



Zero Suicide in Kansas

Lauren Gracy, MPH | August 23, 2023

Zero Suicide in Health Systems

- In August 2020, KDHE was awarded a Zero Suicide in Health Care Systems grant from the Substance Abuse and Mental Health Services Administration (SAMHSA)
- 5 year, \$700,000 per year grant
- First of its kind for KDHE
- Target group is adults 25 years and older
- Activities for the grant center around the 7 elements of the Zero Suicide Framework



What is the Zero Suicide Framework?

Zero Suicide is a...

foundational belief that suicide deaths in health and behavioral health systems are preventable.

practical, transformational framework for these systems toward safer suicide care

system-wide approach to improve patient outcomes and close gaps.

commitment to patient safety and to a restorative just culture for care providers.

7 ELEMENTS OF ZERO SUICIDE

LEAD

LEAD a system-wide culture change that is committed to reducing suicides.

TRAIN

TRAIN a competent, confident, and caring workforce.

IDENTIFY

IDENTIFY does not aim to *predict* suicide but allows us to plan effective suicide care.

ENGAGE

ENGAGE ensures that every individual at risk for suicide is an active participant in their own care.

TREAT

TREAT suicidal ideation and behaviors specifically and directly, independent of any diagnosis.

TRANSITION

TRANSITION signals the need to bridge services with care and continuous contact.

IMPROVE

IMPROVE policies, procedures, and patient outcomes through continuous, data-driven efforts.

Why is this important to public health?

Why Zero Suicide?

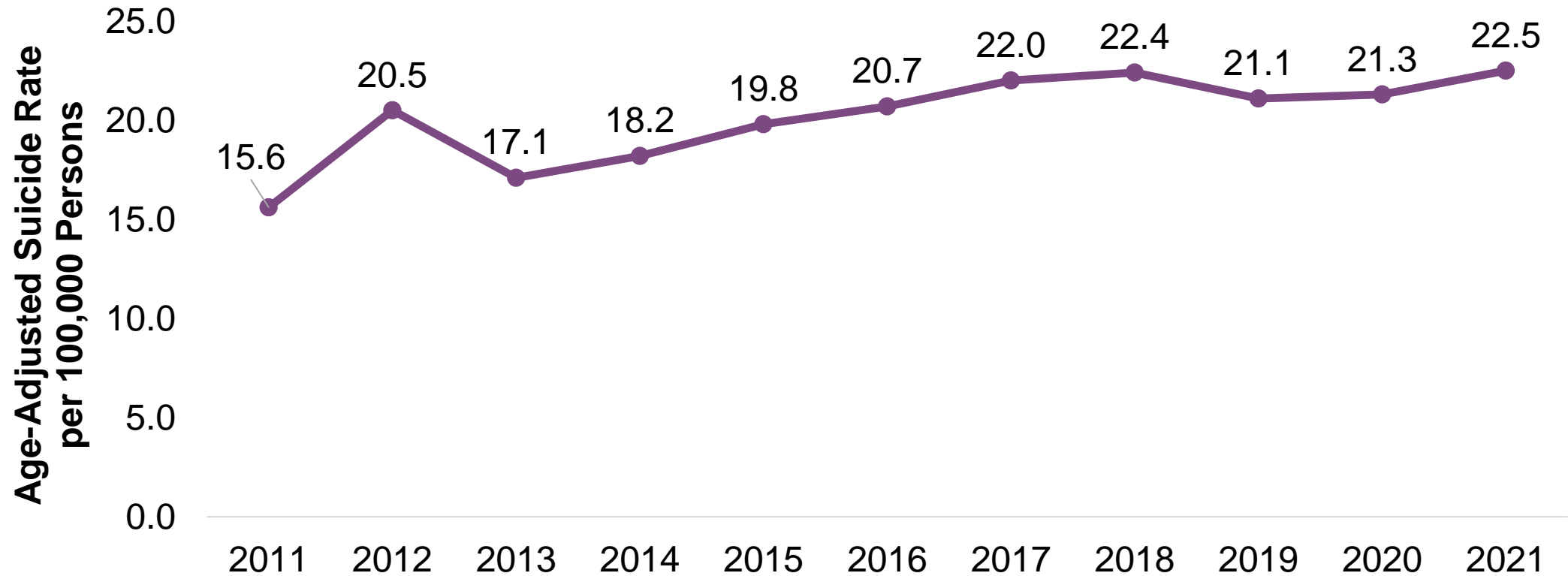
Table 1. Top 10 Leading Causes of Death, Kansas, 2016-2020

Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 259	Unintentional Injury 60	Unintentional Injury 36	Unintentional Injury 59	Unintentional Injury 585	Unintentional Injury 833	Unintentional Injury 792	Malignant Neoplasms 1,568	Malignant Neoplasms 5,416	Heart Disease 24,291	Heart Disease 29,622
2	Short Gestation 176	Homicide 17	Malignant Neoplasms 24	Suicide 36	Suicide 446	Suicide 534	Suicide 479	Heart Disease 1,279	Heart Disease 3,426	Malignant Neoplasms 20,020	Malignant Neoplasms ---
3	Unintentional Injury 84	Malignant Neoplasms 15	Cerebro-vascular ---	Malignant Neoplasms 19	Homicide 222	Homicide 212	Malignant Neoplasms 465	Unintentional Injury 831	Chronic Low. Respiratory Disease 1,070	Chronic Low. Respiratory Disease 7,422	Chronic Low. Respiratory Disease 8,745
4	Maternal Pregnancy Comp. 72	Congenital Anomalies ---	Congenital Anomalies ---	Congenital Anomalies 13	Malignant Neoplasms 49	Malignant Neoplasms 160	Heart Disease 439	Suicide 400	Unintentional Injury 1,024	Cerebro-vascular 5,806	Unintentional Injury 7,698
5	SIDS 66	Influenza & Pneumonia ---	Homicide ---	Homicide ---	Heart Disease 38	Heart Disease 125	Liver Disease 162	Liver Disease 381	Diabetes Mellitus 788	Alzheimer's Disease 4,404	Cerebro-vascular 6,700
6	Placenta Cord Membranes 47	Benign Neoplasms ---	Septicemia ---	Chronic Low. Respiratory Disease ---	Congenital Anomalies 20	Liver Disease 57	Homicide 153	Diabetes Mellitus 277	Liver Disease 581	Unintentional Injury 3,394	Alzheimer's Disease 4,466
7	Bacterial Sepsis 21	Five Tied ---	Heart Disease ---	Cerebro-vascular ---	Diabetes Mellitus 11	Diabetes Mellitus 56	Diabetes Mellitus 101	Cerebro-vascular 220	Cerebro-vascular 552	Diabetes Mellitus 3,095	Diabetes Mellitus 4,329
8	Intrauterine Hypoxia 18	Five Tied ---	Influenza & Pneumonia ---	Heart Disease ---	Complicated Pregnancy 10	Cerebro-vascular 21	Cerebro-vascular 82	Chronic Low. Respiratory Disease 186	Suicide 377	COVID-19 2,859	COVID-19 3,344
9	Circulatory System Disease 17	Five Tied ---	Benign Neoplasms ---	Benign Neoplasms ---	Chronic Low. Respiratory Disease ---	Influenza & Pneumonia 20	COVID-19 37	COVID-19 125	Nephritis 327	Influenza & Pneumonia 2,347	Influenza & Pneumonia 2,740
10	Neonatal Hemorrhage 17	Five Tied ---	Chronic Low. Respiratory Disease ---	Influenza & Pneumonia ---	COVID-19 ---	Complicated Pregnancy 19	Influenza & Pneumonia 37	Nephritis 108	COVID-19 297	Nephritis 2,240	Nephritis 2,717

Source: WISQARS
 Produced by: National Center for Injury and Prevention Control, Centers for Disease Control and Prevention
 Data Source: National Center for Health Statistics (NCHS), Nation Vital Statistics Center
 Counts less than 10 have been suppressed

Why Zero Suicide?

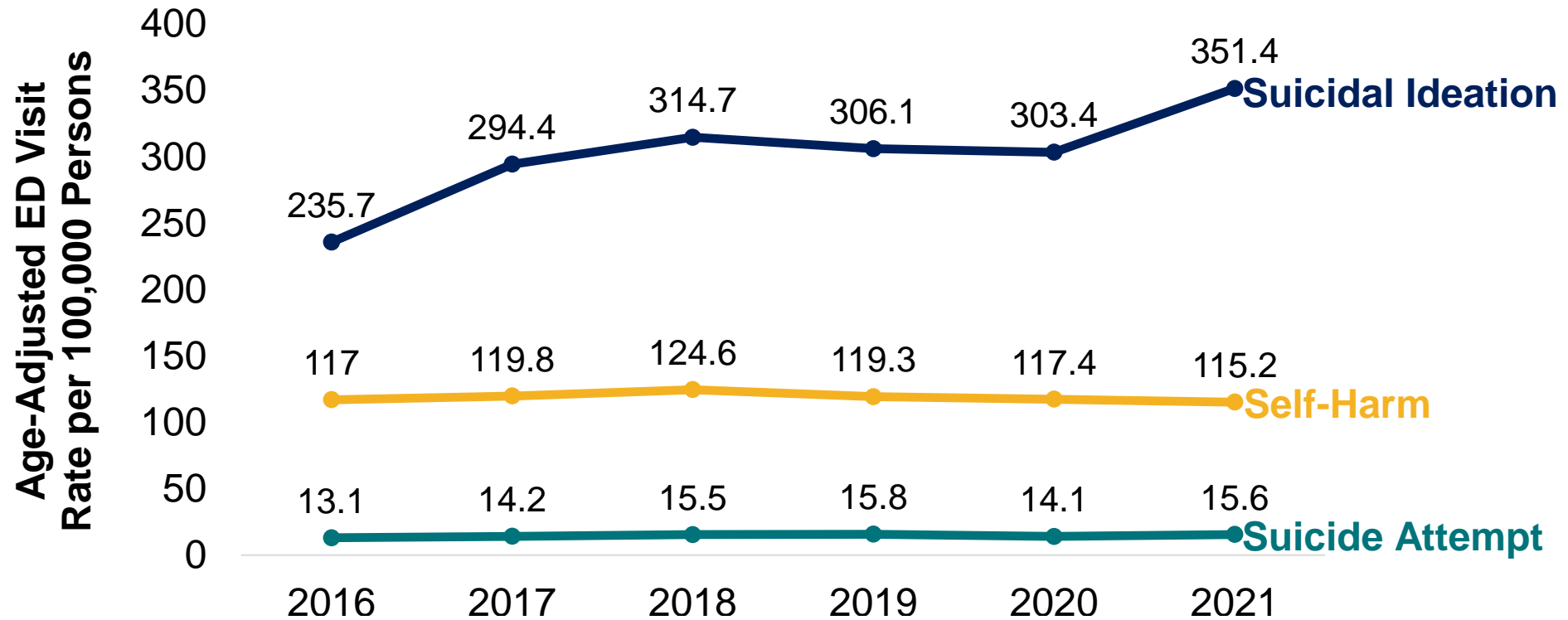
There was a statistically significant **44.5% increase** in the suicide death rate from 2011 to 2021



