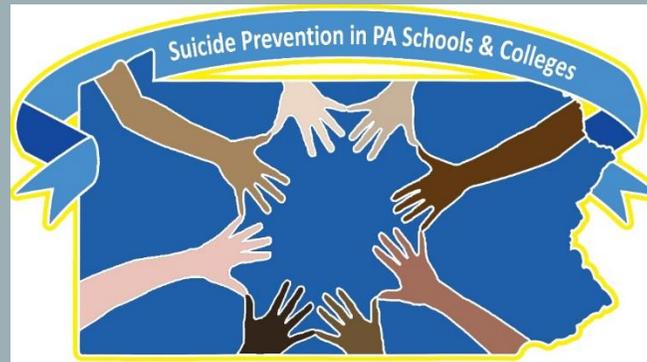


# YOUTH SUICIDE PREVENTION IN PENNSYLVANIA SCHOOLS

Tita Atte, MPH, CPH

Perri Rosen, PhD, NCSP



# YOUTH SUICIDE IN PENNSYLVANIA

Survey Item “In the past 12 months...”	Youth Risk Behavior Survey (2015)	Pennsylvania Youth Survey (2015)
Considered suicide	16%	16%
Had a suicide plan	14%	13%
Attempted suicide	8%	10%
Needed medical treatment for suicide attempt	3%	2%
Felt very sad or hopeless for at least 2 weeks	28%	22%

(Youth Risk Behavior Survey, 2015)  
(Pennsylvania Youth Survey, 2015)

# SCHOOL SUICIDE PREVENTION LEGISLATION IN PA: ACT 71

- Beginning with the 2015-2016 school year, each school entity **shall**:
  - Adopt suicide prevention policies and procedures
  - Develop a professional development plan to provide 4 hours of suicide awareness and prevention training every 5 years
  
- Beginning with the 2015-2016 school year, each school entity **may**:
  - Incorporate suicide prevention curriculum/programming for students

# PENNSYLVANIA STUDENT ASSISTANCE PROGRAM (SAP)

- “School entities shall plan and provide for a student assistance program”  
(Chapter 12 of the PA Public School Code)
- The goal of SAP is to help students overcome “barriers to learning”
- SAP is administered by 3 state departments:
  - PA Department of Education (PDE)
  - PA Department of Human Services (DHS)
  - PA Department of Drug and Alcohol Programs (DDAP)

# THE SAP PROCESS

Referral

Team  
Planning

Interventions  
and  
Recommendations

Follow-  
up



# SAP REFERRALS, SCREENING, AND INTERVENTION YEAR 1: 2014-2015

SCREENING:

