MARYLAND

SPIN

Suicide Prevention and Early Intervention Network

Garrett Lee Smith State and Tribal Suicide Prevention Grant Program

Year 3 Annual Report

Cohort 9

Reporting Period:
September 30, 2016 – September 29, 2017

Suicide Prevention Branch
Division of Prevention, Traumatic Stress and Special Programs
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
Department of Health and Human Services

MARYLAND
Department of Health

BHA
Behavioral Health Administration

MD-SPIN Staff

Behavioral Health Administration

- Kathleen Rebbert-Franklin, Principal Investigator
- Janel Cubbage, LGPC, Grant Manager
- Barry Page

University of Maryland

- Dr. Sharon Hoover, UMD Principal Investigator
- Dr. Nancy Lever, Director of Training
- Larraine Bernstein, Outreach and Training Program Manager
- Tom Sloane, LCPC, Higher Education Coordinator
- Natasha Link, Graduate Assistant
- Rebecca LaCosta, Clinical Research Assistant

Johns Hopkins University

- Dr. Holly Wilcox, Lead Evaluator
- Dr. Mary Cwik, Emergency Department Suicide Prevention Coordinator
- Samantha Jay, Research Assistant

SAMHSA, SPRC, ICF Staff

- Savannah Kalman, SAMHSA Government Project Officer
- Adam Swanson, SPRC, Prevention Specialist
- Tiffany Fambro, ICF, Technical Assistance Liaison

Personnel Changes

Brandon Johnson, the former Grant Manager, left the Behavioral Health Administration during Year 3. The role remained vacant until mid-August 2017, when Janel Cubbage became the new Director of Suicide Prevention at the Behavioral Health Administration and subsequently joined the MD-SPIN team.

Rebecca LaCosta, Clinical Research Assistant, and Natasha Link, Graduate Research Assistant, joined the MD-SPIN team with University of Maryland.

Budget Adjustments

Carryover funds from Year 2 were approved to be used during Year 3 in December 2016. The carryover funds were allocated to Johns Hopkins University, funding to higher education campuses to expand Kognito use, printing of Maryland Crisis Hotline materials and handouts, and support for graduate intern assistance with implementing K-12 activities.

General Overview

Maryland ranks 19th in the nation in population with 6 million residents and is among the most diverse states with minorities comprising 48.5% of the population. 59.3% of citizens are white, 30.7% are black or African American, 6.6% are Asian, and 0.6% Native American and Alaskan Native, with 10.2% identifying as Hispanic. 2.8% of citizens identified as being two or more races. 17% of households speak a language other than English at home. The Maryland population is 51.6% Female and 48.4% are male. 31.5% of Marylanders are 0-24 years of age and a target demographic of the MD-SPIN project. Citizens ages 25-39 comprise 20.3% of the population with 33.5% of the population ages 40-65. 14% of the population is 65 or older.

The state of Maryland consists of many different geographical regions varying from urban hubs to small, rural towns. Maryland currently has 24 jurisdictions or counties that represent western, capital, southern, central, and eastern shore regions. There are large cities and municipalities in Maryland including Baltimore City, Frederick, Rockville, and Gaithersburg. The smallest cities in Maryland are Eldorado (pop. 58) and Port Tobacco Village (pop. 13). Baltimore City has the largest population of 614,664. Maryland also has several military bases including Fort Meade (pop. 9,327), Andrews Air Force Base (pop. 2973), Aberdeen Proving Ground (pop. 2,093), and the Naval Academy (pop. 4,802).

There is a wide range of socioeconomic characteristics among Maryland residents. 89% of Marylanders 25 and older have a high school degree and 39.3% have a Bachelor's degree. 18.5% of adults have a graduate or professional degree. 68.8% are in the labor force. Maryland is home to 392,771 veterans and roughly 4,700 National Guardsmen and women. A recent evaluation of income taxes found that two particular zip codes in Baltimore City had the highest concentration of receiving earned income tax credit and were more often than not female headed families living below poverty. The average adjusted gross incomes by zip code ranged from $22,965 to $252,251 with an average AGI of $70,540. 9.7% of Marylanders are living in poverty and 6.1% of the population does not have health insurance. The poverty rates are higher for children under age 18 (12.7%) and under 5 (12.4%).

According to CDC statistics for Maryland, in 2015, suicide was the 1st leading cause of death for children ages 10-14 and the 3rd leading cause of death for people ages 15-34. A U.S. Department of Veteran's Affairs published fact sheet lists Maryland as having 89 veteran suicide deaths in 2014. Of the 89 veteran suicide deaths, 15.7% were in the 18-34 age group.

Goals and Objectives

Goal 1: Enhance culturally competent, effective, and accessible community-based services and programs by developing a Maryland Suicide Prevention and Early Intervention Network (MD-SPIN) that includes technical assistance and support.

Objective 1: Partner with MSDE and Center for School Mental Health to outreach to primary and secondary schools, including those in all juvenile services facilities, around dissemination of Kognito and linkages to the MD-SPIN Initiative.

Objective 2: Partner with two local Garrett Lee Smith Prevention Grants Awardees and a Historically Black College to promote Kognito training and linkages to the MD-SPIN Initiative for public community college and university networks.

Objective 3: Partner with the Community Behavioral Health Association of Maryland to outreach to behavioral health organizations to promote participation in MD-SPIN efforts.

Objective 4: Partner with the Maryland Behavioral Health Integration in Pediatric Primary Care Project around outreach to and training of primary care providers in suicide prevention.

Objective 5: Partner with Maryland Coalition of Families to outreach to and train staff working with veterans and military families on suicide prevention.

Objective 6: Work with state agencies and programs to plan for the expansion of the MD-SPIN and its associated training opportunities and resources to other child-serving systems (e.g., child welfare, juvenile justice).

Goal 2: Increase and broaden the public's awareness of suicide, its risk factors, and its place as a serious and preventable public health concern by utilizing MD-SPIN to support marketing, dissemination, and diffusion related to suicide prevention for youth and young adults.

