MARYLAND

SPIN

Suicide Prevention and Early Intervention Network

Garrett Lee Smith State and Tribal Suicide Prevention Grant Program

Year 2 Annual Report

Cohort 9

Reporting Period:

September 30, 2015 – September 29, 2016

Maryland Department of Health and Mental Hygiene

Behavioral Health Administration

MD-SPIN Staff

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MD-SPIN Annual Report

General Overview

Maryland's Suicide Prevention and Early Intervention Network (MD-SPIN) provides a continuum of suicide prevention training, resources, and technical assistance to advance the development of a comprehensive suicide prevention and early intervention service system for youth and young adults. MD-SPIN currently serves youth and young adults throughout the State of Maryland. Maryland ranks 19th in the nation in population, with 5.8 million residents, and is among the most diverse states, with minorities comprising 45.3% of the population versus 36.3% nationally. Sixty-four percent of its citizens are white, 27.9% black or African American, 4% Asian, and 0.4% Native American and Alaskan Native, with 4.3% indicating they were of Latino or Hispanic origin. Within Maryland households, 87.4% speak English only in the home, 4.7% speak Spanish, 2.7% speak Asian and Pacific Island languages, and 4.0% speak other Indo-European languages. Marylanders are 51.6% Female, 6.3% are under the age of five, 23.1% are under the age of 18, 51.8% are ages 18 to 64, and 12.5% are age 65 and older (U.S. Census Bureau). The socioeconomic and cultural status of the state is varied. For persons 25 years or older, 5.3% have an associate's degree, 18.0% have obtained a bachelor's, and 13.4% have earned a master's or professional degree, while 11% lack basic literacy skills. The median household income is $72, 419, with 9% of families falling below the poverty line. Two major populations of focus in the MD-SPIN grant are LGBTQ youth and veterans. While we do not have precise data on the LGBTQ, there are 476,202 veterans in Maryland. Fort Meade (located in Anne Arundel County) is one of the largest U.S. military bases, home to approximately 9,350 military personnel, representing all services, as well as 31,669 civilian employees. Maryland has 27,674 military-dependent students, placing it in the top ten military-impacted states.

The State of Maryland consists of many different geographical regions. There are large urban populations in Baltimore City/County, Anne Arundel County, Prince Georges County, and Montgomery County.

Programmatic Recap

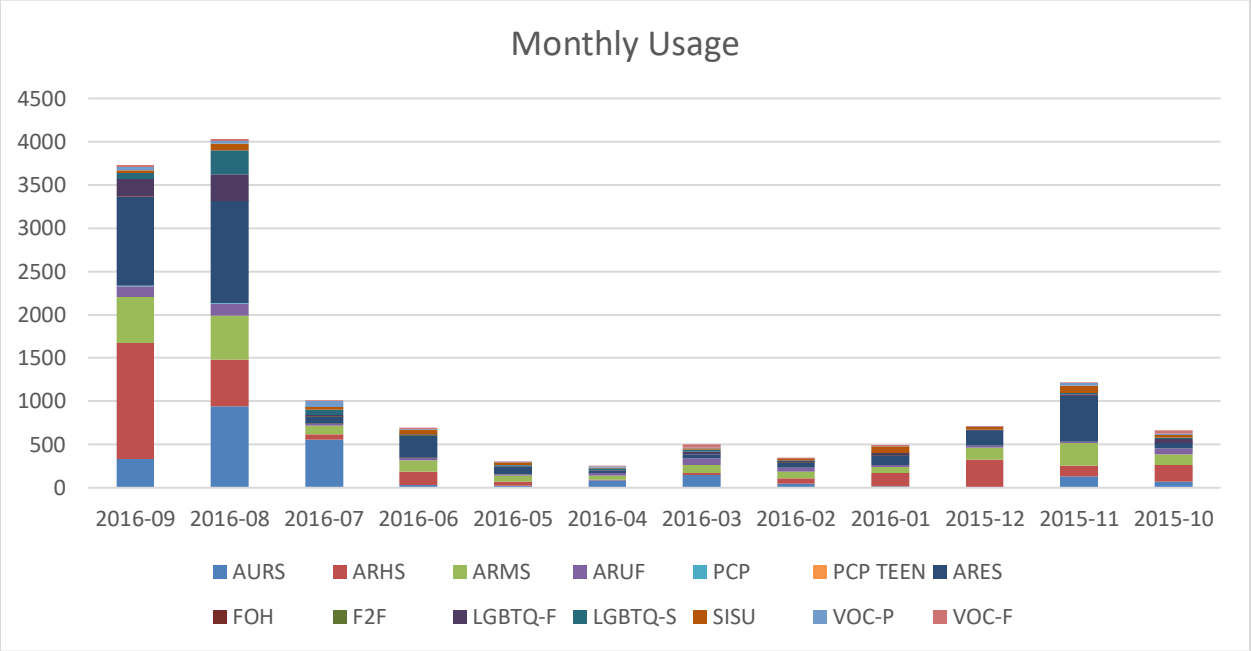
The data in this report reflects results from year 2 of the grant (October 1, 2015 through September 30, 2016). There was a total of 13,957 users in year 2, far exceeding the overall goal. Not only was the overall goal of 4,172 exceeded, so were the goals set for primary schools, secondary schools and higher education institutions. That being said, we need to make a push in year 3 to make sure we hit goals for PCP's, ED's, peers and family members as usage for those categories fell short of the goals.