Data source: KDHE Office of Vital Statistics, Mortality Data, 2011-2021

Why Zero Suicide?

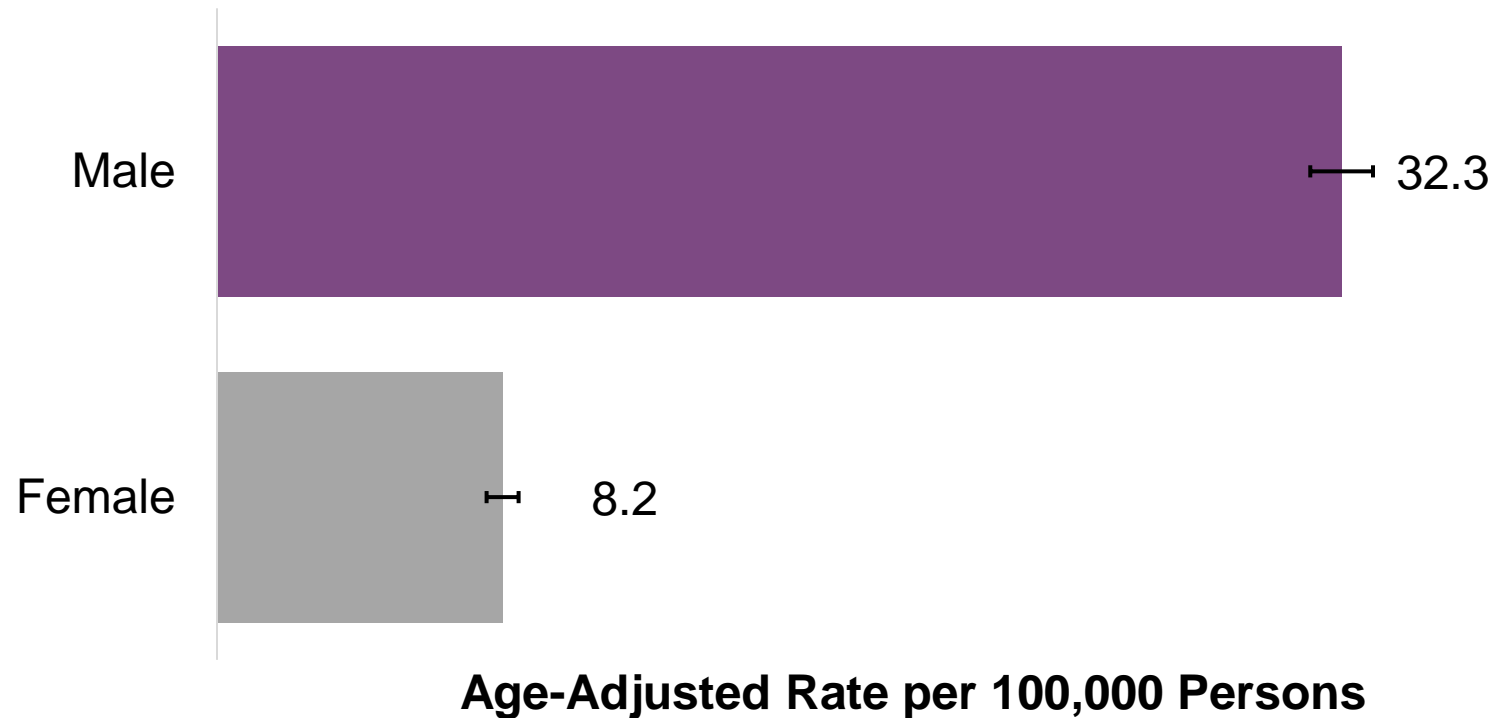
In 2021, for every one Kansan that died by suicide, **6** visited the Emergency Department for **suicide attempt** or **self-harm** and **15** visited for **suicidal ideation**.