**18,286**

**Total Public  
School  
Enrollment:  
1,739,559**

Referral  
**21,927**

Team  
Planning

Interventions  
and  
Recommendations

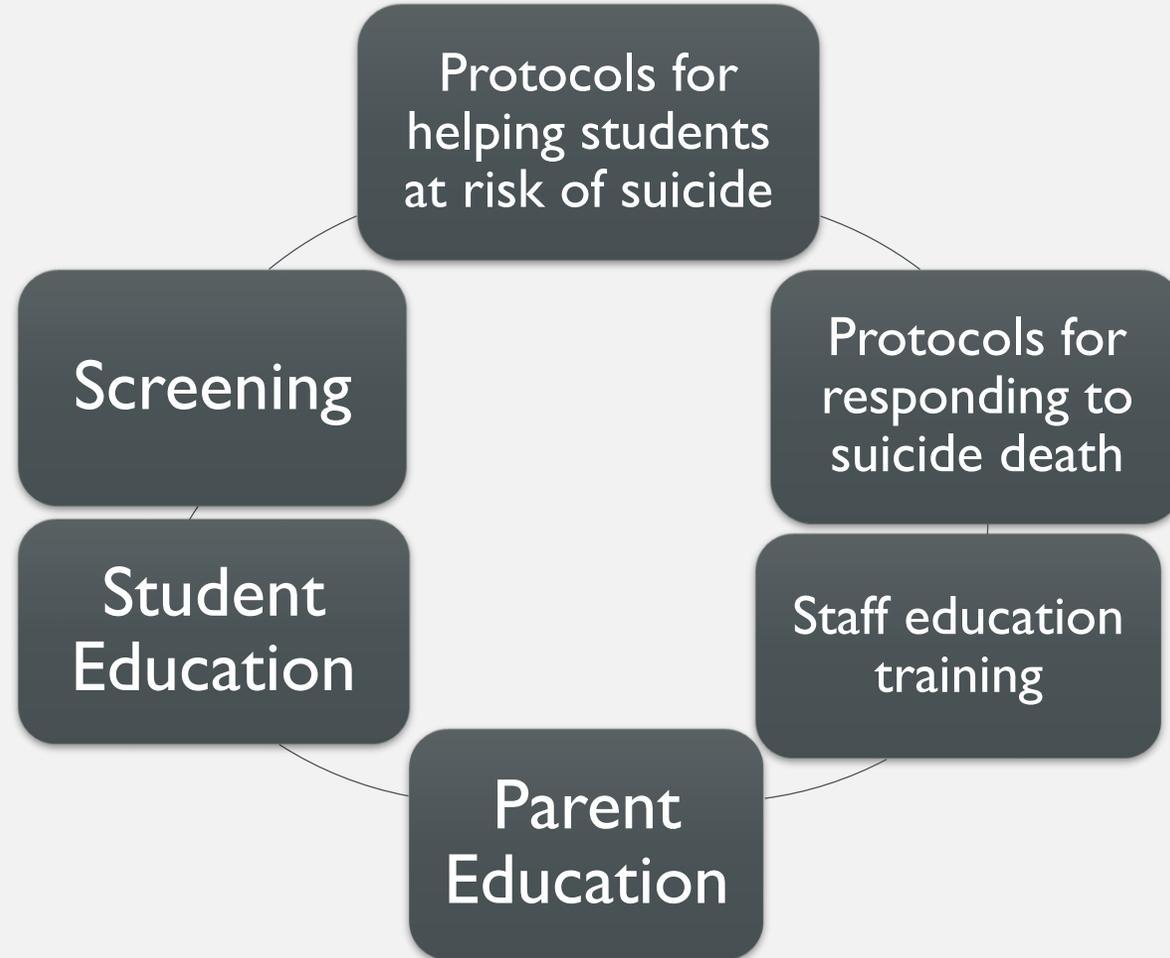
Follow-  
up  
**15,855**



## GARRETT LEE SMITH GRANT: “SUICIDE PREVENTION IN PA SCHOOLS AND COLLEGES INITIATIVE”

- Increase the number of
  - staff in schools, colleges, and universities trained to identify/refer youth at risk for suicide
  - youth screened and referred for treatment
  - clinical service providers trained to assess, manage, and treat youth at risk for suicide
- Increase awareness about youth suicide prevention among youth, families, educators, and community members
- Implement sections of the *2012 National Strategy for Suicide Prevention* to reduce rates of suicidal ideation, attempts, and deaths
- Promoting state-wide, systems-level change to advance suicide prevention efforts

# HOW SCHOOLS CAN HELP PREVENT SUICIDE



# POLICIES AND PROCEDURES

- Collaboration with the PA Department of Education (PDE) and PA School Boards Association (PSBA)
- Development of a webinar(s) for school administrators/SAP teams
  - Policy webinar
    - Includes considerations for how to integrate SAP into school policies and procedures
  - Crisis response/suicide risk assessment series
    - School districts discuss how SAP fits with their procedures
    - Module focused on the role of SAP and community partnerships

