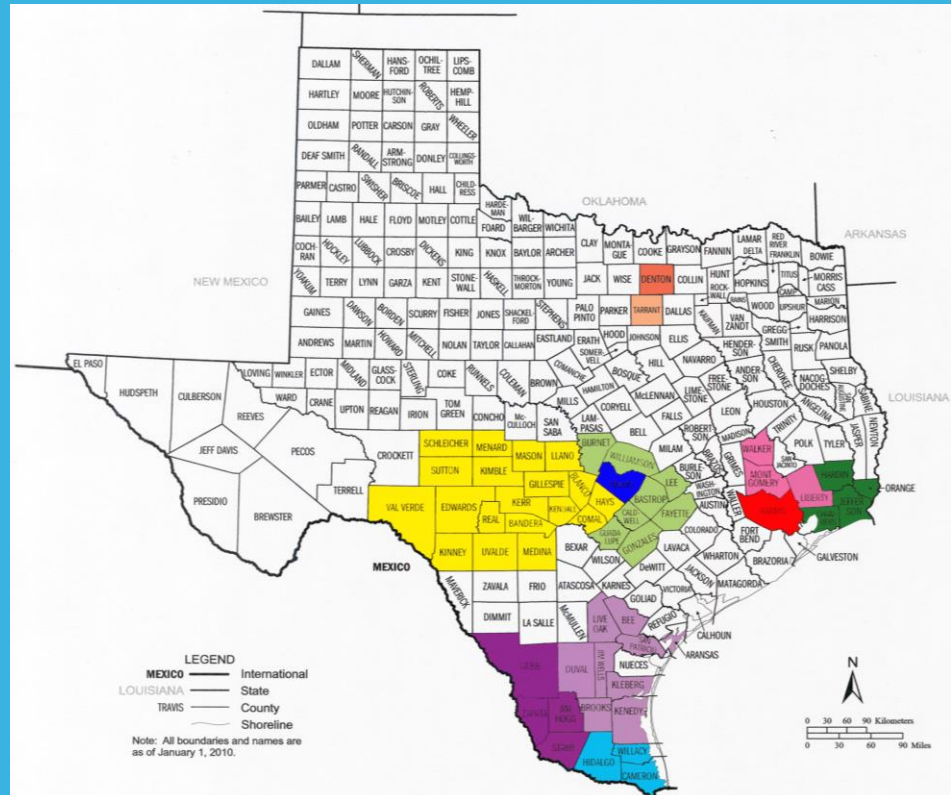


# ZEST CHECK IN: MARCH 2015

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
- 

# SPINDLETOP CENTER



# SPINDLETOP CENTER

## Goal 1: Get organized

- Formed a committee
- Prioritized goals

## Goal 2: Policy development

- Find appropriate policy to use as guide
- Revise

## Goal 3: Workforce competency

- ASIST – More staff to provide training, Scheduled more often, public included
- Planning MHFA scheduled



# SPINDLETOP CENTER

## Goal 4: Safety Planning

- Form vs. Function
- Revising form, providing training on function

### **\*\*Challenges\*\***

- Agency buy in
- Universal Utilization
- 100% of committee participation

# TROPICAL TEXAS BEHAVIORAL HEALTH



# TROPICAL TEXAS BEHAVIORAL HEALTH

## Establishment of the Implementation Team:

- TTBH has four distinct sites, each overlooked by a Manager. Each site has an MCOT Team. TTBH has four ASIST Trainers and 14 MHFA Trainers.
- The Implementation Team is comprised of each site manager, each MCOT Team Supervisor, two ASIST Trainers, two MHFA Trainers, and three supervisors overlooking our Safety Plan.
- TTBH's Board of Directors and Executive Team fully supports ZEST and all crisis and suicide initiatives. The community it serves, including its local school districts and law enforcement, is well aware of the type of crisis services it provides.
- TTBH has a full team of MH Officers that provide coverage to all sites.

## Review local policies:


- Meetings are forthcoming ensuring policies are enhanced with suicidality acknowledgment or developed if need be.






