Building Capacity for Suicide Prevention in Michigan's Child Welfare Agency

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Building Capacity for Suicide Prevention in Child Welfare

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Acknowledgements

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Introductions

Child Welfare Suicide Prevention Team

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Michigan Department of Health and Human Services

Plan For Our Time Together

1. Review unique risk and protective factors for youth involved in the child welfare (CW) system.

2. Provide history of the partnership between the Transforming Youth Suicide Prevention (TYSP) in Michigan program and the Children's Services Administration, emphasizing shared goals, collaboration on workforce development and policy recommendations.

3. Share data-driven and iterative process of developing and evaluating a suite of workforce training, policy, and protocol initiatives.

4. Discuss and collaborate with you!

Thank you to SAMHSA

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FREE, VIRTUAL

CHILD WELFARE SUICIDE PREVENTION CONFERENCE

DECEMBER 6, 2022 || 8:00 am - 1:00 pm

Free, virtual half-day Suicide Prevention Conference for The Child Welfare Community. Learn to identify youth at-risk for suicide and how to support them with resources and help.

CONFERENCE HIGHLIGHTS

KEYNOTE ADDRESS by Brandon Johnson, MHS, Public Health Advisor, Substance Abuse and Mental Health Services Administration (SAMHSA)

ONLINE TRAINING to learn evidence-based strategies for identification, response, and referral of high-risk youth