# TRAINING MODEL

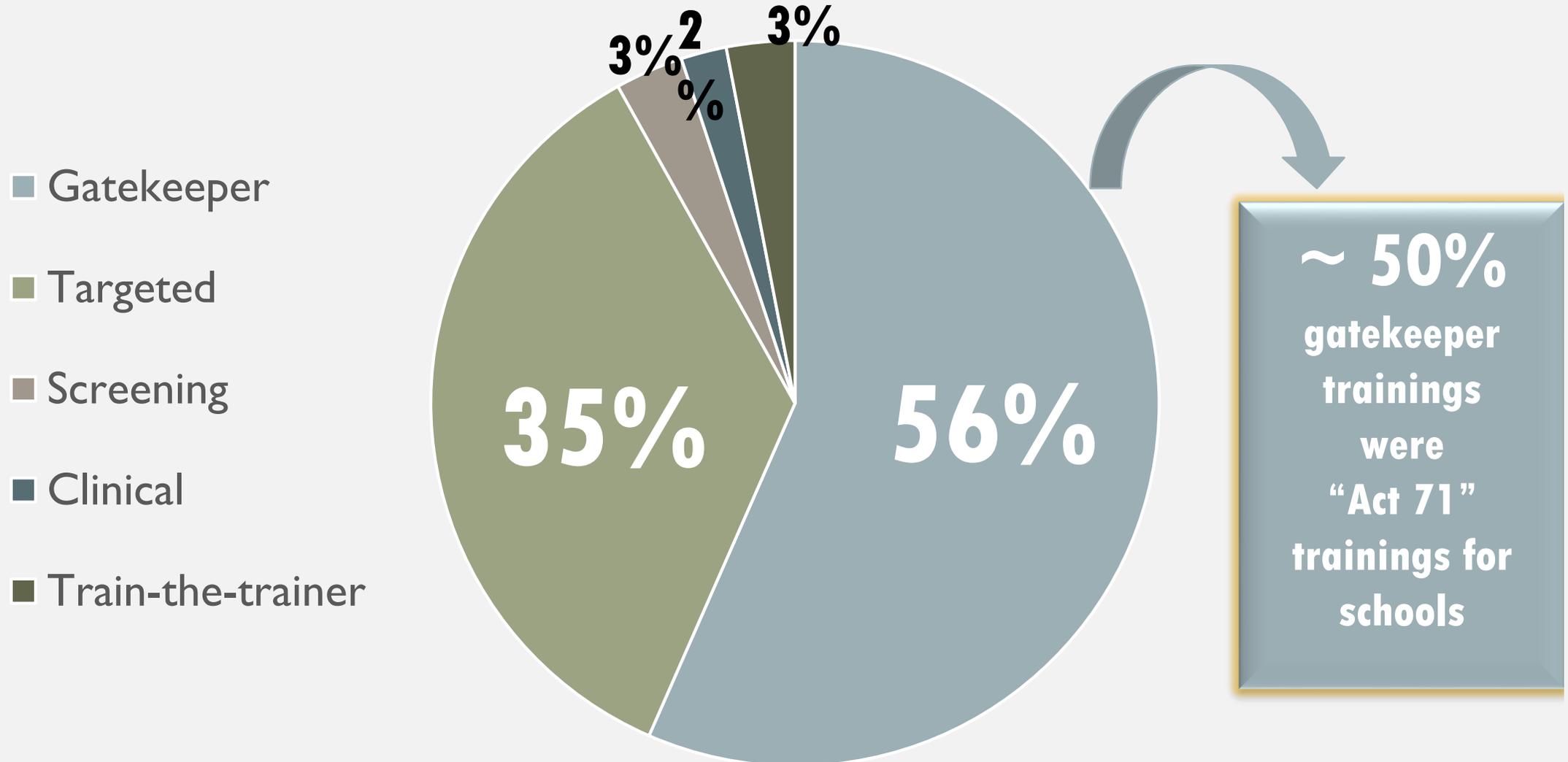
**Suicide risk assessment**  
**Safety Planning**  
**Postvention**  
**Family Engagement**