Objective 1: Expand existing Maryland Behavioral Health website to host online training, support resources, and a learning community for suicide prevention.

Objective 2: Serve as a portal for the public to become more aware of and utilize webinars, training materials and other resources developed by the SPRC, National Suicide Prevention Lifeline, National Action Alliance and other partners.

Objective 3: Enhance the use and capacity of the hotlines by promoting the use of the National Suicide Prevention Lifeline and Maryland's Crisis Hotline and providing resources to expand the availability of local online chat hours.

Objective 4: Incorporate a statewide suicide prevention marketing campaign into the existing Children's Mental Health Matters!, a Maryland public education campaign.

Goal 3: Increase evidence-based or best practice training opportunities for professionals and those who come into contact with high-risk groups (i.e., LGBTQ, transition age youth, youth with emotional and behavioral disorders, juvenile justice-involved youth, returning veterans and military families) by training a diverse, multidisciplinary group of youth and adults across the state using a suite of tailored suicide prevention programs (Kognito/SPRC/Action Alliance).

Objective 1: Increase the number of primary and secondary public school staff, community college and university staff, pediatric primary care providers, families including military-connected families, and youth peers trained.

Objective 2: Increase the number of individuals who are trained to identify and refer youth ages 10-24 at risk for suicide.

Objective 3: As a result of this training, increase the number of youth identified as at risk for suicide and referred for support.

Goal 4: Assure effective services to those who have attempted suicide or others affected by suicide attempt/death by developing a state training and technical assistance model to promote access and follow through with quality behavioral health resources, including mental health and substance abuse, within the community, region, and state.

Objective 1: Increase the number of ED, inpatient and behavioral health providers who are trained to screen for and treat suicide risk.

Objective 2: Improve communication between providers along the continuum of care for youth identified as at-risk.

Objective 3: Increase standardized follow-up with suicidal patients post-discharge from EDs and inpatient units.

Notable Changes for FY18

Objective 6 for Goal 1 will be changed to the following:

> Objective 6: Maryland Coalition of Families will promote the Kognito Family of Heroes module to the military and other families.

Two additional objectives will be added to Goal 2.

> Objective 5: Partner with Taking Flight (MCF program for adolescents and young adults) to promote Kognito's Friend 2 Friend module with participating Prince George's County high school students.

> Objective 6: CBH will collect operational and health outcome data for member organizations via a data warehouse to drive systematic change in Maryland's public behavioral health system and inform state and federal advocacy efforts.

One additional objective will be added to Goal 3.

> Objective 4: Outreach to and engage veteran organizations and military bases to promote the use of Kognito's Family of Heroes as a way to spread awareness about suicide prevention.

Programmatic Recap

Maryland's Suicide Prevention and Early Intervention Network (MD-SPIN) provides a continuum of suicide prevention training, resources, and technical assistance to advance a comprehensive suicide prevention and early intervention service system for youth and young adults. MD-SPIN currently serves youth and young adults ages 10-24 throughout the State of Maryland.

Kognito Gatekeeper Training

Kognito is an online, avatar-based gatekeeper training that allows users to simulate a conversation with a peer, student, or patient that is exhibiting symptoms of psychological distress. The simulations enhance users' confidence to have a conversation with the person at risk and make an appropriate referral to mental health resources. In FY17, there were 7992 Kognito activations. There are currently 15 Kognito modules available to Maryland residents through md.kognito.com. The modules include:

- At-Risk on Campus – Students (ARUS)
- At-Risk on Campus – Faculty (ARUF)
- LGBTQ on Campus for Factuly & Staff (LGBTQF)
- LGBTQ on Campus for Students (LGBTQS)
- Veterans on Campus for Factuly & Staff (VOCF)
- Veterans on Campus: Peer to Peer (VOCP2P)
- At-Risk for High School Educators (ARHS)
- At-Risk for Middle School Educators (ARMS)
- At-Risk for Elementary School Educators (ARES)
- At-Risk in Primary Care (PCP)
- At-Risk in Primary Care – Adolescents (PCP Teen)
- Step In, Speak UP (SISU)
- Transitions: Supporting Military Children (SMC)
- Friend to Friend (F2F)
- Family of Heroes (FOH)

Kognito Activations By Module and Quarter

Simulation	Q1	Q2	Q3	Q4	Total
ARUS	876	266	579	1301	**3022**
ARUF	321	129	73	137	**660**
LGBTQF	1270	225	68	104	**1667**
LGBTQS	132	51	136	139	**458**
VOCF	94	50	18	59	**221**
VOCP2P	74	42	105	83	**304**
ARHS	149	104	91	71	**415**
ARMS	79	42	38	26	**185**
ARES	284	186	77	150	**697**
PCP	7	7	46	32	**92**
PCP TEEN	5	3	11	24	**43**
SISU	26	85	79	8	**198**
SMC	5	14	6	3	**28**
F2F	0	2	0	0	**2**
FOH	0	0	0	0	**0**
Total	**3322**	**1206**	**1327**	**2137**	**7992**

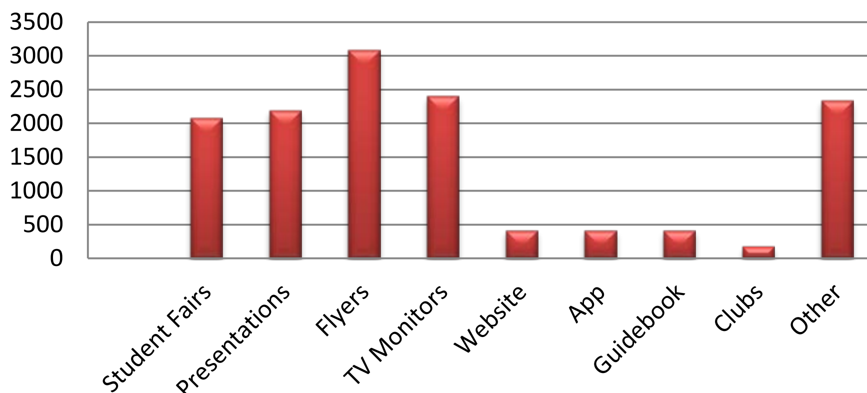
Kognito Outreach and Training in Higher Education

MD-SPIN coordinates with higher education institutions to embed suicide prevention efforts into their existing systems. Last year, MD-SPIN staff collaborated with faculty at the University of Maryland School of Nursing to integrate Kognito into the curriculum for nursing students. Higher education partners, such as Salisbury University, share information about Kognito and other suicide prevention resources in their freshman orientation packets and student resource fairs. Other higher education partners, such as Howard Community College and University of Maryland Baltimore County, integrate MD-SPIN suicide prevention resources into their freshman orientation, outreach to student organizations/clubs, training for student employees, and new hire orientation. MD-SPIN works with schools to embed suicide prevention into their existing systems as well. Schools have integrated Kognito into their professional development sessions for teachers.

