

MARYLAND

SPIN

Suicide Prevention and Early Intervention Network

**Garrett Lee Smith State and Tribal Suicide Prevention Grant
Program**

**Year 5 Annual Report
Cohort 9**

**Reporting Period:
September 30, 2018 – September 29, 2019**

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Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
Department of Health and Human Services

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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 the MSDE and its Maryland Coalition of Families to outreach to and train staff working with veterans and military families on suicide prevention.

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

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.

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.

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.

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 the development of a comprehensive suicide prevention and early intervention service system for youth and young adults. MD-SPIN will increase the number of youth, ages 10-24, identified, referred and receiving quality behavioral health services, with a focus on serving high risk youth populations (LGBTQ, transition age, veterans and military families, youth with emotional and behavioral concerns) and in target settings (schools, colleges/universities, juvenile services facilities, primary care, emergency departments).

Training

Recognize, Ask, Care, Encourage (RACE)

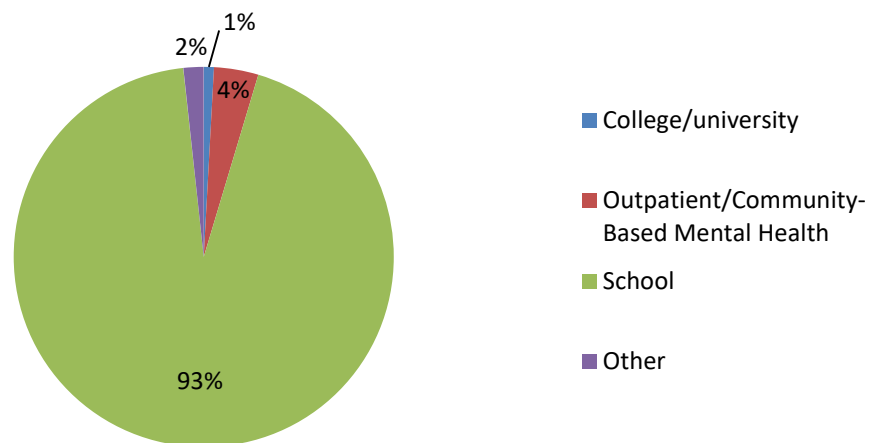
The online suicide prevention module, Recognize, Ask, Care, Encourage (RACE) was released on June 6, 2019. The RACE module provides basic information on suicide including risk factors, protective factors, warning signs, and how to begin a conversation with someone you are concerned about. The module offers a brief opportunity to practice having a conversation with someone who is thinking about suicide and how to develop a safety plan and encourage the person to seek professional help. This course is designed for anyone who may come into contact with someone at risk for suicide and does not require a clinical background.

Learning Objectives:

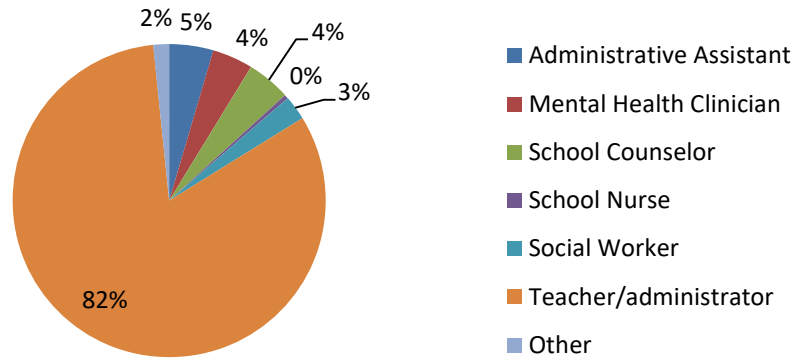
- Identify risk factors and warning signs for suicide.
- Understand different language used when talking about suicide.
- Learn basic skills, including asking directly about suicide, to have a conversation with someone who may be thinking about suicide.
- Learn the components of developing a safety plan.

| Month | Module Completions |
|--------------|--------------------|
| June | 90 |
| July | 52 |
| August | 1140 |
| September | 680 |
| Total | 1962 |

In what setting(s) do you work?



Please select one role with which you most closely identify.



| Jurisdiction | Module Completions | Jurisdiction | Module Completions |
|----------------|--------------------|-----------------|--------------------|
| Allegany | 8 | Howard | 20 |
| Anne Arundel | 29 | Kent | 1 |
| Baltimore | 37 | Montgomery | 40 |
| Baltimore City | 33 | Prince George's | 10 |
| Calvert | 7 | Queen Anne's | 1 |
| Caroline | 0 | St. Mary's | 6 |
| Carroll | 63 | Somerset | 0 |
| Cecil | 4 | Talbot | 1 |
| Charles | 3 | Washington | 111 |
| Dorchester | 3 | Wicomico | 4 |
| Frederick | 1366 | Worcester | 3 |
| Garrett | 2 | Out of State | 133 |
| Harford | 7 | | |

Suicide Prevention for Clinicians: Risk Assessment and Management Techniques

Development of an online module addressing suicide risk assessment and management for behavioral health clinicians was completed during Year 5. The process to upload the module, develop the quiz, and pre/posttest are ongoing and supported by another funding source. The module will provide continuing education credits for psychologists and counselors.

Description

The Suicide Prevention for Clinicians: Risk Assessment and Management Techniques module helps clinicians explore attitudes they hold and examine where feelings of anxiety may stem from when addressing suicide in clinical practice. After preparing for and understanding the role clinicians have in preventing suicide, participants will learn risk and protective factors of suicide, warning signs of suicide, the components of suicide risk assessments, validated risk screeners and assessments, therapeutic interventions, and risk reduction strategies.

Learning Objectives

At the end of this module, trainees should know:

- Their personally held beliefs and attitudes about suicide and its prevention
- Risk factors, protective factors, and warning signs of suicide
- The components of an evidence-based suicide risk assessment, including validated screeners and risk assessments
- Risk reduction strategies including therapy modalities and safety planning

Audience

Suicide Prevention for Clinicians: Risk Assessment and Management Techniques is a self-paced online course designed for behavioral health professionals including social workers, counselors, and psychologists who work in a variety of settings. This course is appropriate for all professional levels.

Webinars

During FY 2019 the University of Maryland Baltimore continued to present a webinar series and developed resource guides to highlight the information shared during each program. The Webinar series was very well received and had good attendance and interest. The webinars were recorded and posted on BHA's Suicide Prevention website for viewing. The FY 2019 Webinar Series included the following:

October 18, 2019 ***Suicide Prevention to Support Veterans and Military Connected Families***

David Galloway and Paula Wolff, presented on the webinar titled, *Suicide Prevention to Support Veterans and Military Connected Families*. The webinar highlighted unique risk and protective factors and cultural considerations among veterans and military connected families. The webinar also highlighted practical strategies for working with veterans and military connected families. A resource guide was created and posted on BHA's website after the webinar.