OPPORTUNITIES to discuss and apply to your role within small, supported groups

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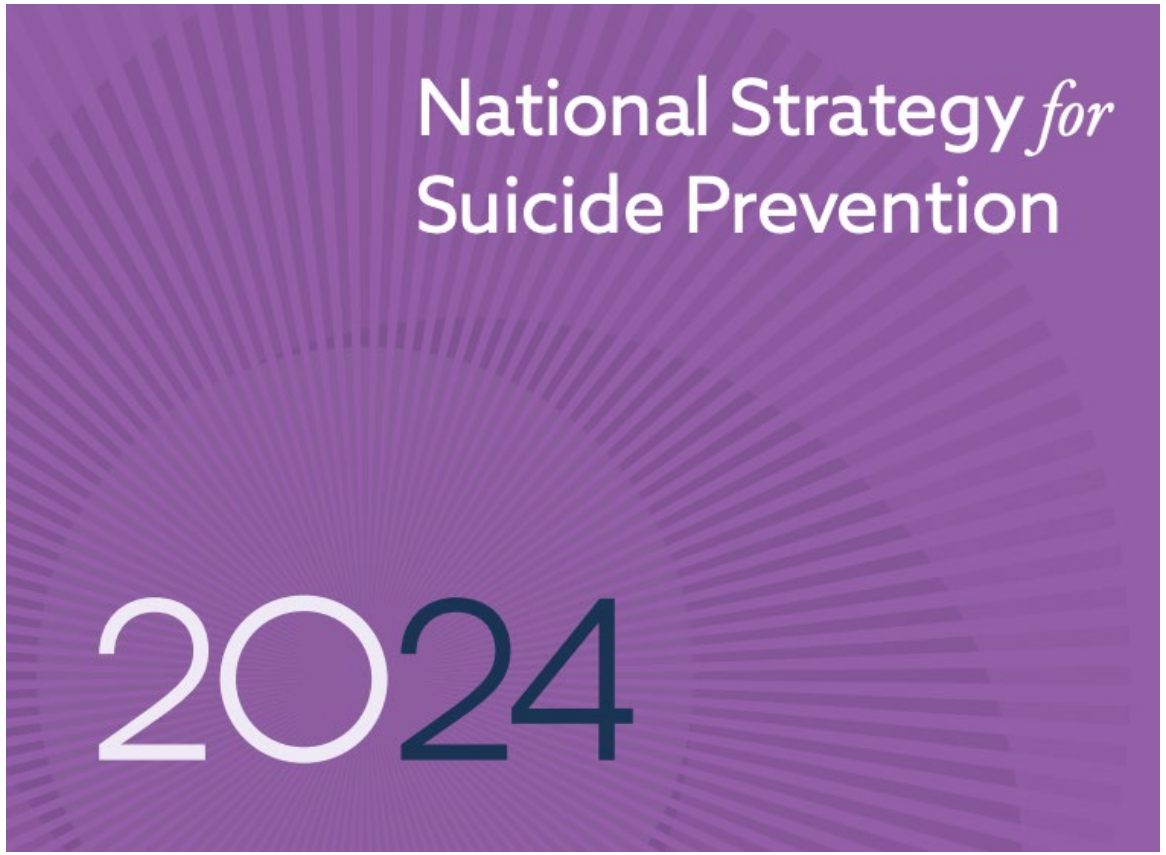
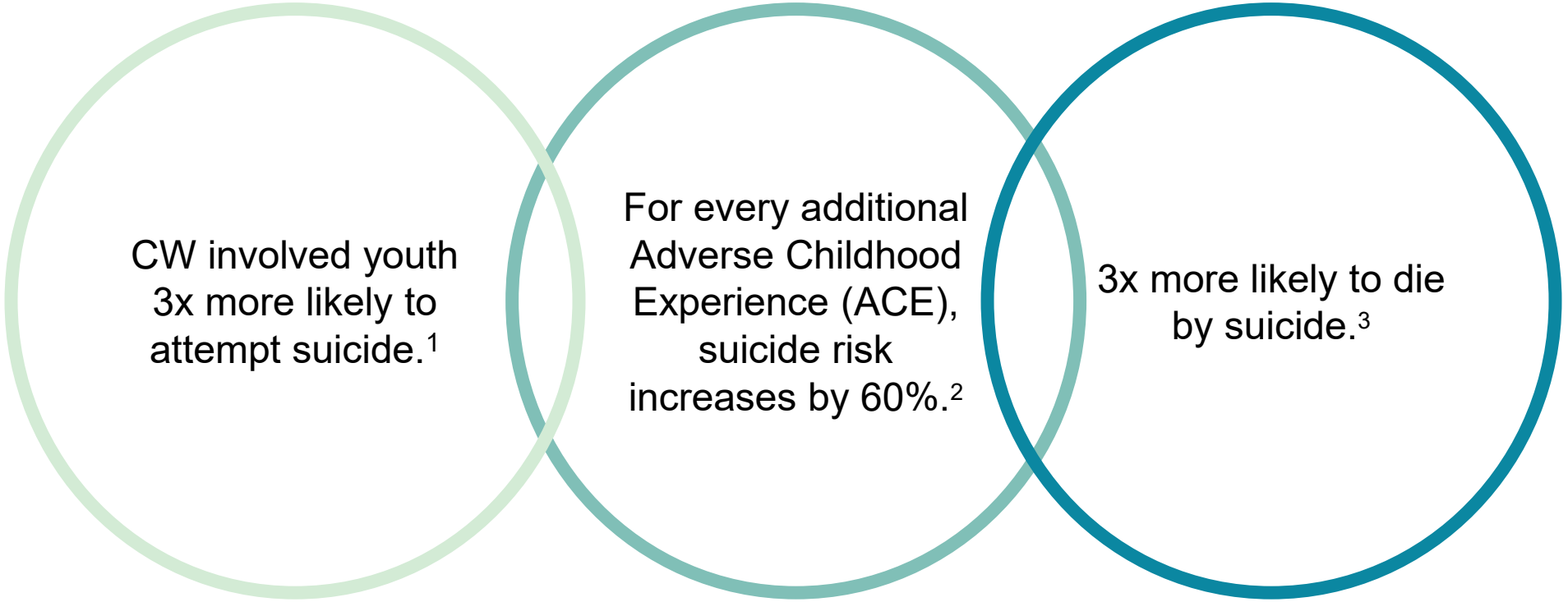
REGISTER HERE

SOCIAL WORK CEUs AVAILABLE!