The higher education modules continue to be among the most activated among users. 30 colleges and universities have been contacted about Kognito implementation with 22 schools reporting they have already implemented Kognito or plan to implement Kognito soon. All 30 schools are listed in the drop-down menu for the Kognito higher education modules.

Throughout January- September 2017, Tom Sloane and Larraine Bernstein met with faculty from Maryland Institute College of Art, Towson University, Notre Dame, and Goucher College to share information about MD-SPIN and Kognito. In June 2017, Larraine Bernstein conducted a webinar presenting strategies for outreach and implementation of Kognito to mental health providers and state leaders who received GLS grants. In September 2017, MD-SPIN staff, Howard Community College, University of Maryland Baltimore County, and Kognito staff presented a webinar on outreach and implementation of Kognito on higher education campuses. In addition to the webinar, the September partner call focused on Kognito implementation on higher education campuses and several partners shared their strategies and successes from implementation on their respective campuses.

The team has reviewed colleges and universities that have lower numbers of activation and have discussed plans to re-engage them. Colleges and universities have been reaching students and faculty in a variety of ways, including but not limited to: RA and staff trainings, student orientation sessions, emails, and websites. Morgan University, a HBCU, is requiring the Kognito LGBTQ module for all incoming freshmen along with Title IX and education about alcohol. The student outreach initiatives have reached a total of 21,404 students on higher education campuses.



7,870 Emails sent to students about Kognito

Kognito Outreach and Trainings in K-12 Schools

MD-SPIN collaborates with the Maryland State Department of Education (MSDE) to coordinate suicide prevention efforts across the state. In 2017, MD-SPIN shared information about Kognito, Maryland Crisis Hotline materials, and the suicide prevention app with Maryland State Department of Education staff, including the section chief of the School Safety and Climate. The Director of Student Support Services in Howard County presented information about the implementation of Kognito in K-12 schools to MSDE. In March 2017, Governor Larry Hogan signed HB0290, a bill that requires all school personnel to receive suicide prevention training starting in July 2018. Next year, MD-SPIN will collaborate with MSDE to ensure that Kognito is on the list of approved suicide prevention trainings for school personnel.

MD-SPIN staff collaborated with the Howard County Public School System to implement Kognito in K-12 schools. Howard County Public Schools Mental Health Task Force and Board of Education recommended and supported wide-scale implementation of Kognito At-Risk for Educators training. 8,136 (78.5%) of all HCPSS staff are trained in the Kognito At-Risk for Educators training module. Howard County is in the beginning stages of implementing the Friend 2 Friend Module for students. MD-SPIN is working with Howard County staff to develop a case study on the implementation of Kognito in the Howard County Public School System.

Wide-scale implementation has been successful in Howard County and the team is working with Maryland State Department of Education (MSDE) to encourage other jurisdictions to incorporate Kognito. Lauryn's Law (HB 947) requires all certificated school staff to have obtained training to understand and respond to psychological distress, including youth suicide. With the passing of Lauryn's Law, MSDE has been developing policy related to suicide prevention training requirements for educators. The team met with MSDE in September to discuss implementation of Lauryn's Law and allowing continuing professional development (CDP) credit for Kognito. MSDE developed a Mental Health Resource guidebook for local school boards and featured Kognito as a recommended training.

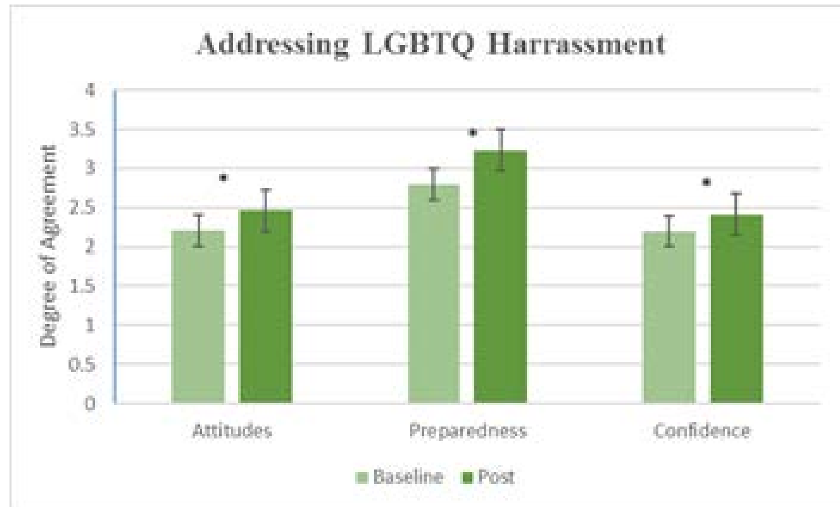
Kognito Outreach with Organizations

Garnering participation in Kognito modules from transition-age youth that are not enrolled in college has been a challenge. Continuing to access these youth through our partner, Maryland Coalition of Families (MCF) will be important in gaining their interest in Kognito. Maryland Coalition of Families presents information about MD-SPIN efforts at conferences and events. In October 2016, Maryland Coalition of Families and their Taking Flight program exhibited information about MD-SPIN and Kognito at the NAMI conference. MCF has reported that the Kognito home screen is not inviting to transition-age youth who are not enrolled in college. Despite those challenges, MCF has reached 13,559 youth and families and 794 professionals about Kognito via conferences, emails, social media, newsletters, and in-person distribution.