December 13, 2018 ***Suicide Prevention in The Holiday Season***

Dr. Raymond DePaulo, University Distinguished Service Professor and Professor of Psychiatry and Behavioral Sciences at the Johns Hopkins Hospital presented a webinar titled *Suicide Prevention in the Holiday Season*. Dr. DePaulo debunked myths surrounding rates of suicide during the holiday season

and offered tips and resources for both survivors and those struggling during the holidays. A resource guide was created and posted on BHA's website after the webinar.

February 7, 2019 ***Best Practices for Suicide Prevention with LGBTQ Youth***

During this webinar representatives from Grassroots Crisis Intervention Center, a local hotline in Howard County, Maryland, shared information specifically focused on best practices for suicide prevention with LGBTQ+ youth and included risk and protective factors among LGBTQ+ youth, using LGBTQ+ affirming language, what to say to someone who is coming out to an individual, and how to intervene with LGBTQ+ youth who are thinking about suicide. A resource guide was created and posted on BHA's website after the webinar.

April 11, 2019 ***Supporting Suicide Loss Survivors***

During this presentation three panelists shared their personal experience as a suicide attempt survivor and/or suicide loss survivor. Two key takeaways from the webinar were that healing is a non-linear and lifelong process, and that loss of someone to suicide, or surviving an attempt of suicide, can activate feelings of shame and guilt. These individuals benefit from support and active listening from family and friends. Panelists shared what suicide survivors want you to know and myths about suicide loss and attempts. A resource guide was created and posted on BHA's website after the webinar.

June 13, 2019 ***Planning for Suicide Prevention Month***

Brandon Johnson, Public Health Advisor with SAMHSA, presented a webinar to help organizations and agencies prepare for suicide prevention month. Brandon shared information about the components of a suicide prevention awareness campaign, including examples of what some states are doing, and planning steps. A resource guide was created and posted on BHA's website after the webinar.

August 8, 2019 ***How to Engage in Suicide Prevention with Youth in the Child Welfare and Justice Systems***

Dr. Andre Humphrey shared information that included the importance of passing legislation to support child-welfare and juvenile justice involved youth, and the need to address crime as a public health issue. Dr. Humphrey recommended several strategies for suicide prevention, including engaging community members, collaborating with school staff, screening children and youth for mental health issues, and engaging in culturally sensitive strategies. UMB developed a fact sheet following the webinar.

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 FY19, there were 5,237 Kognito activations. There were 14 Kognito modules available to Maryland residents through md.kognito.com. Ultimately, Kognito was not sustainable due to the price of the modules. The modules include:

- At-Risk on Campus – Students (ARUS)
- At-Risk on Campus – Faculty (ARUF)
- LGBTQ on Campus for Faculty & Staff (LGBTQF)
- LGBTQ on Campus for Students (LGBTQS)
- Veterans on Campus for Faculty & 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 Training Module | Number of Activations in FY 19 | Activations for the FYs 2014-2019 |
|--|---------------------------------------|--|
| At-Risk on Campus – Students (ARUS) | 1,783 | 9,946 |
| At-Risk on Campus – Faculty (ARUF) | 413 | 2,631 |
| LGBTQ on Campus for Faculty & Staff (LGBTQF) | 197 | 3,055 |
| LGBTQ on Campus for Students (LGBTQS) | 534 | 3,103 |
| Veterans on Campus for Faculty & Staff (VOCF) | 92 | 749 |
| Veterans on Campus: Peer to Peer (VOCP2P) | 227 | 1,159 |
| At-Risk for High School Educators (ARHS) | 552 | 5,068 |
| At-Risk for Middle School Educators (ARMS) | 338 | 3,454 |
| At-Risk for Elementary School Educators (ARES) | 765 | 5,661 |
| At-Risk in Primary Care (PCP) | 21 | 170 |
| At-Risk in Primary Care – Adolescents (PCP Teen) | 6 | 93 |
| Step In, Speak UP (SISU) | 162 | 1,041 |
| Transitions: Supporting Military Children (SMC) | 62 | 149 |
| Friend to Friend (F2F) | 82 | 223 |
| Total | 5,237 | 36,577 |

In anticipation of the grant ending and in an attempt to sustain Kognito availability in Maryland, UMB staff hosted several conversations with Kognito staff and higher education partners in Maryland during the period of April-September 2019 to discuss the possible creation of a unified cohort to reduce the cost for each higher education institution. On May 28th, UMB had a conversation with Salisbury University to discuss the continuation of a contract with Kognito. Salisbury University was considering a collective negotiation for Kognito with the other University of Maryland System colleges. Given the high cost of Kognito, universities are considering other ways to conduct and implement suicide prevention training. Unfortunately, while all of the higher education campuses reported that they were using Kognito on campus (Morgan State University was requiring the module for incoming freshman), to date, the funding needed for continuing its use has been cost-prohibitive.

Evaluation of Kognito

During FY 18 members of the MD-SPIN research team conducted several evaluations using the grant data. One of the evaluations used Kognito K-12 to investigate whether the use of Kognito training was related to changes in educators' suicide prevention appraisals and behaviors (number of students identified, approached, and referred). Educators significantly increased their preparedness, likelihood, self-efficacy, and overall appraisals to intervene

with at-risk students. However, chi-square goodness of fit tests revealed that most educators did not change suicide intervention behaviors. Natural gatekeeper status (e.g. educators approaching students at baseline) predicted changes in suicide intervention behaviors; self-efficacy change, however, did not precede behavior change. The findings indicate gatekeeper training alone appears insufficient to change suicide prevention behaviors, and accordingly, suicide prevention needs to employ a more comprehensive approach. **The evaluation was written up and published in the Journal, *School Mental Health*. The citation follows: Natasha Robinson-Link, Sharon Hoover, Lorraine Bernstein, Nancy Lever, Kenneth Maton, Holly Wilcox (In press). Is Gatekeeper Training Enough for Suicide Prevention? *School Mental Health*.**

Another evaluation was conducted on the Kognito modules tailored to higher education students and faculty. The evaluation revealed both faculty's and students' self-perceived preparedness to intervene, likelihood of intervening, and self-efficacy to intervene increased from pre-test to post-test and were sustained at follow up. College faculty and staff did not demonstrate any significant changes in gatekeeper intervention behaviors. However, behavioral changes were observed in college students such that there were significant increases in the number of people students reported being concerned about, the number of people they approached about those concerns, and the number of people thinking about suicide that they referred for counseling services. A paper is being finalized and will be submitted for publication in January 2020.

