Suicide Prevention and Care Program

Pamela End of Horn, MSW, LICSW

Introducing the Presenters
Pamela End of Horn, MSW, LICSW

Pamela was born and raised in Pine Ridge, South Dakota and is an enrolled member of the Oglala Lakota Sioux Tribe of the Pine Ridge Indian Reservation. Pamela oversees the Suicide Prevention and Care Program. Her work focuses on national policy, standards of care, program development, implementation and evaluation. Pamela has 17 years experience in Mental Health with 13 years dedicated to Suicide Prevention. Pamela holds a Master's Degree in Social Work with practicums in Domestic Violence. In addition, she is certified in Cognitive Processing Therapy for treatment of trauma. She currently maintains advanced practice licenses in North Dakota and Minnesota as a Licensed Independent Clinical Social Worker. Pamela is currently completing a Doctorate in Social Work at the University of Pennsylvania, in Philadelphia, Pennsylvania.

Disclaimer

- The views expressed in this presentation are those of the speaker and do not necessarily represent the views, policies, and positions of the Indian Health Service (IHS), or the U.S. Department of Health and Human Services (HHS).

Objectives

At the end of this presentation, participants will be able to:

- Define programmatic elements for the treatment of people at risk for suicide.
- Distinguish IHS standards of care as they relate to unique aspects of American Indians/Alaska Natives.

Scope of the Problem

- Suicide Rate for American Indian/Alaska Native (AI/AN) adolescents and young adult ages 15 to 34 (19.1/100,000) was 1.3 times that of the national average for that age group (14/100,000).
- Suicide is the 8th leading cause of death among all AI/AN across all ages.

Suicide Prevention and Care

Office of Clinical and Prevention Services, Division of Behavioral Health

Who are we?

- Mission
  - Alcohol and Substance Abuse
  - Mental Health
  - Suicide Prevention and Care
  - Tele-Behavioral Health Center of Excellence
- Programs
  - Behavioral Health Integration Initiative (BH2I)
  - Community Health Representative/Community Health Aide Program (CHR/CHAP)
  - Domestic Violence Prevention Program (DVPP)
  - Substance Abuse Suicide Prevention Program (SASPP)
  - Tele-Behavioral Health Center of Excellence (TBHCE)
  - Preventing Alcohol Related Deaths (PARD)
  - Youth Rehabilitation Treatment Center (YRTC)
  - Zero Suicide Initiative (ZSI)

Suicide Prevention and Care

- Activities
  - Policy
  - Ask Suicide Screening Questionnaire Pilot Project
  - Substance Abuse Suicide Prevention Program
  - Zero Suicide Initiative
  - Community Crisis Response Guidelines
- Other Initiatives & Efforts
  - National Action Alliance for Suicide Prevention
  - American Indian/Alaska Native Task Force
  - National Suicide Prevention Lifeline
  - IHS/VA Memorandum of Understanding
  - National Suicide Prevention Gatekeeper Strategy
  - National Community Crisis Response