**Myths**  
**Risk and protective factors**  
**Warning Signs**  
**How to respond to youth who may be suicidal**



**Cognitive-behavioral therapy for suicide prevention (CBT-SP)**  
**Attachment-based family therapy (ABFT)**

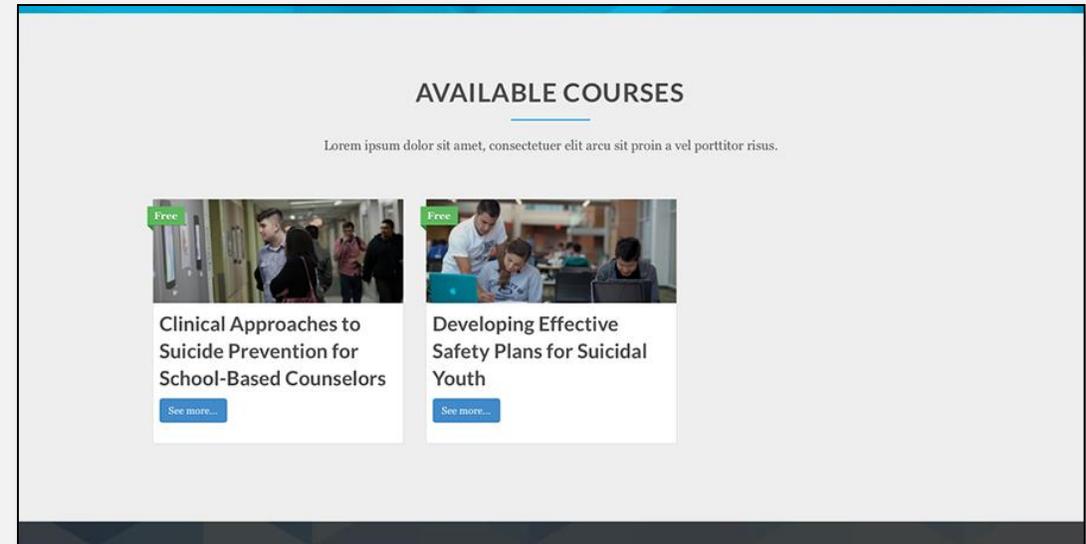
# TRAINING



**>200** trainings reaching **>12,000** individuals

# SUICIDE PREVENTION ONLINE LEARNING CENTER

- Trainings based on role
- Courses/classes
- Pre-test/post-test
- Certificates of completion
- Print transcript for Act 48 credit