Results of this study were also presented as a poster at the 2019 National Center for School Mental Health Conference, ***Safe and Supportive Schools for All Students***, in Austin, Texas, November 7-9, 2019. A copy of the slide is attached.

A second poster focused on suicide prevention for LGBTQ+ youth and was presented at the University of Maryland, School of Medicine, Department of Psychology Research Day and at the annual National Center for School Mental Health conference in Austin, Texas, November 7-9, 2019. Titled, ***The Efficacy of a Gatekeeper Training Targeted to Prevent Suicide for LGBTQ Youth***, this study looked at gatekeeper training programs targeted for LGBTQ+ youth and young adults implemented in K-12 schools and higher education campuses in Maryland. Three modules were developed by *Kognito* to teach school and higher education staff warning signs of psychological distress in LGBTQ + youth: *LGBTQ on Campus for Faculty & Staff (LGBTQ-F)*, *LGBTQ on Campus for Students (LGBTQ-S)*, and *Step In, Speak Up* for K-12 staff. These modules were available online and took up to 1 hour to complete. The modules teach strategies for using gender-neutral language and addressing LGBTQ harassment in the classroom. Additionally, the modules introduce risk factors of suicide, signs of emotional distress, and strategies to discuss emotional distress with students.

The poster evaluated the efficacy of *LGBTQ-F*, *LGBTQ-S*, and *Step In, Speak Up*, in increasing the preparedness, confidence, and likelihood that faculty and school staff members would intervene with youth expressing signs of distress. Additionally, this study sought to examine the relationship between these modules and changes in the number of youth referred to mental health supports. To evaluate the efficacy of the *LGBTQ-F*, *LGBTQ-S*, and *Step in Speak Up* modules, adapted versions of the gatekeeper behavior scale (GBS; Albright et al., 2016) were administered before and after the training, and at follow-up.

Participants self-reported an increase in preparedness to manage students' mental health concerns, preparedness to support the unique needs of LGBTQ students, likelihood to identify and act on students' mental health concerns, and confidence in working with the unique needs of LGBTQ students. There was no significant change from pre-test to follow-up in the reported number of students a faculty staff member had referred to service. Across all domains, participants showed the greatest increase immediately following the training, with a slight decline at the 3-month follow-up. Further refresher trainings may be necessary to achieve sustained change in the domains of the GBS and the faculty and staff referrals to mental health services. Additionally, gatekeeper trainings may not be enough to reduce the rates of LGBTQ+ harassment, psychological distress, or suicide rates, suggesting the need for other approaches. These results are promising, and show that feelings of confidence, preparedness, and likelihood to act all increase as a result of this training among university and college faculty & staff in Maryland. Future research should engage in strategies to increase follow-up rates and more rigorously evaluate the modules, in addition to supplementing self-report measures with student and other reports. A copy of the slide is attached.

Follow-Up Survey Responses Pertaining to Gatekeeper Behavior

Participants complete a pre and post survey with completion of Kognito module(s). Participants were encouraged to complete a follow-up survey two months after their completion of the Kognito module(s). Unfortunately, responses to the follow-up surveys were quite low.

Sustainability of Kognito

Carryover funds were used to purchase additional access for Kognito modules through the end of December 2019. Unfortunately, Kognito is not sustainable beyond the end of grant funding. In response to being unable to sustain

Kognito, the MD-SPIN team has developed an online suicide prevention module titled, *Recognize, Ask, Care, Encourage*, that is housed on the mdbehavioralhealth.com website and is available at no cost for users. Funds were used to develop a suicide prevention training for clinicians and this module will be available

Emergency Department Screening Assessment and Follow-Up

During year five of our MD-SPIN grant, emergency department (ED) suicide risk screening, using the Ask Suicide-Screening Questions (ASQ), continued in Johns Hopkins Hospital, Johns Hopkins Bayview, University of Maryland Medical Center, and the Kennedy Krieger Institute. One of our long-term goals for the MD-SPIN project was to understand both the effectiveness and long-term impacts of the ASQ on mental health care and treatment. To address this goal, we have started analyzing our ASQ data from the Johns Hopkins Bloomberg Children Center.

The ASQ was initially established in the Johns Hopkins Pediatric ED in March of 2013, as a selective screening tool and administered to youth ages 8 and older presenting with a psychiatric chief complaint. Then in December of 2016, due to the promising results of the selective screening procedures, ED nurses and staff decided to roll out universal ASQ screening. This meant that youth ages 10 and older presenting with a medical chief complaint would also be screened with the ASQ. Our team has been working to analyze the data on all of the youth screened with the ASQ.

Universal Suicide Risk Screening:

In a recent publication in JAMA Network Open, our team reported our findings on the predictive validity of the ASQ in a universal pediatric population. In this study we examined positive ASQ screens among both the selective (March 2013 to December 2016) and universal ASQ screening phases (January 2017 – December 2018), which included a total sample of 15,003 ASQ screens. In the selective screening group, 44.8% identified as male, and a majority (67.9%) identified as Black, with a mean age of 14.0 years. Similarly, in the universal group 47.7% identified as male and 67.4% as Black, with a mean age of 14.7 years. This study included four aims: (1) determine the predictive validity of the ASQ for subsequent return to the ED for suicide-related reasons or deaths by suicide; (2) evaluate whether the ASQ statistically improves upon the predictive validity of the presenting complaint; (3) determine whether the ASQ identifies risk among otherwise undetected youth; and (4) compare the ASQ's effectiveness between universal and selective screening conditions.

We found that the ASQ was associated with subsequent suicide behavior (defined as either suicide related ED visits or death by suicide). Notably, (54.8%) of patients who screened positive on the ASQ did not report suicidal ideation or behavior as their chief complaint. This group, who may have otherwise been undetected, were disproportionately more likely to be male (61.0% of males would have been undetected, versus 51.4% of females, $X^2(1, n=2241)=19.3, p<0.001$) or Black (57.5% undetected) or Latino (54.5% undetected, compared to white: 49.9%; other: 49.5%; Asian: 44.4%; $X^2(4, n=2241)=11.7, p=0.02$), but did not vary by age (detected: 14.3 years; undetected: 14.2 years; $t(2239)=0.8, p=0.45$). This finding indicates that the ASQ risk screening is particularly valuable and effective in detecting suicide risk in youth who would otherwise be undetected through treatment as usual.

