Arizona Programmatic Suicide Deterrent System Project

Driving Suicide to Zero in Community Behavioral Health

Steering Committee Charter (Version 2.0, 2012)

Section 1: Mission Statement

The Suicide Prevention & Intervention Steering Committee, under the auspices of the Arizona Department of Health Services/Division of Behavioral Health Services, began to operate formally in November 2009 with the ultimate goal of reducing the prevalence of suicide deaths among the 80,000 individuals enrolled in Regional Behavioral Health Authority (RBHA) services in Geographical Service Area (GSA) 6. Our goal is to equip our Regional Behavioral Health Authority and provider network of agencies with better skills, knowledge, attitudes and supports for engaging those at risk of suicide.

We believe three principles are paramount towards the fulfillment of this overall mission. The members of this steering committee resolve to:

1. *Persistent focus* - this is an adaptive change process that will take time, but we must also move quickly enough to shift culture and provide an adequate threshold of staff/support for the changes to take root as a new status quo
2. *Leadership lenses* - we need to be mindful of recipient voice and participation, engaging family, race & equity issues, outcomes focus, community integration and provider collaboration
3. *Data-Driven & Research-Based* – this work must be firmly founded on emerging evidence-based practices and programs and outcomes aggressively reviewed through quantitative analysis

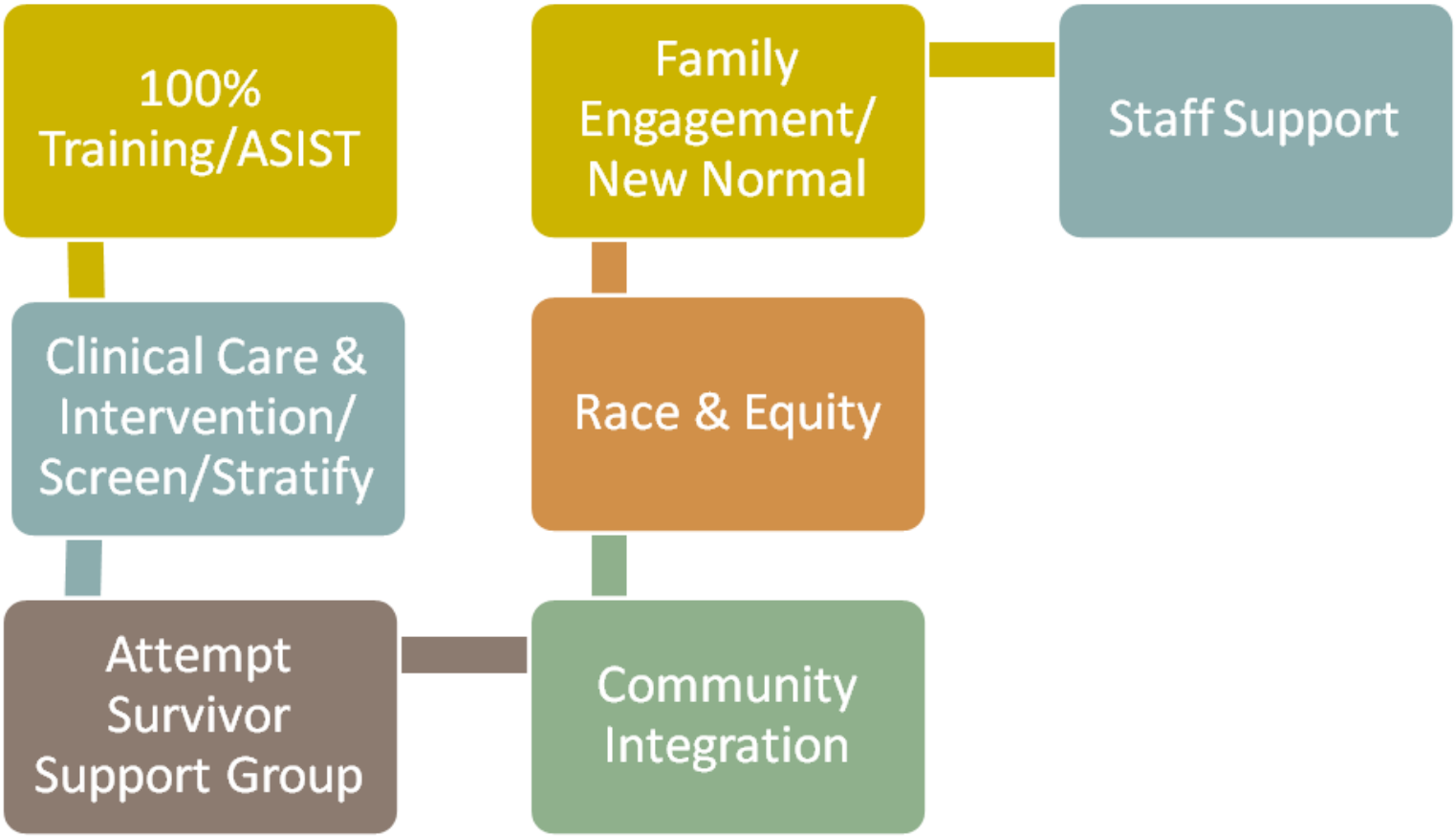
It has been an important principle from the outset that this steering committee does not duplicate the extremely positive work of other groups/programs that already exist, such as the *Arizona Suicide Prevention Coalition*. This clinical initiative is designed to meet an unmet need that exists here and in many other states — fully equipping all Community Behavioral Health Care staff to engage those enrolled in services so that suicide among those with serious mental illness (SMI) ends for those in our care.