Survey results were overwhelmingly positive with over 94% of overall users stating that they would recommend the courses to their peers.

Below is a list of all modules currently available to Maryland residents through MD-SPIN:

- At-Risk for High School Educators
- At-Risk for Middle School Educators
- At-Risk for Elementary School Educators
- At-Risk for Higher Education
- For Faculty and Staff –Modules to assist students, veterans on campus and students who identify as LGBTQ
- For Students – Modules to assist peers, veterans on campus and students who identify as LGBTQ
- Step In Speak Up - Supporting LGBTQ youth
- Families of Heroes – Supporting Military Families
- At-Risk for Primary Care Providers - Adults
- At-Risk for Primary Care Providers - Adolescents

Program Activations



Goal	Goal	Actual
Total Usage	4,172	13,957
Primary school	1,000	3,625
Secondary school	2,000	5,641

Higher education	1,000	4,644
PCPs	72	21
ED/inpatient providers	20	0
Peers	40	9
Family individuals	40	17

Here are some representative comments from the surveys in response to "What did you like best about the course?"

- I found it realistic and challenging. I felt it helped me to be more confident when dealing with students who may have mental health issues.
- I loved this course! It was interactive and very helpful. I saw kids I know in each scenario. This course should be required for anyone who works with students.
- The interaction was much better than the other trainings we have to complete that haven't been updated in years and have outdated information!
- I really like how it went through step by step process and showed you visually what could happen. I also felt more engaged because the course was interactive.
- The scenarios and language were very relatable. I could easily imagine myself in a similar situation.

The following questions are *At-Risk for High School Educators* and *At-Risk for Middle School Educators*:

Would you recommend this course to your colleagues (or friends and peers)?	**ARHS**		**ARMS**	
Yes	88%		93%	
How would you rate your ability to recognize when a student's behavior is a sign of psychological distress?	Pre (n=2529)	Post (n=1795)	Pre (n=1756)	Post (n=1528)
High or Very High	45%	80%	43%	83%
How likely are you to recommend mental health support services?	Pre	Post	Pre	Post
Likely or Very Likely	53%	82%	55%	88%

The following questions are *Step In, Speak Up* only:

Would you recommend this course to your colleagues (or friends and peers)?	**SISU**	
Yes	98%	
How would you rate your preparedness to use gender-neutral language in class?	**Pre (n=403)**	**Post (n=324)**
High or Very High	49%	87%
How would you rate your preparedness to discuss with a student your concern about their being teased, harassed, or bullied?	**Pre**	**Post**
High or Very High	62%	90%

The following data is pulled from the *At-Risk for Elementary School Educators* pre- and post-course surveys:

Would you recommend this course to your colleagues?	**ARES**	
Yes	92%	
How would you rate your preparedness to recognize when a student's behavior is a sign of psychological distress?	**Pre (n=3359)**	**Post (n=2545)**
High or Very High	38%	84%
How would you rate your preparedness to motivate a parent whose child is exhibiting signs of psychological distress to seek help?	**Pre**	**Post**
High or Very High	20%	76%
How likely are you to try helping parents be informed about mental health support services available to a student exhibiting signs of psychological distress?	**Pre**	**Post**
Likely or Very Likely	29%	80%

