



# TENNESSEE LIVES COUNT III

FUNDED THROUGH THE GARRETT LEE SMITH MEMORIAL ACT -  
SAMHSA



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Prevention

# OVERVIEW

THE TENNESSEE LIVES COUNT (TLC) YOUTH SUICIDE PREVENTION AND EARLY INTERVENTION PROJECT IS A EARLY INTERVENTION/PREVENTION PROJECT DESIGNED TO REDUCE SUICIDES AND SUICIDE ATTEMPTS FOR YOUTH (AGES 10-17).

# OVERVIEW

Following youth and their families for up to 90 days, enhanced follow-up services include the following components: means restriction education, medication compliance and identification of social supports.

# PROGRAM COMPONENTS

Program components include:

- Gatekeeper training of youth serving organizations
- Follow-up of youth ages 10-17 at risk of suicide in 11 middle and east TN counties
- Evaluation of hope, protective factors and reasons for living

# REFERRALS

The majority of referrals for enhanced follow-up services have come through the child and youth crisis delivery system with approximately 15% coming from psychiatric inpatient providers.

# PROGRAM SERVICES

*Enhanced follow up services were delivered over three months with two face-to-face and two telephonic interventions in the first two months and four telephonic interventions in the third month.*

## FOCUS OF ENHANCED FOLLOW-UP SERVICES

Improved Communication Skills: Identification of a trusted adult the youth is willing to tell when they are having thoughts of suicide is a critical first step. Better communication with a trusted adult helps ensure that safety planning measures are utilized consistently. Additionally open communication is critical in assisting child and caregivers to identify triggers and sequences leading to suicidal thoughts or behaviors

## FOCUS OF ENHANCED FOLLOW-UP SERVICES

Education: Education regarding medication compliance to ensure medications are taken accurately within the home environment and that the child's medication needs are being adequately monitored through collaboration with medication provider



## FOCUS OF ENHANCED FOLLOW-UP SERVICES

Means Restriction: Increase of means restriction education to ensure that caregivers are aware of the potentially dangerous items in their home and offer assistance in securing those items

## FOCUS OF ENHANCED FOLLOW-UP SERVICES

Referral Retention: Referral follow-up and collaboration with providers for increased retention to ensure appropriate treatment is planned and applied within a coordinated therapeutic network

## FOCUS OF ENHANCED FOLLOW-UP SERVICES

Risk and Protective Factors: Ongoing evaluation of risk and protective factors related to the youth and the family in order to determine if there is an increase in protective factors and reduction in risk factors related to enhanced follow up services.

## FOCUS OF ENHANCED FOLLOW-UP SERVICES

Support Utilization: Assessment of current support utilization to enhance current formal and informal supports around the family and youth (wrap around) as well as cultivate new supports

## FOCUS OF ENHANCED FOLLOW-UP SERVICES

Administration of the Children's Hope Scale and Brief Reasons for Living Scale (Adolescent Scale Version) to determine if the components of the enhanced follow up intervention has been successful in increasing each youth's degree of ability to meet goals based on current levels of motivation and available resources

# ELIGIBILITY

*The eligibility of youth to participate in the program is based upon a risk assessment scale, completed during a face-to-face encounter by crisis services staff.*

# RISK FACTORS

**Risk Factors Assessment** – Rated on a 0-3 rating scale (0=no evidence; 1=mild risk - watch; 2=moderate risk or current problem; 3=high risk, act immediately):

- **Current Threat to Safety of Self or Others**
- **History of Threats/Attempts to Harm Self/Others**
- **Present Specific Intent/Means/Plan to Harm Self/Others (define plan):** Lethality of Plan:  
Means Available:  
Protective Factors:
- **Child Substance Abuse (including nicotine)**

# RISK FACTORS

- **History of or Potential For Violent/ Reckless/ Acting Out/ Impulsive Behavior**
- **Runaway History**
- **Past/ Current Legal Involvement**
- **Current/ Past Fire-Setting Behaviors**
- **Current/Past Animal Harm**
- **Psychosis/ History of Psychosis**
- **Serious Impairment in Functioning Over the Past 3 Months**
- **History of Developmental Delays**
- **Physical/Sexual Abuse History**