Data source: KDHE Office of Vital Statistics, Kansas Hospital Association (KHA) Emergency Department Data, 2011-2021

Why Zero Suicide?

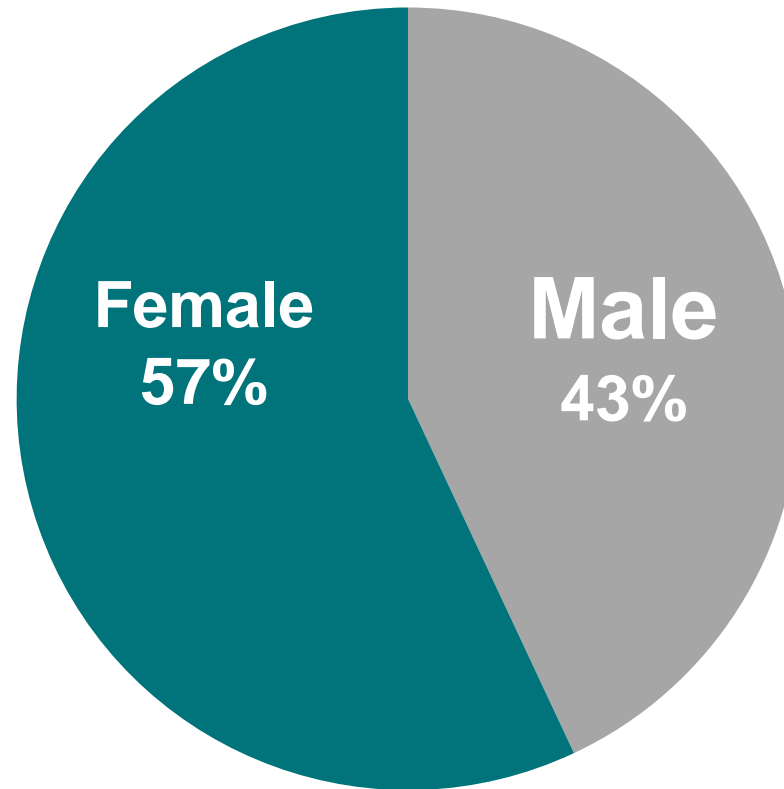
Males have a suicide rate 3x that of females.



Data source: KDHE Office of Vital Statistics, Mortality Data, 2011-2021

Why Zero Suicide?

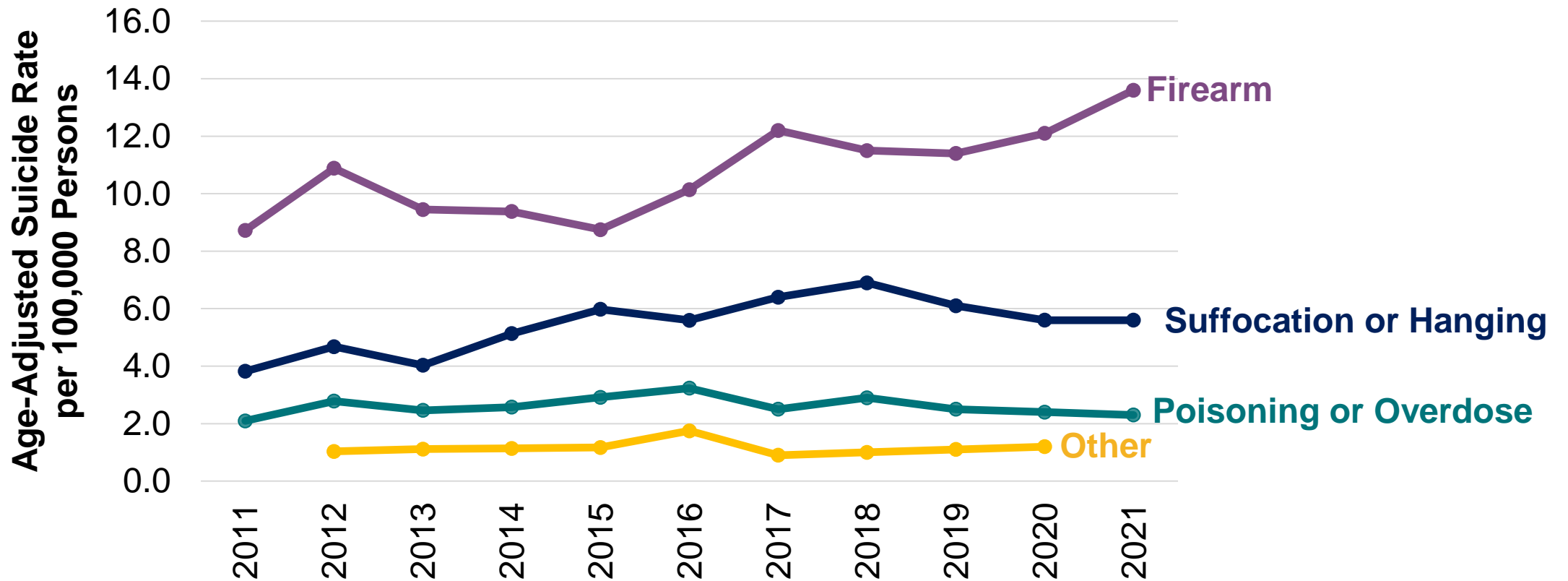
Females visit the ED for suicide attempt more frequently than males.