The following questions are *At-Risk for Students* and *At-Risk for Faculty and Staff*:

Would you recommend this course to your colleagues (or friends and peers)?	ARUS		ARUF	
Yes	89%		96%	
How would you rate your ability to recognize when a student's behavior is a sign of psychological distress?	Pre (n=2337)	Post (n=1338)	Pre (n=548)	Post (n=367)
High or Very High	52%	86%	51%	92%
How likely are you to recommend mental health support services?	Pre	Post	Pre	Post
Likely or Very Likely	51%	85%	59%	91%

The following questions are *LGBTQ on Campus for Students* and *LGBTQ on Campus for Faculty and Staff*:

Would you recommend this course to your colleagues (or friends and peers)?	LGBTQS		LGBTQF	
Yes	94%		94%	
How would you rate your preparedness to use gender-neutral language in class (or when appropriate)?	Pre (n=505)	Post (n=123)	Pre (n=557)	Post (n=450)
High or Very High	55%	84%	60%	84%
How likely are you to recommend mental health support services?	Pre	Post	Pre	Post
Likely or Very Likely	59%	87%	62%	90%

The following questions are *Veterans on Campus: Peer to Peer* and *Veterans on Campus for Faculty and Staff*:

Would you recommend this course to your colleagues (or friends and fellow veterans)?	**VOCS**		**VOCF**	
Yes	96%		97%	
How would you rate your ability to recognize when a student veteran's behavior is a sign of psychological distress?	Pre (n=166)	Post (n=99)	Pre (n=171)	Post (n=120)
High or Very High	32%	85%	29%	71%
How likely are you to recommend mental health support services?	Pre	Post	Pre	Post
Likely or Very Likely	41%	84%	42%	76%

Kognito Gatekeeper Training Strategies

Targeted Kognito Promotion

For the remainder of the grant, MD-SPIN will take a targeted approach to reaching out and building relationships with local school jurisdictions to increase the awareness and usage of the Kognito Gatekeeper Training Program. We have realized through our Year 2 efforts that this is the most effective approach to Kognito usage. Throughout this process, MD-SPIN will continue to seek guidance from our partners at MSDE and will connect with the local CSAs to assist us in finding key staff persons to facilitate relationship building. Our implementation plan is as follows:

Tier 1 – *Counties with Highest Suicide Rates (Year 2)*

MD-SPIN will increase Kognito promotion and uptake in the counties with the highest youth suicide rates. Because of previous success of Kognito in Baltimore County, the majority of effort will take place in the remaining counties of Montgomery, Prince George's, Anne Arundel, and Baltimore City. Baltimore County and Howard County leadership will be asked to serve as "champions."

Baltimore County
Montgomery
Prince George's
Anne Arundel

Baltimore City

Tier 2 – *Surrounding Central Counties & Eastern Shore Counties (Year 2/3)*

After reaching out to the Tier 1 counties, MD-SPIN will begin to reach out to the counties closest to the Tier 1 counties. MD-SPIN will build upon relationships established through the grant to this point to help get connected to other nearby counties. We will begin to target counties on the Eastern Shore during Tier 2. These counties will include:

Harford
Carrol
Frederick
Howard
Kent
Queen Anne's
Talbot

Tier 3 – *Remaining Eastern Shore and Southern Maryland (Year 3/4)*

MD-SPIN will begin to target the remaining Eastern Shore counties as well as the three southern-most counties in Maryland (tri-county area). These counties will include

Charles
Calvert
St. Mary's
Caroline
Dorchester
Wicomico

Tier 4 – *Far-reaching Maryland Counties*

During Tier 4 implementation, MD-SPIN will target the remaining counties in the State including far Western Maryland and lower Eastern Shore. These counties include:

Cecil
Somerset
Worchester
Washington
Allegany
Garrett

Implementation Strategies

1. ***Grassroots efforts***
   - Reach out to local student services coordinators and other key school system staff to increase by-in of Kognito.
   - Use counties with high Kognito usage to serve as champions for the program.
   - Travel to counties to do presentations on Kognito.
   - Identify people to promote information to the veteran population.

