
RHODE ISLAND
DEPARTMENT OF HEALTH

Rhode Island Youth Suicide Prevention Project

Suicide Prevention Initiative

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Rhode Island Department of Health

Who We Are

The Rhode Island Youth Suicide Prevention Project is a collaboration led by the Rhode Island Department of Health, Rhode Island Student Assistance Services, the Emma Pendleton Bradley Hospital, with evaluation and consultation provided by faculty from Brown University.

Our Partners

- Rhode Island Student Assistance Services (RISAS) is a division of Coastline Employee Assistance Services
- RISAS is a statewide school-based substance abuse and prevention/early intervention program in operation since 1987
- Master's level social workers and counselors providing services in 44 middle, junior high, and high schools in 25 of the states 33 school districts

Rhode Island RISAS Student Assistance Services

Partners

- The Emma Pendleton Bradley Hospital is the only psychiatric hospital in New England devoted exclusively to children and adolescents. The Kids'Link RI Hotline is operated through the Access Center at Bradley and is available 24 hours a day, seven days a week.

kids' link RI
HOTLINE FOR CHILDREN IN EMOTIONAL CRISIS

Bradley Hospital
A Lifespan Partner

Project Goals

The Rhode Island Youth Suicide Prevention Project (RIYSPP) will serve 10-24 year old youth at risk for suicide through universal, selected, and indicated prevention strategies and improved crisis intervention.

The project will create a streamlined system for crisis assessment, intervention, mental/behavioral health treatment and follow up services.

The purpose of the RIYSPP will be to test whether a triage system implemented through a partnership with schools and Kids'link RI would lead to a reduction in referrals to the Emergency Department and provide improved communication and follow-up care for children and youth.

SPI Expected Outcomes

Increased numbers of persons trained to identify and refer at-risk youth:

- QPR (Question, Persuade, and Refer) training for Employee Assistance Program (EAP)/school staff.
- SOS (Signs of Suicide) training for youth via Health Classes

Improve the assessment and referral of youth in crisis:

