Improving the Continuum of Care for Youth with Suicide Risk:

MD-SPIN: Maryland Suicide Prevention Early Intervention Network
Goal of MD-SPIN:
Reduce premature loss of lives from suicide by increasing the number of at-risk youth who are identified, referred and receive quality behavioral health services.

Kognito Gatekeeper Trainings:
- Online, avatar-based training program
- Practice having conversation with suicidal student/patient/family member/friend

Emergency Department Screening and Assessment:
- Standardized, evidence-based screening
- Training and brief Interventions
- Follow-up of high-risk youth
1. Standardized, evidence-based screening

2. Training and brief Interventions
   
   a) Safety Planning (Stanley & Brown, 2012)

   b) Emergency Department Means Restriction (McManus et al)

   c) Emergency Room Intervention for Adolescent Females (Rotheram-Borus et al 1996, 2000)

3. Follow-up of high-risk youth
Pediatric ED Screening

**Approach:**

- Hospitals select either universal or indicated screening with Lisa Horowitz’s ASQ screener
  - indicated=screen only those with psychiatric or behavioral primary complaint
- ASQ built into EPIC, nurses trained to administer
- Select age range of those screened: Hopkins selected 8+, ASQ recommends 12+

Achieves compliance with Joint Commission Patient Safety Goals
Pediatric ED Screening

We will track:

• *Number screened/volume*

• *Number screened positive*
  – Overall and by primary complaint - unique value of screening

• *Disposition of those with positive screen*
  – Discharged, Admitted, Transferred

• *Characteristics of the patient and visit:*
  Arrival date/time, sex, age, race, insurance carrier, chief complaint, ASQ responses, comorbid medical conditions, LOS, discharge diagnoses

• *Repeat visits*