Maryland Commission on Suicide Prevention
2016 Plan to the Governor

Behavioral Health Administration

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EXECUTIVE SUMMARY

The Maryland Department of Health and Mental Hygiene (DHMH) and Behavioral Health Administration (BHA) continue to see suicide prevention as a major priority. Suicide deaths in Maryland are increasing, despite remaining under the US suicide rate. As these numbers continue to raise across the country, the impact of suicide deserves increased attention now more than ever. The Governor's Commission on Suicide Prevention meets quarterly and provides guidance to the Behavioral Health Administration on current suicide prevention efforts and emerging themes developing in suicide prevention. Commission members reach out to BHA staff throughout the year to provide suggestions and feedback on current initiatives.

The work of the Commission is aligned with national suicide prevention efforts, especially in the State's historic and continuing emphasis on youth suicide prevention. The Commissioner's initial plan was submitted to the Governor in 2012. This updated plan will build upon the progress of the previous plan, as well as create new initiatives that fit the current needs of the State.

A State Coordinator of Suicide Prevention has been hired to provide community education on suicide prevention signs, risk factors, intervention, and initiatives as well as take responsibility for the execution and continued revision and update of the Suicide Prevention Plan. As of the report, the State Coordinator has done over 60 presentations throughout the State on suicide prevention efforts at local schools, churches, health events, and conferences. The Coordinator also serves as the Grant Manager of the Garrett Lee Smith grant awarded to the State from SAMHSA.

As the previous plan mentions, strategies and initiatives are based on the Public Health Model, and operate at three levels:

- Universal: prevention efforts applicable to all members of a population;
- Selected: more focused education and skill-building applicable to selected sub-groups who are at-risk for a preventable occurrence; and
- Indicated: focused interventions providing intense education and skill development related to specific risks of an indicated sub-population.

Four goals of the plan:

1. Increase and broaden the public's awareness of suicide, its risk factors, and its place as a serious and preventable public health concern.
    i. Increase evidence-based or best practice training opportunities for professionals;
    ii. Increase awareness through community education; and
    iii. Increase State policy and leadership efforts.
2. Enhance culturally competent, effective, and accessible community-based services and programs;
3. Assure effective services to those who have attempted suicide or others affected by suicide attempt or completion.
4. Use existing suicide data sources to identify gaps in services and to guide on-going intervention efforts.

THE REPORT

BACKGROUND

On October 7, 2009, Governor Martin O'Malley issued Executive Order 01.01.2009.13, establishing the Governor's Commission on Suicide Prevention (the Commission). Over the course of six years, 21 Commissioners brought their professional expertise and personal experiences with suicide and its consequences to bear in crafting their recommendations.

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In 2012, the Commission released its first State Plan to the Governor on Suicide Prevention. The plan has been in effect for two years, with updates and successes of the plan documented below. This plan will use the progress made and lessons learned from the previous plan to guide suicide prevention efforts for the State over the next two years.

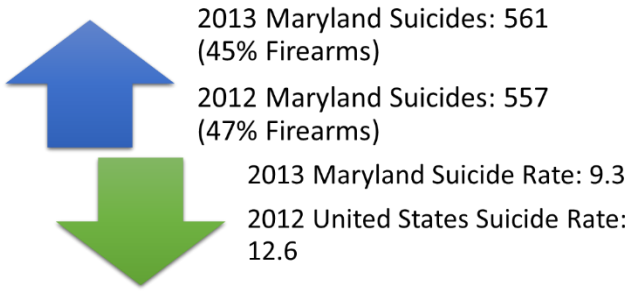
In 2014, Maryland was accepted into the Zero Suicide Academy, which provided training on a Framework developed through a partnership between the Suicide Prevention Resource Center (SPRC), National Action Alliance on Suicide Prevention, Substance Abuse Mental Health Services Administration (SAMHSA). The Zero Suicide framework consists of the following goals:

1. Create a leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care. Include suicide attempt and loss survivors in leadership and planning roles.
2. Develop a competent, confident, and caring workforce.
3. Systematically identify and assess suicide risk among people receiving care.
4. Ensure every person has a suicide care management plan, or pathway to care, that is both timely and adequate to meet his or her needs. Include collaborative safety planning and restriction of lethal means.
5. Use effective, evidence-based treatments that directly target suicidality.
6. Provide continuous contact and support, especially after acute care.
7. Apply a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk

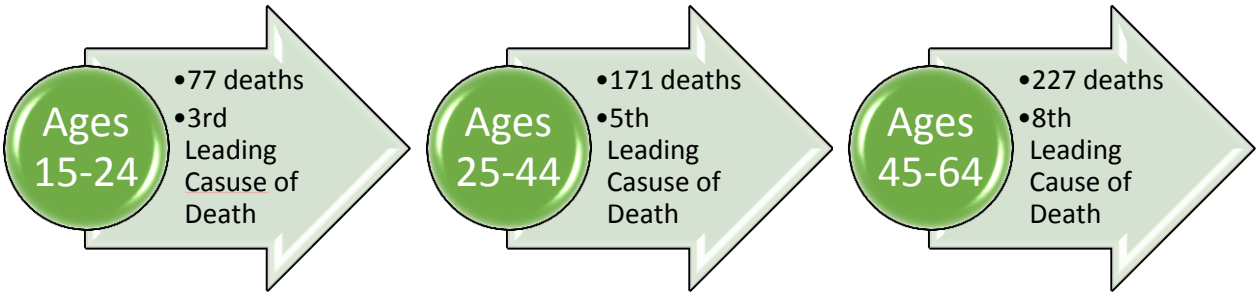
Maryland will adopt this model and use this framework across various settings to eliminate suicide in the state.

SUICIDE IN MARYLAND

There was an increase in suicides in Maryland from 2012 to 2013. Despite the unfortunate increase in the overall number of suicides in Maryland, the state suicide rate remains well below the National average (Table 1).



Below is information regarding the ages of suicides in Maryland in 2012. Suicide is the third leading cause of death among Maryland residents ages 15-24 (Table 2).



COMMISSION WORK: HIGHLIGHTS OF THE 2012 PLAN INITIATIVES

Maryland Crisis Hotline

The Maryland Crisis Hotline has increased in capacity and now serves all Maryland residents, regardless of age. The Hotline is a decentralized hotline, consisting of six crisis centers located throughout the State. More recently, the hotlines have received new funding to increase outreach efforts on suicide prevention with youth. The hotline staff, additionally, have also received training and funding to answer substance use related disorder calls. The hotline staff at all of the crisis centers in the network will be able to respond to these types of calls.

Suicide Prevention Marketing Campaign

A marketing campaign was developed, which includes brochures, t-shirts, posters, information cards, and pens to raise awareness of the Maryland Crisis Hotline and to inform the public that the

hotline is available to all Maryland residents, regardless of age. The goal of the campaign is to raise awareness of the general public of the expansion of the hotline to serving individuals across the lifespan. The materials are being distributed at local behavioral health events as well as local conferences, awareness walks, and to local schools. Each year, the Maryland Coalition of Families sponsors a "Children's Mental Health Matters" week where events take place across the state to promote children's mental health. This year, we contributed 2,500 promotional materials in packages on information to be sent to Maryland families.

Maryland Suicide Prevention and Early Intervention Network (MD-SPIN)

Kognito Gatekeeper Training Progress: K-12 Overview

MD-SPIN is a five-year, SAMHSA-funded program created by The Maryland Department of Health and Mental Hygiene, Behavioral Health Administration, with a grant from the Substance Abuse and Mental Health Administration (SAMHSA). MD-SPIN provides suicide prevention training, and technical assistance to advance a comprehensive suicide prevention and early intervention service system for youth and young adults, ages 10 to 24.

Online gatekeeper training by Kognito's Training Games and Simulations for Health have been used to train educators, health, and behavioral health providers, youth peers, and families in suicide risk assessment in youth across settings. Kognito's online, self-paced, and narrative-driven simulations range from 30-60 minutes, provide organizations with high-quality, easy-access, and cost-effective solutions for training a broad and diverse audience in using engaging and effective learning tools that include practice and real-time, personalized feedback.

The availability of the Kognito gatekeeper training programs was promoted to local jurisdictions. For K-12 school professionals, modules include Kognito At-Risk Trainings for Elementary, Middle, and High School teachers. The Middle and High School training modules were available at the onset of the MD-SPIN program. The trainings are free to all Maryland teachers and other school staff such as social workers, school counselors, nurses, administrators, and volunteer staff. An internal implementation plan for the widespread dissemination plan for Kognito was created to systematically move the training throughout the State. The Maryland State Department of Education (MSDE), which is represented on the Commission is disseminating information about the Kognito trainings to school staff in various jurisdictions. Data extracted from the state is being used to target a few counties with higher suicide prevention rates among youth, such as Montgomery County and Baltimore County. Presentations on the features and functionality of Kognito are being shared at professional development meetings and to student services leadership to market the program to supervisors and leaders within the local school systems. Continuing Education Units (CEUs) as well as Credits for Professional Development (CDPs) are available to any teachers, nurses, school counselors, therapists, or social workers who complete modules on the Maryland Kognito website. Additional marketing of the Kognito program took place at the Maryland 26th Annual Prevention Conference. Grant staff provided a workshop on Kognito and the features of the program to attendees of the conference. The conference averages around 400 attendees per year. The Kognito K-12 program is also promoted through the State's suicide prevention social media sites on Facebook and Twitter, as well as the Behavioral Health Administration's website.