# RISK FACTORS

- **History of Missing Psychiatric Appointments**
- **History of Missing Medications**
- **Presence of Mental Illness/SA of Caregiver or other relevant family members**
- **Family History of Suicide or Attempts**
- **Loss Of Caregiver**
- **Abandonment or Exploitation**
- **Family/ Caregiver Under Extreme Stress**
- **Extreme Community Violence/ Trauma/ Natural Disaster**
- **Current/ Past Gang Involvement**

# RISK FACTORS

- **Current/Past Victim of Bullying**
- **Imminent Out of Home Placement or Potential Disruption of Current Placement**
- **Recent Changes In Placement/ Multiple Out Of Home Placements**
- **Past Assessments Completed by crisis services**

# STRENGTHS/PROTECTIVE FACTORS ASSESSMENT

**Strengths/Protective Factors Assessment** –(0=not identified; 1=possible/needs developing; 2=valuable strength used in treatment & safety planning)

- ***Spiritual/Religious connections or other involvement in community life***
- ***Supportive adults present in natural environment (non-professionals)***
- ***Parental/Caregiver permanence or consistent involvement/investment in child's life***
- ***Child has displayed resilience in handling past crisis situations***
- ***Child exhibits ability for optimism, positive attitude and future thinking***
- ***Child displays commitment to others and has close-knit relationships***
- ***Current treatment providers which can assist with treatment recommendations***

# Accomplishments

- Total Referred \_\_\_\_\_
- Total Served \_\_\_\_\_
- Total served Middle TN
- Total Served East TN
- Current Open cases: \_\_\_\_\_
- Successful discharges
  - With completed surveys: \_\_\_\_\_
  - Without surveys: \_\_\_\_\_
  - Total: \_\_\_\_\_
- Success rate: \_\_\_\_\_%
- Total Vanderbilt and Peninsula referrals lifetime of grant: \_\_\_\_\_

# CHALLENGES IN REACHING NUMBERS

- No response from the families after multiple calls;
- Some families reported already having services and did not want to add this component;
- Some families indicated that things were better and they did not feel the service was necessary.

## CHALLENGES IN REACHING SUCCESSFUL DISCHARGES

- Length of the enhanced follow up service program resulted in attrition
- Families having multiple services in place were not motivated to utilize the service

# WHAT IS BENEFICIAL IN ENSURING RETENTION?

- Face to face contact with the families;
- Flexibility with scheduling sessions (time of day);
- Collaboration between the enhanced follow up counselors and the crisis team – crisis team able to reach out directly to EFS counselor in the moment of crisis;
- Enhanced follow up counselors could turn a follow up session into a crisis assessment if needed due to being dually trained.

# POTENTIAL PROGRAM IMPROVEMENTS

- More flexibility in contact time and length of the program;
- Base the type of follow up on clinical need.
- Overall success rate would have been higher if we could have ended the service early for those families who were stable and in established long term services.



# OUTCOMES

**Table 4: Instruments**

<b>Measures to Be Completed by the Youth: Baseline and 3 Month Follow-Up Survey</b>			
<b>Instrument:</b>	<b>Time Required:</b>	<b>Description:</b>	<b>Administered:</b>
Demographic Questions	2 Minutes	Includes information about gender, age, racial/ethnic identity, highest level of education attained.	Baseline
Brief Reasons for Living Scale for Adolescents (BRFL-A), (Osman, et al. , 1996) (local evaluation)	5 Minutes	The Brief Reasons for Living Scale for Adolescents is a 14 item self-report measure containing four sub-scales demonstrated in the literature to discriminate between suicidal and non-suicidal adolescents: survival and coping beliefs, responsibility to family, moral objection to suicide, and fear of suicide.	Baseline and 3 Month Follow-Up
Children’s HOPE Scale; (HS-R2; Shorey & Snyder, 2004), (local evaluation)	5 Minutes	The Children’s Hope Scale is a self-report measure containing six items designed to measure each of the three hope subscales (goals, pathways, and agency).	Baseline and 3 Month Follow-Up
Interpersonal Needs Questionnaire (INQ), (Van Orden et al., 2008)	5 Minutes	The Interpersonal Needs Questionnaire is a self-report measure designed to measure each of the three elements of the Interpersonal Psychological Theory of Suicide (Perceived Burdensomeness, Thwarted Belongingness, Acquired Capability for Lethal Self-Injury)	Baseline and 3 Month Follow-Up
<b>Measures to Be Completed by Enhanced Crisis Follow-Up Specialists:</b>			
Early Identification, Referral and Follow-up (EIRF) (cross-site evaluation)	40 Minutes per Client per Year (Per OMB Public Burden Statement)	Identifier and location of suicidal behaviors, referral services provided to youth, participation and retention of referral services, etc. EIRF information will be captured for youth participating in the enhanced crisis follow-up provided by Youth Villages. Enhanced Crisis Specialists will fill in EIRF information based on existing case notes and additional information received from contacts with the family.	Baseline Only
Enhanced Follow-Up Fidelity Checklist	5 Minutes per Client Contact	Includes a list of possible interventions to be provided at each intervention time point. Staff record which interventions were provided and record any deviations from program protocol.	Each Contact With the Youth (Baseline, Month 1, Month 2, Month 3)