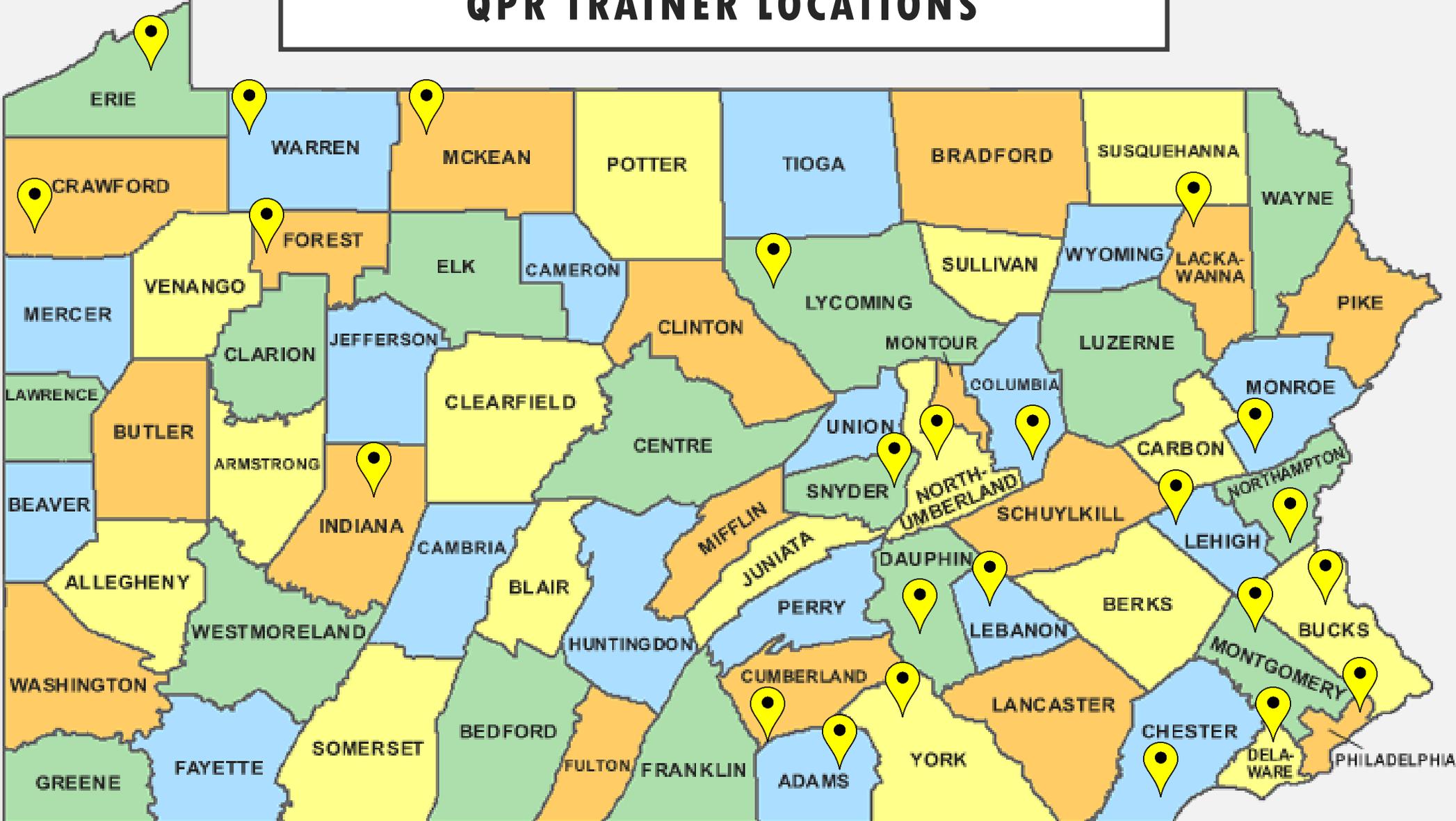


The screenshot displays a webpage titled "AVAILABLE COURSES". Below the title is a line of placeholder text: "Lorem ipsum dolor sit amet, consectetur elit arcu sit proin a vel porttitor risus." There are two course cards. The first card features a photo of a hallway with a "Free" tag in the top left corner. The text below the photo reads "Clinical Approaches to Suicide Prevention for School-Based Counselors" and includes a "See more..." button. The second card features a photo of people working at computers with a "Free" tag in the top left corner. The text below the photo reads "Developing Effective Safety Plans for Suicidal Youth" and includes a "See more..." button.

# QPR INSTRUCTOR TRAINING

- 6 QPR Instructor Trainings → 81 new QPR Instructors
  - School District employees (administrators and school mental health professionals)
  - County and state employees
  - Suicide Prevention Task Force Members
  - RTF administrators and clinicians
  - College faculty (primarily in pre-service teacher preparation programs)
- 30 Trainings → 916 new gatekeepers since May 2016
  - NOTE: 70% of QPR Instructors were trained in May 2017 or later

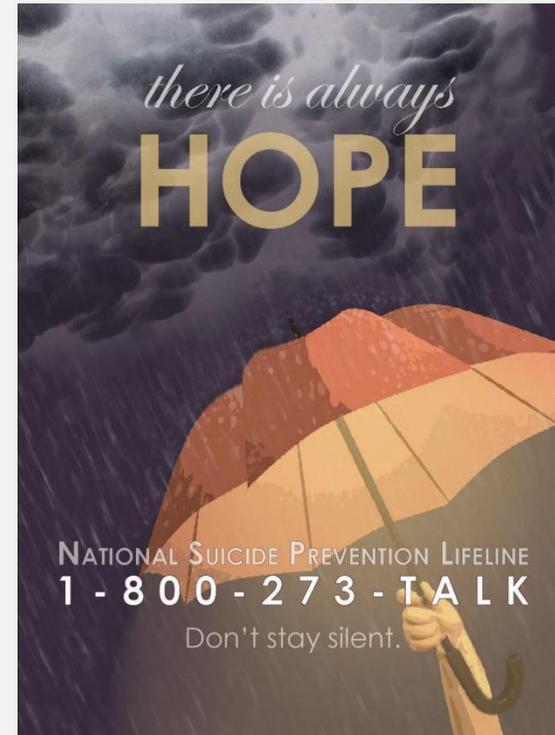
# QPR TRAINER LOCATIONS



# STUDENT EDUCATION AND AWARENESS

- Partnerships with Aavidum and the Jana Marie Foundation
  - Aavidum mental health curriculum
  - Jana Marie Foundation “Mind Matters” curriculum
- Awareness activities
  - Annual public service announcement contest

## 2017 PSA Contest Winners



# WHY IS SCREENING IMPORTANT?

- Effective treatments are available, but most behavioral health problems remain undetected due to lack of screening.
- Screening:
  - Standardizes screening questions across patients and providers
  - Adolescents more likely to report MH problems
  - Facilitates conversation
  - Increases early detection of risk behaviors

## LIMITATIONS OF EXISTING SCREENING TOOLS

- Usually address only a single domain (e.g., depression)
- Only cover current and past two weeks symptoms, even though many visits are yearly (well-visits)
- Lacking psychometric validation
- Paper and pencil administration or Local PC software
- No electronic or centralized data

# SAP SCREENING

- After surveying several agencies across the state, we discovered that many agencies:
  - Did not use empirically supported and validated screening tools
  - Did not have uniformity in what questions they asked and how they asked them
  - Struggled to compile their data in a meaningful way for themselves and their county oversight
  - Stated that the time to complete the entire SAP screening/assessment process was long

# BEHAVIORAL HEALTH SCREEN (BHS)

- The BHS is a validated, comprehensive screening tool designed specifically for multiple settings.
- It goes beyond most screening tools by offering a full psychosocial assessment on a self-report, internet-based system that scores the data for busy clinicians and providers.
- Strong reliability and validity data on the scales and items
- Reports instantly generated with scaled scores and critical items flagged
- Flexible web tool and platform allows for site-specific additional assessment items