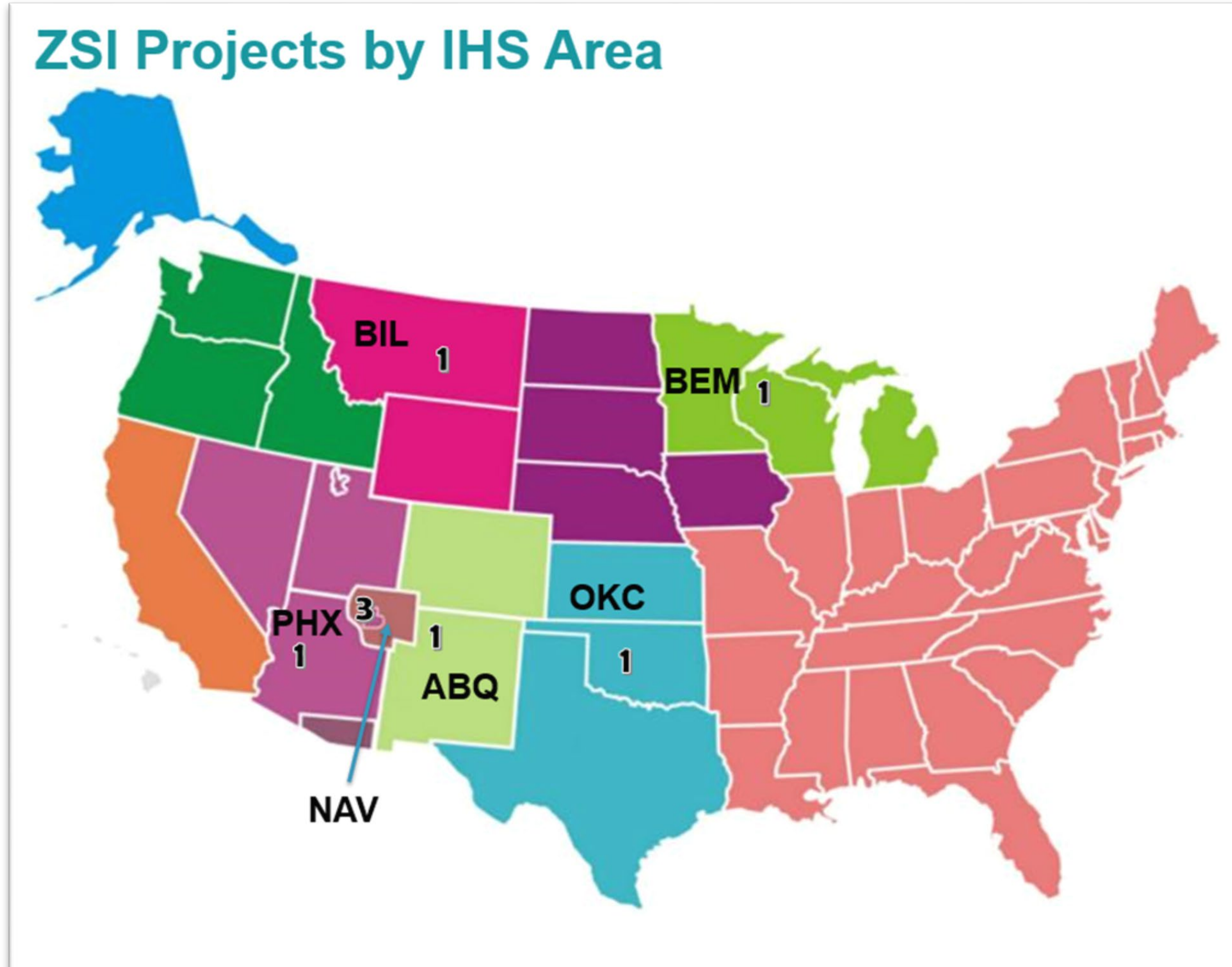
Zero Suicide Initiative

The Zero Suicide Model

- Zero Suicide is a comprehensive approach to suicide care which aims to reduce the risk of suicide for all individuals seen in health care systems. Zero Suicide represents a bold commitment to patient safety and holds the belief that the entire health system has the responsibility for preventing suicide deaths for patients under care. Zero Suicide promotes the use of **Seven (7) Elements** as essential closing those gaps and to improved patient safety.

Zero Suicide Elements

IHS Zero Suicide Initiative



Award Information

- **Type of Award :** Cooperative Agreement.
- **Estimated Funds Available :** The total amount of funding identified for the Fiscal Year 2018 was $2,000,000. Individual award amounts of $400,000 were awarded.
- **Number of Awards :** Eight awards were issued for this funding – five tribal and three federal.
- **Project Period:** November 1, 2017, to October 31, 2020.
- **Cooperative Agreement -** Cooperative agreements awarded by the Department of Health and Human Services (HHS) are administered under the same policies as a grant. However, the funding agency (IHS) is required to have substantial programmatic involvement in the project during the entire award segment.

Zero Suicide in AI/AN Settings

- **Tribal Sites**
  - **Albuquerque Area**
    - Pueblo of Acoma
  - **Bemidji Area**
    - Menominee Indian Tribe of Wisconsin
  - **Billings Area**
    - Rocky Boy Health Board
  - **Navajo Area**
    - Fort Defiance Indian Hospital
  - **Phoenix Area**
    - Apache Behavioral Health Services, Inc.
- **Federal Sites**
  - **Navajo Area**
    - Chinle Comprehensive Healthcare Facility
    - Gallup Indian Medical Center
  - **Oklahoma City Area**
    - Lawton Indian Hospital

Zero Suicide Initiative (ZSI)

Documentation of ideation with plan, attempts, and completions among ALL patients	A comprehensive, system wide suicide care policy that addresses screening, assessment, safety planning, treatment, and follow-up	A quality assurance process that monitors s adherence to suicide care policy and clinical protocols on all levels
Universal screening for suicide risk in health system	Full suicide risk assessments for all patients that screen positive for suicide risk	Collaboratively-developed safety plans completed for patients all at moderate/high risk for suicide
Timely follow-up for all patients during care transitions	An EHR that facilitates tracking of at risk patients and delvers timely, relevant data	Use of culturally-informed and traditional practices with EBP

Strengths

- Each site has ZSI leadership team that meets regularly.
- Four sites have zero suicide policy adopted and in place; four Sites have “draft” policy under review.
- Increased training for medical and mental health providers.
- Six sites implemented a standard suicide screening tool.
- All sites implemented standardized use suicide Safety Plan.
- Five sites implemented EBT use to treat for suicide risk.
- Four sites routinely use cultural practices to treat suicide risk.
- Seven sites established Q/I teams, processes to support ZSI.
- Six sites embedded suicide templates into EHR.

