Suicide and Self-Harm Prevention Change Package

Purpose

The suicide and self-harm prevention change package includes: 1) an aim statement, 2) a driver diagram and 3) a measurement strategy for achieving the aim of reducing deaths, hospitalizations, and emergency department (ED) visits resulting from suicide and self-harm among children and adolescents ages 10 through 19.

The suicide and self-harm prevention change package is intended to spread well-established evidence-based practices across a large number of pilot sites in states/jurisdictions. We expect the aim to be achieved if you are working across the entire driver diagram (e.g. all drivers, using multiple change ideas) and state/jurisdiction wide. If you are only working in selected areas of the driver diagram, we recommend that you strategically choose reinforcing drivers and change ideas to achieve the greatest impact and then revise your aim statement accordingly.

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Driver Diagram

Primary Driver	Secondary Driver	Change Ideas	Recommended Measures
PD1: Societal level Coordinated health care systems and services	**SD1:** Multi-stakeholder dialogue and partnerships	1. Establish dialogue and partnerships among suicide prevention programs and mental health services and systems, substance abuse services and systems (including the treatment of both alcohol and drug dependence), and chronic disease programs and services, schools and local government agencies 2. Develop collaborations between emergency departments and other health care providers (e.g., health and mental health centers) to ensure rapid follow up after discharge and to provide alternatives to emergency department care and hospitalization when appropriate 3. Identify, coordinate, monitor and report on strategies implemented by multi-sector partners (e.g., CDC State Level Implementation of the Essentials for Childhood Framework)	1, 6
	SD2: Cross-sector goals and processes supporting the whole person, early identification of suicide risk, and improved access to care	1. Develop and implement protocols to enable schools, programs, and care providers to communicate and collaborate in the identification, referral, management, and follow up of suicide risk 2. Support the adoption of quality measures or performance goals specifically related to suicide prevention by substance abuse programs and services and by chronic disease programs and services 3. With the patient's/client's permission, share information among care providers to improve care coordination and collaborative management of suicide risk 4. Develop and implement standard guidelines for assessing suicide risk and referral processes for children and adolescents receiving care and screenings in all settings 5. Develop and implement a standardized scene investigation inventory or checklist to assist in conducting multidisciplinary reviews of suicide deaths	1, 2, 3, 4, 5

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Primary Driver	Secondary Driver	Change Ideas	Recommended Measures
PD2: Organizational level Organizational policies and procedures ensure a knowledgeable workforce and use of best evidence to prevent suicide and self-harm	**SD1:** **Health and social service professionals trained in prevention, early identification, referral, treatment, and management of suicide risk**	1. Train pediatricians, dentists, nurse home visitors, and community health workers in the identification and reporting of child maltreatment 2. Train pediatricians, family practitioners, home visitors, EMS, ED staff, substance use treatment providers, chronic disease providers, and community and behavioral health workers on referral processes (e.g. warm hand off to another professional, etc.) 3. Train pediatricians, family practitioners, home visitors, EMS, ED staff, substance use treatment providers, chronic disease providers and community and behavioral health workers on evidence-based assessment of mental health problems and suicide risk 4. Train mental health and medical professionals on evidence-based treatment of suicide risk 5. Train pediatricians and family practitioners to provide care coordination, continuous care, monitoring, and follow up	1, 2, 4, 5, 10, 11, 12, 15
	SD2: **Health and social service professionals follow evidence-based suicide prevention and self-harm prevention practices and protocols**	1. Incorporate screening for suicide risk into mental health and depression screenings for children and adolescents 2. Screen and refer children and adolescents for trauma exposure and related symptoms 3. Pediatricians and family practitioners provide anticipatory guidance on reducing access to lethal means in the home 4. Pediatricians and family practitioners provide information on crisis response services such as the national life line	6, 13, 14
	SD3: **Increased access to services and programs**	1. Increase use of new and emerging technologies, such as telemedicine 2. Increase the availability of chat and text lines to connect rural and frontier children and adolescents who are at risk of suicide to sources of care 3. Increase the number of family, youth, and community service providers and organizations that are providing evidence-based suicide prevention programs	4, 5, 9,