# BEHAVIORAL HEALTH SCREEN (BHS)

- **Web-based screening** efficiently addresses identification and prevention by

- Covering 13 Domains in about 7 minutes
- Identifying Critical Issues: Suicide, Violence, Gun Access
- Automatically Scoring: Depression, Suicide, Anxiety, Trauma, Substance Eating Disorder
- Identifying Risk Behaviors: Substance Use, Safety, Bullying
- Identifying Patient Strengths: Grades, Exercise



- **Developed, Validated & Clinically Tested**

- In use at The Children's Hospital of Philadelphia since 2007
- The items were reviewed by a team of 20 national experts and by several physician focus groups.
- In use in over 40 clinical sites across the state of Pennsylvania and New York (primary care, emergency departments, crisis centers, schools, and universities)



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# BEHAVIORAL HEALTH SCREEN (BHS)

## Key Domains

- School
- Family
- Substance Abuse
- Sexuality
- Safety
- Demographics
- Medical
- Depression
- Anxiety
- Suicide and Self Harm
- Trauma
- Nutrition and Eating
- Psychosis
- Bullying



## Key Validated Scoring Scales

Scale	Score
Depression	0-4 ; Mean of 5 items
Anxiety	0-4 ; Mean of 4 items
Suicide - Current	0-4 ; Mean of 3 items
Traumatic Distress	0-4 ; Mean of 3 items
Eating Disorder	0-4 ; Mean of 4 items
Substance Abuse	0-4 ; Mean of 4 items

The system generated report provides scores for the key domain scales. These scores are based on the clinically significant categories based on these well-validated measures.

# BEHAVIORAL HEALTH SCREEN

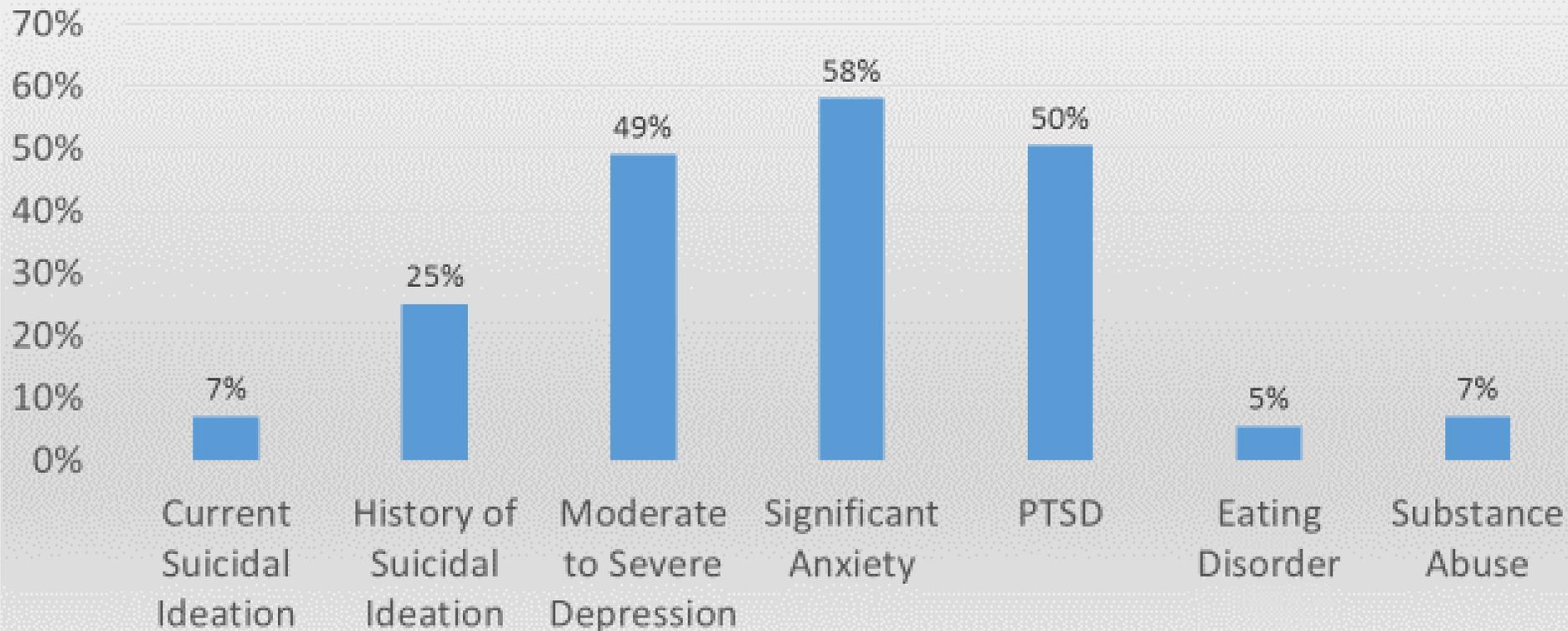
- Full version contains 61 core items with an additional 40 embedded items that are presented when certain items are positively endorsed.
- Students respond yes/no to items or in terms of frequency (never, sometimes, always)
- After completion, data from the BHS are scored and a report is immediately generated for the clinician
- Several versions
  - Primary Care 12 to 24
  - Emergency 12 to 24
  - Primary Care/Emergency 25 and older
  - School 12 to 24
  - Child 6 to 14 (Parent Self-Report) – coming soon
- Written at a 6<sup>th</sup> grade level
- Available in English, Spanish, Mandarin, and Korean