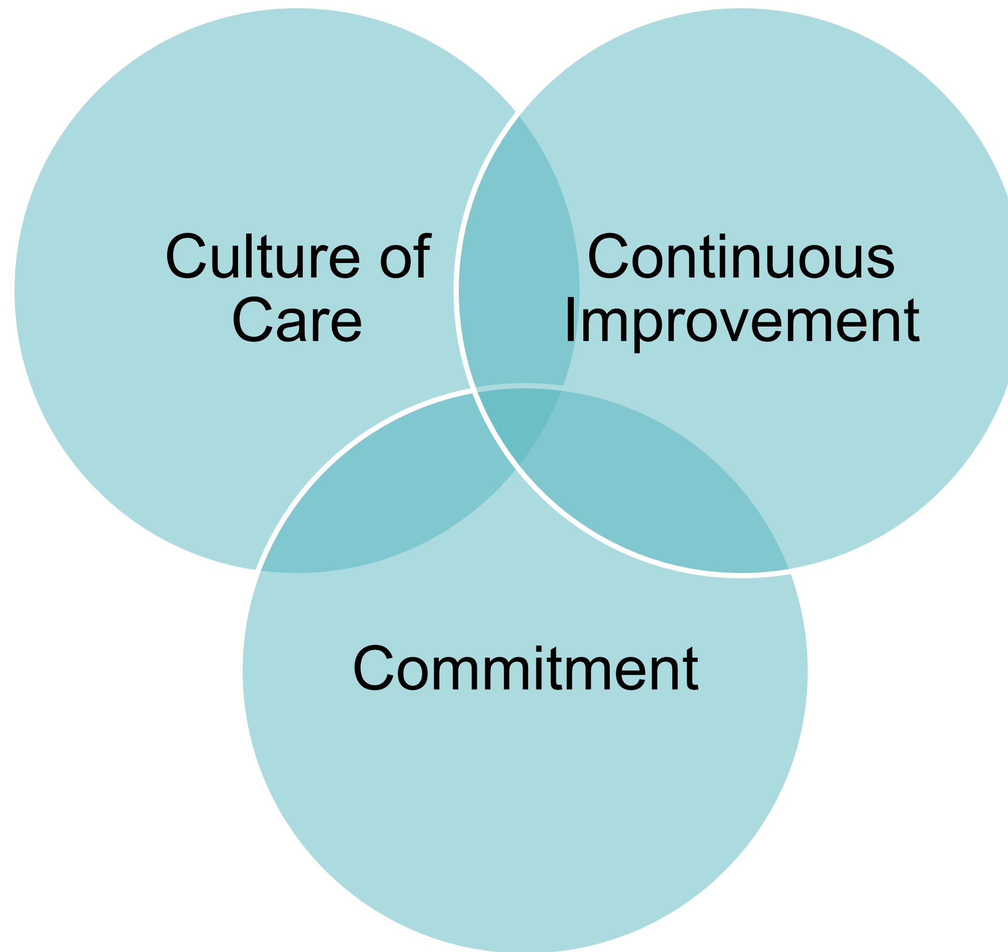
Challenges

- Establishing, maintaining participation with primary care, etc.
- High staff turnover.
- Having to invest in re-training due to high staff turnover.
- Need to retrofit EHR to embed screening, assessment, and tracking tools.
- Need staff dedicated to case management, follow-up.
- Lack of collaboration with community health facilities following inpatient discharge.
- Only 1 site has data sharing agreement.
- Need additional staff dedicated to case management, follow-up, and caring contacts.

Future Plans

- Use of crisis lines to assist with follow-up contacts.
- Utilizing care/case manager to conduct continual tracking of patents in care pathways.
- Enhancing the EHR functionality, i.e., “alerts”, etc.
- Establishing Data-Sharing Agreements.

The Power of Zero Suicide in AI/AN Healthcare



Questions?

Resources

1. http://www.ihs.gov/suicideprevention
2. www.ihs.gov/zerosuicide

Presenter Contact Information

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