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Primary Driver	Secondary Driver	Change Ideas	Recommended Measures
PD3: **Relational/ Individual level** **Increased life skills and resiliency and reduced exposure to violence, trauma, and adverse childhood experiences among children and adolescents**	**SD1:** **Safe, stable, and nurturing relationships and environments for children and families**	1. Train family, peers, and community members on evidence-based early identification of mental health problems and suicide risk (e.g. gatekeeper training programs) 2. Train family, peers, and community members on referral processes (e.g. warm hand off to another professional, etc.) 3. Increase reach of evidence-based home visiting programs that provide training in infant care giving, positive reinforcement techniques, and non-violence discipline methods 4. Build parenting skills through evidence-based programs, such as Triple P Positive Parenting Program and Incredible Years 5. Provide families with resources about adverse childhood experiences (ACES), including prevention and seeking help	4, 7, 8, 14
	SD2: **Youth trained in SEL, suicide and self-harm prevention, and help seeking**	1. Develop youth social and emotional skills through participation in evidence-based programs and curricula, such as the Good Behavior Game, Coping and Support Training (CAST curriculum), and Positive Behavior Interventions and Supports (PBIS) 2. Develop youth help seeking skills through participation in evidence-based curricula, such as the Lifelines curriculum and the LEADS for Youth curriculum 3. Develop a sense of belonging and connectedness among youth through participation in evidence-based curricula, such as Partnerships in Education and Resilience (PEAR) 4. Educate youth on suicide prevention through participation in evidence-based multi-component suicide prevention programs, such as Sources of Strength and the Model Adolescent Suicide Prevention Program	9

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Measurement Strategy

Select the measures that will give you the best indication of signals of improvement from working on your drivers and change ideas. Your state/jurisdiction is encouraged to choose up to 5 - 7 (or more if needed) measures. More than one change idea may be necessary to move a given measure. We encourage all CS CoIIN states/jurisdictions to report on the 3 state/jurisdiction outcome measures, monthly or quarterly, and to explore the ability to collect data that is more current.

Note: The measurement strategy does not include a specific measure for each change idea. When selecting measures, consider the set of change ideas that will be necessary to move a measure. This may include change ideas that don't have a "recommended measure" listed in the driver diagram. If you opt to add a measure or would like guidance on selecting measures, please contact CSN for technical assistance.

State/Jurisdiction Outcome Measures	Process Measures
- Rate of suicide - Rate of suicide and self-harm-related hospitalizations - Rate of suicide and self-harm-related ED visits	1. Percent of sites implementing protocols enabling care providers to communicate/collaborate in the management of suicide risk 2. Percent of sites implementing guidelines for assessing suicide risk 3. Percent of sites implementing a standardized scene investigation inventory or checklist 4. Percent of screened children/adolescents identified as being at risk for suicide who receive a referral 5. Percent of identified at risk children and adolescents whose referral results in an appointment with a care provider 6. Percent of health care sites incorporating suicide screening with mental health and depression screening 7. Percent of sites implementing evidence-based parenting programs 8. Percent of parents and caregivers who participate in an evidence-based parenting program 9. Percent of schools and organizations implementing evidence-based suicide prevention and SEL programs and curricula 10. Percent of mental health, substance abuse, and chronic disease providers trained on the assessment of suicide risk 11. Percent of health and social service professionals trained in identification and referral of mental health problems and suicide risk 12. Number of organizations that offer training in EB treatment modalities for suicide and self-harm 13. Percent of children and adolescents screened for trauma exposure 14. Percent of parents and caregivers receiving information on adverse childhood experiences 15. Percent of providers who are trained in evidence-based clinical evaluation and treatment of suicidality

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State/Jurisdiction Outcome Measures

Measure	Numerator	Denominator	Data Collection Methods	Reporting Frequency
Rate of suicide	Total number of suicides among children and adolescents ages 10 through 19.	Population of children and adolescents ages 10 through 19 over the same time period	Work with state epidemiologist, using the Suicide and Self-Harm Prevention Outcome Data Worksheet	Monthly or Quarterly depending upon what is feasible for your state/jurisdiction
Rate of suicide and self-harm-related hospitalizations	Total number of suicide and self-harm-related hospitalizations among children and adolescents ages 10 through 19	Population of children and adolescents ages 10 through 19 over the same time period	Work with state epidemiologist, using the Suicide and Self-Harm Prevention Outcome Data Worksheet	Monthly or Quarterly depending upon what is feasible for your state/jurisdiction
Rate of suicide and self-harm-related ED visits	Total number of suicide and self-harm-related ED visits among children and adolescents ages 10 through 19	Population of children and adolescents ages 10 through 19 over the same time period	Work with state epidemiologist, using the Suicide and Self-Harm Prevention Outcome Data Worksheet	Monthly or Quarterly depending upon what is feasible for your state/jurisdiction

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Process Measures

Note: Review the data collection column for guidance on operationalizing process measures. You may need to conduct assessments or administer questionnaires to determine your population of interest.