One challenge has been collaborating with primary care physicians to promote suicide prevention and risk assessment. To address this challenge, MD-SPIN staff collaborated with the University of Maryland School of Nursing program, which will integrate Kognito into the nursing curriculum. Additionally, MD-SPIN staff have also collaborated with staff from the Maryland Behavioral Health Integration in Pediatric Primary (MD-BHIPP) Care program. MD-BHIPP staff will share information about MD-SPIN and suicide prevention efforts when they conduct outreach. Recently, we shared the information on the module with Med Chi and the Montgomery County Medical Society. They featured the information about Kognito and CME credit in their newsletters that go out to over 16,000 physicians in the state of Maryland. We have also been in discussion with core service agencies at the local jurisdictional levels to get their support in informing primary care providers in their area about Kognito modules. If the budget allows, we could do a mailing to all physicians in the state with information on Kognito.

Evaluation and Sustainability of Kognito

LGBTQ- On Campus for Faculty and Staff



This evaluation examined the efficacy of Kognito's LGBTQ-F in increasing the preparedness, confidence, and likelihood that faculty members would intervene with students who experience psychological distress. There were statistically significant differences in preparedness ($t(1383) = 20.838$, $p < .001$, $M_{dif} = 0.65$, $SD = 1.17$), likelihood, ($t(1371) = 11.675$, $p < .001$, $M_{dif} = 0.26$, $SD = .82$), and self-efficacy ($t(1372) = 9.838$, $p <.001$, $M_{dif} = 0.21$, $SD = .76$) to intervene with a student experiencing psychological distress before and after the training. Overall, there were statistically significant differences in the composite GBS scores ($t(1383) = 17.045$, $p <.001$, $M_{dif} = 0.11$, $SD = .23$) before and after the training. There were statistically significant differences in preparedness ($t(1384) = 14.740$, $p < .001$, $M_{dif} = 0.43$, $SD = 1.08$) and confidence ($t(1371) = 10.37$, $p < .001$, $M_{dif} = 0.21$, $SD = .77$) to use respectful language and address LGBTQ issues in the classroom. Additionally, there were statistically significant differences in knowledge and attitudes of using LGBTQ neutral language in the classroom ($t(1368) = 11.729$, $p < .001$, $M_{dif} = 0.25$, $SD = .79$).

At-Risk for Middle School Educators

This evaluation examined the efficacy of Kognito's *At-Risk for Middle School Educators* in increasing appraisals (e.g. preparedness, confidence, and likelihood) to identify and refer students who experience psychological distress. There were statistically significant differences in appraisals (GBS scale) for all school personnel: **teachers** ($t(1,132) = 42.03$, $p < .001$), **administrators** ($t(53) = 8.35$, $p < .001$), **mental health professionals** ($t(231) = 10.98$, $p < .001$), **nurses** ($t(50) = 9.90$, $p < .001$), and **other** ($t(178) = 14.09$, $p < .001$). In other words, evaluation of the At-Risk for Middle School Educators showed that the Kognito gatekeeper training can increase the preparedness, likelihood, and confidence of educators and school personnel to identify and refer students with psychological distress. There was no statistically significant difference in the number of referrals to student services over time. Gatekeeper training may need to be supplemented with other interventions to increase referrals.

	At-Risk Module Survey Responses								
Would you recommend this course to your colleagues (or friends and peers)?	Elementary Educators n=2824			Middle School Educators n=2065			High School Educators n=2464		
Yes	91.75%			93.66%			89.57%		
How would you rate your ability to recognize when a student's behavior is a sign of psychological distress?	Pre n=4067	Post n=2824	Follow-Up n=509	Pre n=2396	Post n=2065	Follow-Up n=325	Pre n=3567	Post n=2464	Follow-Up n=391
High or Very High	38.78%	83.69%	67.32%	47.66%	85.43%	72.92%	48.55%	82.34%	73.40%
How would you rate your preparedness to discuss with a student your concern about the signs of distress they are exhibiting?				Pre n=2396	Post n=2065	Follow-Up n=325	Pre n=3567	Post n=2464	Follow-Up n=391
High or Very High				38.1%	82.13%	61.54%	40.04%	79.14%	67.26%
How would you rate your preparedness to recommend mental health services to a student exhibiting				Pre n=2396	Post n=2065	Follow-Up n=325	Pre n=3567	Post n=2464	Follow-Up n=391
High or Very High				57.81%	89.83%	80.31%	58.13%	84.70%	80.05%
How would you rate your preparedness to discuss with a parent your concern about the signs of psychological distress their child is exhibiting?	Pre n=4067	Pre n=2824	Pre n=509						
High or Very High	25.22%	77.34%	48.42%						

Sustainability

MD-SPIN staff has had conversations with Kognito staff to see the costs of various packages of Kognito trainings (e.g. K-12 modules, K-12 + higher education modules). Additionally, MD-SPIN staff has had conversations with Maryland State Department of Education to see if they would support funding Kognito after the termination of the grant. Sustainability will continue to be topic of conversations with our partners and focus in Year 4.

Emergency Department Screening Assessment and Follow-Up

The emergency department screening was implemented in University of Maryland Medical Center, Johns Hopkins Hospital, Johns Hopkins Bayview, and Kennedy Krieger Institute. Emergency departments can elect to implement screening for patients with behavioral health chief complaints or universal screening for patients with medical and/or behavioral health chief complaints. The participating emergency departments receive training on the Ask Suicide-Screening Questions (ASQ) tool from the National Institute of Mental Health and have the tool embedded in their electronic medical record. The ASQ was chosen for the language used in the tool as well as the length of the tool.