For more information this paper can be viewed on JAMA Network Open:

DeVylder, J.E., Ryan, T.C., Cwik, M., Wilson, M.E., Jay, S.Y., Nestadt, P.S., Goldstein, M., Wilcox, H.C. (2019) *Selective and Universal Screening for Suicide Risk in a Pediatric Emergency Department*. JAMA Network Open. Published online October 25, 2019(10):e1914070. doi:10.1001/jamanetworkopen.2019.14070

Suicide Risk Screening in Early Adolescents:

Using our ASQ screening data we also decided to examine suicide risk in young patients (i.e. patients younger than 10). The ASQ suicide risk screening tool was validated in a population of youth 10 and older; however, when the Johns Hopkins clinical staff decided to screen youth presenting with psychiatric chief complaints, clinical staff recommended dropping the screening age down to 8. Nurses and other ED clinicians expressed that they were seeing an influx of patients younger than 10 coming in with psychiatric based complaints. Very little research exists on younger adolescents and suicide, although the suicide rates among this young population seem to be on the rise, indicating the need for more research in this population.

During our selective screening phase (March 2013-December 2016) there were 270 patients under the age of 10 screened with the ASQ. Our team examined this “young” sample in comparison to youth ages 10-21 screened during the same period in an effort to better understand the characteristics of young patients who screened positive for suicide risk.

In our sample we found that the ASQ screen positive rate was 35.9% (97/270) for 8-9-year-old patients versus 55.8% (1,226/2,196) for the older group. 71.1% (69/97) of 8-9 year old patients who screened positive did not present to the ED for suicidal ideation or attempt as compared to 50.1% (614/1,226) of patients > 10 years. In addition, the younger screen positives were less likely to be females (OR = 0.33, 95% CI 0.21, 0.49; $p < 0.001$) and Caucasian (OR = 0.26, 95% CI 0.13, 0.51; $p < 0.001$) than older patients that screened positive.

Our findings indicate that there are some clinically meaningful differences between the older and younger patients who screen positive on the ASQ. Over 70% of the young patients who screened positive did not present with a chief complaint of suicidal ideation or attempt as compared to 50% of older patients. Which might indicate that the ASQ screening tool is not only acceptable in younger populations, but also might be particularly effective in identifying suicide risk among younger patients. In addition, when comparing younger and older screened positives, younger patients were more likely to be African American and male with an externalizing chief complaint or hallucinations, and to have PTSD and ADHD. This finding is particularly useful for understanding and creating effective intervention programs among younger patients.

This paper is currently under review as:

Cwik, M., Jay, S., Ryan, T.C., DeVlyder, J., Edwards, S., Wilson, M.E., Virden, J., Goldstein, M., Wilcox, H.C. Lowering the age limit in suicide risk screening: clinical differences and screening form predictive ability.

Suicide Risk Screening in Youth with Neurobehavioral Disabilities at The Kennedy Krieger Institute:

As part of the MD-SPIN project we implemented universal suicide risk screening at all Kennedy Krieger (KKI) Outpatient Clinics. In collaboration with clinicians at KKI we have a manuscript in preparation highlighting the implementation and preliminary findings of the suicide risk screening program. To our knowledge this is the first universal suicide risk screening program to ever be implemented in a population of patients with neurocognitive disabilities.

From August 2017 to January 2018 KKI screened 3,854 pediatric (ages 8-18) patients with the ASQ suicide risk screening tool. 6.8% of all screenings were positive, for a total of 261 positive screens in our sample. In this study we explored demographic and clinical characteristics of individuals screened and examined the reason for declined screens. In addition, we compared the screening rates among the different specialty clinics in order to identify trends in suicide risk among specific patient diagnosis.

A majority of our sample identified as male ($n=2,537$, 65.8%) and white ($n=1839$, 47.7%). We found some notable trends among the different clinics. Larger clinics with high rates of positive screens included clinics treating autism spectrum and related disorders ($n=699$, 12%), chronic pain ($n=160$, 10.6%), and concussion ($n=262$, 7.3%). Smaller clinics with high rates of positive screens included Sturge-Weber ($n=14$, 14.3%), Continence ($n=16$, 12.5%) and Spina Bifida ($n=31$, 9.7%) clinics. The following clinics had no positive screens during our study period: surgery, Down Syndrome, and Cerebral Palsy clinic. These trends are particularly useful for identifying patients that might be more vulnerable than their peers for suicide risk. Identifying specific patient groups can lead to more specific interventions.

Another interesting finding that came out of this study were the reasons why parents declined having their child screened. The most common reason parents provided for declining screening was that the patient did not have the cognitive capacity to understand the questions ($n=580$, 41.3%). Other specific reasons given by parents regarding declined screening were as follows: their child did not have problems related to suicide (the patient was “fine”) ($n=185$, 13.2%), it was inappropriate to ask about suicide ($n=117$, 8.3%), concern that their child was too young ($n=40$, 2.8%), that screening was scary or distressing ($n=18$, 1.3%), and that it would give their child ideas about suicide ($n=29$, 2.1%). Other parents pointed out that their child had recently been screened so it was not necessary ($n=14$, 1.0%).

We hope that the positive results of this project will encourage other healthcare systems serving youth with neurodevelopmental disabilities to implement suicide risk screening as well. In addition, we hope that the data from this study can be used to inform healthcare professionals about the prevalence of suicide risk in youth with neurodevelopmental disabilities.

This manuscript is in preparation under:

Rybczynski, S., Ryan, T.C., Wilcox, H.C., Van Eck, K., Cwik, M., Vasa, R.A., Findling, R.L.,

Slifer, K., Kleiner, D., Lipkin, P. Suicide screening in pediatric outpatient neurodevelopmental disabilities clinics.

Brief Text Message Intervention for Reducing Suicide Risk

As part of our MD-SPIN project our team also piloted a brief intervention text messaging study. We recruited 35 youth from the Johns Hopkins Pediatric Emergency Department who had presented with psychiatric concerns and who screened positive on the ASQ suicide risk screening tool. In collaboration with researchers in France, our team created a text messaging platform that sent automated caring text messages to youth following their discharge from the hospital. Youth received 4 text messages during the month following their discharge. At the end of the month youth were contacted over the phone and asked follow-up questions. We had 22 youth complete the follow up questions. Preliminary analysis of the text message follow-up questions indicates the caring text messages had a positive impact on the participants mental health:

- 86.4% (n=19/22) participants indicated that the intervention was beneficial overall
- 77.3% (n =17/22) participants indicated that the intervention stopped them from engaging in self-injurious behavior
- 72.7% (n=16/22) participants indicated that the intervention had a positive impact on their mental health

In addition, a majority of participants indicated that they did not feel as though the text messages were obtrusive. Brief caring text messages might be a particularly effective and cost-efficient intervention that healthcare systems can use to support youth as they transition from inpatient mental health care back into the community. Our MD-SPIN team aims to collaborate with the crisis text line to continue these caring text messages on a more interactive level. The goal would be to have the automated text messages sent directly from a crisis hotline so that if youth want to, they can directly communicate with a crisis counselor. We feel that creating a more interactive platform will further strengthen the positive results we found in the pilot study.