Measure	Numerator	Data Collection	Reporting Frequency
1. Percent of sites implementing protocols enabling care providers to communicate/ collaborate in the management of suicide risk	**Numerator:** Aggregate # sites implementing protocols enabling care providers to communicate/collaborate in the management of suicide risk **Denominator:** Total number of sites in the population of interest.	Define the population of interest (e.g. health care sites, behavioral health sites, substance abuse prevention programs, chronic disease programs, schools). Define "implementing protocols." Track the aggregate number of health/behavioral health sites in the population of interest implementing protocols enabling care providers to communicate/collaborate in the management of suicide risk. Additional data you may find useful to track: Type of site(s); number of each type of site; copy of protocols.	Monthly
2. Percent of sites implementing guidelines for assessing suicide risk	**Numerator:** Aggregate number of sites implementing guidelines for assessing suicide risk **Denominator:** Total number of sites in the population of interest	Define the population of interest. Define "implementing guidelines." Track the aggregate number of sites in the population of interest implementing guidelines for assessing suicide risk. Additional data you may find useful to track: Type of site(s); number of each type of site; copy of guidelines.	Monthly
3. Percent of sites implementing a standardized scene investigation inventory or checklist	**Numerator:** Aggregate number of sites implementing a standardized scene investigation inventory or checklist **Denominator:** Total number of sites in the population of interest	Define the population of interest. Track the aggregate number of sites in the population of interest implementing a standardized scene investigation inventory or checklist. Additional data you may find useful to track: Type of site(s); number of each type of site; copy of scene investigation inventory or checklist.	Monthly

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Measure	Numerator	Data Collection	Reporting Frequency
4. Percent of screened youth identified as being at risk for suicide who receive a referral	**Numerator:** Aggregate number of screened youth identified as being at risk for suicide who receive a referral **Denominator:** Total number of screened youth in the population of interest identified at risk for suicide through a screening process	Define the population of interest. Track the aggregate number of children/adolescents in the population of interest, identified as being at risk for suicide, who receive a referral. Additional data you may find useful to track: Number of children and adolescents ages 10 through 19 seen at site in the last month (unduplicated visits); number of children and adolescents ages 10 through 19 screened and identified as being at risk for suicide; number of children and adolescents ages 10 through 19 who received a clinical evaluation and treatment; average time between identification and screening; average time between screening positive and referral.	Monthly
5. Percent of identified at risk children and adolescents whose referral results in an appointment with a care provider	**Numerator:** Aggregate number of identified at risk children and adolescents whose referral results in an appointment with a care provider **Denominator:** Total number of identified at risk children and adolescents with a referral in the population of interest	Define the population of interest. Track the aggregate number of identified at risk children and adolescents in the population of interest whose referral results in an appointment with a care provider. Additional data you may find useful to track: Average number of days between referral and appointment with a care provider.	Monthly
6. Percent of health care sites incorporating suicide screening with mental health and depression screening	**Numerator:** Aggregate number of health care sites incorporating suicide screening with mental health and depression screening **Denominator:** Total number of health care sites in the population of interest	Define the population of interest. Track the aggregate number of health care sites in the population of interest incorporating suicide screening with mental health and depression screening. Additional data you may find useful to track: Type of health care site(s); copy of screening protocol for each site.	Monthly