What this clinical initiative IS/IS NOT:

- Targets those enrolled in RBHA services (children and adults served by General Mental Health (GMH)/Substance Abuse (SA) or SMI clinics) not the broader community at this time
- Targets "clinical home" direct care staff to equip them with the attitudes, skills, knowledge and supports to effectively engage those at risk of suicide, not agencies that do not have the ultimate responsibility for care
- More focused on improving the interventions than enhancing prevention
- Focused on ultimate outcomes/results and utilizing best practice processes

Arizona Programmatic Suicide Deterrent System LOGIC MAP

Arizona Department of Health Services · Magellan Health Services · Maricopa County Provider Network



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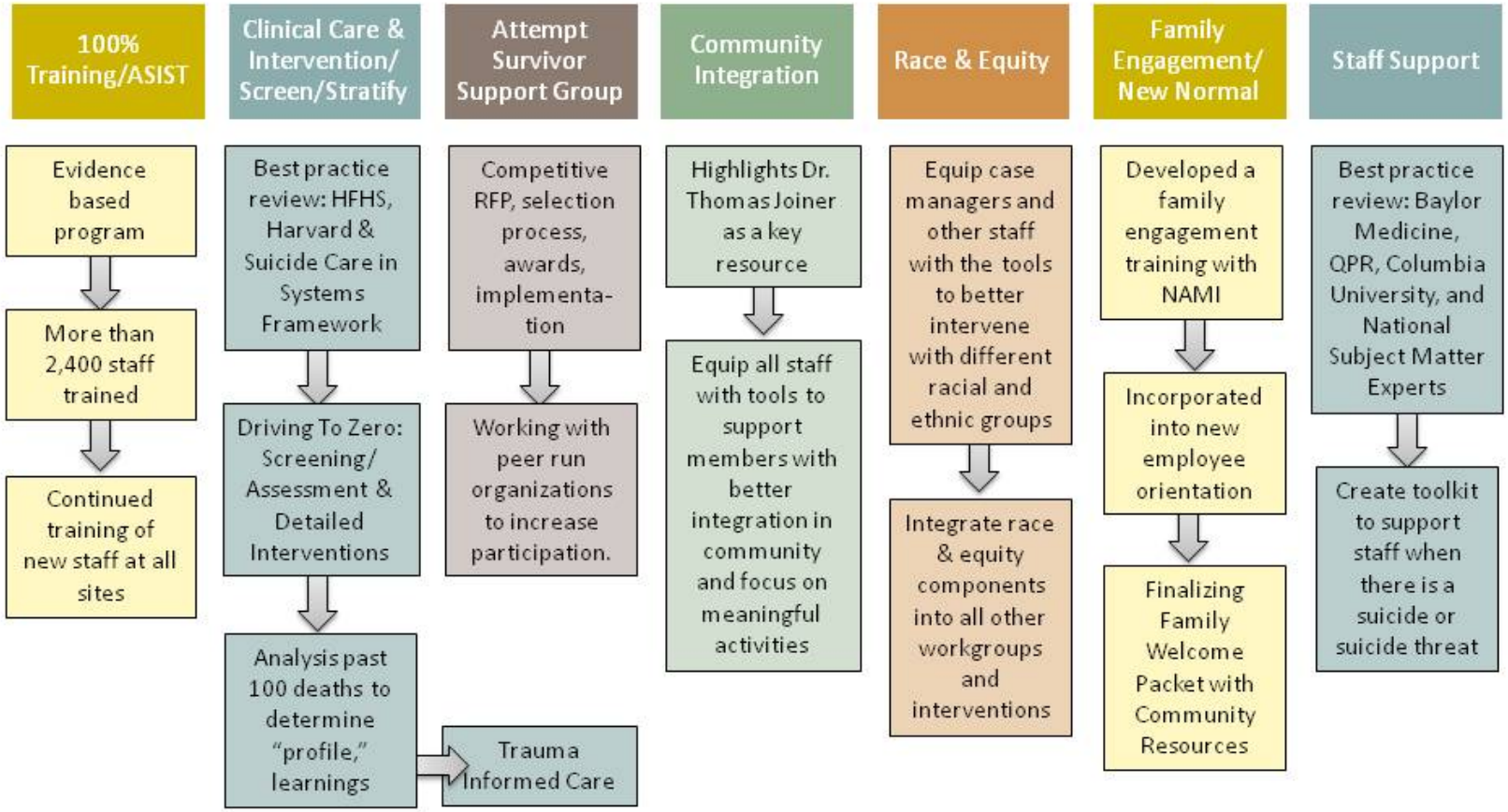

Section 2: Meetings

The Suicide Prevention & Intervention Steering Committee met for three consecutive months (November 2009 - January 2010) and now has quarterly meetings.

2.1 Steering Committee Co-Chairs:

The Steering Committee will be co-chaired by an executive member of the Arizona Department of Health Services/Division of Behavioral Health Services and an executive member of the Regional Behavioral Health Authority.

Section 3: Division of Labor

The Suicide Prevention & Intervention initiative is supported by a structure of groups that support the steering committee.

3.1 Steering Committee:

The Steering Committee meets quarterly and provides the over-arching strategic vision. It also offers the support to change culture, policy, funding, etc., required to implement the goals of this strategic initiative.

3.2 Targeted Working Sub-Groups:

These targeted working sub-groups will provide reports, verbal and written, to the Steering Committee, which incorporates an up-to-date timeline on achievements and accomplishments based on the needs of the provider network and based on evidence-based practices, innovative approaches and recommendations for further implementation.

3.2.1 Work Group #1 - Survivors of Suicide Attempts

This will ultimately result in peer run groups that will provide those members who have attempted suicide with support and hope. Peer-run organizations and Adult Provider Network Organizations (PNOs) will determine their plans, the oversight, support and process for these groups.

3.2.2 Work Group #2 - Engaging Family & Natural Supports

Highlighting National Alliance on Mental Illness and the Family Involvement Center as a key resource, this sub-group will continue to equip case managers and other staff with the tools to better utilize existing family and other natural supports. This will result in family engagement for those members who are suicidal and whose supports can assist with appropriate interventions.

