks

Additional Free Resources for Washington State Healthcare Providers

*No cost

EDUCATIONAL SERIES:

- [AIMS Center office hours](#)
- [UW Traumatic Brain Injury](#) – Behavioral Health ECHO
- 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

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Registration

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