



**Office of
Mental Health**

Implementation 101

Garrett Lee Smith Youth Suicide Prevention Grant

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Introductions

Name

Organization

Role on Project

One conference session you're looking forward to attending

Preparing for Implementation

To-do items:

- Organizational self-study
- Implementation plan
- Getting clinicians on board
- Designating team leads/ project “champion”
- October site visit (optional)
- Training plan
- Training attendance and clinical supervision
- Implementation team meetings
- Plan for data collection

Communicating with Your Organization

- Frequent and ongoing communication
- Team collaboration
 - Clear roles and work flow
 - Internal and external feedback
 - Identify potential barriers to the uptake of new protocols
- Announcing this new project to staff
 - Add to website
 - Flyers/Handouts and signage
 - Nurses station, front desk, break room, staff meetings
 - Emails and/or promotional postcards

Connecting to the Greater Community

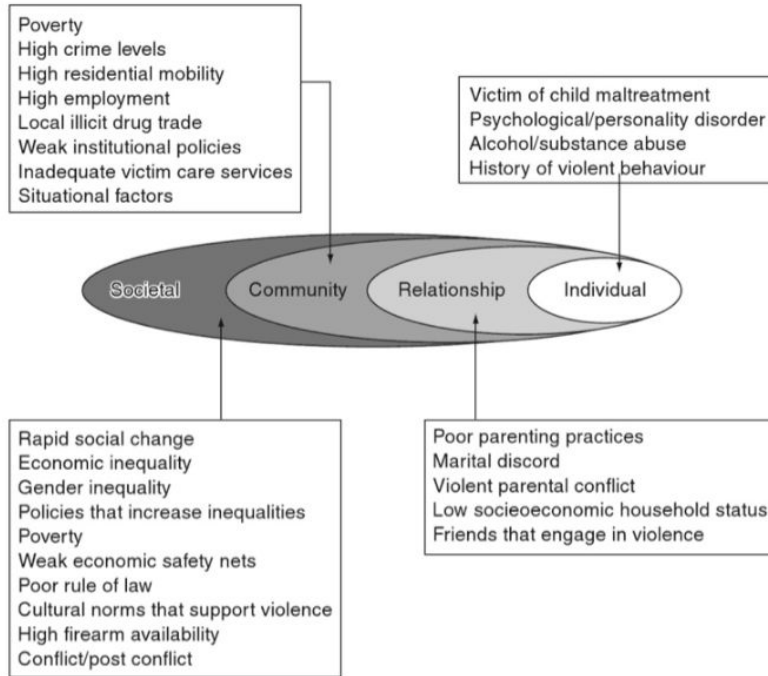


Figure 16.1 Ecological model showing shared risk factors for sub-times of interpersonal violence (source: From: “Preventing Violence: A guide to implementing the recommendations of the *World Report on Violence and Health*.” WHO, 2004).

- Host open meetings
 - Invite community stakeholders
- Establish referral networks
- Community Coalitions
 - Onondaga Suicide Prevention Coalition
 - Substance use Coalitions
- Connect with other youth-serving organizations
 - Boys & Girls Club of Syracuse
 - ACR Health (Q-Center)
 - Juvenile Justice

Discussion

- Who will complete the OSS? Implementation plan?
- How will you communicate about the new project to your clinicians?
 - Make them aware?
 - Inform them about their role in the project?
 - What they need to do to be prepared to carry out their role?
- What is your plan for getting your staff to complete the required trainings in October and November? For attending the in-person experiential trainings?
- What is your plan for clinical supervision to support staff as they get comfortable delivering new services or services to a new patient population?
- Who will be on your implementation team? How often will you meet?
- What is your plan for data collection?
 - For ZS participants, what is your feedback on the measures you are currently collecting? How can we improve the process?

Training Plan

Most staff have taken foundational online trainings during the NYASSC Initiative:

Non-Clinical Staff

- *Suicide Prevention for Healthcare Workers* module

Clinical Staff

- *Comprehensive Suicide Risk Assessment* module
- *Safety Planning Intervention for Suicide Prevention* module
- *Means Reduction Counseling for Suicidal Individuals* module
- *Structured Follow-Up and Monitoring* module (if responsible for follow-up)

New trainings later this fall:

- **New Yorkers Advancing Suicide-Safer Care for Youth (NYASSC-Y):** *Adaptations to the AIM Model of Suicide-Safer Care When Working With Children, Adolescents, and Young Adults*
- In-person experiential practice sessions

New York State Youth Suicide Prevention

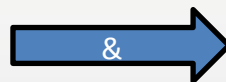
AIM Model of Suicide-Safer Care – General Protocol

Note: Items in **BLUE** represent procedures for all patients, and items in **PINK** for those at elevated risk.

ASSESS



INTERVENE



MONITOR

UNIVERSAL SCREENING WITH THE C-SSRS
with youth and their family

COMPREHENSIVE SUICIDE RISK ASSESSMENT
with youth and their family

CLINICAL FORMULATION AND TRIAGE

RISK LEVEL DETERMINATION
High – Moderate – Low

Suicide Care Management Plan

UNIVERSAL PRECAUTIONS
with youth and their family

Take immediate action to
MAINTAIN SAFETY

STANLEY-BROWN SAFETY PLAN
with means reduction counseling
with youth and their family

TREATMENT PLAN
with goals and objectives specifically
targeting suicide, including a plan for two
foreseeable changes with youth and their
family

INCREASE CLINICAL CONTACT

RE-SCREENING AT REGULAR INTERVALS
with youth and their family

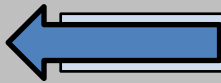
STRUCTURED FOLLOW-UP CALLS/TEXTS
to youth and family within 24-72hrs
of CPEP/ inpatient discharge
or missed outpatient appointments

