## MIDD 2 Initiative PRI-06: Zero Suicide Initiative Pilot (NEW)

## How does the program advance the adopted MIDD policy goals?

This program primarily addresses the adopted MIDD policy goal of "reduce the number, length, and frequency of behavioral health crisis events."

Zero Suicide<sup>38</sup> is built on the foundational understanding that suicide deaths are preventable. The Zero Suicide Initiative is the beginning of a comprehensive suicide prevention strategy/plan for King County, and will be a new approach for suicide prevention for the region.

Suicide is a major public health problem. In Washington State, suicide is the eighth leading cause of death overall and the second leading cause of death among young people ages 15-35. In King County, there are roughly 250 deaths by suicide every year. For every suicide, it is estimated that 25 attempts are made, some requiring expensive emergency room and hospital visits. For every suicide death, it is estimated that six friends and family members of the deceased will struggle with this particularly devastating and complicated form of grief for the rest of their lives.<sup>39</sup>

Zero Suicide will involve a multi-stage project where the public health and behavioral health systems serving adults with serious mental illnesses will be supported in adopting a specific set of strategies, tools and training to transform these systems to eliminate patient safety failures and to close gaps in depression and suicide care. Zero Suicide is a key concept in health care that is contained in the 2012 National Strategy for Suicide Prevention.<sup>40</sup>

#### 1. Program Description

#### ♦ A. Service Components/Design (Brief)

The Zero Suicide Initiative will begin with the King County behavioral health and health care system, including both the provider and county system (DCHS and Public Health). Additional future implementation phases may include hospital and health care systems already participating in Screening, Brief Intervention and Referral to Treatment (SBIRT); remaining hospital, behavioral health and health care systems; and/or community trainings.

Zero Suicide approach implementation includes the following major components: data and system analysis; selection of an initial provider cohort selection; training in the Zero Suicide approach; establishment of a learning collaborative; technical assistance; and the launch of additional cohorts in future years.

<sup>&</sup>lt;sup>38</sup> http://zerosuicide.sprc.org/about

<sup>&</sup>lt;sup>39</sup> http://www.doh.wa.gov/Portals/1/Documents/5500/IV-SUI2013.pdf

<sup>&</sup>lt;sup>40</sup> http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full\_report-rev.pdf

It may also include any or all of the following other components: lethal means training; a follow-up care program; universal risk screening; programming for family/friends after a suicide loss; universal gatekeeper suicide prevention training; social marketing/media outreach; and stigma reduction via partnership with Mental Health First Aid trainings.

#### ♦ B. Goals

Through this initiative's training and technical assistance efforts, key elements of suicide prevention care for health and behavioral systems would gradually be adopted by behavioral health and physical health care providers, and become a new best practice standard for publicly funded care in King County.<sup>41</sup> Additional goals include effective implementation of suicide prevention components across King County.

## ♦ C. Preliminary Performance Measures (based on MIDD 2 Framework)<sup>42</sup>

1. How much? Service Capacity Measures

Each annual provider cohort is expected to include several agencies, each of which will identify implementation teams to pioneer Zero Suicide approaches within their organizations. The number of potential clients who could benefit from the resulting enhanced services provided by these teams is indeterminate and likely to vary by agency. Additional individuals reached by suicide prevention trainings will vary depending on funding allocation.

- 2. How well? Service Quality Measures
  - Improved perception of health and behavioral health issues and disorders
- 3. Is anyone better off? Individual Outcome Measure
  - Reduced behavioral health risk factors

#### ♦ D. Provided by: Contractor

The training and services will be contracted to suicide prevention experts and the pilot grants will be contracted to provider agencies. County staff will provide program management and oversight.

<sup>&</sup>lt;sup>41</sup> Key elements include Lead, Train, Identify, Engage, Treat, Transition, and Improve. More detail is available via the Zero Suicide Toolkit at http://zerosuicide.sprc.org/toolkit.

<sup>&</sup>lt;sup>42</sup> Throughout 2017, review and refinement of Results-Based Accountability (RBA) performance measures for MIDD 2 initiatives will be conducted whenever applicable, in consultation with providers. Updates to performance measures that may result from this collaborative process will be reported in the next MIDD Annual Report in August 2018.

## 2. Spending Plan

Year	Activity	Amount
2017	Develop and implement initial phases of Zero Suicide pilot	\$400,000
2017 Annual Expenditure		\$400,000
2018	Continue implementation and services	\$410,400
2018 Annual Expenditure		\$410,400
Biennial Expenditure		\$810,400

This spending plan is revised from the 2016 SIP spending plan. It decreases spending in this initiative by \$202,600 with a commensurate increase in spending for the PRI-07, Mental Health First Aid initiative.

## 3. Implementation Schedule

◊ A. Procurement of Providers and Contracting of Services

At the time of this report, a request for Information (RFI) was to be conducted in second quarter 2017.

♦ *B. Services Start date (s)* 

Services and training will begin in the third quarter of 2017.

# 4. Community Engagement Efforts

King County BHRD has engaged in regular community engagement with suicide prevention partners, including co-sponsoring a Zero Suicide conference. Stakeholders and partners will continue to be consulted as pilot design and implementation proceed. Several organizations in Washington State have attended Zero Suicide Academies and have begun implementing Zero Suicide within King County, including Group Health/Kaiser Washington, CHI Franciscan Health and several tribal health systems. A number of other organizations have shown interest in the implementation of Zero Suicide, and through this initiative, MIDD will provide needed training and support.