2. ***Utilization of Partnerships***
   - Use MSDE to spread the word of Kognito to counties we do not regularly interact with.
   - Use local MD Crisis Hotline Centers to connect MD-SPIN to jurisdictions in their service area.
   - Spread information on Kognito through the "Children's Mental Health Matters" campaign each year.
   - Connect with local NAMI chapters across Maryland.
   - Build partnerships with CSAs.
   - Meet with universities and colleges in jurisdictions to become champions within higher education modules.

3. ***Tasks for each tier:***
   - Meeting with key stakeholders to identify best methods of dissemination.
   - Connecting with core service agencies to connect with providers.
   - Identifying events and conferences to attend to do promotion.
   - Connect with local workgroups and coalitions addressing mental health and/or substance use in young children.

Kognito K-12 Success

As mentioned earlier in the report, we have learned in Year 2 that intimate outreach and relationship building is a key success in the implementation of Kognito in the local jurisdiction. One of our local school systems, Howard County Public Schools, is a major example of this in action. This county had over 5,000 individuals trained in Kognito. A relationship was forged between MD-SPIN and the Director of School Psychology, Cynthia Schulmeyer. She was an integral connection in creating a plan to have Kognito be a mandatory training for school personnel. A copy of their rollout is below:

January 2015-October 2015: *Building the Foundation*

School Psychologists

School Counselors

Cluster Nurses

Pupil Personnel Workers

Alternative Education Teachers

Department of Special Education Central Office Staff

December 2015-January 2016

School Administrators

May 2016-August 2016: *School Implementation*

All Certified School Staff (classroom teachers, SLP, OT, PT etc.)

GOAL: Complete training prior to first day of school (August 29, 2016)

2016-17 School Year

All Non-Certified School Staff (paraeducators, front office staff, cafeteria staff, coaches, etc.)

Dr. Schulmeyer has agreed to serve as a "Suicide Prevention Champion" and to speak to other local jurisdictions on how they were able to get buy-in to have so many individuals trained in Kognito.

Emergency Department Screening Assessment and Follow-up

To build upon initial efforts toward training Maryland's Emergency Department and Inpatient providers in suicide prevention, we have worked to augment the intervention approach by implementing evidence-based: 1) screening, 2) brief interventions, and 3) follow-up in the ED at Johns Hopkins Hospital, Bayview Medical Center, 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 (Horowitz, 2012). In the development study across three pediatric EDs, the ASQ demonstrated good sensitivity and specificity when compared to the Suicide Ideation Questionnaire (SIQ) (Reynolds, 1988) for ED patients with psychiatric and non-psychiatric concerns. MD-SPIN grant staff have worked to provide trainings to ED staff on the following interventions: 1) Safety Planning (Stanley & Brown, 2012), and 2) Emergency Department Means Restriction (*evidence-based program*) (McManus et al). Drs. Wilcox, Cwik and colleagues have analyzed JHU ED screening data from the ASQ which 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. 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 my MD-SPIN staff. There have been discussions with another local hospital, Franklin Square, on using the ASQ screening tool at their hospital. An agreement to use the ASQ was not reached as of the end of Year 1.

Education and Training of Youth/Young Adult Peers and Family Members

Through the Maryland Coalition of Families (MCF), a peer and family support and advocacy organization, Peer Outreach staff who have lived mental health experience, outreach to caregivers and youth/young adult peers to promote education and training regarding suicide prevention.

Outreach by MCF in Year 2

Outreach for Kognito				
# reached	**Family Members**	**Youth**	**TAY (16-24)**	**Professionals**
Email Blast/ Newsletter/social media	118	31	20	22
In-person distribution- including conferences and exhibits	87	7	35	20 (Prince George's System of Care board meeting)
Other:				

Outreach for Maryland Crisis Hotline Materials				
# reached	**Family Members**	**Youth**	**TAY (16-24)**	**Professionals**
Email Blast/ Newsletter/social media	1559	96	143	
In person distribution	492	7	86	
At events – conferences, exhibits, etc.	1865	0	116	
Other				

Partnerships with State and local agencies

MD-SPIN has continued its partnership with Community Behavioral Health (CBH) Association of Maryland in Year 2. CBH helps to improve the health of youth and adults in Maryland by

advocating for and providing technical assistance to community behavioral health service providers and their constituents. CBH is a statewide professional organization of community service programs and is dedicated to making high quality rehabilitation, vocational, residential, and treatment opportunities available to all with mental illnesses.