Kognito and Higher Education

Kognito On-Campus, LGBTQ and Veteran modules were added to the Maryland Kognito portal for faculty and students. Four colleges and universities are partners on the grant; Salisbury University, Coppin State University, University of Maryland Baltimore County (UMBC), and Howard Community College. Each of the institutions of higher education have marketed and promoted the Kognito gatekeeper trainings to their students, faculty, and staff.

The campuses connect with various student and special interest groups on campus to promote the training to current students as well as incoming freshman. The list of active colleges continues to expand to additional institutions, such as, Morgan State University, Johns Hopkins University, Towson University, and University of Maryland, Eastern Shore. Connections to colleges are being made through Commission members. A total of 30 colleges and universities have expressed interest in the pro

Table 3: Kognito Usage Through September 2015

Course	Activated	Completed	Completion %
At-Risk for High School Educators (ARHS)	451	310	68.74%
At-Risk for Middle School Educators (ARMS)	290	243	83.79%
Step In, Speak Up! (SISU)	112	103	91.96%
At-Risk for Elementary School Educators (ARES)	133	96	72.18%
At-Risk for Students (ARUS)	128	93	72.66%
At-Risk for Faculty & Staff (ARUF)	241	188	78.01%
LGBTQ on Campus for Students (LGBTQS)	79	69	87.34%
LGBTQ on Campus for Faculty & Staff (LGBTQF)	139	123	88.49%
Veterans on Campus: Peer to Peer (VOCP2P)	84	67	79.76%
Veterans on Campus for Faculty & Staff (VOCF)	129	116	89.92%
Family of Heroes (FOH)	17	NA	NA
Total	**1803**	**1408**	**78.83%***

Emergency Department Screening Assessment and Follow-up

With the help of the Commission and its members, MD-SPIN is implementing evidence-based screening, brief means restriction and safety planning interventions, and follow-up protocols in the emergency department (ED) at Johns Hopkins Hospital and University of Maryland Medical Center. The Ask Suicide Screening Questions (ASQ) is a recently developed, non-proprietary instrument to screen for suicide risk during the ED triage phase with patients ages 10-21 years. In the development study across three pediatric EDs, the ASQ demonstrated good sensitivity and specificity when compared to the Suicide Ideation Questionnaire (SIQ) for ED patients with psychiatric and non-psychiatric concerns. Results from JHU ED screening data captured through the ASQ demonstrated feasibility for use in the pediatric emergency department. The Johns Hopkins Hospital has adopted the ASQ screening tool and is doing screening and assessment of youth who are brought into the ED with a chief complaint of psychological distress. The pediatric ED director at Johns Hopkins Hospital has agreed to make the ASQ a universal screening tool, with implementation of that effort taking place in year 2 of the grant. University of Maryland Medical Center (UMD) has implemented the ASQ for patients with a chief psychological complaint as of July 2015. UMD ED staff has participated in means restriction and safety planning trainings provided by MD-SPIN staff.

At-Risk Populations

The State Coordinator of Suicide Prevention currently sits on various State workgroups who advocate for the needs and rights of the LGBTQ population. There is also an increased collaboration with DHMH staff working with the veteran population as well as with efforts at Aberdeen Proving Ground to work with active duty and veterans in regards to suicide prevention. There have been presentations and information to local organizations who provide job training services to the unemployed. Progress is still being made on incorporating individuals who have attempted suicide or individuals who have experienced a suicide loss. This population remains a priority in the 2015 Plan.

RECOMMENDED STRATEGIES 2015-2017

Strategy 1: Utilize various state data sources of suicide information on ideation, attempts, and death to gain a deeper understanding of the services gaps in Maryland, as well as to guide prevention and intervention efforts.

Timeframe: Immediate Implementation

- Collaborate with the Maryland Violent Death Reporting System data to understand circumstances around suicide deaths
- Connect with local school jurisdictions to examine ideation data among youth (attempts/gestures)
- Use data from local suicide prevention research at various universities to guide best practices in Maryland

- Use data from calls to the MD Crisis Hotline to inform targeted initiatives
- Identifying existing data sources for suicide data

Strategy 2: Recognize and address the needs of high-risk populations, such as:

a) Disconnected youth
b) Bullying victims (school and workplace)
c) Individuals with substance use disorders
d) Unemployed, middle-aged males
e) Older adults

Timeframe: Long-term Implementation (2 years)

The needs of these and other high-risk populations should be addressed across prevention, intervention, and post-vention services through a three-step process which should include:

- Research and identification of risks and needs;
- Identification of Evidence Based or Promising Practices that are specific to those needs; and
- Utilization of research to identify other special populations who may be at high risk.

