

Zero Suicide Learning Collaborative

April 22, 2021

*Please type your name & organization the
Zoom chat to sign in!*



COLORADO

Department of Public
Health & Environment

Community Check-In: Use Chat to Sign In

Welcome!

Via Chat, let us know:

Your name

Your organization

And your response to this meeting warm up:

What is one thing or person you are grateful for in your organization?



COLORADO
Prevention Services Division
Department of Public Health & Environment

Agenda

- Community Check-In
 - Via chat- name, organization, and icebreaker response
- Session focus: Getting to outcomes, options for accessing data to help inform system improvements

If you need help, please reach out via chat.



IMPROVE

LEAD

TRAIN

IDENTIFY

ENGAGE

TREAT

TRANSITION

IMPROVE

ZERO Suicide

IN HEALTH AND BEHAVIORAL HEALTH CARE

ZERO Suicide
IN HEALTH AND BEHAVIORAL HEALTH CARE

www.zerosuicide.com

ZERO SUICIDE DATA ELEMENTS WORKSHEET

Description and Instructions

This worksheet is intended to assist health and behavioral health care organizations in developing a data-driven, quality improvement approach to suicide care. The worksheet:

- Reflects the top areas of measurement that behavioral health care organizations should strive for to maintain fidelity to a comprehensive suicide care model.
- Includes a list of supplemental measures that organizations may want to consider. These measures are clinically significant but may be much harder to measure.

The Data Elements Worksheet should be completed every three months, and an evaluation team should use the findings to determine areas for improvement. The data elements included on the worksheet can be captured in an electronic health record.

Please note: The Zero Suicide Initiative is an evolving model. While each individual organization's implementation will vary, it is vital to maintain a clear understanding of what it takes to reduce suicides for those enrolled in care.

Use the Zero Suicide Data Elements Worksheet in conjunction with the Zero Suicide Implementation Guide. We recommend that organizations consider improvements that can be made in care, training, and policies. We recommend that organizations consider improvements that can be made in care, training, and policies.

Terminology

Case closed: Cases are considered closed when a person has not had a repeat suicide death for those enrolled in care. We suggest a rule that uses a suicide would not count if it occurred more than 30 days after a case was closed. A case would not be counted if it had been more than 180 days since the last face-to-face appointment.

Enrolled in care: A patient enrolled in care is anyone with an open case file.

Today's date: _____

Three-month reporting period (DD/MM/YY to DD/MM/YY): _____

Name of organization: _____

Name of person completing worksheet: _____

Recommended Measures:

	Measure	Numerator	Denominator	%
1	Screening	Number of clients who received a suicide screening during the reporting period	Number of clients enrolled in care during the reporting period	
2	Assessment	Number of clients who screened positive for suicide risk and had a comprehensive risk assessment (same day as screening) during the reporting period	Number of clients who screened positive for suicide risk during the reporting period	
3	Safety Plan Development	Number of clients with a safety plan developed (same day as screening) during the reporting period	Number of clients who screened positive for suicide risk during the reporting period	
4	Lethal Means Counseling	Number of clients who screened and assessed positive for suicide risk and were counseled about lethal means (same day as screening) during the reporting period	Number of clients who screened and assessed positive for suicide risk during the reporting period	

	Measure	Numerator	Denominator	%
5	Missed Appointment Follow-up	Number of clients with a suicide care management plan who missed a face-to-face appointment and who received contact within 8 hours of the appointment during the reporting period	Number of clients with a suicide care management plan who missed a face-to-face appointment during the reporting period	
6	Acute Care Transition	Number of clients who had a hospitalization or emergency department visit who were contacted within 24 hours of discharge during the reporting period	Number of clients who had a hospitalization or emergency department visit during the reporting period	

	Measure	Numerator	Denominator	Rate
7	Rate of Deaths by Suicide Among ALL Clients	Number of clients who died by suicide during the reporting period	Number of clients enrolled for services during the reporting period (e.g., open case files) regardless of when they were last seen	$(\text{Numerator} / \text{Denominator}) \times 10,000$ Per 10,000 population
8	Rate of Suicide Deaths Among Those with Identified Suicide Risk	Number of clients with a suicide care management plan who died by suicide during the reporting period	Number of clients with a suicide care management plan during the reporting period	$(\text{Numerator} / \text{Denominator}) \times 10,000$ Per 10,000 population