Below is a record of outreach activities including exhibits at conferences, meetings, and other opportunities where MD-SPIN/Kognito materials are displayed and distributed; dissemination of MD-SPIN/Kognito print materials; and email messages about MD-SPIN/Kognito information and activities completed by CBH in Year 2.

TYPE OF OUTREACH ACTIVITY	NUMBER OF INDIVIDUALS REACHED
Outreach to BHA about status of planning.	1
Solicit provider feedback on suicide and suicide attempt quality measures and communicate feedback to SAMHSA & CMS	40
Education of legislators & legislative staff about developing stronger provider suicide response capacity and statewide data tracking	6
Communication to providers re committee meeting and BHA planning	121
Planning & communication re committee meeting.	8
Follow up with BHA's Joint Behavioral Health Advisory Council regarding creation of subcommittee addressing planning & expansion of suicide assessment and data reporting.	10
Attend BHA's Joint Behavioral Health Advisory Council and advocate for creation of subcommittee addressing planning & expansion of suicide assessment.	50
Host & facilitate provider training on developing suicide risk assessment capacity.	80
Plan & develop provider training on developing suicide risk assessment capacity.	
Two presentations to stakeholders on opportunities in federal planning grant to develop stronger provider suicide response capacity and statewide data tracking	180
Develop stakeholder presentation on enhancing provider capacity & state reporting on suicide	NA
Planning & preparation for provider training on developing suicide risk assessment capacity	NA

Education of stakeholders on planning and opportunities for enhanced suicide response & data reporting.	3
Education of stakeholders on planning and opportunities for enhanced suicide response & data reporting.	1
Advocacy to BHA on planning & opportunities for enhanced suicide response & data reporting.	1
Provider committee meeting & discussion of planning efforts	26
Education of stakeholders on planning and opportunities for enhanced suicide response & data reporting.	8
Plan & develop provider training on developing suicide risk assessment capacity.	NA
Education on opportunities for enhanced suicide response & data reporting.	NA
Education on opportunities for enhanced suicide response & data reporting.	45
Provider committee meeting & discussion of planning efforts	25
Prepare for provider committee meeting	NA
Provider committee meeting & presentation on Maryland SPIN project	25

We have also been assisting our higher education partners increase their Kognito usage for faculty.

Accomplishments and Lessons Learned

Year 2 Highlight: "There Is Hope" Suicide Prevention Smartphone App

The "There Is Hope" app was created as a part of the MD-SPIN grant through the Grassroots Crisis Intervention Center. The 'There is Hope' app provides fast and easy access to crisis intervention and suicide prevention support. It helps provide the next steps for someone struggling with taking their life or for those concerned about suicidal thoughts in others. There are lots of valuable information including; safety planning, warning signs, risk factors, tips on how to talk to someone who is suicidal, info about trainings to increase suicide prevention skills, and more. Features also include an immediate connection to the Maryland Crisis Hotline who will deliver crisis intervention and hope for preventing suicide.

There is Hope is available in both Apple and Google Play stores for free. The app allows someone who is concerned about themselves, concerned about someone in the community, a

parent concerned about their child, a person concerned about a friend or family member or a teacher concerned about a student, to take a self-assessment through a variety of carefully planned questions. Each question has a yes or no answer and progresses automatically to the next question. Once a person has answered all of the questions 10 being the most in any given assessment, they then have the ability to immediate push the "call now button" to speak with a caring Maryland Crisis Hotline call specialist.

For example, upon opening the app, if you identify as an "individual" your questions will be as follows:

- Are you thinking about hurting yourself or ending your life?
- Have you had thoughts of suicide most days for the last 2 months?
- Are you avoiding school, work, or responsibilities?
- Do you feel that no one understands you?
- Do you feel like others are better off without you?
- Do you feel hopeless and trapped, like things won't get better?
- Have you made plans for your death, such as planning how you would end your life, writing a suicide notes, giving your belongings away, or saying goodbye to people?
- Do you have any guns, other weapons, or pills that you are thinking of using to kill yourself?
- Do you have family members or friends who have attempted or died by suicide?
- Have you ever tried to kill yourself?