3.2.3 Work Group #3 - Race & Equity

Highlighting the American Association of Suicidology (AAS), the Suicide Prevention Resource Center (SPRC) and the National Organization of People of Color Against Suicide (NOPCAS) as key national resources and the Magellan and

Community Providers Race/Equity Breakfast Group as a local resource, this sub-group will equip case managers and other staff with the tools to better intervene with different racial and ethnic groups. The supports and learnings that are developed will be integrated into all workgroups and will remain ongoing in pursuit of culturally appropriate interventions and follow-up.

3.2.4 Work Group #4 - Community Integration & Wellness

Highlighting Dr. Thomas Joiner as a key resource, this sub-group will equip all staff with the tools to support members with better integration in community and focus on meaningful activities, productivity, socialization and employment as a means to reduce suicidal ideation and improve outcomes. This will allow for a greater expansion of resources as well.

3.2.5 Work Group #5 – Applied Suicide Intervention Skills Training (ASIST) Certified Trainers

The more than 30 individuals who were trained as certified ASIST T4T trainers will meet on a regular basis to share successes and identify opportunities. This group will report to the steering committee on its progress and fidelity to the ASIST model. It will also oversee training new staff and offering recommendations on refresher training as staff who have taken the course in the past reach a three year time period since they last received the two-day ASIST.

3.2.6 Work Group #6 – Staff Support

This group will review the processes in place to support staff when there is a suicide or when staff members had to intervene with someone who is threatening suicide. This work group will make recommendations to the steering committee on successful approaches that maximize supports and opportunities to learn and integrate.

3.2.7 Work Group #7 – Clinical Care & Intervention

The purpose of this work group is to implement a system-wide standardized approach to suicide screening, assessment, risk-stratification, availability of a regimen of best practice interventions based upon level of risk and follow-up. This collaborative will also review the past 100 suicide death cases and present common profiles and recommendations to the steering committee. Similar to the concept of psychological autopsy, this analysis will yield common profiles to help drive our interventions.

Section 4: Strategic Objectives

The Suicide Prevention & Intervention Steering Committee will focus on key strategic objectives, including:

#	Emphasis	Target Date
1	2,000 Maricopa workforce trained in 2-day ASIST (Complete)	12/31/2010
2	Develop and implement strategy for ongoing training of new hires and refresher training for those who have not had ASIST in three years	12/31/2012
3	Engaging Family Position Paper Distributed to Network with Training (Complete)	10/1/2010
4	Continue training for staff and family members and track and report on family engagement percentage	Ongoing
5	Race/Equity recommendations incorporated into current initiatives	Ongoing
6	Implement 10 Survivors of Suicide Peer Run Support Groups	12/31/2012
7	Community Integration Position Paper Distributed to Network with Training	12/31/2012
8	Quarterly Webinars with National Consensus Experts	As Available
9	Workforce Survey of Attitudes, Skills, Knowledge and Supports (Baseline 11/2009)	Repeated 10/2011 & 8/2012
10	Steering Committee approves new Charter v2-0	9/30/2012
11	Phased implementation of the standardized screening, assessment, risk stratification and interventions model	PNOs 10/2012, GMH/SA 2/2012 C&A 6/2013
12	Steering Committee completes system analysis for policy, legislative, funding and program recommendations	6/30/2013

Section 5: Ultimate Outcomes & Results

The Suicide Prevention & Intervention Steering Committee has a goal of no less than ending suicide among those enrolled in care by the Regional Behavioral Health Authority. We are working to impact two groups and will rigorously track our results:

1. Community Mental Health Center "Clinical Home" Direct Care Workforce – In November 2009, we surveyed three children's Provider Network Organizations, four adult PNOs, and 29 General Mental Health and Substance Abuse organizations. Over 1,650 case managers, clinicians, physicians, nurses and administrators responded, creating a baseline of self-reported assessment of skills, knowledge and supports. We plan to repeat this survey annually to evaluate improvements.