Strategy 3: Identify opportunities to improve behavioral health workforce, as well as gatekeepers, school staff, and healthcare workers throughout Maryland on suicide prevention and intervention strategies:

Timeframe: Immediate and Long-term Implementation (2 years)

Increased training opportunities remains a major priority for Maryland and a major part of the Zero Suicide framework. Collaboration opportunities with other state agencies and initiatives will be key in pushing this initiative forward, as well as:

- Increase adoption and uptake of Kognito Gatekeeper Training Program for school staff, veterans, LGBTQ youth, and university faculty and students.
- Expanding training of pediatric emergency department staff of screening, assessment, and follow-up of individuals who report a chief complaint of psychological distress.
- Continue promotion and training of Mental Health First Aid throughout Maryland.
- Identify new Evidence-Based training opportunities for BHA staff and Maryland residents.

Strategy 4: Develop more opportunities to engage and support Maryland residents with lived experiences of suicide (attempt and loss survivors).

Timeframe: Long-term Implementation (2 years)

Individuals with lived experience should be more involved with state suicide prevention efforts and maintain continued support through behavioral health services. To accomplish this:

- Enhance and expand existing support groups for loss and attempt survivors.
- Collaborate with groups such as the Maryland Coalition of Families to work with youth and young adults who have lived experiences with suicide and provide supports to those individuals.

- Use feedback from those with lived experience to help guide Commission initiatives.
- Utilize evidence-based intervention strategies, such as the Sources of Strength project, to aid individuals in their recovery.

Strategy 5: Expand suicide prevention outreach efforts and education to more rural sections of the state, such as the Eastern Shore, Western Maryland, and Southern Maryland.

Timeframe: Long-term Implementation (2 years)

The less-populated regions of the State have different needs, infrastructure, and geographical design than the other more urban parts of the State. We will make a more consistent effort to engage these regions in the State's suicide prevention efforts.

- Increase collaboration with Core Service Agencies in these areas.
- Connect with local hospitals to increase access to screen, assessment and follow-up provided by their emergency departments for individuals who come in with a chief complaint of psychological distress.
- Reach-out and engage local behavioral health community and faith-based organizations.

Strategy 6: Increase and broaden the public's awareness of suicide as a major public health issue through various means.

We will advance the previous success of the marketing campaign through:

- The development of online videos that promote the Maryland Crisis Hotline which can be viewed on YouTube and the BHA website.
- Disseminate print materials.
- Continue to promote trainings and other local events through Facebook and Twitter.
- Provide resources to youth and parents related to cyber-bullying and social media threats.

Strategy 7: Collaborate with other state agencies and departments recently funded through SAMHSA grants in the area of behavioral health.

Sharing of resources, training opportunities, and information across multiple grants will help reach individual grant goals, as well as, help to improve the mental health status of Maryland residents. These grants include:

- Maryland's Suicide Prevention and Early Intervention Network (MD-SPIN): provides suicide prevention training, resources, and technical assistance to advance a comprehensive suicide prevention and early intervention service system for youth and young adults, ages 10 to 24. The purpose of MD-SPIN is to reduce premature loss of lives from suicide by increasing the number of at-risk youth who are identified, referred, and receive quality behavioral health services.
    - High-risk populations of focus include: LGBTQ, transition age youth, veterans and military families, and youth with emotional and behavioral concerns.
    - Target settings are schools, colleges/universities, juvenile services facilities, primary care, and emergency departments.

- Maryland Behavioral Health for Adolescents and Young Adults (MD-BHAY): Increasing access to and improve the quality of treatment for youth, ages 12 to 24, with substance use

and co-occurring substance use and mental health disorders. Due to chronic systemic gaps in care and recovery supports for this population, this project is enhancing statewide infrastructure, delivering evidence-based treatment in school and community settings, and developing funding and delivery mechanisms to sustain these changes.

- Project Aware: Maryland State Department of Education (MSDE) has received a cooperative agreement to:
    - Enhance access to behavioral health in schools;
    - Implement community and school-wide violence prevention programs; and
    - Build internal capacity for school staff to identify and address mental health issues through the dissemination of Youth Mental Health First Aid.