Data source: KDHE Office of Vital Statistics, KHA Emergency Department, Data, 2011-2021

Why Zero Suicide?

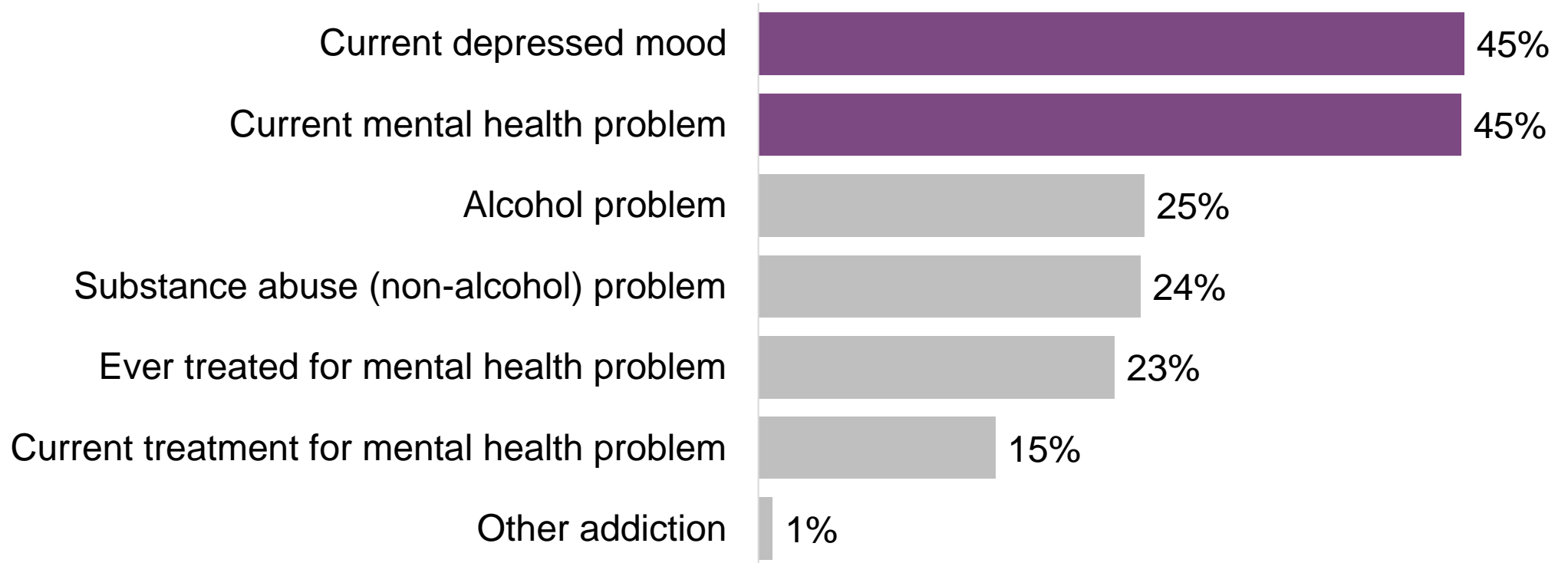
There was a statistically significant **56% increase** in firearm suicide rate between 2011 and 2021



Data source: KDHE Kansas Violent Death Reporting System (KSVDRS), Bureau of Health Promotion, 2016-2020

Why Zero Suicide?