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Measure	Numerator	Data Collection	Reporting Frequency
7. Percent of sites implementing evidence-based parenting programs	**Numerator:** Aggregate number of sites implementing evidence-based parenting programs **Denominator:** Total number of sites in the population of interest	Define the population of interest. Track the aggregate number of sites in the population of interest implementing evidence-based parenting programs. Additional data you may find useful to track: Type of site(s); type of evidence-based parenting program(s).	Monthly
8. Percent of parents and caregivers who participate in an evidence-based parenting program	**Numerator:** Aggregate number of parents and caregivers who participate in an evidence-based parenting program **Denominator:** Total number of parents and caregivers in the population of interest	Define the population of interest. Track the aggregate number of parents and caregivers in the population of interest who participate in an evidence-based parenting program (partial or complete). Additional data you may find useful to track: Type of site(s); type of evidence-based parenting program(s); number of parents participating in program; number of parents completing program.	Monthly
9. Percent of schools and organizations implementing evidence-based suicide prevention and SEL programs and curricula	**Numerator:** Aggregate number of schools and organizations implementing evidence-based suicide prevention and SEL programs and curricula **Denominator:** Total number of schools and organizations in the population of interest	Define the population of interest. Track the aggregate number of schools and organizations in the population of interest implementing evidence-based suicide prevention and SEL programs and curricula. Additional data you may find useful to track: Type of schools and organizations; number of each type of school and organization; type of evidence-based program(s) and curricula; number of participants; partial or complete training by participant.	Monthly
10. Percent of mental health, substance abuse, and chronic disease providers trained on the assessment of suicide risk	**Numerator:** Aggregate number of mental health, substance abuse, and chronic disease providers trained on the assessment of suicide risk **Denominator:** Total number of mental health, substance abuse, and chronic disease providers in the population of interest	Define the population of interest. Track the aggregate number of mental health, substance abuse, and chronic disease providers in the population of interest trained on the assessment of suicide risk (partial or complete). Additional data you may find useful to track: Type of organization offering the training; type of professional; number of each type of professional; partial or complete training by participant; type of training program/curriculum.	Monthly

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Measure	Numerator	Data Collection	Reporting Frequency
11. **Percent of professionals trained in identification and referral of mental health problems and suicide risk**	**Numerator:** Aggregate number of professionals trained in identification and referral of mental health problems and suicide risk **Denominator:** Total number of health and social service professionals in the population of interest	Define the population of interest (e.g. pediatricians, family practice physicians, home visitors, community health workers, social workers, etc.). Track the aggregate number of health and social service professionals in the population of interest trained in identification and referral of mental health problems and suicide risk (partial or complete). Additional data you may find useful to track: Type of organization offering the training; type of professional; number of each type of professional; partial or complete training by participant; type of training program/curriculum.	Monthly
12. **Number of organizations that offer training in EB treatment modalities for suicide and self-harm**	NA	Define where you are working in your state or jurisdiction. Track the aggregate number of organizations that offer training in evidence-based treatment modalities for suicide and self-harm. Note: It is recommended to define a goal for this measure. Additional data you may find useful to track: Type of organization; type of training(s); number of trainees.	
13. **Percent of children and adolescents screened for trauma exposure**	**Numerator:** Aggregate number of children and adolescents screened for trauma exposure **Denominator:** Total number of children and adolescents in the population of interest	Define the population of interest. Track the aggregate number of children and adolescents in the population of interest screened for trauma exposure. Additional data you may find useful to track: Number of screened children and adolescents identified as having been exposed to trauma; number of exposed children and adolescents referred to follow up care; number of families of exposed children receiving support.	Monthly

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Measure	Numerator	Data Collection	Reporting Frequency
14. Percent of parents and caregivers receiving information on adverse childhood experiences	**Numerator:** Aggregate number of parents and caregivers receiving information on adverse childhood experiences **Denominator:** Total number of parents and caregivers in the population of interest	Define the population of interest. Track the aggregate number of parents and caregivers in the population of interest receiving information on adverse childhood experiences. Additional data you may find useful to track: Type of organization providing information; type of professional/staff/community member, etc. providing information; copy of information provided.	Monthly
15. Percent of providers who are trained in evidence-based clinical evaluation and treatment of suicide	**Numerator:** Aggregate number of providers who are trained in evidence-based clinical evaluation and treatment of suicide **Denominator:** Total number of providers in the population of interest	Define the population of interest (e.g. type of providers, hospitals, community clinics, school clinics, etc.). Track the aggregate number of providers in the population of interest who are trained in evidence-based clinical evaluation and treatment of suicide. Additional data you may find useful to track: Type of organization providing training; type of providers receiving training; type of evaluation and treatment training.	Monthly

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Lifelines Curriculum. Available at: http://legacy.nreppadmin.net/ViewIntervention.aspx?id=37

Model Adolescent Suicide Prevention Program. Available at: http://legacy.nreppadmin.net/ViewIntervention.aspx?id=251

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