

Suicide Prevention & Intervention Clinical Initiative:

Changing the Course of Suicide in Maricopa County's Community Mental Health System

Steering Committee Charter (Version 1.2)

Section 1: Mission Statement

The Suicide Prevention & Intervention Steering Committee will operate formally from November 2009 until August 2011 with the ultimate goal of reducing the prevalence of suicide deaths among the 80,000 individuals enrolled in Regional Behavioral Health Authority (RBHA) services in Maricopa County, Arizona. Our goal is to equip our provider network of agencies with better skills, knowledge, attitudes and supports for engaging those at risk of suicide.

We believe three principles are paramount towards the fulfillment of this overall mission. The members of this steering committee resolve to:

1. *Persistent focus* - this is an adaptive change process that will take time, but we must also move quickly enough to shift culture and provide an adequate threshold of staff/support for the changes to take root as a new status quo
2. *Leadership lenses* - we need to be mindful of recipient voice and participation, engaging family, race & equity issues, outcomes focus, community integration and provider collaboration
3. *Data-Driven & Research-Based* – this work must be firmly founded on emerging evidence-based practices and programs and outcomes aggressively reviewed through quantitative analysis

It is important to note at the outset that this steering committee does not intend to duplicate the extremely positive work of other groups/programs that already exist, such as the *Arizona Suicide Prevention Coalition*. This clinical initiative is designed to meet an unmet need that exists here and in many other states -- fully equipping all Community Mental Health Center direct staff to engage those enrolled in services so that suicide among those with severe and persistent mental illness ends for those in our care.

What this clinical initiative IS/IS NOT:

- Targets those enrolled in RBHA services (children and adults served by GMH/SA or SMI clinics) not the broader community
- Targets "clinical home" direct care staff to equip them with the attitudes, skills, knowledge and supports to effectively engage those at risk of suicide, not agencies that do not have the ultimate responsibility for care
- More focused on improving the intervention than enhancing prevention
- More focused on ultimate outcomes/results than new processes

Section 2: Meetings

The Suicide Prevention & Intervention Steering Committee will meet for three consecutive months (November 2009 - January 2010) followed by quarterly meetings.

2.1 STEERING COMMITTEE CO-CHAIRS:

The Steering Committee will be co-chaired by a Magellan executive and a community partner.

Section 3: Division of Labor

The Suicide Prevention & Intervention initiative is supported by a structure of groups that support the steering committee.

3.1 STEERING COMMITTEE:

The Steering Committee meets quarterly and provides the over-arching strategic vision. It also offers the support to change culture, policy, funding, etc., required to implement the goals of this strategic initiative.

3.2 TASK FORCE:

The Task Force meets every other week and makes recommendations to the Steering Committee and provides the primary project management.

3.3 TARGETED WORKING SUB-GROUPS:

These four targeted working sub-groups will provide position papers to the Task Force by 7/1/2010 which incorporate an environmental scan of key literature, discussions with national consensus experts, identification of best practice/innovative approaches, evaluation and dialogue regarding proposed approaches for Maricopa and recommendation of tools/programs for implementation.

3.3.1 WORK GROUP #1 - SURVIVORS OF SUICIDE ATTEMPTS

Highlighting NSPL as a key resource, this sub-group will equip case managers and other staff with the tools to better engage a peer supports approach and the strengths of those who have survived suicide attempts.

3.3.2 WORK GROUP #2 - ENGAGING FAMILY & NATURAL SUPPORTS

Highlighting NAMI and the Family Involvement Center as a key resource, this sub-group will equip case managers and other staff with the tools to better utilize existing family and other natural supports.

3.3.3 WORK GROUP #3 - RACE & EQUITY

Highlighting AAS and SPRC as key resources, this sub-group will equip case managers and other staff with the tools to better intervene with different racial and ethnic groups.

3.3.4 WORK GROUP #4 - COMMUNITY INTEGRATION & WELLNESS

Highlighting Dr. Thomas Joiner as a key resource, this sub-group will equip case managers and other staff with the tools to better integrate with the community and focus on employment, meaningful activities, etc.

3.4 ASIST CERTIFIED TRAINERS:

The 18 individuals who were trained by Magellan as certified T4T trainers of ASIST will meet on an ad hoc basis to share successes and identify opportunities. This group will report to the steering committee on its progress and fidelity to the ASIST model.

