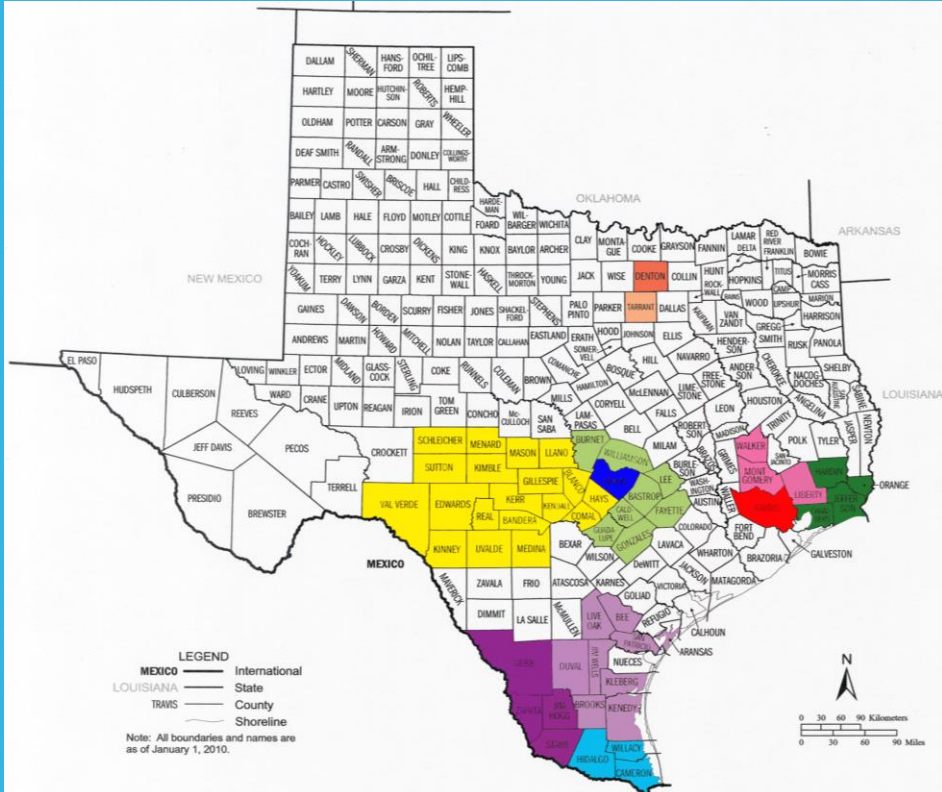


# ZEST CHECK IN: MARCH 2015

WHERE ARE WE NOW?




# SAFETY PLANNING TRAINING: FOLLOW UP

- An email was sent this week with supplemental Power Point slides compiled from Dr. Stanley's first day presentation as well as additional guidance for training individuals on using the Safety Planning Intervention.
- DVDs from the training video included in Dr. Stanley's presentation have been made with her permission
  - We are currently waiting on an order of DVD cases to be delivered (approximately by the end of the week)
  - Once those are delivered, that training DVD will be mailed out to you
- Any specific points of the presentation that were especially important/applicable to your group?


# 6-MONTH CHECK IN




# LEADERSHIP AND ORGANIZATIONAL SUPPORT:

- Has your center made any communications (announcement, etc.) reflecting the zero suicide goal?
  - Have you been able to establish an Implementation Team? Have you had any new leaders emerge from this? Have you been able to engage individuals with lived experience? How has this added to the teams work?
  - What has been helpful to keep the team moving forward? Has the team begun tracking any data? Are there any changes at this point that you can share?
  - Has you examined agency policies? What policies do you feel need development or enhancement? How has this work been going?
- 


# WORKFORCE COMPETENCY

1. Has your organization made any changes to the way ASIST training is occurring? Have you had any challenges around getting all staff trained in either ASIST or safeTALK?
  2. Who are you planning to target for CAMS training? How do you see the intervention fitting into your service system (which service package(s))? If you have had staff take the training, what feedback have you heard? How are you planning to support staff as they try out this new practice?
  3. Have you embarked on any other workforce training activities? Do you have any planned? How do you plan to roll out the training and to whom? Have you gotten any response or feedback from staff (positive or negative)?
- 