Ask Suicide-Screening Questions

Suicide Risk Screening Questions for Medical Settings

1. In the past few weeks, have you wished you were dead? Yes No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No
3. In the past week, have you been having thoughts about killing yourself? Yes No
4. Have you ever tried to kill yourself? Yes No

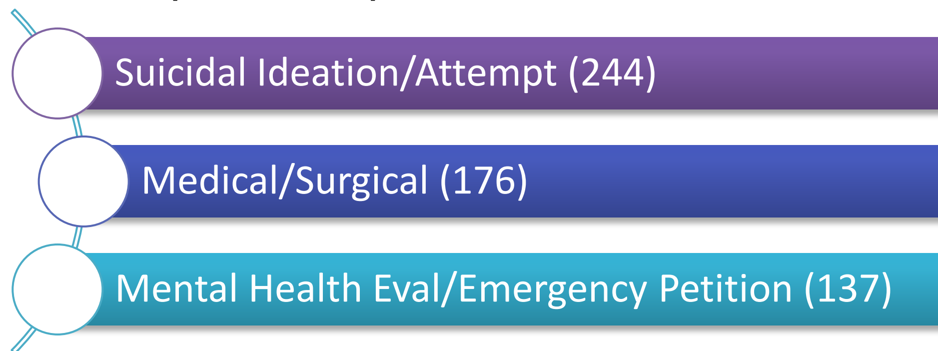
   If yes, how? ________________________ When? ______________

If the patient answers yes to any of the above, ask the following question:

5. Are you having thoughts of killing yourself right now? Yes No

From October 1, 2016 to September 30, 2017, there were 5510 individuals screened with the ASQ including those with medical chief complaints and behavioral health chief complaints. About 12% of patients screened positive for suicide risk on the ASQ. Screening at Kennedy Krieger Institute was implemented in August 2017 and they are reporting a 70% compliance rate with screening being done as routine care across all age relevant clinics. In August, 4% of patients screened positive and in September 6% of KKI patients screened positive.

Top 3 Chief Complaints with Positive ASQ Screen



The team evaluated emergency department data on adolescents with Autism Spectrum Disorder and the value of using the Ask Suicide-Screening Questions tool as a standard of care for this population. Of the 115 children with ASD in the study, 42% screened positive on the ASQ. Of the patients with ASD who screened positive on the ASQ, 71% did not present with suicidal ideation as their chief complaint. Though more research is needed, the ASQ could be useful in helping identify suicidal ideation in this population if implemented as part of routine care since a large number of positive screens were not associated with a chief complaint of suicidal ideation.

42%

Patients w/ ASD who screened positive on ASQ

71%

Patients w/ ASD who screened positive and did NOT have chief complaint of suicidal ideation

If patients screen positive, physicians refer them to behavioral or mental health care. One challenge is that there is no uniform way physicians have been documenting referrals in EPIC. Most physicians document whether they have referred patients in the notes section, and currently, MD-SPIN staff are coordinating with data scientists to see the best way to extract referral information. Additionally, MD-SPIN faculty and staff are coordinating with hospitals to add a referral section to the electronic medical record.

The team is currently working on expansion to other hospitals in Maryland. MedStar Hospital has been approached about implementing the ASQ suicide screener and is having internal discussions about the possible implementation. The JHU team spoke with the University of Maryland Medical Center about coordinating training on universal ASQ screening for the pediatric emergency department staff. The team has also had meetings with SBIRT coordinators to implement the ASQ in hospitals currently participating in the SBIRT project. The hospitals currently participating in the emergency department screening are located in central Maryland. In Year 4, the team hopes to implement screening in hospitals in western Maryland and the Eastern Shore.

Follow-Up and SMS Study

In addition to the ED screening, the study also includes a follow-up component. The study follows behavioral health patients who screen positive on the ASQ. 11 follow-up assessments are used at baseline, 3 months, 6 months, 9 months, and 12 months. There are currently 59 participants in the follow-up study. An SMS pilot study was started in conjunction with the follow-up study. Currently, there are 11 participants in the SMS pilot study. Adolescents who screen positive on the ASQ or present with suicidal ideation will be sent a total of 4 text messages at 1 pm EST on day 2, 8, 15, and 30 following discharge. The participants' guardians receive all four text messages and also have the option to opt-out at any time by texting "stop" to the platform. The SMS pilot study is made possible by using Suicide Intervention Assisted by Messages (SIAM) software. A sample message reads:

"Dear X, we hope you are doing well. We are thinking about
you and wishing you the best. If you need any help, please
contact your regular psychologist or psychiatrist.
You may also contact the crisis hotline at xx.
Sincerely, Mary Cwik, Ph.D.
Sent on behalf of your treatment team
at Johns Hopkins Hospital
Text STOP to opt-out Text HELP for help."

The pilot study is being conducted to explore the technical feasibility of the software and acceptability of the intervention. Next steps will include conducting a randomized clinical trial to test the efficacy of the text messages in reducing the number of suicide attempts at 6 and 12 months after being enrolled in our study.

Working With State, Local, Non-Profit, and Community Partners

We have connected with education, behavioral health, juvenile justice and social service agencies in the state as well as advocacy organizations serving youth and families. Our work on the grant has helped to influence and inform Lauryn's Law which requires professional development training for educators on suicide prevention – Kognito will be included on a list of recommended trainings that would meet the requirement. The team presented at behavioral health and educational conferences hosted by the State agencies resulting in increased interest and usage by groups of Kognito and technical assistance from MD-SPIN.

Short-term suicide prevention initiatives include enrolling children and adolescents who have attempted suicide in the Pediatric Emergency Department Study. A central component of this study is following up

with participants who are discharged from the emergency department with text messages. Long-term suicide prevention initiatives include raising awareness about suicide and providing resources to organizations, schools, and higher education institutions about the Maryland Crisis Hotline materials, There is Hope App, and Kognito suicide prevention training.

MD-SPIN collaborates with local non-profit organizations, such as Maryland Coalition of Families, to embed suicide prevention into their systems. The Maryland Coalition of Families provides suicide prevention information, such as *Kognito,* There is Hope App, and crisis hotline materials, to their group focused on transition-aged youth, Taking Flight.