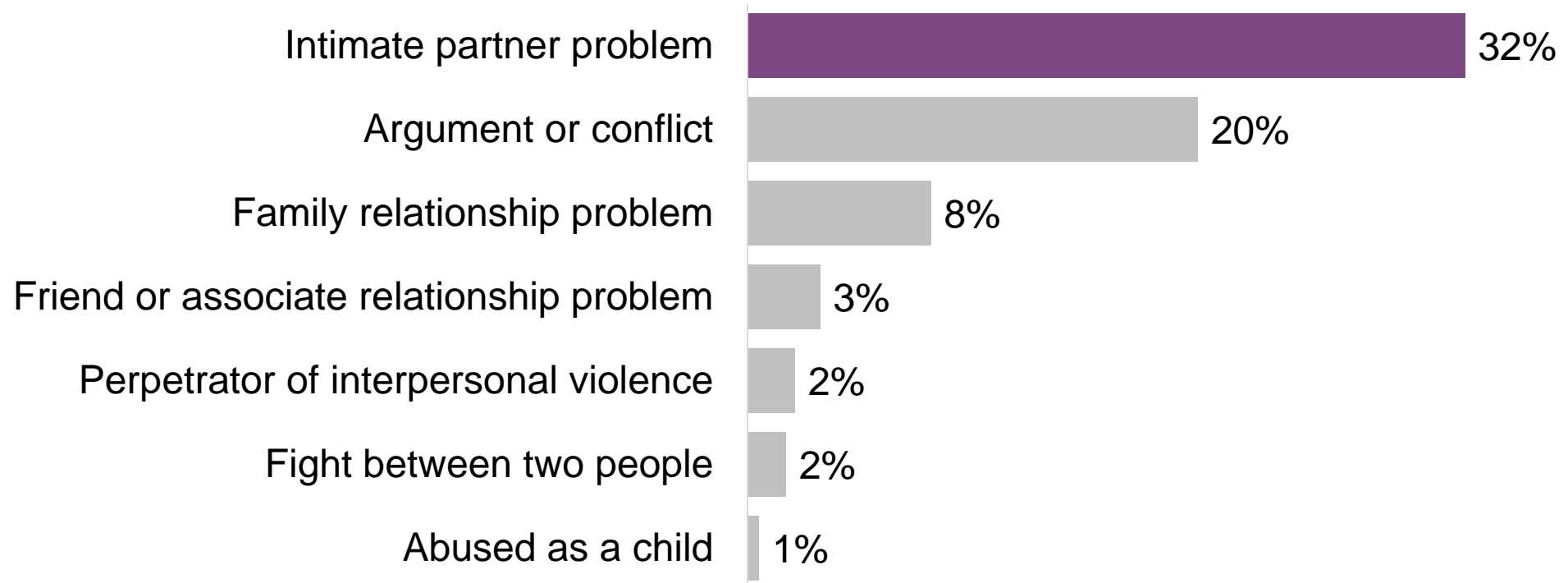
Nearly half (45%) of people who died by suicide were reported to have a depressed mood or mental health problem at the time of their death



Data source: KDHE Kansas Violent Death Reporting System (KSVDRS), Bureau of Health Promotion, 2016-2020

Why Zero Suicide?

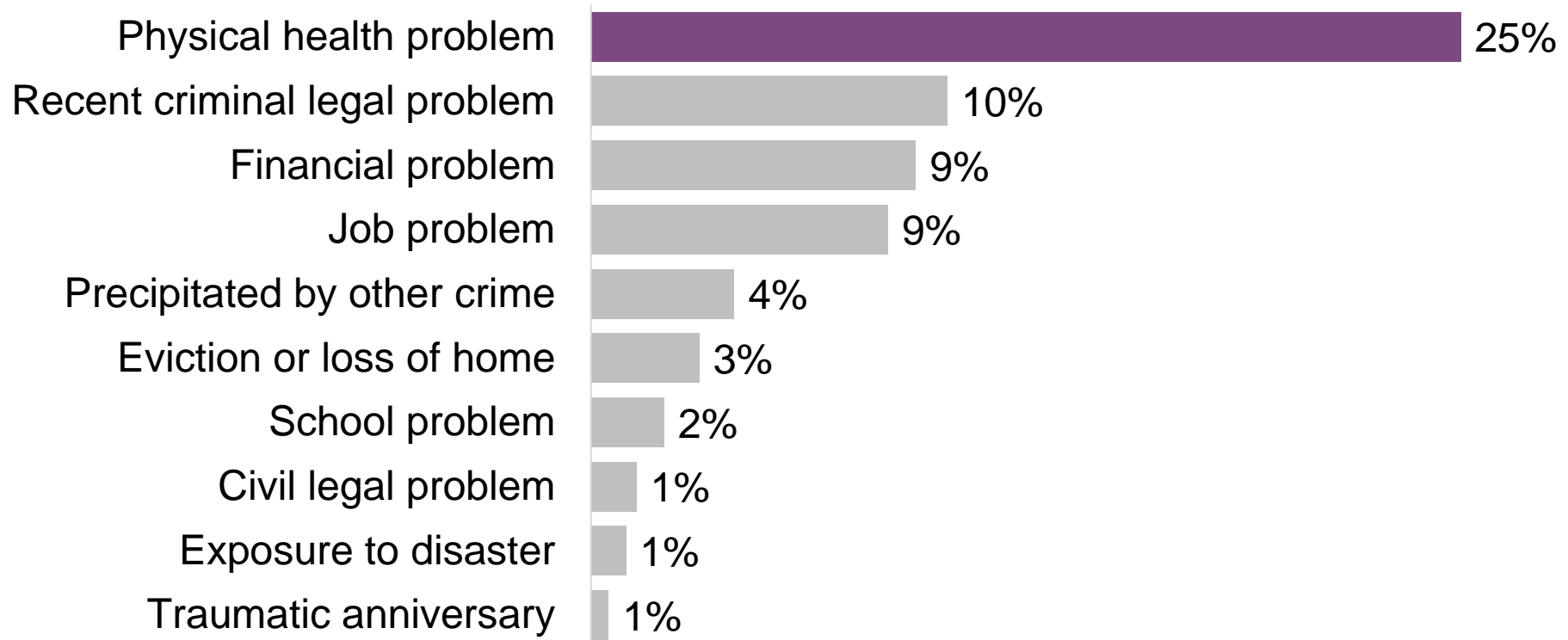
One in three (32%) of those who died by suicide were reported to have an intimate partner problem at the time of their death



