Suicide Prevention in New York State: Zero Suicide Initiative

Ann Sullivan, MD, OMH Commissioner
NASMHPD Annual Commissioners Meeting
August 7, 2016
Community Based Suicide Prevention

• Schools:
  – *Sources of Strength*: 23,000 high school students in NYS exposed to SOS (Wyman) since 2008
  – *Creating Suicide Safety in Schools*: a home grown program (Breux) aimed at improving school readiness; 197 schools have participated since 2013
  – Other: e.g. Lifelines Postvention workshops

• Communities:
  – 44 County/Tribal Suicide Prevention Coalitions as the “backbone” of community-lead efforts
  – *Coalition Academy* running now through end of year with emphasis on:
    • Successful strategic planning
    • Effective partnerships
    • Using data to guide interventions and for evaluating impact
  – Robust Gatekeeper Training: over 6,500 persons trained in 2015
    • QPR
    • SafeTALK
    • ASIST
NYS Strategies for Supporting Zero Suicide Implementation

Starting with the Public Mental Health System:

- Commitment to continuously improving surveillance and QI data*
- Targeted culture change through learning collaboratives
  - Mental health clinics in WNY voluntarily implementing Zero Suicide as part of the 3 year National Strategy for Suicide Prevention (NSSP) SAMHSA Grant
  - Statewide CQI Suicide Prevention Project supported by the *Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES)* launching September 2016
- Investments in workforce training
  - Center for Practice Innovations: online training modules
  - Statewide Evidence-based Trainings: e.g. CAMS, CT-SP
- Building Zero Suicide into Licensing Standards
  - e.g. Joint Commission Sentinel Event Alert on Suicide
Some NYS Zero Suicide Assets

1. Accepted into *National Violent Death Reporting System* in 2014
2. New York State Incident Management Reporting System (*NIMRS*)
   - All OMH licensed and state-operated providers* must report lethal and non-lethal suicide attempts w/in 24 hours of discovery for those in care and up to within 30 days of discharge.
3. OMH *PSYCKES* – a web-based application that captures Medicaid claims and State Psychiatric Center Data
4. Nationally recognized private sector Zero Suicide champion – the *Institute for Family Health (IFH)*, a large FQHC
NYS Surveillance Patterns: What We’ve Learned

• Most (~75%) NYS suicide deaths in public mental health care are among community care clients
  – Of 17% classified as inpatient related, vast majority (85%) were within 30 days of discharge
• *From 2012-14, among Medicaid recipients that had an OMH (NIMRS) reported suicide death, claims w/in 30 days of death showed:
  – nearly half, 47% (N=61) received outpatient mental health services
  – 11% received Psychiatric ER or Medical ER services; and 5% Psychiatric Inpatient services
• Among those receiving mental health services w/in 30 days prior to death:
  – most common diagnoses were mood disorder and schizophrenia
  – most were receiving care in clinics (56%) and a 6 month look back period prior to death showed:
    – median number of visits was 8
    – Mode was 3 visits

*Source: NIMRS and Medicaid OMH crosswalk analysis; Dual eligibles excluded from analysis
Outpatient Clinics: Suicide Count by Duration of Care

NIMRS Q1 2013 – Q1 2015

<table>
<thead>
<tr>
<th>DURATION OF CARE</th>
<th>Total Count</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>152</td>
<td>58%</td>
</tr>
<tr>
<td>1-2 Years</td>
<td>49</td>
<td>19%</td>
</tr>
<tr>
<td>3-4 Years</td>
<td>22</td>
<td>8%</td>
</tr>
<tr>
<td>More than 5 Years</td>
<td>41</td>
<td>16%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>264</td>
<td>100%</td>
</tr>
</tbody>
</table>

Among suicides in the first year, nearly 25% in care for < 1 month***

SUICIDES INVOLVING CLIENTS WITH A DURATION OF CARE UNDER 1 YEAR

| Within 1 First Week of Admission | 14 | 9% |
| 1 to 2 Weeks                    | 7  | 5% |
| 2 to 3 Weeks                    | 15 | 10%|
| 1 to 3 Months                   | 46 | 30%|
| 3 to 6 Months                   | 29 | 19%|
| 6 to 9 Months                   | 21 | 14%|
| 9 Months to 1 Year              | 20 | 13%|
| Grand Total                     | 152| 100%|
PSYCKES 2016
Statewide CQI Suicide Prevention Project
About PSYCKES

What is PSYCKES?

- A web-based platform for sharing Medicaid data and other state health databases.
- Nearly 7,000 users (BH clinics, hospitals, EDs/CPEPs, MCOs)

Who is in PSYCKES?

- 6 million Medicaid enrollees with BH diagnosis, service, or psychotropic medication.

What Client Information is in PSYCKES?