ITEMS TO CONSIDER

- Data data data - process and outcome
- Culture free of blame
- Measuring fidelity to policies and opportunities for system improvement
- Defining “client” and time period



Outcome Data

- Rate of deaths by suicide among ALL clients, i.e.
$$\frac{\text{\# of clients who died by suicide}}{\text{\# of clients during reporting period}}$$
- Rate of suicide deaths among those with identified risk (based on screening and assessment), i.e.
$$\frac{\text{\# of clients with suicide care plan who died by suicide}}{\text{Number of clients with a suicide care plan}}$$
- Emergency department utilization
- Inpatient admissions
- Involuntary holds
- Attempts among all clients v. attempts among those with identified risk

comparison to county or region rates?

Option: Data Use Agreements

Kirk Bol

Manager- Vital Statistics Program, CDPHE

- What kind of data is available?
- What does a data use agreement entail?
- How long does it take?
- Who does the analysis?
- Considerations
- Examples

Option: Collaborations

- County Coroner's Office
- BHO/RAE for Medicaid clients
- Data sharing agreements with other systems in your community
- Internal data systems
- What are other options you've used or are pursuing?

Updates

- Resources from the OSP
 - Zero Suicide Academies for new systems, July and August
 - Application Live <https://go.edc.org/ColoradoZSAcademy21>
 - Free: Veteran-Ready military cultural awareness training
 - Free: Start Gatekeeper training resources still available
 - [Hard copy materials](#)
 - [QPR](#)/[MHFA](#) for non-grantees
 - Shift away from google folder so all can access- coming soon!



Free Military Cultural Training



COLORADO
Governor Jared Polis

February 19, 2021

Dear fellow Coloradan:

I would like to extend my sincere gratitude to Colorado's community mental health centers and the Colorado Crisis System for helping to ensure Colorado's Service Members, Veterans, and their families have access to responsive healthcare, including mental and behavioral health services attuned to military culture. Colorado is home to over 400,000 Veterans who are essential members of our communities and our families. Unfortunately, Veterans are overly represented in our state's unacceptably high suicide rates and numbers each year. We are going to change this.

Suicide is a complex and serious public health challenge that claims more than a thousand Coloradan lives each year. Nationally, the suicide rate has gone up in 49 of 50 states in the last 17 years. Unfortunately, Colorado is consistently among the states with the highest suicide rates in the country. Suicide is a local, state, and national challenge that must be prioritized and addressed now.

I am committed to keeping Colorado a leader in developing and initiating innovative partnerships and strategies for suicide prevention. The 10 PsychArmor courses available have been chosen for you by the Colorado Governor's Challenge team to aid you in gaining a better understanding of military culture and the challenges faced by Veterans and their families. Organizations who are able to achieve training 70% or more of their workforce will receive the designation of "Veteran Ready."

By joining in the effort to provide Veteran Ready services, we are working together toward the shared goal of reducing the incidence and impact of suicidal despair across Colorado, particularly for those who have served our country. I thank you in advance for answering the call and serving those who patriotically served our great nation and state.

Sincerely,

A handwritten signature in blue ink that reads "Jared Polis".

Jared Polis
Governor

The Colorado Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families team is an interagency taskforce comprised of community leaders from the military, public health, and nonprofit spaces.

Our mission is to ensure that no service member, veteran or family member dies by suicide, and that members of this population have access to responsive healthcare, including mental and behavioral health services; have the social support to lead meaningful and satisfying lives; are connected to their community; and who have thoughts of suicide, have attempted suicide, and/or have experienced suicide loss are supported across the continuum. In working towards this mission, the Colorado Governor's Challenge team continues to prioritize data-driven decision-making, leverage existing infrastructure and collaborative partnerships, and infuse veteran/military culture into current suicide prevention strategies, emphasizing the support needed for local communities.

Recognizing the need for responsive healthcare, we are grateful for the opportunity to provide you with [these 10 brief training modules](#) we have chosen specifically for Colorado's mental healthcare providers. We hope they will provide you with additional tools and aid your understanding of military culture and the unique challenges faced. Please know your life-saving work with Colorado's service members, veterans, and their families is seen and valued. We're here to support you, and we thank you.

-The Colorado Governor's Challenge Team

Thank you!

Next Meeting:
May 27, 2021- 10 – 11 am

Email topic suggestions, questions, needs to
Sarah.Brummett@state.co.us



COLORADO

**Department of Public
Health & Environment**