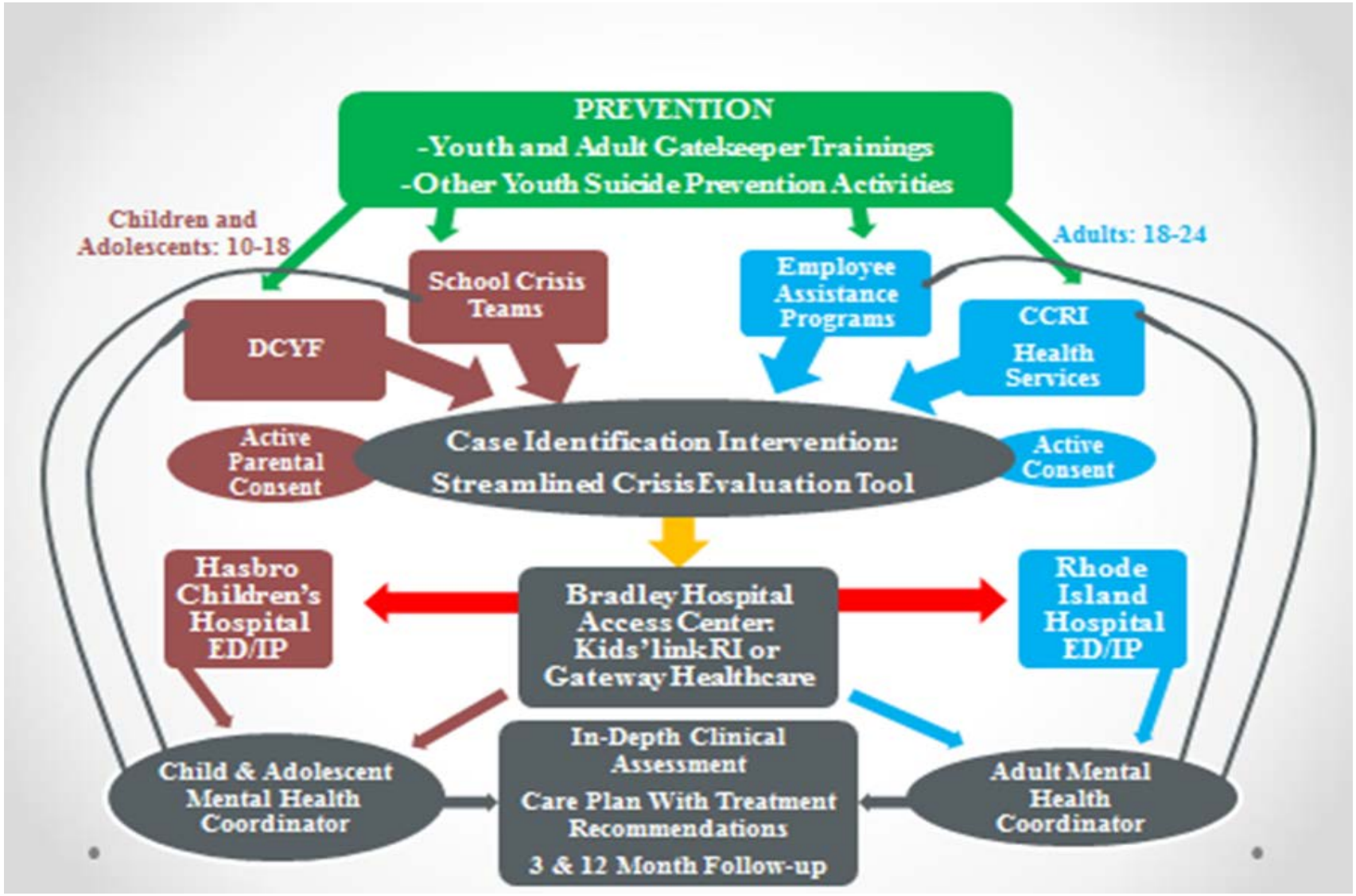
- Train school crisis teams/school nurses/student assistance counselors in the RI Suicide Prevention Screen (RISPS), a combination of the Columbia Suicide Severity Rating Scales and elements of the Violence, Injury Protection, and Risk Screening (VIPRS).
- Establish a centralized intake through Kids'link/Emma Pendleton Bradley Children's Hospital where school crisis teams/EAP staff can refer directly rather than having to send to ED.

Improved continuity of care, follow-up and accountability for youth with suicidal ideation, substance abuse disorders and/or depression, or identified as at risk for suicide seen in the outpatient mental health centers, hospital ED's and inpatient psychiatric units.

Reduce ED use for mental health evaluations.

Increase promotion in the utilization of the National Suicide Prevention Lifeline.

Project Overview



Screening Tool

Suicide Prevention Screener

SUICIDE IDEATION SCREENING QUESTIONS AND DEFINITIONS	Past month	
Ask questions that are bolded and underlined.	**YES**	**NO**
Ask Questions 1 and 2		
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?*** **(Wish to be dead:** Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.)		
2) ***Have you actually had any thoughts of killing yourself?*** **(Suicidal Thoughts:** General non-specific thoughts of wanting to end one's life/commit suicide, "*I've thought about killing myself*" without general thoughts of ways to kill oneself/associated methods, intent, or plan.)		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) ***Have you been thinking about how you might kill yourself?*** **(Suicidal Thoughts with Method (without Specific Plan or Intent to Act):** Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*"		
4) ***Have you had these thoughts and had some intention of acting on them?*** **Suicidal Intent (without Specific Plan):** Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*** **(Suicide Intent with Specific Plan:** Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.		
6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** (Suicide Behavior Question: Examples include: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.) **If YES, ask:** ***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?		

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)
Posner, Brent, Lucas, Gould, Stanley, Brown, Fisher, Zelazny, Burke, Oquendo, & Mann

RISK ASSESSMENT

Instructions: Based on your interview with the student, please check all known risk and protective factors that apply to the student. These questions are not intended to be asked directly, but instead to be elicited from past knowledge and/or your interview during the crisis situation.