# EVALUATION QUESTIONS FOR THE TENNESSEE LIVES COUNT (TLC-3) GRANT

## TLC-3 : Evaluation Questions

### Process/Program Implementation Questions

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- How many individuals were reached, referred, trained through the program?

### Outcome Questions

- What is the immediate and long-term effect of intense follow-up and referral post-crisis (suicide attempt, suicide ideation)?
- What youth- and service-level characteristics lead to differential effectiveness of the youth intervention (program/contextual factors)?
- What individual factors are associated with outcomes?
- What are the immediate and long-term effects of helping families and youth at risk for suicide connect with formal and informal supports?
- What is the nature, strength, and duration of the impact of enhanced post-crisis follow-up on reports and/or rates of intentional harm, suicide ideation, suicide attempts, suicide referral, and suicide intervention among youth in Middle Tennessee?
- How does the enhanced follow-up intervention impact Hope among youth participating?
- How does the enhanced follow-up intervention impact Reasons for Living among youth participating?
- To what level is hope a protective factor of interpersonal suicide risk factors?
- To what degree are elements of the Interpersonal Psychological Theory of Suicide (Perceived Burdensomeness, Thwarted Belongingness, Acquired Ability to Self-Injure) affected by the program intervention?
- To what degree do Perceived Burdensomeness and Thwarted Belongingness change (from baseline to 3 month follow-up) as a result of the Enhanced Follow-Up Intervention?
- To what degree do increased scores on measures of Perceived Burdensomeness and Thwarted Belongingness relate to fewer mobile crisis interventions/suicide attempts in the twelve months following the intervention?

## TLC-3 PRELIMINARY OUTCOMES: CHILDREN'S HOPE SCALE

- a) *I think I am doing pretty well.*
- b) *I can think of many ways to get the things in life that are most important to me.*
- c) *I am doing just as well as other kids my age.*
- d) *When I have a problem I can come up with lots of ways to solve it.*
- e) *I think the things I have done in the past will help me with the future.*
- f) *Even when others want to quit, I know that I can find ways to solve the problem.*

0 = None 1 = A little 2 = Some 3 = A lot 4 = Most 5 = All (\*Of the time)

The mean score at baseline was 2.84 ( $SD = 0.18$ ), whereas the mean score at follow-up was 3.88 ( $SD = .26$ ).

On average, scores moved **from having hope *some* of the time to having hope *a lot* of the time**, and that difference was statistically significant ( $t(49) = -6.39, p < .01$ , two-tailed).

## TLC-3 PRELIMINARY OUTCOMES: REASONS FOR LIVING SCALE

### *Example Items:*

- *I believe I can find other solutions to my problems.*
- *I believe everything has a way of working out for the best.*
- *I have the courage to face life.*
- *My family depends on me and needs me.*
- *I am afraid of death*