Data source: KDHE Kansas Violent Death Reporting System (KSVDRS), Bureau of Health Promotion, 2016-2020

Why Zero Suicide?

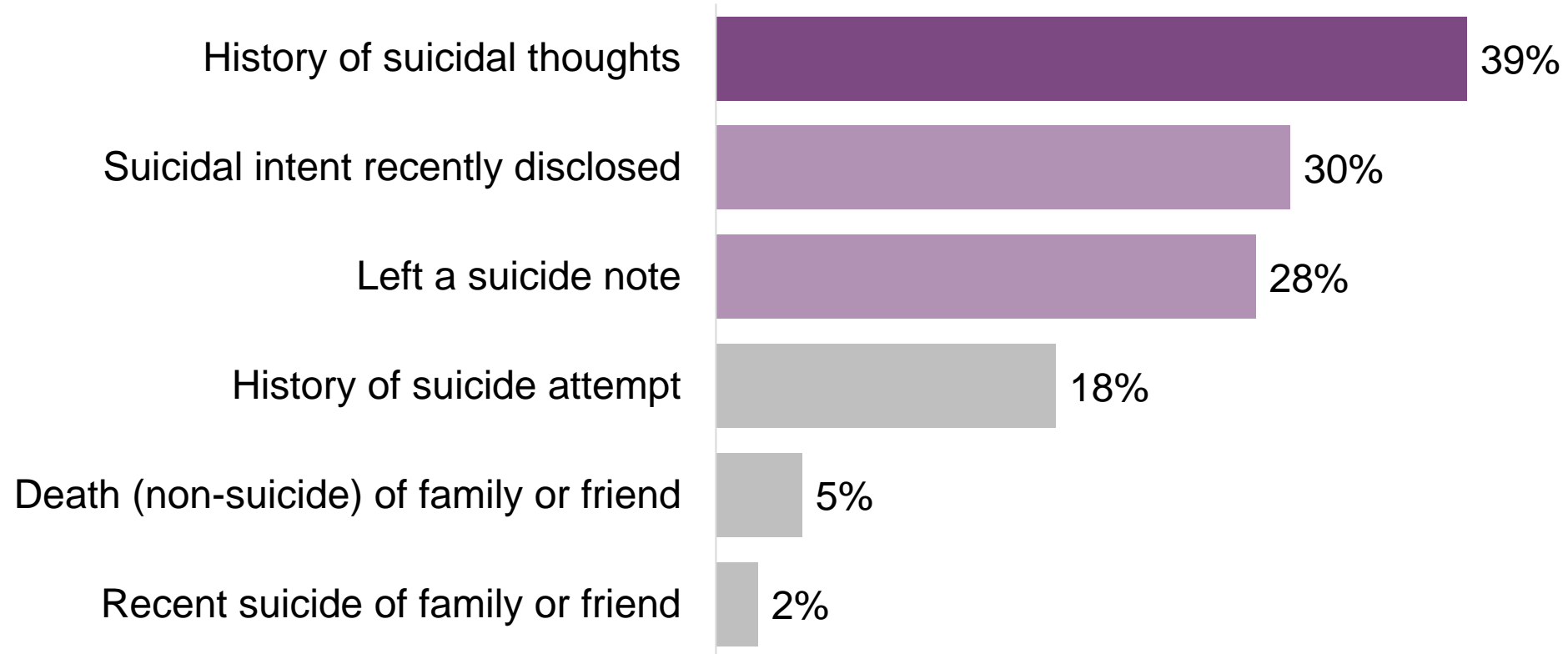
One in four (25%) of those who died by suicide were reported to have a physical health problem



Data source: KDHE Kansas Violent Death Reporting System (KSVDRS), Bureau of Health Promotion, 2016-2020

Why Zero Suicide?

Two in five (39%) of those who died by suicide were reported to have history of suicidal ideations



Data source: KDHE Kansas Violent Death Reporting System (KSVDRS), Bureau of Health Promotion, 2016-2020

Why Zero Suicide?