This research was presented at the International Academy of Suicide Research in October 2019:

Chambers, S., Ryan, T.C., Gravey, M., Wilcox, H.C., Cwik, M. (2019, October). *Text messaging intervention for Suicidality in Adolescents: A Pilot Study*. Poster presented at the International Academy of Suicide Research Conference, Miami, Florida

Suicide Risk and Psychotic Symptoms

As a result of the MD-SPIN project, our team has also used ASQ data from the Johns Hopkins Pediatric ED to identify and better understand suicide risk among youth experiencing psychotic symptoms. Led by Dr. Jordan DeVlyder, an expert on psychosis, our team examined both our retrospective ASQ screening data as well as data from our longitudinal follow up study to understand the relationship between suicide risk and psychotic symptoms.

Our one study aimed to examine whether the ASQ detects otherwise undetected suicide risk, and to explore whether the suicide risk of any particular demographic subgroups is underdetected with treatment as usual. Out of 15,007 patient ASQ screens between March 2013 and December 2018, 87 patients were diagnosed with a psychotic disorder. In our sample of patients diagnosed with a psychotic disorder a majority identified as non-Latino Black (68%, n=59) and female (60%, n=52). About half of the sample screened positive for suicide risk (48%, n=42).

Exploratory analysis was conducted to better understand patients who screened positive on the ASQ but did not present with a suicide related chief complaint and would likely have been missed as being at risk for suicide through treatment as usual. We found that while the ASQ only missed one youth who was at risk for suicide, treatment as usual based on chief complaint missed 37% (n=26) of youth. Overall the ASQ increased detection of suicide risk almost threefold (2.63 times) relative to the chief complaint alone; suggesting that the ASQ is particularly useful for identifying youth experiencing psychotic symptoms who are at risk for suicide. In addition, we found that half of the youth (n=21) who screened positive on the ASQ were discharged from the ED. These findings emphasize the importance of suicide risk screening but also indicate the need for screening to be paired with sustainable follow up services.

This paper is in press:

DeVlyder, J.E., Ryan, T.C., Cwik, M., Wilson, M.E., Jay, S.Y., Nestadt, P.S., Goldstein, M.,

Wilcox, H.C. (in press). Selective and Universal Screening for Suicide Risk in a Pediatric Emergency Department. *Psychiatric services*

Additional Projects and Future Directions:

In addition to the projects we have already completed we also plan to use our retrospective cohort data to explore the characteristics of the subset of youth who frequently present to the ED with psychiatric based chief complaints. Understanding this unique population of patients who utilize the ED on a regular basis will hopefully allow us to better understand the barriers and challenges individuals face in trying to access community based mental health care. Preliminary data on this topic was presented at the International Academy of Suicide Research conference:

Ryan, T.C., Susukida, R., Cwik, M., Goldstein, M., Wilson, M.E., Nestadt, P., Wilcox, H.C. (2019, October). Frequent ED visits among youth identified at risk for suicide. Poster presented at the International Academy of Suicide Research Conference, Miami, Florida

Other topics we plan to explore using our retrospective ASQ data is trauma and suicide risk, suicide risk among youth with Autism Spectrum Disorder, and suicide risk and medical comorbidities. Our team plans on finishing up our longitudinal study and will continue making youth follow up calls throughout this year. We have started and will continue to analyze the longitudinal data to address various topics related to youth mental health and suicide. Due to the variety of scales and measures included in our longitudinal study, there is a lot of opportunity to explore various variables and their relationship to youth mental health, such as social support, impulsivity, drug and alcohol use, sleep and much more. For example, Dr. Jordan DeVylder has already conducted preliminary analysis using the longitudinal data we collected using the Prodromal Questionnaire, a measure of psychotic experiences.

In addition to analyzing and writing up our data from the MD-SPIN project we plan to use what we have learned to pilot and implement innovative interventions to support youth experiencing mental illness and at risk for suicide. One challenge we have identified as a result of this study is a lack of continuity of care between acute inpatient care to community-based follow up care. The youth in our longitudinal study frequently expressed challenges in finding mental health providers after they left the inpatient unit, this sometimes resulted in extended gaps where youth who were at clinically high risk for suicide were receiving no treatment. One area of promise for supporting youth and families in obtaining and receiving long-term mental health care is the use of family or peer navigators.

Family or peer navigators could be embedded within the ED setting and offer support to family and patients in getting connected to sustainable community based mental health care. The ED and inpatient setting can be particularly overwhelming for patients and their family, and the transition from the hospital setting where there is care around the clock back into the community can be difficult to navigate. Family or peer support navigators can play a valuable role in supporting families during hospital transitions. We hope to obtain future funding mechanisms to pilot the use of peer navigators for youth presenting to the Johns Hopkins Bloomberg Children's Center for psychiatric reasons.

The MD-SPIN grant has afforded our team many opportunities to collect, implement, and analyze new interventions and data. We are excited to continue to expand on and use what we have learned from this project to further support youth in both Maryland and beyond who are experiencing mental illness and are at high risk for suicide.

For a comprehensive list of presentations and manuscripts from the Johns Hopkins MD-SPIN Team Please See Below:

Conference Presentations:

- Ryan, T.C., Susukida, R., Cwik, M., Goldstein, M., Wilson, M.E., Nestadt, P., Wilcox, H.C. (2019, October). *Frequent ED visits among youth identified at risk for suicide*. Poster presented at the International Academy of Suicide Research Conference, Miami, Florida
- Chambers, S., Ryan, T.C., Gravey, M., Wilcox, H.C., Cwik, M. (2019, October). *Text messaging intervention for suicidality in Adolescents: A Pilot Study*. Poster presented at the International Academy of Suicide Research Conference, Miami, Florida

- Lipkin, P. H., Rybczynski, S., Ryan, T.C., Wilcox, H.C. (2019, May). *Screening for suicide risk in children with autism and related disabilities in a Pediatric Autism Center*. Presented at the International Society for Autism Research (INSAR) Annual Conference, Montreal, Canada
- Lipkin, P. H., Rybczynski, S., Ryan, T.C., Van Eck, K., Wilcox, H.C. (2019, April). *Universal Suicide Risk Screening in a Pediatric Neurodevelopmental Outpatient Center*. Presented at the Pediatric Academic Societies (PAS) Meeting, Baltimore, Maryland

MD-SPIN Publications:

- DeVlyder, J.E., Ryan, T.C., Cwik, M., Wilson, M.E., Jay, S.Y., Nestadt, P.S., Goldstein, M., Wilcox, H.C. (2019) Selective and Universal Screening for Suicide Risk in a Pediatric Emergency Department. *JAMA Network Open*. Published online October 25, 2019;2(10):e1914070. doi:10.1001/jamanetworkopen.2019.14070
- DeVlyder, J.E., Ryan, T.C., Cwik, M., Wilson, M.E., Jay, S.Y., Nestadt, P.S., Goldstein, M., Wilcox, H.C. (in press). Selective and Universal Screening for Suicide Risk in a Pediatric Emergency Department. *Psychiatric services*

MD-SPIN Manuscripts in Progress:

- Cwik, M., Jay, S., Ryan, T.C., DeVlyder, J., Edwards, S., Wilson, M.E., Virden, J., Goldstein, M., Wilcox, H.C. Lowering the age limit in suicide risk screening: clinical differences and screening form predictive ability.
- Rybczynski, S., Ryan, T.C., Wilcox, H.C., Van Eck, K., Cwik, M., Vasa, R.A., Findling, R.L., Slifer, K., Kleiner, D., Lipkin, P. Suicide screening in pediatric outpatient neurodevelopmental disabilities clinics.
- DeVlyder, J.E., Ryan, T.C., Jay, S., Goldstein, M., Cwik, M., Schiffman, J., Wilcox, H.C. Transient sub-clinical psychotic phenomena indicate periods of elevated suicide risk following pediatric emergency department discharge

Website, Social Media, and Newsletter

BHA has been updating the state suicide prevention website to include more information on resources, training, and information about suicide prevention. The site originally was mostly focused on the Governor’s Commission on Suicide Prevention and while information about the Commission still remains, the site has been reorganized to include more general information about suicide. A “Resources and Training” tab was recently added that includes drop-down menus with fact sheets and resource guides, information on suicide risk assessments, webinars (upcoming and recorded), the lunch and learn series, trainings available, and our past newsletters. A tab was also created for Maryland’s Annual Suicide Prevention Conference which includes general information about the conference and a link for interested persons to submit presentation proposals for the upcoming conference. BHA distributed a bi-monthly newsletter including information from the suicide prevention field, resource spotlight, and information on trainings.

BHA has also been working to increase social media presence for our suicide prevention program. During Year 5, our team tweeted via the @MDSuicidePrev Twitter account. The team began tweeting general information about suicide prevention, the crisis hotlines, and information about upcoming events. The account now has 629 followers as opposed to 469 at the end of Year 4.

| Time Period | Number of Impressions |
|--------------------------------|-----------------------|
| September 2018 – December 2018 | 20,800 |
| January 2019 – March 2019 | 13,500 |
| April 2019 – June 2019 | 38,200 |
| July 2019 – September 2019 | 41,200 |
| Total | 113,700 |

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

UMB contracted with a number of state, local, non-profit and community partners with specialized and focused expertise to implement programs and resources that supported to the goals and objectives of the grant. Each of

the partners and their contribution is listed below:

Kennedy Krieger Institute Center for Autism and Related Disabilities

The Maryland Center for Developmental Disabilities (MCDD) at the Kennedy Krieger Institute Professional Development and Continuing Education program partners with many agencies, people with disabilities and their families, health and allied health professionals, and community providers to provide trainings, technical assistance and evaluation to improve the quality of life of people with disabilities and their families. Their mission is to provide leadership that advances inclusion for people with intellectual, developmental, and other disabilities. The goal is to support and enhance continuing educational opportunities for professionals and community members and expand their knowledge and skills to engage in effective advocacy.

MCDD focused its efforts on the development of a web-based/webinar education and awareness gatekeeper training for professionals and parents. The training provides an overview of what is known about suicide in the population of individuals with intellectual and or developmental disabilities (I/DD); addresses the false assumption that limited cognitive abilities serve as a protective factor; reviews risk factors and why suicide prevention involves everyone in the I/DD community; highlights the need to routinely screen for suicidality in this population and available screening measures as well as discuss the need to adapt and test suicide risk assessments in the I/DD population; and identifies strategies for successful care outcomes.

Community Behavioral Health Association of Maryland

The Community Behavioral Health Association of Maryland (CBH) partnered with the University of Maryland School of Medicine (UMSOM) on outreach efforts to behavioral health organizations to encourage participation in MD-SPIN efforts. CBH supported MD-SPIN marketing, dissemination, and diffusion to behavioral health organizations and providers related to suicide prevention resources and entities. CBH also worked with state agencies and programs to plan for the expansion of MD-SPIN, provides resource information and links to training for community behavioral health service providers. Following are some of the activities for CBH during FY 2019:

CBH sent a letter to the Health Insurance Protection Commission regarding rising suicides in Maryland and the need to scrutinize insurance plans for impact on access to behavioral health services. This letter was distributed to 24 members & staff. CBH's Clinical and Children's Learning Community discussed the clinical, operational, and policy implications of the Extreme Risk Protective Order and evaluation of patients for future dangerousness (i.e., suicide/homicide). They presented suicide prevention information to 12 individuals from 9 different organizations, including Archway Station, Arundel Lodge, Board of Child Care, Catholic Charities, Center for Children, Children's Guild, Family Services, Harford-Belair Community Mental Health Clinic, Life Renewal Services, Mosaic, Pathways, Upper Bay Counseling & Support Services. CBH met with Senator Delores Kelley, Delegate Pat Young and Delegate David Moon to educate and encourage them to prioritize suicide prevention and access to community treatment. CBH discussed decriminalization of suicide with Delegate Moon and the importance of educating the Judiciary Committee about opportunities for the criminal justice system to intersect effectively with the mental health system when law enforcement encounters individuals threatening suicide. Throughout the legislative session CBH worked extensively to educate legislators on suicide in Maryland and testified for the bill to decriminalize suicide in both the House and Senate. CBH also educated the staff of the Senate Finance Committee about the increase in suicide deaths in Maryland and provided testimony about concerns about suicide in hearings addressing workforce, funding and structure of behavioral health services. HB 77/SB 395 Decriminalizing Suicide passed, was signed and took effect October 1, 2019.

CBH conducted a presentation and facilitated a discussion for providers about overcoming implementation challenges for dialectical behavior therapy (targeted to individuals at high-risk of suicide). They conducted outreach about a suicide prevention with a panel presentation event that featured Kevin Hines.

