



CHANGING
Maryland
for the Better

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



Emergency Department Component

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*