Present	Past	Unknown	Risk Factors
			Affect & Behavioral:
			Past suicide attempt(s)? Did student tell anyone at the time?
			Hopelessness
			Access to means
			Depression/decrease in functioning
			Recent loss(es) or significant negative event (describe)
			Substance use/misuse
			Agitation, quick to anger, or severe anxiety
			Perceived burden on family or others
			Self-injurious behavior (i.e. cutting, scratching, burning, etc.)
			Has been impulsively aggressive in recent past?
Present	Past	Unknown	*Violence/Aggression*
			Threatens to harm or kill others
			Fights with peers
			Trouble with the law
			Exposure to violence at home or in community
			School suspensions
			Other risk factors:
			Bullying: physical or electronic
			Victim of abuse: Sexual? Physical? Other?
			Minority status: sexual orientation/gender/ethnicity
			If LGBTQ, is student out to their family/community?
			Other risk factors:
Present	Past	Unknown	Protective Factors
			Parents encourage participation in school
			Student identifies reasons for living
			Student expresses responsibility to family, friend, or others
			Supportive family or social network
			Fear of dying or death
			Belief that suicide is immoral; high spirituality
			Engaged in work or school
			Engaged in treatment
			Other protective factors:

Please check off box if any of these factors apply:

❑ Student refused to answer questions (angry or shutdown?)
❑ Student appears to be responding to internal stimuli & could not offer reliable responses.
❑ Student (is/appears to be) under the influence of a substance.

PER FEDERAL GRANT GUIDELINES TO BE COMPLETED BY SCHOOL CRISIS TEAM
Disposition (Please check one box)
❑ Student not in immediate danger and referred to in school services only
❑ Student referred to Kids' Link
❑ Student referred to other external mental health services provider
❑ Youth already receiving mental health services

SPI Training

School Suicide Prevention Protocol

Student Identified

Student Referred to School Crisis Team Member Who Administers RISPS

Student not in Immediate Danger

Connect to Resources

QPR TRAINING for Teachers/Staff/Parents Signs, Symptoms Risk & Protective Factors

Student in Immediate Crisis (see definition)

SCT Notify Building Admin/Parent

Student in Crisis but Not Immediate

Transport to Hospital

Enroll in Kids' Link SPI

Parent Consent with Kids' Link to Follow Up & Consent to Communicate with School designee

Kids' Link Communicates with ED Re: Discharge Aftercare Plan

SCTM's Meet With Family to Establish Re-Entry Supports

Kids' Link Care Coordinator Follows Up With Family

Enroll in Kids' Link SPI Same Day Emergency Eval

Call Kids' Link 1-855-543-5465

Enroll in Kids' Link SPI Same Week Crisis Eval

Obtain Parental Consent & Fax Student Demographic Referral Form/RISPS 401-432-1507

Parent Transports Student to Same Day Appt at Lifespan ES Site

Student Receives Safety Evaluation

Kids Link Care Coordinator Follows Up with Family

SCT Meet with Family/ School to Establish Re-Entry Supports

Obtain Parental Consent & Fax Student Demographic Referral Form/ RISPS results

Kids' Link Care Coordinator Connects Family with Appointment for Services

Care Coordinator Follows Up with Family to See Appt Outcome

SCT- School Crisis Team
SPI- Suicide Prevention Initiative
RISPS–RI Suicide Prevention Screener
ES-Emergency Services

*** A Crisis Team Member Must Complete EIRF Within Three Days**

Evaluation

There are currently five school districts that received training in the protocol and screener. Over seven months (March 2015 to September 2015), 57 students were referred by school Crisis Team members to Kids'Link RI.

Referred students came from 23 schools in the Providence School District, five schools in the Central Falls School District, and one school each in the Barrington, North Providence and South Kingston School Districts. These 31 schools included elementary schools, middle schools and high schools.