Maryland Coalition for Families

Maryland Coalition for Families (MCF) is an advocacy and support group for families who care for someone with behavioral health needs. They use personal experience as parents, caregivers, youth and other loved ones to connect, support and empower Maryland's families. During fiscal year 2019 MCF partnered with MD-SPIN to disseminate marketing materials as well as information on Kognito, There is Hope App, and Maryland's 211 hotline number. They have distributed materials at conferences throughout the state (examples include Maryland

Nonprofits/MARFY, NAMI, School Health Interdisciplinary Program), posted a direct link to the Family of Heroes module on their website and shared the direct link to the module on MCF's Facebook page. MCF also included information about Maryland's 211 crisis hotline number on their website and included MD-SPIN fact sheets and crisis hotline information in bags for their Children's Mental Health Matters! Campaign. In addition to disseminating materials, MCF worked with treatment provider organizations, schools, and health care providers to assist families, including military families. MCF is also distributing gun locks to concerned family members at state, regional and local meetings.

During fiscal year 2019 MCF staff had 1,527 new engagements with families where suicide prevention information and resources were shared. MCF also creates and distributes a monthly newsletter (sent to more than 3300 subscribers) that has featured information about 211 crisis hotline, other crisis resources, new legislation like the Extreme Risk Protective Order Law, There is Hope App, and a tip sheet for preventing youth and young adult suicide (developed by the Family-Run Executive Director Leadership Association).

MCF's integrated youth advocacy organization, Taking Flight, gave presentations at schools on anti-bullying, domestic violence, stress relievers, and suicide prevention, promoted Mental Health Awareness Month in May by setting up a booth at the Howard County Library Main Branch, where they engaged staff in mental health promotion activities and distributed flyers about Kognito, There is Hope App and the Children's Mental Health Matters campaign, co-sponsored a young adult retreat with 21 participants from across the state and distributed suicide prevention materials, presented with to the Prince George's County youth group about the Friend2Friend Kognito module, provided support for an art event focusing on stigma and suicide at Prince George's Community College where two Ted Talks were shown and a discussion on stigma followed. Taking Flight also worked with youth in Prince George's County to promote suicide prevention and the use of Kognito's Friend2Friend module.

Maryland Behavioral Health Integration in Pediatric Primary Care

The UMB team partnered with The Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP) program to distribute information and education to primary care providers in Maryland. BHIPP supports the efforts of primary care clinicians to assess and manage the mental health needs of their patients from infancy through the transition to young-adulthood through telephone consultations, training and education and social work co-location. BHIPP publishes a monthly bulletin that is distributed to over 700 primary care providers in Maryland. They have provided information about suicide prevention, means safety, Maryland's new ERPO law including an article emphasizing the impulsivity of suicide and how access to lethal methods, particularly guns, greatly impacts the incidence of suicides. Another bulletin featured a write-up about the Kognito primary care module and later bulletins continued to include the Kognito primary care module as a resource link. In August, BHIPP distributed a bulletin which shared information about the suicide prevention awareness month toolkit and the October 2nd Suicide Prevention conference. The September bulletin featured an article about suicide screening (ASQ screener), conducting a suicide risk assessment, and safety planning.

Maryland State Department of Education

MD-SPIN collaborated with the Maryland State Department of Education (MSDE) to coordinate suicide prevention efforts across the state. In March 2017, Governor Larry Hogan signed HB0290 (expanded Lauryn's Law), a bill that requires all certificated school personnel to receive suicide prevention training as of July 2018. Certificated school staff had to have suicide prevention training completed by December 2018 (fiscal year 2019). Kognito was included on a list of recommended trainings by MSDE that was disseminated to staff. After the expanded Lauryn's Law went into effect, MD-SPIN received an increased number of requests for training and inquiries about available trainings. MD-SPIN leaders worked with various schools to incorporate the Friend2Friend module into their health class curriculum. Kognito added an option in early 2019 that allowed parents, educators, and other school professionals to be able to view the Friend2Friend module before having children or students complete the module.

Higher Education Partners

The UMB MD-SPIN team coordinated with higher education institutions to embed suicide prevention efforts into their existing programming. Higher education partners were responsible for disseminating suicide prevention resources, establishing suicide prevention activities within their campus, and promoting the use of Kognito among faculty, staff, and students. Higher education partners planned events on campus and had speakers talk about topics related to suicide or mental health. Tabling events, health fairs, conferences, in-class presentations, and emails were among the most popular outreach tactics used by colleges and universities. MD-SPIN also encouraged the colleges and universities to bolster their relationship with their counseling departments and to incorporate the counseling department into their outreach efforts. MD-SPIN's higher education partners included Coppin State

University, Howard Community College, Morgan State University, Salisbury State University, Universities of Shady Grove, Towson University, University of Maryland College Park, and University of Maryland Baltimore County.

Following is a summary of activities by the higher education partners:

Over the course of the academic year, the eight colleges and universities provided information about the suicide initiative and suicide prevention related resources to students who sought Counseling Center Services and completed presentations with staff, faculty, and students. Activities included presenting suicide prevention information at wellness fairs, Parents' Weekend, outreach events for transfer and commuter students, November Harvest event, training for Residence Life Coordinators, bystander focused suicide prevention efforts, campus resource fairs for freshman, new student orientation, new faculty orientation, sorority recruitment, counseling center staff events for students, peer education trainings, workshops in classes, Healthy Relationships Fair, Women's Center, athletic events, Winter Welcome Week, academic advisors training, student groups, Graduate Experience presentation, Achievements & Research Symposium, tables at Out of the Darkness campus walks for AFSP, summer orientation programs, and focused welcome fairs (including, First Look Fair, Quelcome (Queer Student Welcome, hosted by the LGBT Equity Center), and Unity Welcome Fair (hosted by the Office of Mult-Ethnic Student Education).

Some specific activities to highlight include the following:

Coppin State set up a food pantry which they hoped would help alleviate the stress of their students and have encouraged colleagues to add Kognito modules as extra credit projects for class.

The University of Maryland College Park's Health Center hosted their annual Terp Wellness Expo where they highlighted wellness services across campus. This included information about Kognito, a free yoga class, a make-your-own wellness kit, a visit from three therapy dogs, a trail-mix making station, free auricular acupuncture, and more. University of Maryland College Park's Counseling Center staff members added "Check out Kognito, Online Training for Faculty and Staff to Help Students in Distress" to their email signatures. UMD College Park hosted on-campus events for mental health promotion and self-care during the weeks before and during finals. University of Maryland College Park conducted several suicide prevention initiatives during August which included conducting a 40-hour training week for Peer Educators who work with the University Health Center and a 3-day training for members of the University Health Center Student Health Advisory Committee.