- 45% of people who died by suicide had contact with their doctor within the month prior to their death¹
 - 95% within the year prior²

What is Kansas doing for Zero Suicide?

How We Have Implemented Zero Suicide

Partnered with multiple agencies and organizations such as:

- Local and State Suicide Prevention Coalitions
- Kansas Suicide Prevention Headquarters
- Kansas State Department of Education
- Kansas Department of Aging and Disability Services
- State Hospitals
- Community Mental Health Centers
- National Alliance on Mental Illness (NAMI)
- Dept. of Veteran Affairs (VA)
- Wichita State University
- Office of the Attorney General

How We Have Implemented Zero Suicide

We have provided funding for implementation to organizations:

- Coordinated trainings that are best practices for suicide prevention with the behavioral health workforce (Ex. Applied Suicide Intervention Skills Training (ASIST), Counseling on Access to Lethal Means (CALM), Zero Suicide Academy and Workshops, Screening and Assessment using the Columbia Suicide Severity Rating Scale (CSSRS)).
- Contracted with the Kansas Healthcare Collaborative on a pilot to expand Zero Suicide in three primary care clinics.
- Using grant funds, contracted with CMHCs, Health System, Community Health Clinic, Behavioral Healthcare Organizations, Substance Use Treatment Organization and a Local Health Department to implement all 7 elements.

How We Have Grown Zero Suicide

We have raised awareness about Zero Suicide implementation in Kansas:

- Developed written materials and infographics
- Presented and/or exhibited at state and national conferences and meetings, with several upcoming
- Hosted Zero Suicide Workshops and Academies
- Leveraged our relationships with other state agencies, coalitions, health and behavioral healthcare organizations to share the model and their successes
- Developed a webpage in 2021
- Increased data sharing through data reports and spike alerts to community mental health centers and local health departments
- Published a Suicide Data Dashboard in 2022

Implementation Accomplishments

Lead

- All fully-funded sites have implementation teams that meet regularly (year 3 average: **9.6** members; range: **5-14** members).
- **5 of the 6** grant year 3 implementation teams have at least one person with lived experience
 - Up from **3 of 5** in year 2
- All agencies report leadership support

*Individuals may have attended more than one training

Implementation Accomplishments

Train

- Gatekeeper (QPR, MHFA): **745**
 - Trainers trained: **8**
- Intervention (ASIST or similar): **447**
 - Trainers trained: **4**
- Lethal Means Reduction (CALM): **830**
 - Trainers trained: **3**
- Screening and Assessment (C-SSRS): **865**
- Safety Planning: **360**
- Treatment (CAMS, AMSR): **204**
- Zero Suicide Workshop: **168**
- Zero Suicide Academy: **87**

Total*: 3,721

*Individuals may have attended more than one training

Implementation Accomplishments

Identify

- In year 3, all funded agencies have already incorporated screening tools into their EHR
- To-date in year 3, **35,643** individuals have been screened for suicidality

Engage

- Individuals enrolled: **46** in year 3 so far (compared to **42** in year 2)
- Gun locks distributed: **2,044**
- Lock boxes distributed: **947**
- Drug deactivation bags distributed: **1,698**
- **3 of 6** funded agencies have promoted medication take-back events/drop boxes in year 3

Implementation Accomplishments

Treat

- All agencies used evidence-based treatments for suicide prevention
- Total Individuals referred for treatment of suicidality: **2,407**

Transition

- By the 3rd quarter of year 3, **5 of 6 agencies** had written policies in place for providing guidance for successful care transitions

Improve

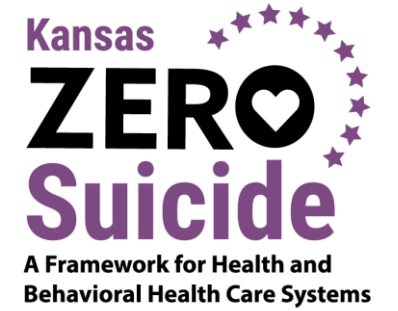
- By the 3rd quarter of year 3, **4 of 6 agencies** had a policy in place to assess their organization's fidelity to the Zero Suicide Model
- **15 agencies** submitted data to Kansas Zero Suicide for evaluation

QUESTIONS?



References

1. Luoma, J. B., Martin, C. E., & Pearson, J. L. (2002). Contact with mental health and primary care providers before suicide: a review of the evidence. *The American journal of psychiatry*, 159(6), 909–916. doi.org/10.1176/appi.ajp.159.6.909
2. Ahmedani, B. K., Stewart, C., Simon, G. E., Lynch, F., Lu, C. Y., Waitzfelder, B. E., ... & Hunkeler, E. M. (2015). Racial/ethnic differences in healthcare visits made prior to suicide attempt across the United States. *Medical care*, 53(5), 430.



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