Section 4: Strategic Objectives

The Suicide Prevention & Intervention Steering Committee will focus on key strategic objectives, including:

#	Emphasis	Target Date
1	2,000 Maricopa workforce trained in 2-day ASIST	12/31/2010
2	Engaging Family Position Paper Distributed to Network with Training	10/1/2010
3	Race/Equity Position Paper Distributed to Network with Training	10/1/2010
4	Survivors of Suicide Position Paper Distributed to Network with Training	10/1/2010
5	Community Integration Position Paper Distributed to Network with Training	10/1/2010
6	Quarterly Webinars with National Consensus Experts	Ongoing
7	Workforce Survey of Attitudes, Skills, Knowledge and Supports	Baseline 11/2009
8	Steering Committee completes system analysis for policy, legislative, funding and program recommendations	4/1/2011

Section 5: Ultimate Outcomes & Results

The Suicide Prevention & Intervention Steering Committee has a goal no less than ending suicide among those enrolled in care by the Regional Behavioral Health Authority. We are working to impact two groups and will rigorously track our results:

1. CMHC "Clinical Home" Direct Care Workforce – In November 2009, we surveyed three children's Provider Network Organizations (PNOs), four adult PNOs, and 29 General Mental Health and Substance Abuse organizations (GMH/SA). Over 1,650 case managers, clinicians, physicians, nurses and administrators responded,

creating a baseline of self-reported assessment of skills, knowledge and supports. We plan to repeat this survey annually to evaluate improvements.

2. Individuals enrolled in RBHA services – While specific rates of suicide are widely published for different groups by age, gender and ethnic/racial background (American Association of Suicidology, Centers for Disease Control, etc.), the data around individuals with severe mental illness is not as clear. While researchers disagree on the exact number, the general consensus is that at least 90% who die by suicide have a diagnosable mental illness, with the top disorders including major depression, bipolar spectrum disorders, schizophrenia, borderline personality and anorexia nervosa. Dr. Thomas Joiner believes the rates for those individuals with Severe Mental Illness (SMI) are as much as six times greater than the general population. Our Steering Committee will baseline and monitor the number of deaths by suicide for those enrolled in care, with the ultimate goal of eliminating these occurrences.

In order to achieve the ambitious goals stated above, this clinical initiative will focus much more broadly than clinical assessment and intervention skills during acute crisis. We are acutely aware of the need to take a comprehensive approach that evaluates the needs on a longitudinal basis. Core issues around suicide risk relate to social connectedness and a sense of competency and contribution. This means that we must do more than deal with the psychic pain at the moment of crisis. We must equip direct care staff to collaborate with individuals to obtain jobs, engage in their local neighborhoods, participate in meaningful community activities outside the mental health service system, develop stronger relationships, improve wellness, etc.

This holistic and community-based approach requires that the initiative and steering committee include representation outside the direct care agencies. The membership list includes police departments, probation, inpatient care, etc.

Section 6: Important Milestone Dates

Some key project milestones include the following:

#	Emphasis	Target Date
1	Direct Care Workforce Survey Follow-Up #1	11/2010
2	Direct Care Workforce Survey Follow-Up #2	11/2011
3	Workgroups Present Progress Report to Steering Committee	4/2010
4	Workgroups Present Position Paper Outline to Steering Committee	7/2010

Section 7: Steering Committee Membership

The Suicide Prevention & Intervention Steering Committee inaugural members include the following:

Members		Representative Agency		
Senator John Huppenthal	Arizona Legislature	Nick Margiotta	City of Phoenix Police CIT Director	
Beth Alexander	Maricopa County Public Defender	Dr. David McIntyre	Phoenix Area Indian Health Service	
Gary Brennan	Children's Provider Network CEO	Laura Nelson	ADHS/DBHS Acting Deputy Director	
Chief Broderick	Superior Court of AZ, Probation	Dr. Carol Olson	MIHS	
Dr. Richard Clarke	Magellan of Arizona CEO	Bob Sorce	ADHS/DBHS Assistant Director	
David Covington	Magellan Chief - Adult Services	Melissa Taylor	Arizona Legislature	
Nancy Diggs	Office of the Monitor	Dr. Rogers Wilson	ADHS/DBHS Acting Chief Medical	
Christy Dye	Adult Provider Network CEO	Jeri Williams	Phoenix PD Assistant Chief	
Penny Free	GMH/SA Organization VP	Shawn Thiele	Magellan Chief - Children's Services	
Bill Kennard	NAMI Arizona CEO	<i>Dr. Thomas Joiner</i>	<i>Florida State (Advisory Role)</i>	