Morgan State faculty completed Kognito trainings during a regularly scheduled faculty meeting and encouraged members of the senior administration to complete Kognito trainings, the Counseling Center has an outreach system titled "Don't Cancel that Class", where a professor contacts the counseling center to speak during class time instead of cancelling class, and in July, Morgan State University required all incoming freshmen, as well as all residence life RAs, to take at least one Kognito module before the semester started. Salisbury University provided suicide prevention information and giveaways at a table during Chillaxin, an event that allows students to interact with the Counseling Center Staff, and facilitated an outdoor stress event, called "Chalk It Up," which included a chalk drawing contest, a stress ball making table, Pets on Wheels, music, snacks, and Counseling Center t-shirt giveaways.

UMBC shared information about Kognito and Suicide Prevention at the Women's Center, Athletic Events, Winter Welcome Week, Good Morning Commuters and Luvapalooza, an event centered around healthy relationships and self-love and at a Retriever Courage Consultant Information Session, which engaged in a campaign to prevent sexual assault on campus. They hosted and facilitated suicide prevention and mental health promotion events, which included: "Better Together," a collaboration with the Athletics department consisting of a field day that highlighted mental health wellness; "Lavender Celebration" to acknowledge the achievements of graduating students within the LGBTQ+ population; a mental health forum with the Student Government Association to highlight diversity, inclusion and mental health concerns for People of Color (POC); and a workshop for Meyerhoff Scholars to manage stress due to graduation.

Towson University hosted an Out of the Darkness American Foundation for Suicide Prevention (AFSP) campus walk and had a Health Expo where their speaker focused on suicide prevention and islamophobia. Towson University hosted an end of semester carnival, where they distributed Kognito flyers.

The Universities of Shady Grove (USG)'s Center for Counseling and Consultation hosted a workshop by the National Alliance for Mental Illness (NAMI) entitled, "Mental Illness: Relationships, Communication, Caregiving &

Resilience,” which included a speaker who talked about her personal story involving mental health issues and suicidality.

Howard Community College’s Counseling Center advertised Kognito and mental health services through on-campus events (i.e. Coming Out Day) and flyer distribution.

MD-SPIN Partner Calls

Representatives from UMB, all of the MD-SPIN partner organizations, and BHA had calls on a bi-monthly basis to provide updates, have a scheduled opportunity to obtain technical assistance and hear from a speaker about a timely/important topic/key program. Following are the individual partner calls and the information provided:

12/20/2018 - Dr. Mary Cwik from Johns Hopkins (an MD-SPIN partner) presented on the partner call about suicide risk assessments and intervention techniques for those who have screened positively. Dr. Cwik provided training on mental health assessments, including the Patient Health Questionnaire-9, Columbia-Suicide Severity Rating Scale, and Suicide Assessment Five-stage Evaluation and Triage. Dr. Cwik shared information on short term interventions including the postcard intervention, motivational interviewing, and safety planning. Information on long-term interventions such as Cognitive Behavioral Therapy from the Treatment of Adolescent Suicide Attempters study and Dialectical Behavior Therapy was also shared.

2/19/2019 - Dr. Michael Nadorff from Mississippi State presented on a free gatekeeper training program that can be shared with higher education partners. This training places emphasis on role play and building rapport with individuals experiencing psychological distress. Dr. Nadorff spoke about the need to have conversations about suicide. He reported that a major barrier to suicide prevention is that people are unwilling to ask about suicide. This training allows people to gain skills and understanding to have difficult conversations and know how to refer someone to appropriate resources.

4/18/2019 Planning for suicide prevention month and obtaining input for the June 13th webinar that addressed that topic.

6/20/2019 Kenneth Bacoat shared information about Morgan State University (MSU)’s Don’t Cancel Your Class initiative. In this program, faculty and staff from the MSU’s Counseling Center give presentations on a variety of topics, including time management, healthy relationships, and stress management. MSU shared their PowerPoint presentations with the higher education partners after the call.

An August call did not take place as the final Advisory Council meeting was held August 5th and many of the partners attended.

MD-SPIN Advisory Council

Over the five-year grant period MD-SPIN held Advisory Council meetings twice annually, in the fall and spring. As MD-SPIN became familiar with other organizations within the state with similar missions, the attendee invite list grew beyond the original list of Advisory Council members. Additional invitee organizations included MSDE Suicide Prevention Coordinators, American Foundation for Suicide Prevention (AFSP), Native American Lifelines, and American Association of Suicidology (AAS).

On November 7th, 2018 BHA hosted the MD-SPIN Advisory Council Meeting. Plans for suicide prevention initiatives after the grant ends were discussed. Board members split up into four groups (education partnerships, family partnerships, emergency departments and crisis responders) to discuss sustainable strategies for suicide prevention. These strategies included providing further trainings online, continued funding for hotlines, continued screenings in emergency departments, and the use of pop up surveys. 28 people attended in person and over the phone.

MD-SPIN decided to have the *final Advisory Council meeting on August 6, 2019*. BHA hosted the final advisory council meeting, and UMB and JHU helped to co-lead the meeting. During the meeting, BHA shared project highlights, UMB shared information about outreach efforts, and JHU provided information about the evaluation efforts. The higher education and community organization partners also shared information about their MD-SPIN efforts.

Challenges

Executing subcontracts in a timely manner was an issue at the state and university levels, however the process improved over fiscal year 2018. Another challenge was the cost of the Kognito modules, which is not feasible to sustain after the grant ends. To address this challenge, our team has developed and made available a suicide prevention training titled *Recognize, Ask, Care, Encourage*, that is housed on the mdbehavioralhealth.com website, is available at no cost for users and will continue to be available after the end of the grant.

Accomplishments

Subcontracts were written to more accurately reflect the work of our partners and improved our reporting process through an online questionnaire (i.e., Qualtrics). The new reporting better captured qualitative and quantitative aspects of the work our partners carried out in the field.

The MD-SPIN team implemented a free webinar series for Maryland residents. Topics included *Suicide Prevention to Support Veterans and Military Connected Families*, *Suicide Prevention in The Holiday Season*, *Best Practices for Suicide Prevention with LGBTQ Youth*, *Supporting Suicide Loss Survivors*, *Planning for Suicide Prevention Month*, and *How to Engage in Suicide Prevention with Youth in the Child Welfare and Justice Systems*

UMB partnered with the Howard County Health Department to train 15 peer ambassadors from 3 high schools in Howard County. The peer ambassadors completed the Friend2Friend Kognito module prior to the in-person training and engaged in conversations about their experiences and used role play to understand the warning signs of suicide in their peers.

MD-SPIN brought together state agencies, universities, and organizations as part of a united system to advance awareness and skills related to suicide prevention.

Emergency rooms at Johns Hopkins and University of Maryland implemented a screening tool to assess suicidal ideation and behaviors.