# SUICIDE SCREENING

1. How are you hoping to strengthen your screening procedures?
  2. Are you planning to utilize the C-SSRS? Have you begun training of staff? How are you rolling out training?
  3. Have staff begun using the C-SSRS or another tool? What feedback have you heard? Have staff expressed any challenges or barriers?
  4. Have you made any changes to policies around screening? Who has the policy impacted? How have you communicated the change(s)?
  5. Have you been collecting any data on screenings, such as the number done or the results of those screenings? Has the data been helpful to your efforts?
  6. Are staff using the C-SSRS to examine changes in suicide risk after the initial screening (i.e. repeat measure for those at risk)?
- 

# RISK ASSESSMENT

1. Do you have a standardized risk assessment? How does your existing risk assessment compare to the core components identified?
  2. Have you identified any changes you would like to your risk assessment? What would those be?
  3. Does your risk assessment include the identification of categories of risk? Do staff have guidance on how to assign risk levels? Do staff have guidance and/or a procedure for lowering risk?
  4. Have you identified strategies to communicate levels of risk among staff? What might be the benefits of ensuring staff have ready access to information on suicide risk? What might be the concerns or barriers?
- 

# SAFETY PLANNING

1. How did the Safety Planning intervention that Dr. Stanley described compare to your current practices?
  2. Have you identified any changes to your safety planning form that you intend to make?
  3. Have you identified any changes to your safety planning training? How will you take the information from Dr. Stanley back to your agency?
  4. Are you planning any activities to implement Counseling on Access to Lethal Means? With whom are you planning to implement? Have any staff participated in training?
- 



# BORDER REGION BEHAVIORAL HEALTH



# BORDER REGION BEHAVIORAL HEALTH CENTER

## Leadership & Organization

- Team created
- Monthly meetings
- Policies and procedures – GOAL #3

## Workforce Competency

- ASIST trainings scheduled for the year
- CAMS– QMHP-CS and Service Coordinators
- Trainings planned for the future – ASIST, MHFA

## Suicide Screening

- C-SSRS implemented



# BORDER REGION BEHAVIORAL HEALTH CENTER


## Suicide Screening (cont'd)

- Will continue to be part of direct care staff training
- Everyone will be screened

## Risk Assessment

- Mental Health Screening
- C-SSRS

## Safety Planning

- Current plan very similar
  - Pending to train staff on new format
- 

# COASTAL PLAINS



# LEADERSHIP AND ORGANIZATIONAL SUPPORT

Formally as an agency, we have committed to the zero suicide goal

Currently our implementation team consists of upper management, clinic directors, senior case managers, and the CEO.

- In the process of recruiting a peer provider

We meet on a month basis to discuss implementation strategies, progress, concerns, etc.



# WORKFORCE COMPETENCY

## Safety Plan training

As an agency, we recognize the value of this intervention and plan to incorporate it into our daily tool box.

Currently, all upper level management have been exposed to the philosophy as well as presented information on this intervention

Next step is to train the front-line staff who are in direct contact with clients.



# WORKFORCE COMPETENCY

## Safety Plan training

Over the course of the next two month, Jonathan and Michael will provide training to each of the six clinics' clinical staff.

Training will consist of a 4-hour (half day) training composed of education, group discussion, and practice.



# SUICIDE SCREENING

We plan to incorporate the C-SSRS into our crisis assessment form. Also, it will be used regularly with clients throughout the course of their treatment.

As an agency, we are devising a plan to incorporate this instrument into every face-to-face interaction.





# HILL COUNTRY MHDD



# HILL COUNTRY MHDD

## Goal 1: Suicide Screening


- Selected the Columbia-Suicide Screening
- Developing plans for training (short didactic, watch video, role-play and use form)
  - Have not scheduled dates yet
  - Certified Peer Specialist will be part of training team
- Small group used it (not favorable responses, but more to do with training I think)
- Need to set some guidelines on triage points
- Use at intake?

