


## Addressing Suicide Issues in Systems of Care Communities: CMHI National Evaluation Data: What Do We Know? How Can We Help Children, Youth and Families in Systems of Care?


**Sylvia K. Fisher, PhD**

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### Data Source

- ❖ Descriptive and Longitudinal Outcome Study of children/youth entering system of care services; data collection began in 1994 and has been ongoing since
  - ❖ 144 communities funded to date
  - ❖ Over 89,000 children served to date
  - ❖ Over 25,000 children enrolled into the outcome study



### Data Source [cont.]


- ❖ Suicide-behavior indicators
  - ❖ Lifetime history of suicide attempt and thinking
  - ❖ Recent (prior 6 months) history of suicide attempt and thought
  - ❖ Frequency of attempt
  - ❖ Treatment related to attempt



### Utility of Data Source for Suicide Prevention

**Service Implications:** CMHI communities can serve as a service access point for youth identified at risk


- There is a 83% overlap in States/Territories that have received funding from both GLS and CMHI to date; 2 Tribes have been funded by both initiatives
- There has been increasing priority placed on suicide related issues and prevention in more recently funded phases of the CMHI



### Utility of Data Source for Suicide Prevention [cont.]

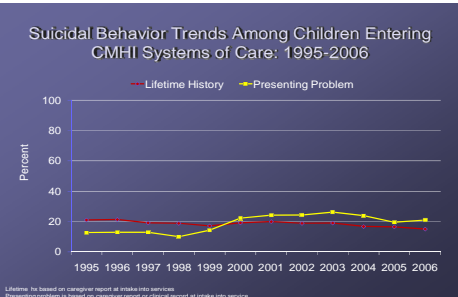
**Outcomes**

- Provides a trend source of information for suicide related behaviors of youth entering system of care services
- Longitudinal clinical and suicide-specific outcomes of youth entering CMHI services with and without suicide-related problems can be tracked
- High risk youth referred, if referred into treatment in CMHI communities, would have longitudinal outcomes collected on them




### Data Highlights

Suicidal Behavior Trends Among Children Entering CMHI Systems of Care: 1995-2006




Year	Lifetime History (%)	Presenting Problem (%)
1995	20	10
1996	20	10
1997	20	10
1998	20	10
1999	20	10
2000	20	10
2001	20	10
2002	20	10
2003	20	10
2004	20	10
2005	20	10
2006	20	10

Life-time history is based on caregiver report of suicide into services. Presenting problem is based on caregiver report or clinical record at intake into service. Historical data gathered from communities funded between 1994 and 2004. The caregiver reported age range of the children in this sample is 11 years and older. n = 803 to 2463.



### Characteristics of Youth at Entry into Services


- ❖ 37.6% of youth 11 years and older (N=4,069) enter system of care services with a history of suicide attempt or ideation in the prior 6 months. (Phases IV & V, N=51 communities); among those:
  - 53.8% were referred to services because of suicide-related problems
  - 19.7% have a caregiver report of suicide attempt in the prior 6 months
  - 19.0% have a self-report of suicide attempt in the prior 6 months
  - 67.0% have a caregiver report of suicidal ideation in the prior 6 months
  - 43.4% have a self report of suicidal ideation in the prior 6 months



### Outcomes at 6 Months After Entry into Systems of Care


- ❖ After receiving 6 months of service, youth aged 11 years and older with data at both time points, demonstrated significant improvement in clinical indicators (Phases IV & V, N=51 communities):
  - Reported suicide attempt decreased from 29.5% to 15.2% (n=713, p<.001)
  - Reported suicidal ideation decreased from 83.0% to 41.3% (n=854, p<.001)

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### Upcoming Activities

- ❖ Data collection will continue with current and newly funded grantees
- ❖ Suicide Logic Model and Policy Resolution Statement finalized
- ❖ *Addressing Suicide in Systems of Care Communities: Identifying Strategies for Prevention, Intervention and Postvention Meeting* (the first was held in 2006)
- ❖ Implementation of prevention, intervention and postvention strategies in SOC communities



### Discussion



## Slide 8

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**DHHS1** I think we need to explain what this finding means more clearly; I am unsure about the specifics of this content.

DHHS, 1/21/2009