Another one of our partners, the Community Behavioral Health Association held executive meetings to discuss performance outcomes and data measures in pay-for-performance models. CBHA also facilitated a behavioral health performance measures learning session for HSCRC staff on psychiatric rehabilitation services. CBHA conducted a needs assessment and implementation analysis after Medicare Access and CHIP Reauthorization ACT reforms require providers to report suicide screening for certain populations. CBHA hosted a clinical committee with 36 child and outpatient behavioral health providers.

In March 2017, an effort was initiated to establish closer collaboration with three University of Maryland (UMB) programs – MD-SPIN, the Maryland Early Intervention Program (EIP), and the Maryland Behavioral Health Integration in Pediatric Primary Care program (B-HIPP). Because of the overlap in UMB staffing for the three programs, a heightened awareness of events occurring in each program could potentially be an opportunity to support/promote the other programs at Health Fairs, conferences, and other regional events. Our hope is that this new 2017 internal collaboration at UMB will serve to strengthen suicide prevention activities in Maryland.

Partner Calls

Partner calls were used to share implementation strategies, but also provided several opportunities to have presentations on resources and other initiatives taking place in the state. In **October 2016,** former project director Brandon Johnson discussed strategies for implementing Kognito and next steps for Year 3 of the grant. In **November 2016,** higher education partners shared successful engagement strategies, and the program director of the Maryland Coalition of Families gave a presentation on family engagement. In **February 2017,** Shannon Hall, the Executive Director of the CBHA, spoke about the role of CBHA and its members. In **April 2017**, Perrin Robinson gave a short presentation entitled Suicide in LGBTQ youth, and partners discussed implementation strategies for *Kognito* LGBTQ modules. In **June 2017**, Eryn Kruger from the Maryland Early Intervention Program presented on a partner call about the early identification of psychosis and treatment.

Media, Conferences, and Trainings

The team had several opportunities to present on the project and suicide prevention using media outlets, conferences, and presentations. Holly Wilcox spoke on the radio and WBAL live TV about youth suicide prevention and connected with a Baltimore Sun reporter who was writing a story about suicide among young African-American males. The UMD team developed a 13 Reasons Why Resource Guide and disseminated the guide to MD-SPIN partners. Larraine Bernstein conducted an interview with Fox News about 13 Reasons Why. Information on MD-SPIN was presented at the Risk Business Prevention Conference in June. The team presented a poster on the LGBTQ for Friends Kognito module at UMD's Department of Psychiatry Research Day.

The team presented at the National Conference on Advancing School Mental Health and the American Academy of Child and Adolescent Psychiatry. The team presented three workshops on MD-SPIN initiatives at BHA's Annual Suicide Prevention Conference including "Approaches to Suicide Prevention on Higher Education Campuses", "Identifying Patients at risk for Suicide in the Emergency Department",

and “Workforce Development and Suicide Prevention Training”. The team also shared a table with Kognito and was able to disseminate information about Kognito as well as the MD-SPIN project.

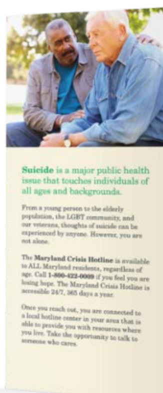
Engaging the Military

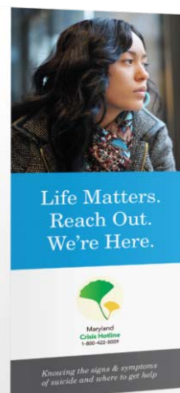
Another challenge has been engaging military families in suicide prevention. MD-SPIN will connect with the Maryland Coalition of Families to ask them to share information about Kognito’s modules tailored to military families, Maryland Crisis Hotline materials, and There is Hope app with their members. In September, the team connected with representatives from the Maryland National Guard and Aberdeen Proving Ground suicide prevention programs. Information on the Kognito modules geared towards military and military families was shared. The Maryland National Guard and Aberdeen Proving Ground coordinators were invited to the November advisory council meeting and discussions are being had to determine collaboration and goals for Year 4 regarding the military and Kognito.

Maryland Crisis Hotline and National Suicide Prevention Lifeline

The Maryland Crisis Hotline is made of five agencies or ‘hubs’. In addition to answering the Maryland Crisis Hotline, each of the hubs also answers National Suicide Prevention Lifeline calls. Each of the five hubs is in partnership with the MD-SPIN project to enhance the use and capacity of the Maryland Crisis Hotline and National Suicide Prevention Lifeline as well as offer community referral support services to at-risk youth.

In order to raise awareness and enhance the use of the Maryland Crisis Hotline, t-shirts, brochures, and chip clips were purchased and provided to partners for dissemination. Maryland Coalition of Families reached 8,225 youth and families and 513 professionals with emails and materials disseminated at conferences, events, and in-person. In Year 4, we will focus on developing more Maryland Crisis Hotline materials such as water bottles, gun locks, reusable grocery/tote bags, phone card holders, etc. We will also work closely with BHA to develop a statewide suicide prevention campaign.