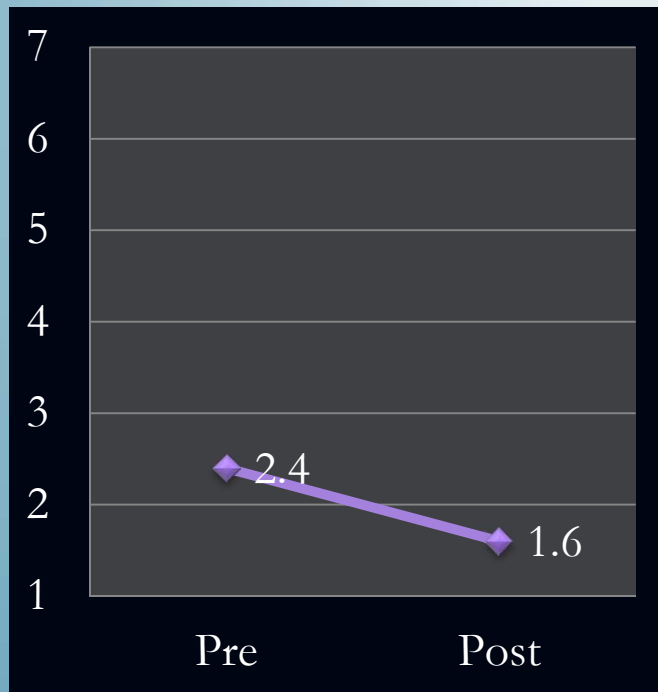
0 = Disagree (1, 2) 3=Agree

The mean scale score at baseline (of a possible 42 points) was 22.74 ( $SD = 6.58$ ), whereas the mean score at follow-up was 26.82 ( $SD = 6.86$ ).

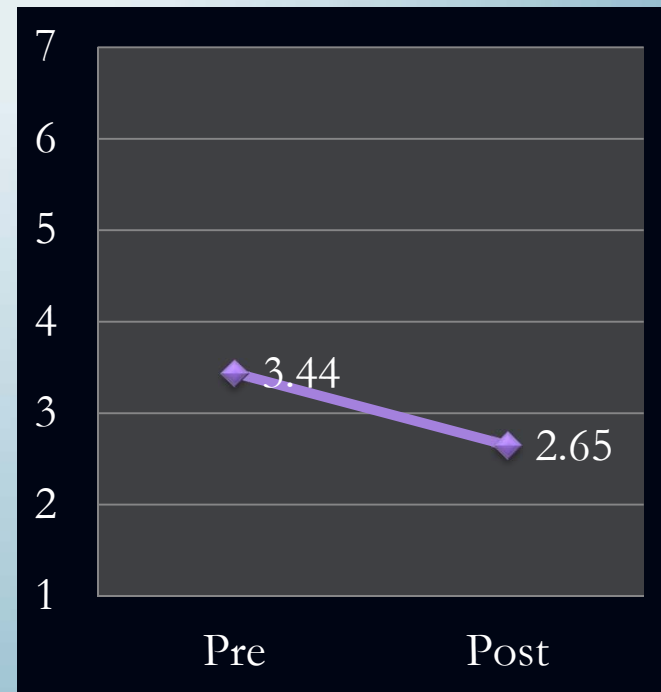
On average, scores increased approximately one standard deviation from the mean, and this difference was statistically significant ( $t(49) = -3.65, p < .001$ , two-tailed).

## CHANGES IN INTERPERSONAL RISK FACTORS FOR SUICIDE (JOINER, 2004):

*Perceived Burdensomeness*



*Thwarted Belongingness*



# THE VOICES OF PARTICIPANTS

- I feel like I have a stronger sense of identity. I feel that I can allow myself to calm down enough to avoid outbursts and huge arguments.
- I have new coping skills and a sense that I'm not alone.
- I've learned coping skills. Some family seems to be much more aware when I have problems.
- Someone to talk to, help getting my therapy appointments, extra support for whole family.
- Extra support during and after crisis calls. Help with interventions and ideas. Having one person to work with consistently.

# Lessons Learned

- The amount of time follow-up services are provided could be shortened to improve retention
- Commercially insured have benefited the most due to lack of available alternative wrap around services
- Means restriction education and environmental safety sweeps are key to ensuring safety

## SUMMARY OF ACCOMPLISHMENTS

- Training- TLC III has exceeded most of it's training goals with the exception of **THESPN**.

	QPR	LGBT	Emergency Dept	AMSR	ASIST	Colleges	College QPR	Postvention Education	Postvention Facilitation	Postvention Consultation	General Awareness
Running Total Thru April	3263	324	235	106	125	36	1887	279	17	21	1965
GOAL	1500	200	100	100	100	35	8750	35	6	20	



## □ Enhanced Follow-Up-

Intensity with some families has increased functionality in the family system and the community. The ability to identify and target specific triggers to suicide has been able to impact the youth or families overall functioning in many systems. 83% of the families who have started the program have stayed enrolled in the program until completion at 3 months. We currently have 26 youth enrolled in the program and 195 youth who have successfully completed the program.

## ❑ Evaluation-

Final evaluation of the enhanced follow-up program will be conducted once all open follow-up cases are discharged from the program. Stay tuned for final results.

# CONTACT INFORMATION

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