- Up to 5 years of Medicaid claims/encounter data:
  - Behavioral health (outpatient and inpatient)
  - Care coordination (ACT, Health Home, Care mgmt.)
  - Pharmacy (psychotropic and medical)
  - Medical (inpatient & outpatient services, lab tests, and procedures)
  - Living Supports/Residential (Medicaid, state-operated, coming soon: shelter data)
- State Psychiatric Center data
PSYCKES Updates to Support Suicide Prevention

- New alerts developed: (connecting silos!)
  - NIMRS data to help providers be aware of history of incidents including suicide attempts.
  - Medicaid data to indicate suicide attempt, self injury, self poisoning, and suicidal ideation.
- Ability to upload safety plans and crisis plans into PSYCKES for viewing by any treating provider in any setting statewide (e.g., mobile crisis, ER).
- Ability to automate and monitor CSSRS and PHQ-9 with notifications to treating provider.
- Ability to designate individuals on “High Risk List”
Building Zero Suicide into the project architecture:

- Systematic personalized screening for increased detection (CSSRS)
- Sound suicide risk assessment to guide treatment and engagement (prevention, not prediction!)
- High Risk Suicide Care Management Plan/Pathway
  - Safety Plan
  - Increased engagement and monitoring
- Workforce training in screening/assessment, safety planning, as well as matching intervention to risk provided by Center for Practice Innovations
- Monthly performance metrics shared for CQI throughout 2 year project
- Monthly Learning Collaborative call with ongoing implementation support
CSSRS is taken by the client (self-report) or administered by a clinician

If positive, an email is sent in real time to all treating clinicians with a link to results

Results page shows the CSSRS assessment that triggered the alert

Clinicians and clients review trends over time
### CSSRS in PSYCKES taken by client or administered by clinician

**COLUMBIA SUICIDE SEVERITY RATING SCALE (CSSRS):**

Please select "Yes" or "No" Next To The Questions.

<table>
<thead>
<tr>
<th>Sl. #</th>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Have you wished you were dead or wished you could go to sleep and not wake up?</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2</td>
<td>Have you actually had any thoughts of killing yourself?</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3</td>
<td>Have you been thinking about how you might kill yourself?</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>4</td>
<td>Have you had these thoughts and had some intention of acting on them?</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>5</td>
<td>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>6</td>
<td>Have you done anything, started to do anything, or prepared to do anything to end your life?</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>6a</td>
<td>How long ago did you do any of these? ○ Over a year ago ○ Between three months and a year ago ○ Within the last three months</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Dear Ann Sullivan,

This email is to notify you that a client assigned to you in PSYCKES Medicaid has answered positively to the following items of the Columbia-Suicide Severity Rating Scale (CSSRS):

- Suicide Intent (with Specific Plan)
- Suicide behavior (within last three months)

Due to HIPAA constraints, we cannot identify this client via email. Please login to PSYCKES to view client-level information regarding this alert.
Clients and Clinicians Review CSSRS Results and Trends Overtime

- Email link takes you to CSSRS results
- Results summarized by date, rater, and responses to individual questions
PHQ-9 can also be taken by client (self-report) or administered by clinician to monitor progress.
### Clinics report monthly

1. Clients enrolled
2. Clients with CSSRS screen
3. Clients with a + CSSRS
4. Clients with risk assessment among those with + CSSRS
5. Clients in the current census as of last day of reporting period

### Clinics Receive Quarterly Performance Measures

1. % Clients with + CSSRS screen and safety plan in PSYCKES
2. % Clinic census on suicide care pathway (SCP)
3. % Clients on SCP seen weekly
4. % Clients seen within 72hrs. of hospital discharge
5. Rate of completed suicide among all clients
6. Rate of completed suicide among those on SCP
7. Suicide attempt rate among all clients
8. Suicide attempt rate among those on SCP
9. % Clients on SCP with suicide related ED visit
10. % Clients on SCP with suicide related hospital admission
Empire State Zero
Suicide Pioneer:
Institute for Family
Health
Suicide Prevention in Primary Care

- Design System Reform Innovation Program (DSRIP): Depression Screening in all 22 Provider Systems using PHQ2/9 and best practices such as impact model
- Mandated Payment for Depression Screening for Pregnant women and new mothers in OB/GYN
- Healthy Steps Pilot in Pediatrics that includes depression screening with mothers
- FQHC Champion in Suicide Prevention: Institute for Family Health
Empire State Zero Suicide Pioneer: Institute for Family Health

- FQHC serving 100,000 patients across 33 sites in NYS providing behavioral health, primary care, and dental care

Zero Suicide 7 Domain Checklist: Perfect Score

- Leadership changing the culture: Very involved CEO & Board, Virna Little (core faculty on ZS Academy) and her team*
- Pathway to care: truly innovative work around EHR/decision support workflows not just in behavioral health but also primary care
- Competent workforce: suicide prevention specific training for all staff
- Suicide risk assessed: PHQ/CSSRS screening and assessments custom developed in EPIC and promulgated to entire US EPIC user group!
- Evidence-based practices: safety planning for positive screens, DBT, CT-SP
- Data informed: deep commitment to suicide safer care CQI
• Individuals at risk have suicide added to EHR Problem list
• Individualized suicide care management plan created for all those identified as being at risk
• EHR decision support triggered by problem list: safety plan routinely reviewed like “med reconciliation”, care coordinators assigned to high risk with warm hand-offs
• Suicide registry evaluates provider performance in suicide safer care delivery – e.g. screening, safety planning rates, etc.
• Extensive root cause analysis and psychological autopsy following suicides looking for gaps in care
IFH EHR Innovations: Suicidal Ideation - Red Banner
Questions:

Contact

Dr. Jay Carruthers
drjay.carruthers@omh.ny.gov
Director, OMH Suicide
Prevention Office

For PSYCKES related questions
PSYCKES-Help@omh.ny.gov