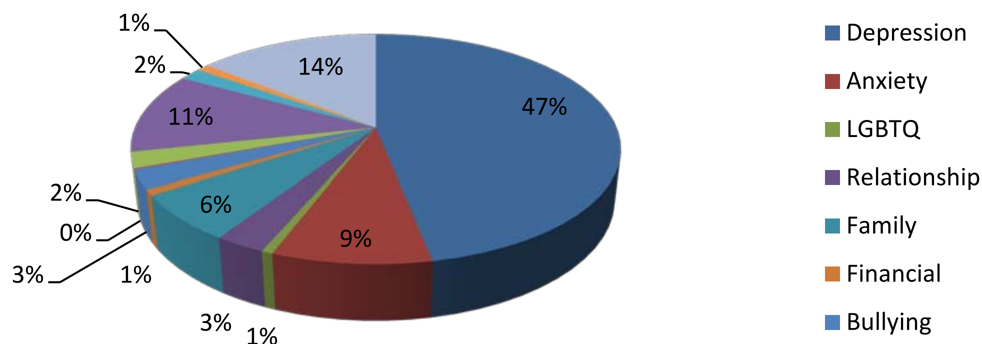




Help4MDYouth Chat and Crisis Chat

MD-SPIN partners with Every Mind to enhance use of the crisis hotline as well as provide crisis chat services for the state. The partnership has allowed Every Mind to cross-promote crisis chat while promoting the state hotline giving Marylanders in crisis an additional means of reaching out for help. The funding also supported staffing during peak hours. The data provided from Every Mind shows that crisis chat is a useful resource sought out by the project's targeted populations such as youth and LGBTQ. In Year 3, Every Mind provided 42,290 minutes of crisis chat services to users across the state. 69.3% of the 632 crisis chats were provided to users age 0-25. 6% of chat users identified as transgender or questioning. 174 chatters responded to the post-chat survey and 87% found the chat helpful. Chatters presented to crisis chat with a range of issues. Data collection on LGBTQ or bullying as chatters' main concern began in late March/early April, therefore numbers in those categories are low.

Chatters' Main Concern



There is Hope App

'There is Hope' is a smartphone app that was developed by Grassroots Crisis Intervention in Year 2 of the grant. The app allows users to access information for themselves, as a community member, parent, friend/family, or teacher. There Is Hope features safety planning, warning signs, risk factors, and guidance on having a conversation with someone who is suicidal. The developer, NextLOGiK, reported there has been over 100,000 downloads of the There Is Hope app.

Maryland Coalition of Families completed outreach for There Is Hope to youth, families, and professionals. In Year 3, MCF sent a total of 21,072 emails about There Is Hope to youth, families and professionals. MCF distributed information on the smartphone app to an additional 3,617 youth, families, and professionals at conferences, events, and in-person.

Accomplishments

MD-SPIN staff has trained over 7,000 Marylanders in suicide prevention through *Kognito* in year 3. In response to the 13 Reasons Why TV series and Blue Whale Challenge, MD-SPIN staff developed resources guides. MD-SPIN staff shared the resource guides with the Maryland State Department of Education, who was then able to share the information with schools, educators, and families.

Lessons Learned

One lesson learned about outreach is importance of meeting faculty, staff, and school personnel in person. MD Staff met with faculty and staff from Towson University, Goucher College, Hood College and school personnel from Howard County and Baltimore County Public Schools. Key strategies for implementation of *Kognito* on a K-12 level include getting buy-in from stakeholders, providing an FAQ sheet when implementing *Kognito*, advertising *Kognito* as a training targeting student distress, giving CPDs to encourage educators to take the training, and promoting a variety of options to complete the training.

Story to Share

A follow-up study participant texted our study's text-message platform stating "I'm dying." Samantha Jay, the project coordinator, alerted Dr. Holly Wilcox. Dr. Wilcox was able to reach the participant's mother at work, who immediately left work to go home to check on the participant. Dr. Wilcox then reached the participant who said that she was safe and was waiting for her mom to get home to take her to the hospital. The participant responded again to the platform saying "not seriously."

Dr. Mary Cwik, clinical psychologist on our team, then called the mother to confirm that she was on her way home and would immediately take the participant to the hospital. The mother found the participant on the ground in fetal position, crying, but reported that she did not think the participant took any steps to make a suicide attempt. The daughter initially did not want to go to the hospital, but the mother insisted and brought her to the Johns Hopkins Pediatric Emergency Department (PED).

The principal investigator called Dr. Mitchell Goldstein, the head of the PED and on our IRB, who referred her to the attending physician in the PED. Around 1:15 PM the participant's mother called the PI and told her that they had safely arrived in the Hopkins PED. The clinical psychologist and research coordinator then went to the ED to discuss the events with the mother. The patient was discharged from the PED but the team worked to arrange an appointment with a community mental health provider. The mother told our team that we saved her daughter's life.

Note: Additional items enclosed.

MARYLAND
SPIN
Suicide Prevention and Early Intervention Network

CSMH
Center for School Mental Health

Blue Whale Challenge: Tips and Resources

What is the Blue Whale Challenge and why are professionals concerned? This social media challenge is harmful to vulnerable adolescents and young adults and is a form of cyberbullying. After youth accept the link or tag to the Blue Whale Challenge, the group administrator ("the master" or "mentor") hacks the user's personal information, bugs the phone, and assigns the users a series of tasks over 50 days. The last task is for the user to kill him/herself. The group administrator threatens to release the user's personal information or harm their families to bully young adults to engage in self-harm behaviors.[1],[2]

What can parents/guardians and educators do?

- **Provide guidance to youth about the challenge.** If you know that youth are engaging in the Blue Whale Challenge, share that you can help address the bugged device and send the message that adults are there to help. If youth express signs of distress, it is important to connect them to mental health professionals.
- **Monitor youth's use of electronic devices.** Discuss with youth the websites, links, and social media apps they are using. Caregivers can monitor youth's media use by looking through their browser and search history.
- **Know the warning signs of distress.** Observable signs of psychological distress include changes in behavior (e.g. outbursts or being withdrawn) or physical health (e.g. weight loss or gain; loss of appetite). Other warning signs of distress include hopelessness, sadness, boredom and depression. If you see signs of psychological distress, **ask youth if they are considering suicide.** Asking about suicide **does not** increase risk of suicide.
- **Have discussions with youth about distress.** When having conversations with youth, listen to their thoughts, remain calm, and be nonjudgmental. Avoid statements like "you should get over it." Talk to community or school mental health professionals if you are concerned about a youth's health or safety.
- **Call for help.** If someone makes an immediate threat to hurt or kill themselves, call 911. If a person shows warning signs of distress, but does not make an immediate threat, you can encourage him/her to: text CONNECT to 731731, call Maryland Suicide Hotline: 1-800-422-0009, or Baltimore Crisis Response hotline: (410) 433-5175.