2. Individuals enrolled in RBHA services – While specific rates of suicide are widely published for different groups by age, gender and ethnic/racial background (American Association of Suicidology, Centers for Disease Control, etc.), the data around individuals with severe mental illness indicates that those with SMI have six to 12 times greater risk for suicide than the general population.

While researchers disagree on the exact number, the general consensus is that at least 90% who die by suicide have a diagnosable mental illness, with the top disorders including major depression, bipolar spectrum disorders, schizophrenia, borderline personality and anorexia nervosa. Our Steering Committee will baseline and monitor the number of deaths by suicide for those enrolled in care, with the ultimate goal of eliminating these occurrences.

In order to achieve the ambitious goals stated above, this clinical initiative will focus much more broadly than clinical assessment and intervention skills during acute crisis. We are acutely aware of the need to take a comprehensive approach that evaluates the needs on a longitudinal basis. Core issues around suicide risk relate to social connectedness and a sense of competency and contribution. This means that we must do more than deal with the psychic pain at the moment of crisis. We must equip direct care staff to collaborate with individuals to obtain jobs, engage in their local neighborhoods, participate in meaningful community activities outside the mental health service system, develop stronger relationships, improve wellness, etc.

This holistic and community-based approach requires that the initiative and steering committee include representation outside the direct care agencies. The membership list includes police departments, probation, inpatient care, etc.

Section 6: Important Milestone Dates

#	Emphasis	Target Date
1	Direct Care Workforce Survey Follow-Up #1	11/2010
2	Direct Care Workforce Survey Follow-Up #2	11/2011
3	Direct Care Workforce Survey Follow-Up #3	8/2012
4	Work groups present initial progress reports and position papers with recommendations to the steering committee	4/2010 & 7/2010
5	Launch of the first Suicide Attempt Survivor Support Group with TERROS and CRN	7/2011
6	Completion of the training of more than 3,000 staff in ASIST	10/2012
7	Clinical Care & Intervention work group launched (known as “Driving Suicides to Zero in Behavioral Health Care”) and pilot program initiated	10/2011 & 6/2012
8	System-wide initiation of standardized screening, assessment, risk stratification and interventions model	Initiate 10/2012

Section 7: Steering Committee Membership

In 2012, the Steering Committee is revising and expanding membership to include the 15 agencies that partnered together on the CMS Healthcare Innovations grant proposal, including ADHS/DBHS, Magellan Health Services and the 12 primary provider partner agencies that have formed the core of the initiative to date.

The 2012 chairs of the Steering Committee are:

- Don Erickson, ADHS/DBHS Bureau Chief for Adult & Children System of Care
- David Covington, Magellan Health Services VP for Adult & Youth Services

The Suicide Prevention & Intervention Steering Committee inaugural members included the following:

Member	Agency	Member	Agency
Senator John	Arizona Legislature	Nick Margiotta	City of Phoenix Police CIT Director
Beth Alexander	Maricopa County Public Defender	Dr. David McIntyre	Phoenix Area Indian Health Service
Gary Brennan	Children's Provider Network CEO	Laura Nelson	ADHS/DBHS Acting Deputy Director
Chief Broderick	Superior Court of AZ, Probation	Dr. Carol Olson	MIHS
Dr. Richard Clarke	Magellan of Arizona CEO	Bob Sorce	ADHS/DBHS Assistant Director
David Covington	Magellan Chief - Adult Services	Melissa Taylor	Arizona Legislature
Nancy Diggs	Office of the Monitor	Dr. Rogers Wilson	ADHS/DBHS Acting Chief Medical
Christy Dye	Adult Provider Network CEO	Jeri Williams	Phoenix PD Assistant Chief
Penny Free	GMH/SA Organization VP	Shawn Thiele	Magellan Chief, Children's Services
Bill Kennard	NAMI Arizona CEO	***Dr. Thomas Joiner***	***Florida State (Advisory Role)***