# TROPICAL TEXAS BEHAVIORAL HEALTH

## Workforce Competency:

- All TTBH staff have been trained in ASIST and all incoming employees go through the training within 90 days of hire.
  - MHFA Training has been extremely successful, training public/private school employees in its catchment areas.
  - The Safety Plan that TTBH uses compares fairly well to that of Dr. Stanley's. We are eager to participate in the monthly calls and provide audio recordings of our work.
  - Efforts will be made to train staff in safeTALK in the near future.
  - TTBH will soon start a LOSS (Local Outreach of Suicide Survivors) Team. Staff will attend a presentation by Frank Campbell, PhD, LCSW, CT on March 26<sup>th</sup> in Round Rock, TX.
- 

# TROPICAL TEXAS BEHAVIORAL HEALTH

## Suicide Screening:

- The Implementation Team has reviewed the C-SSRS tool and has decided it has components that can be used by our center.
  - All MCOT Supervisors are in the process of taking the tutorial on how to administer the tool.
  - Since TTBH is totally electronic, permission has been granted to upload the screening tool onto our Anasazi system.
  - Once implemented, changes will be made accordingly to policy in order to reflect changes.
  - MCOT supervisors hold quarterly training sessions to all newly hired MCOT employees and MH Officers in order to give a thorough overview of all MCOT services. Once the C-SSRS is implemented, this training will be one measure utilized to train staff.
  - The Risk Assessment has also been reviewed and changes will be made accordingly.
- 

# BLUEBONNET TRAILS



# LEADERSHIP AND ORGANIZATIONAL SUPPORT

- The Bluebonnet Trails Community Services' ZEST Team has informed all agency staff of the team's primary goals including improving not only our suicide prevention tools and services provided but also how Bluebonnet as an agency can improve suicide awareness for staff and individuals we serve. The ZEST Team has also introduced our goal of Zero Suicides at Bluebonnet Trails Community Services.
- Our ZEST Team currently includes some great staff members!! Our team includes Clinical Director Lynn Hartje, Director of Special Services Leo De La Garza, and Quality/Utilization Management Specialist Morgan Hutto. Recent members that have joined our team include Peer Support Specialist Bill Gilstrap and the Director of Nursing Courtney Bearden. Morgan Hutto has taken a lead within the ZEST Team and has recently joined the Austin-Central Texas Suicide Prevention Coalition, along with one of the Agency's Crisis Directors. This will continue to improve our efforts to have Zero Suicides in Texas.
- Bluebonnet Trails Community Services' Professional Review of Committee meets monthly to discuss the deaths of individuals receiving services and focuses efforts on how our agency can improve our service provision. Within that committee, it has been identified that our agency's suicide rates have decreased over the last year. With the help of this committee, the ZEST Team will work together to reduce these numbers even more.
- The ZEST Team has recently reviewed our MH Screening and Crisis Services Operating Procedure. We feel this procedure needs enhancement to display our current goal of Zero suicides. We will be working with the Director of Quality Management to include more specific risk assessment guidelines, detailed safety planning and reviewing access to lethal means within our current policies.

# WORKFORCE COMPETENCY

- We currently have ASIST Trainings scheduled for staff to attend each month until the Fall of 2015. There have been some challenges to provide these trainings as scheduled as well as getting all staff to attend. We recently had to cancel a scheduled training due to weather constraints. There has also been difficulty getting staff trained due to requirements of their job position as well as scheduling around providing services. We are working with our Human Resources Departments and Training team to schedule more trainings and ensure all staff are trained within two months of their hire date.
- After staffing with management our team selected Guadalupe County as a primary site to be trained in CAMS. We have included crisis staff members, intensive and routine case managers as they primarily serve our target population. We have also included our Jail Diversion Program staff to be trained. Our team chose to primarily focus on individuals in services who often need crisis after care services and are assessed at a Level of Care 3, 4, 5 due to the intensity of the individual's needs. However we also decided to include the remaining Levels of Care to ensure anyone that could benefit from this intervention has the option. We will have members of the Zest Team trained in CAMS to help troubleshoot any questions. There have been difficulties getting staff trained due to scheduling conflicts, sites being short staffed, unexpected family emergencies, and site difficulties.

# SAFETY PLANNING

- Our agency's current Safety Planning intervention includes similar steps such as listing warning signs, coping strategies, and people to call. It does not include separating internal coping strategies with people who can provide distraction from current issues.
- After comparing Dr. Stanley's Safety Planning to our agency's Safety Planning Intervention, we will be making adjustments. The big changes we want to focus on is making sure staff work inform the individuals at elevated risk how the safety plan should work and what to do if not. Our current model does not elaborate on how to use the plan as much as our team feels it is needed. It currently focuses more of the 'what' versus the 'how'. Also, our team wants to clearly define when this intervention should occur. Currently we instruct staff to complete these shortly after the individual presents for services. Our team is looking more closely as to when this should occur and if we do decide to change, what intervention to do in place of the current ones.
- Our team has also identified that we need to work with the Training Staff to provide more detailed trainings on suicide prevention that will include safety planning. This will include our team proposing to management for more training time for new employees to include our needed changes.

# 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>