Additional Resources:

- Guidelines for parents on cybersafety/cyberbullying: https://www.connectsafely.org/guides-3/ and https://www.connectsafely.org/wp-content/uploads/cyberbullying_guide.pdf
- Prevention of cyberbullying: https://www.stopbullying.gov/cyberbullying/prevention
- Guideline for parents on self-harm: http://www.selfinjury.bctr.cornell.edu/perch/resources/parenting-2.pdf

[1] Storm, Darlene. "Schools in Alabama Warn Parents about Blue Whale 'suicide Game' App." *Computerworld.* 10 May 2017. Web. 17 May 2017. <http://www.computerworld.com/article/3195834/security/schools-in-alabama-warn-parents-about-blue-whale-suicide-game-app.html>.

[2] "Blue Whale Challenge App." *1Word1Voice1Life.* Web. 17 May 2017. <http://www.preventsuicidect.org/about-us/news/#bluewhale">.

MARYLAND CENTER FOR SCHOOL SAFETY

PREPARE. PREVENT. ACHIEVE.

"Blue Whale Challenge" Teen Suicide Threat Situational Awareness Bulletin

May 24, 2017 - *UNCLASSIFIED #17-04*

The below information is being provided to you by the Maryland Center for School Safety (Center) as a Situational Awareness pertaining to the "Blue Whale Challenge" that is beginning to gain popularity among pre-teens and teenagers throughout the United States.

Background: According to open source information and information from law enforcement, the "Blue Whale Challenge" is a social media game that originated in Russia and has spread across the United Kingdom. There have been unconfirmed reports that this Challenge/Game has been linked to 130 teen suicides in Russia from November 2015 to April 2016. You may see the "Blue Whale Challenge" referred to as A Silent House, Sea of Whales, F57, or F-57.

How The "Blue Whale Challenge" Game is Played: Pre-teens and teenagers seek out a "Challenge Administrator" via social media sites such as Snapchat or Instagram. Once connected to the anonymous group administrator the youth are encouraged by that person to perform specific challenges or tasks, over the course of 50 days. In addition, young participants are encouraged to tag each other on social media, primarily Snapchat, and then recruit each other to take the challenge. Participants will download the "Blue Whale" app, which apparently hacks into their personal information and cannot be deleted.

The challenges or tasks start out in a harmless manner such as watching a horror movie or waking up in the early morning at 4:20 a.m., but can escalate into to self-harm with the participants cutting the shape of a whale into their skin or forearm area. The challenges /tasks escalate in danger and intensity over the 50 days and on the last day of the challenge the only way to "win" the game is for the participant to take their own life by committing suicide.

Each of the 50 tasks are to be documented by the participant via a photo or video that are sent to the administrator with whom the participant is in contact with. The administrator gains personal information from the participant and as a way of control to have them complete the ultimate challenge of committing suicide they will threaten to expose them or cause harm to a loved one or family member.

Prevention and Intervention Strategies: The "Blue Whale Challenge" is a dangerous game and some youth who may be experiencing low self-esteem, depression, or other signs of mental health issues maybe susceptible to engage in the Challenge/Game. Warnings as to the risks of the Challenge and outreach information has been shared with parents by some school districts and law enforcement agencies across the country.

A key prevention and intervention strategy for parents, school administrators, counselors, teachers, security and other school staff, and school resource officers as to the "Blue Whale Challenge", youth suicide, or risky behavior is to continue to focus on building positive relationships with students and to engage them in open and honest communication about these critical concerns as well as the safety risks associated with social media.

The American Psychological Association has developed guidelines and tips for talking with children and teenagers when they need help. This helpful information can be found at: http://www.apa.org/helpcenter/help-kids.aspx.

HANDLING INSTRUCTIONS: While this document contains open source material, it should not be released to the public or media. It should only be shared on a "Need to Know" basis to ensure operational security within your jurisdiction.

With concerns from the Netflix series "13 Reasons Why" and the "Blue Whale Challenge" it is important to re-visit key warning signs of suicide.

Outlined below are warning signs developed by the American Association of Suicidologly:

- Increased use of alcohol or drugs
- No apparent reason for living; no sense of purpose in life
- Anxiety, agitation, depression, unable to sleep or sleeping all of the time
- Feeling trapped - like there's no way out
- Displayed sense of hopelessness
- Withdrawal from friends, family, and society
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Dramatic mood changes

Additional information as to suicide prevention can be found at: http://www.suicidology.org/.

Local "Blue Whale Challenge" Incident": There has been one incident reported to local law enforcement in the National Capital Region where a small group of female high school students were engaged in the early stages of the "Blue Whale Challenge" game. The Dean of Students at the school became aware of the incident and is addressing the concerns through appropriate support and outreach measures. In addition, the Dean of Students reported the incident to the school resource officer.

Additional Information on the "Blue Whale Challenge": Below are links to additional information and news articles pertaining to the Challenge Game:

- http://www.miamiherald.com/news/nation-world/national/article152190122.html. In this link there is an excellent awareness video produced by the Miami Police Department
- http://www.dailymail.co.uk/news/article-4527988/Dad-s-warning-son-dies-Blue-Whale-suicide-game.html
- https://safesmartsocial.com/blue-whale-challenge/?utm_source=Safe+Smart+Social+Mailing+List&utm_campaign=3b3afae4e6-S3_Newsletter_3_Stars_5_2_17&utm_medium=email&utm_term=0_40b34a3ccb-3b3afae4e6-195626357

A special thanks goes to Mr. Vincent DeVivo, Community Outreach Specialist United States Attorney's Office, District of MD, Detective Anthony Turner, Metropolitan Police Department, HSB/Criminal Intelligence Branch, and Lieutenant Brendan Devaney, Prince George's County Police Commander, Homeland Security Intelligence Unit for sharing information as to the "Blue Whale Challenge" with the Center.

Please share this information with your central office staff, school administrators, student services directors, counselors, school resource officers, and other staff as deemed appropriate. If your school system or schools send letters home to parents about the Challenge Game please share that information with the Center.

If your school district or private school experiences any incidents of the "Blue Whale Challenge" Game or if you have questions as to this Situational Awareness Bulletin please contact Ed Clarke or Dino Pignataro at edward.clarke@mcac.maryland.gov or joseph.pignataro@mcac.maryland.gov respectively.