OUTPATIENT APPOINTMENT
within 5 days of CPEP/inpatient discharge
and maintained weekly

WARM HAND-OFF OF RECORDS
Forward records prior to first visit, including
discharge summary, safety plan, and two
foreseeable changes

NON-DEMAND CARING CONTACT TEXTS AND POSTCARDS
at 2wks & 3mo after CPEP/inpatient
discharge

All procedures adapted to the youth's developmental stage and involving family engagement throughout the episode of care

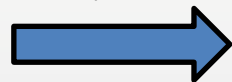


New York State Youth Suicide Prevention

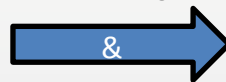
AIM Model of Suicide-Safer Care – CPEP

Note: Items in **BLUE** represent procedures for all patients, items in **PINK** for those at elevated risk to be discharged, and items in **GREY** for those to be admitted.

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INTERVENE



MONITOR

UNIVERSAL SCREENING WITH THE C-SSRS
with youth and their family

COMPREHENSIVE SUICIDE RISK ASSESSMENT
with youth and their family*
**If clear need for inpatient admission, no comprehensive assessment needed*

CLINICAL FORMULATION AND TRIAGE

RISK LEVEL DETERMINATION

Low Risk
Discharge with **BLUE SCMP** elements only

Moderate Risk
Discharge with **PINK SCMP** elements

High Risk
Likely Inpatient Admission

Suicide Care Management Plan

UNIVERSAL PRECAUTIONS
with youth and their family

STANLEY-BROWN SAFETY PLAN
with means reduction counseling with youth and their family

PLAN FOR TWO FORESEEABLE CHANGES
with youth and their family

INCREASE CONTACT
(line of sight or 1-to-1) until transfer to inpatient

STRUCTURED FOLLOW-UP CALLS/TEXTS
to youth and family
within 24-72hrs of discharge

OUTPATIENT APPOINTMENT
within 5 days of discharge

WARM HAND-OFF OF RECORDS
Forward records prior to first visit, including discharge summary, safety plan, and two foreseeable changes

NON-DEMAND CARING CONTACT TEXTS AND POSTCARDS
at 2wks & 3mo after discharge

All procedures adapted to the youth's developmental stage and involving family engagement throughout the episode of care

New York State Youth Suicide Prevention

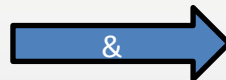
AIM Model of Suicide-Safer Care – Inpatient

Note: Items in **BLUE** represent procedures for all patients and items in **PINK** for those at elevated risk.

ASSESS



INTERVENE



MONITOR

UNIVERSAL SCREENING WITH THE C-SSRS
with youth and their family

COMPREHENSIVE SUICIDE RISK ASSESSMENT
with youth and their family

CLINICAL FORMULATION AND TRIAGE

RISK LEVEL DETERMINATION
High – Moderate – Low

Suicide Care Management Plan

UNIVERSAL PRECAUTIONS
with youth and their family

STANLEY-BROWN SAFETY PLAN
with means reduction counseling
with youth and their family

TREATMENT PLAN
with goals and objectives specifically targeting suicide, including a plan for two foreseeable changes with youth and their family

INCREASE CLINICAL CONTACT
(e.g., line of sight, 1-to-1, frequent checks)

RE-SCREENING AT REGULAR INTERVALS

STRUCTURED FOLLOW-UP CALLS/TEXTS
to youth and family
within 24-72hrs of discharge

OUTPATIENT APPOINTMENT
within 5 days of discharge

WARM HAND-OFF OF RECORDS
Forward records prior to first visit, including discharge summary, safety plan, and two foreseeable changes

NON-DEMAND CARING CONTACT TEXTS AND POSTCARDS
at 2wks & 3mo after discharge

All procedures adapted to the youth's developmental stage and involving family engagement throughout the episode of care

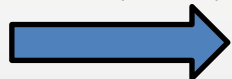


New York State Youth Suicide Prevention

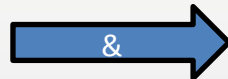
AIM Model of Suicide-Safer Care – Outpatient & School-Based Mental Health

Note: Items in **BLUE** represent procedures for all patients and items in **PINK** for those at elevated risk.

ASSESS



INTERVENE



MONITOR

UNIVERSAL SCREENING WITH THE C-SSRS
with youth and their family

COMPREHENSIVE SUICIDE RISK ASSESSMENT
with youth and their family

CLINICAL FORMULATION AND TRIAGE

LEVEL OF CARE DETERMINATION
Is the client appropriate for outpatient care?

RISK LEVEL DETERMINATION
High – Moderate – Low

Suicide Care Management Plan

UNIVERSAL PRECAUTIONS
with youth and their family

Take immediate action to
MAINTAIN SAFETY

STANLEY-BROWN SAFETY PLAN
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with youth and their family

TREATMENT PLAN
with goals and objectives specifically targeting suicide, including a plan for two foreseeable changes with youth and their family

INCREASE CLINICAL CONTACT

LONG-TERM INTERVENTIONS
to address symptoms, including suicide-specific treatments if available

RE-SCREENING AT LEAST QUARTERLY
at treatment plan review or as clinically indicated with youth and their family

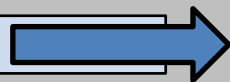
MAINTAIN WEEKLY APPOINTMENTS

SCREENING EVERY SESSION

STRUCTURED FOLLOW-UP CALLS/TEXTS
to youth and family within 24hrs of missed appointments

SESSION WITHIN 72HRS OF DISCHARGE
from the ED, CPEP, or inpatient unit

All procedures adapted to the youth's developmental stage and involving family engagement throughout the episode of care



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