Referred students were predominately female (64%). The average age was 12 years. The majority of the parents (87.5%) consented to a referral and evaluation of their child at Bradley Hospital's Access Center.

Evaluation

- Two-thirds of the parents gave consent to share information with the child's school, and 80% of the parents gave consent to have their child and the family enrolled in the Kids'Link SPI program for follow-up over one year.

- Forty-nine of the 57 referred students received a mental health evaluation through the SPI program (86%) with parental consent. Forty percent of the students were connected to outpatient mental health services, and 22% were admitted to a hospital for psychiatric care. A parent refusing treatment or reporting that their child was not in need of mental health services was rare.

Student demographic characteristics	Percent (n = 56)
Gender	
Female	64.3 (n = 36)
Male	35.7 (n = 20)
Age	
Mean age	12 years
Range	11 to 13 years
Student protocol and referral status	
Screener completed	
Partial	14.3 (8)
Complete	57.1 (32)
Not completed or not known	28.6 (16)
Parental consent Kids'Link referral and evaluation	
No	12.5 (7)
Yes	87.5 (49)
Parental consent share information with school	
No	16.1 (9)
Yes	66.1 (37)
Pending or not known	17.8 (10)
Parental consent for SPI (follow-up)	
No	10.7 (6)
Yes	79.6 (43)
Pending[2]	13.0 (7)

[1] SPI = Suicide Prevention Initiative.
[2] Six of the seven students in the "pending" category consented to the Kids'Link SPI Program. One student withdrew.
Data source: 2015 Kids'Link Suicide Prevention Initiative Referral Database.

Outcomes

Three major themes emerged at the two week follow-up with families who agreed to participate in the Kids'Link SPI project. A parent's appreciation for the help to connect their child to mental health services was cited the most often.

My child is doing well at school and home and is _____ (parental report) receiving outpatient services, or home-based services, or enrolled in a partial hospitalization program, or seeing a private therapist, or seeing a therapist at a community-based organization.

My child is doing well and back at school. S/he was discharged from (parental report) the hospital inpatient unit or partial hospitalization program and (parental report) receiving outpatient services or enrolled in a program for teens ages 12 to 17 years to help teens develop coping skills, manage their emotions and behaviors and improve communication skills.

Hospitalization was productive. My child is taking medicine every day.

Outcomes

Another theme noted at the two week follow-up underscored the persistent time and effort of the Kids'Link SPI Care Coordinator to reach out to families to find out how their child was doing. Connecting with families was an on-going process.

Multiple phone calls made (clinical notes). Unable to reach mother, father, relative, or guardian. Unable to reach school Crisis Team Member. Unsure if family has kept appointments.

Multiple phone calls made to follow-up on therapists' reports (clinical notes). Family did not show up for scheduled follow-up appointments. Additional messages left for mother, father, relative, or guardian.

Health insurance was a barrier for two families.

My child is doing well. Counseling is now possible through financial assistance from a fraternal organization that offered the help (clinical notes).

No treatment plan is in place yet. Family has no health insurance (clinical notes).

Impact

The collaboration between the RIYSPP, RISAS, and Bradley Hospital has been very successful with notable achievements in the first year.

The SPI program is the first of its kind in the state. School personnel learn how to respond quickly and effectively to a student in crisis using an expedient process that reduces overreliance on and inappropriate use of the emergency department.

The Providence Public School District, the state's largest, was the first of four school districts trained in the SPI protocol and screener. Training focused on implementing a direct referral system to Bradley Hospital's Kids'Link hotline for youth who were experiencing emotional and behavioral distress, including suicidal thinking, behavior, and threats of violence.

Impact

The protocol was tested and was widely accepted among school staff.

Feedback from the staff indicated that the new protocol fulfilled the need for a streamlined referral process for students in need of a mental health assessment who may not benefit from or need to go to an emergency room for a psychiatric evaluation.