## Goal 2: Safety Planning

- Dr. Stanley's Safety Planning format similar to form utilized by us (not formalized process though)
- Will plan to take Dr. Stanley's training and use it to train our staff. Plan to train on C-SSRS and Safety Planning at same time
- Have not had training on Access to Lethal Means

# HILL COUNTRY MHDD

## Goal 3: Risk Assessment


- We are in process of modifying our form. Plan to incorporate C-SSRS Risk Assessment checklist into our current form. Will add a few items to it that are identified in the core components but are not included in the Risk Assessment.
  - Have not developed guidelines regarding risk levels.
  - Have not identified strategies to communicate levels of risk. Done informally now, but need to develop guidelines.
- 

# AUSTIN TRAVIS COUNTY INTEGRAL CARE




# AUSTIN TRAVIS COUNTY INTEGRAL CARE

## Goal 1: Leadership & Organizational Support

- Suicide Prevention Survey sent out in January by our CEO
  - Established a Zero Suicide Implementation Team which has met 3x since January to discuss C-SSRS utilization, Safety Planning training, & suicide prevention policies & procedures
  - Team is currently comprised of Practice Administrators, Directors, & Program Managers from various departments
- 

# AUSTIN TRAVIS COUNTY INTEGRAL CARE

## Goal 2: Suicide Screening – Implementing C-SSRS throughout agency

- Have met w/ Practice Administrators, Directors, Program Managers & IT regarding C-SSRS utilization by clinical staff in Crisis and Child & Family Services departments
  - IT has already imbedded C-SSRS into our Prescriber's Assessments, & will be doing the same w/ our Crisis and Scheduled Intake Assessments in the next few months
  - Will be meeting this month to discuss coordinated roll-out of C-SSRS by prescribers & clinical staff, including online training through Relias
- 

# AUSTIN TRAVIS COUNTY INTEGRAL CARE

**Goal 3: Safety Planning – Implementing Safety Planning Intervention throughout agency**

- Sent 3 staff (Crisis, Adult, Child & Family) to Dr. Stanley's Safety Planning training
- Will be coordinating a meeting w/ trained individuals to discuss training to clinical staff in these departments

# TARRANT COUNTY MHMR





# TARRANT COUNTY MHMR


## Goal 1:

- Goal to fully incorporate C-SSRS into our Call Center and MCOT risk assessments.
- Currently in the process of updating paperwork and risk assessments. Staff have been provided link for staff training.

## Goal 2:

- Developing better tracking methods for high risk clients.
- No centralized tracking system for weekly contact and high risk clients other than excel spreadsheets.

## Goal 3:

- Currently in the process of having 84 staff complete CAMS Training.
  - Crisis Services is the pilot within our agency for Zero Suicide Best Practices. Goal is to have other programs adopt this practice.
- 

# ZEST GROUPS & MEETING DATES

Wednesdays, 2pm CST	Fridays, 9am CST
Border Region	Tropical
Coastal Plains	Harris
Hill Country	Bluebonnet
ATCIC	Spindletop
Tarrant	Tri County
*Denton	*Denton

Month	Wednesdays, 2pm CST	Fridays, 9am CST
October (20 14)	ALL GROUPS: Weds 2pm, Oct 29 <sup>th</sup>	ALL GROUPS: Weds 2pm, Oct 29 <sup>th</sup>
November	Nov 19 <sup>th</sup>	Nov 21 <sup>st</sup>
December	Dec 17 <sup>th</sup>	Dec 19 <sup>th</sup>
January (20 15)	Jan 28 <sup>th</sup>	
February	Feb 25 <sup>th</sup>	Feb 27 <sup>th</sup>
March	Mar 25 <sup>th</sup>	Mar 27 <sup>th</sup>
April	Apr 22 <sup>nd</sup>	Apr 24 <sup>th</sup>
May	May 27 <sup>th</sup>	May 29 <sup>th</sup>
June	Jun 24 <sup>th</sup>	Jun 26 <sup>th</sup>
July	Jul 29 <sup>th</sup>	Jul 31 <sup>st</sup>
August	Aug 26 <sup>th</sup>	Aug 28 <sup>th</sup>
September	Sep 23 <sup>rd</sup>	Sep 25 <sup>th</sup>