Aside from the self-assessment, there is other information on the app such as information on risk factors, signs of suicide, and how to talk to someone who is suicidal. At the time of the report, we do not have updated numbers on how many people have downloaded the app. There has been a major media push to promote the app. News clips of interviews regarding the app are below:
"*There Is Hope*" media:

ABC2 News: http://www.abc2news.com/news/in-focus/there-is-hope-app-is-being-used-to-combat-suicide
FOX45 Baltimore: http://foxbaltimore.com/morning/suicide-prevention-week-09-06-2016
WHAG-TV: http://www.your4state.com/news/i-270/maryland-introduces-the-countrys-first-suicide-assessment-app/546269431
The Baltimore Sun: http://www.baltimoresun.com/news/maryland/howard/columbia/ph-ho-cf-suicide-prevention-app-0922-20160919-story.html

The app was unveiled at a "*There Is Hope*" event at the Department of Health and Mental Hygiene Headquarters in downtown Baltimore. The Executive Director of the Behavioral Health Administration gave the keynote and members of DHMH, Grassroots, and University of Maryland spoke on MD-SPIN efforts.

Screenshot of the "There Is Hope" app

Emergency Department Screening, Assessment, and Follow-Up

The receptiveness of the ASQ screening tool and the ease of adapting it in the system of Hopkins and UMD EHRs has been promising. The inclusion of the ASQ screening tool has been fairly seamless and has worked well thus far. The Johns Hopkins Pediatric Emergency Department has been discussing possibly going to a universal screen with all youth, regardless of the chief complaint. This would be a major step in increasing identification of youth who need referrals for suicidal ideation. There have been other emergency departments who have expressed interest in adding the ASQ to their screening tools. The goal moving forward is to keep track and monitor the progress made by Hopkins and UMD. The lessons learned from their adoption of ASQ will be used to build the screen into the EHR of other pediatric emergency departments across Maryland. Johns Hopkins University has hired a research assistant to work with hospital pediatric emergency departments to help create follow-up protocols for youth who are referred to services.

Challenges and Opportunities

Year 2 of the MD-SPIN grant has been a very successful one in terms of Kognito implementation. However, while the numbers for K-12 and higher education have been great, we did not meet the goals for our other modules. It has been quite difficult to have primary care providers take the "At-Risk for Primary Care" modules. Without a tangible incentive, primary

care providers have been reluctant to complete the modules. In Year 3, we plan to strategize with CBH to identify new ways to engage the provider community. The "Family of Heroes" module has also not seen the usage that we had hoped in Year 2. We were very active with engaging some groups and organizations who work with veterans specifically. We helped our Department of Veteran Affairs promote various events during suicide prevention month. However, we have realized that our efforts to promote the "Family of Heroes" module needs a more targeted approach to family members of veterans, not just to the veterans themselves. We intend to work more closely with our local VA hospitals and our Department of Veteran Affairs to come up with strategies more tailored to that population.

Final Thoughts

The collaborate work of all of the partners and agencies involved have contributed greatly to the success of MD-SPIN. We have met our year 1 goals for training and are continuing to build relationships in local jurisdictions to expand training and by-in for year 2. We are excited to further promote the new Family of Heroes module and the Kognito module for Primary Care Physicians. We will also be releasing a peer-to-peer module for high school students called Friend 2 Friend. We plan to begin to promote this module to youth across the state once it becomes available. We are also excited about the year 1 progress made in the screening, assessment, and follow-up component of the grant. Johns Hopkins Hospital has taken the lead in the ASQ screening and has given us tours to watch the process of the screening. We are anticipating using the lessons learned and shared from Hopkins to expand it to the more suburban and rural hospitals in the state, which may require a more hands-on approach because of the difference in infrastructure, capacity, and location. The news of Hopkins considering making the ASQ a universal screen is one that is quite exciting to the MD-SPIN team. We are excited to be working with the CSAs and LAAs in year 2, including them in the suicide prevention work that the state is looking to build upon. They will be an integral partner in improving the suicide prevention work in the community. We look forward to continuing our work in year 2 and further improving on the year 1 progress.