Administrators in the Providence School District formally adopted the protocol, which is now a stand-alone section in the district's School Emergency Preparedness Plan.

This means the SPI program will be implemented throughout all of the district's 39 schools and will be institutionalized as their intervention tool for students expressing suicidal thoughts or ideation.

For the Providence School District this equates to nearly 24,000 students.

Barriers and Obstacles

One challenge that presented itself early in year 1 was the participation and cooperation of community mental health centers that were not funded partners.

Some community health centers felt that the mental health initiatives spearheaded by RIYSPP would potentially compete with their mental health services and take clients away from them.

The RIYSPP Coordinator played a central role in introducing SPI as a SAMHSA funded grant initiative and not a Bradley Hospital Kids'Link RI program. This approach eased fears of a single agency attempting to increase competition.

The program coordinator began to engage the CMHC executives in a series of conversation and presentations on the grant and our overall statewide goals, and how each of their agencies would play a key role in the overall success of the program.

Barriers and Obstacles

Schools and families have frequently noted lack of access to transportation as a barrier to obtaining needed crisis evaluations and follow-up services.

The staff at Kids'Link has been able to engage mobile crisis teams in some community agencies to go into the schools and to students' homes to complete evaluations.

There are also agencies that are now providing ongoing mental health treatment for children within the school, when insurance allows and services are available.

Efforts have begun in year 1 and will continue into year 2 to engage with many Federally Qualified Health Centers that provide mental health services for their clients to engage families in care and allow for increased access to mental health services.

Barriers and Obstacles

A continuing challenge to the program has been the cost of care once a student in need has been identified.

While funding for crisis evaluations for uninsured/undocumented students have been obtained through the grant set aside requirements, identifying follow-up treatment for the uninsured and undocumented students continues to be challenging.

A related issue that affects access to care for families that have insurance is the high copay costs, deductibles, or catastrophic "caps" that must be met before the insurance will pay for care.

For several students in need of more intensive services, the financial impact to the family proved to be a barrier to getting the student the care they needed.

Rhode Island
Youth Suicide Prevention Project

Jeffrey Hill, Program Coordinator
Violence and Injury Prevention Program
Division of Community, Family Health and Equity

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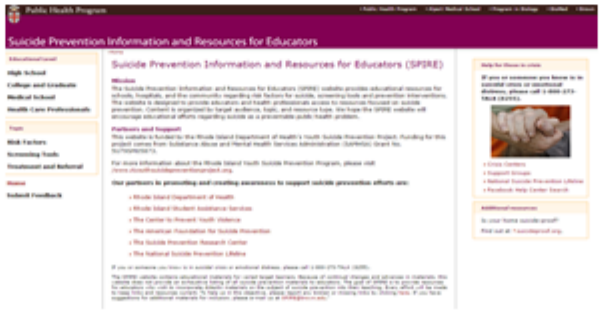
www.riyouthsuicidepreventionproject.org

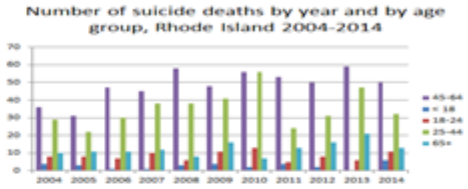
Military and Veterans Partnerships OEF/OIF/OND Taskforce

Project Overview

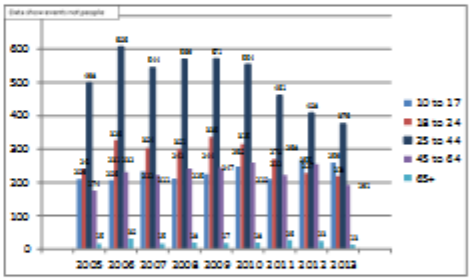
Brown University/SPIRE Curriculum Integration



NVDRS Data Use



RI Emergency Department Data Use for Attempts



Means Restriction Campaign

In cooperation with the Brady Center to Prevent Gun Violence www.suicideproof.org

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