## SCREENING OVERVIEW

- 33 SAP agencies participating over 28 counties (42% of PA counties)
- Participating agencies serve over 200 school districts (40% of the total number of school districts in PA)
- Nearly 3400 SAP screens using BH-Works have been completed as of June 2017
- Over 2500 students have been referred for services
  - 967 attended services / 172 were already in services

## SUICIDE AND RELATED RISK FACTORS ENDORSED BY STUDENTS IN SAP (N = 3356)



## CHALLENGES TO IMPLEMENTATION

In a few counties, the implementing agencies met some initial resistance by some of their schools

- Several Concerns:
  - Subject Content
  - Age appropriateness
  - Parental reaction
  - Validity
- Agency directors and liaisons worked with schools on accepting the new tool.
  - Provided research
  - Provided documentation explaining the tool for parents
  - Reviewed subject matter within the tool
  - Reviewed validity of the tool

## POSITIVE FEEDBACK AFTER IMPLEMENTATION

- Speed, accuracy, and ease of use
- Summary pinpoints target issues and provides direction for liaisons on areas to focus when completing additional assessments
- Students are able to answer freely and most tend to answer honestly even though they know it will be reviewed with them once completed
- Students like being able to see their results after completion
- BH-Works is less subjective than previous tools utilized
- In many cases, the data for at risk behavioral health disorders has shown a significant increase from the prior school year
- Previous tools were unable to accurately identify risk factors

## COUNTY EXAMPLE

- 3 SAP (previously 4) liaison agencies conduct the SAP assessments for one entire county
- Office of Addiction Services hold the SAP contract for the county.
- They wanted
  - A better way to compile the data collected by their agencies
  - More oversight over their agencies
  - Uniformity in the method used by the agencies to collect their data
  - An easier way to report the state-mandated data
- Our team worked with OAS to create a more uniform, comprehensive assessment form for SAP → the “SAP File”

# “SAP FILE”

## Part One: Student Demographic Information

(Information can be gathered from student file or parent/legal guardian)

Student Name:

Address:

Home Phone Number#:

Cellular Number#:

Emergency Contact Name:

Emergency Contact Relationship to Student:

Emergency Contact Phone Number:

Age:

Race/Ethnicity [JQRS]:

Gender [JQRS]:

Sexual Orientation:

Student's Primary Language:

Does the student speak another language?

Yes

No

If yes, please specify:

## Summary of Reporting Information (JQRS)

Primary Reason for Referral [JQRS]:

Primary Drug/Alcohol  Primary Mental Health  Primary Co-Occurring  NONE

Secondary Reason for Referral [JQRS]:

- Co-dependency
- Suicide Ideation
- Suicide Attempt
- Child Abuse
- Bullying
- Grief/Loss
- Tobacco
- GLBTQI Issues
- Other Trauma/Other

Please provide details, if needed:

Please list any prior known interventions that this student has received:

Based on today's assessment, the student was referred for the following intervention and/or treatment [JQRS]:

# TO TRY OUT BH-WORKS...

Go to:

**<https://bhworks.mdlogix.com>**

Staff Login:

**demo@demo.com**

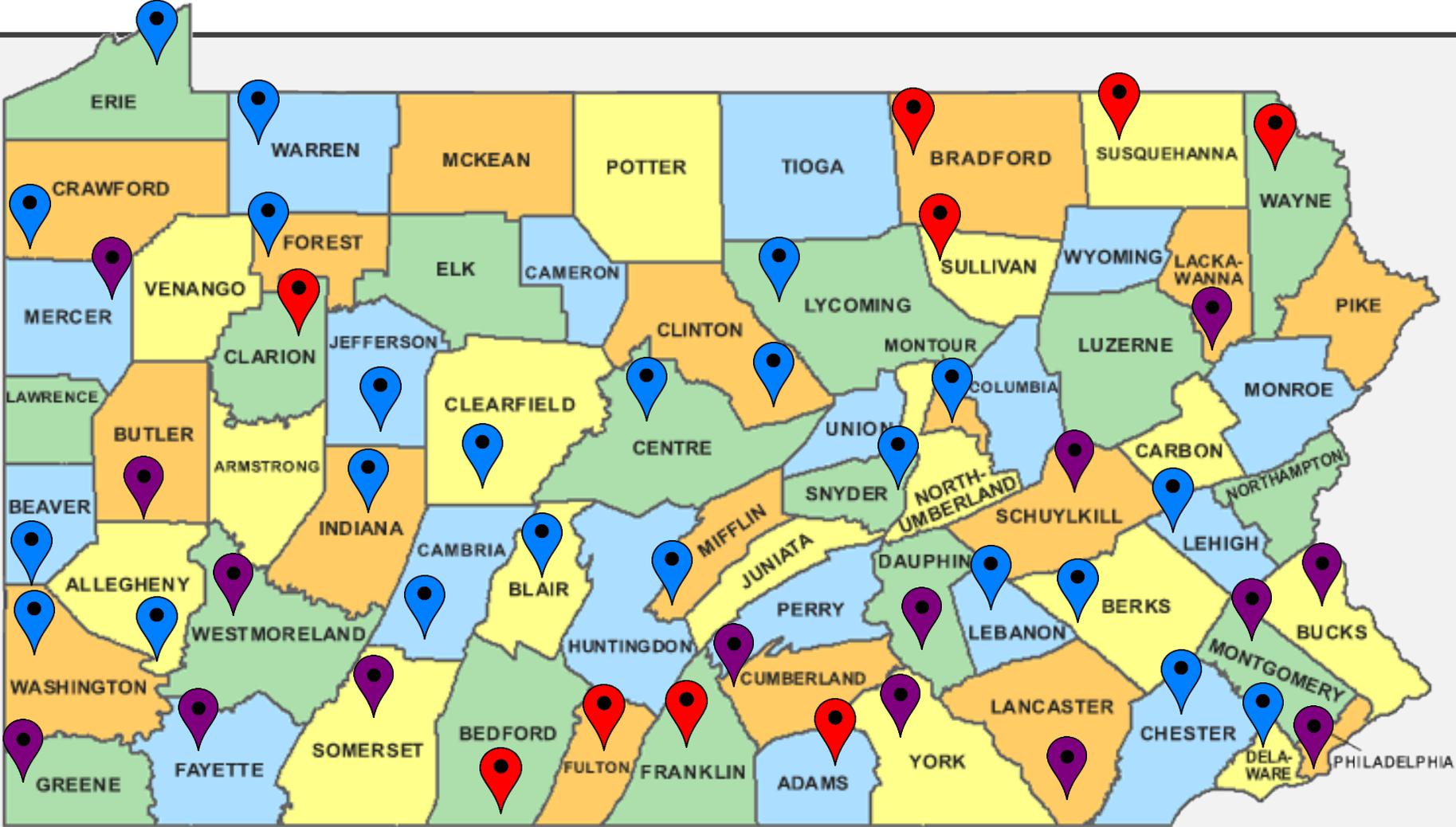
Password:

**demo123**

**For additional info, go to <https://bh-works.com>**

# IMPLEMENTATION OF TRAINING AND SCREENING

-  **Training**
-  **Screening**
-  **Training and screening**



## CONTACT INFORMATION

### **Perri Rosen, Ph.D.**

Project Director, GLS Youth Suicide  
Prevention Grant

(717) 772-7858 – phone  
(717) 303-4611 – mobile

[c-prosen@pa.gov](mailto:c-prosen@pa.gov)

### **Tita Atte, CPH, MPH**

Project Manager, GLS Youth  
Suicide Prevention Grant  
Director of Mental Health  
Screening, Center for Family  
Intervention Science, Drexel  
University

(215) 571-3416 – phone

[ta63@drexel.edu](mailto:ta63@drexel.edu)

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