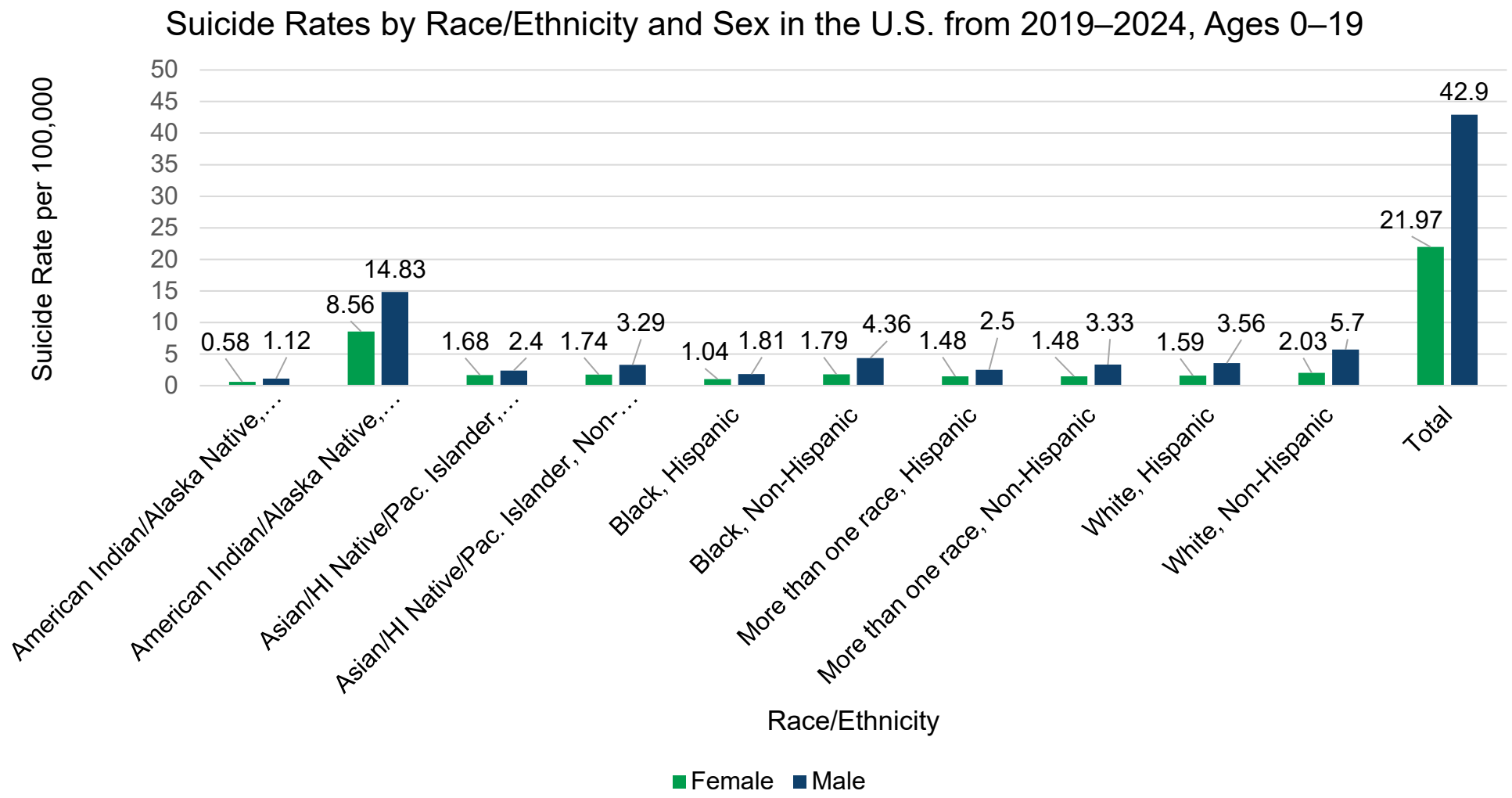
What do we know about suicide risk among Child Welfare-involved youth?

Link Between Child Welfare Involvement & Suicide Risk



Sources: 1. Evans et al., 2017. 2. Dube, Anda, Felliti, Chapman, Williamson, & Gilles, 2001. 3. Palmer et al, 2021.

Youth Suicide Mortality Data



Source: Centers for Disease Control, Web-based Injury Statistics Query and Reporting System (WISQARS).

Overlapping Risk and Protective Factors

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Risk Factors

- Demographics.
- Interpersonal violence, abuse, trauma.
- LGTBQ identity.
- Housing, economic, caregiving instability.
- Low levels of support & connectedness.

Protective Factors

- Positive relationships with parents, caregivers, supportive adults.
- Connectedness: schools & communities.
- Access to care.

Interpersonal Violence and Suicide Risk

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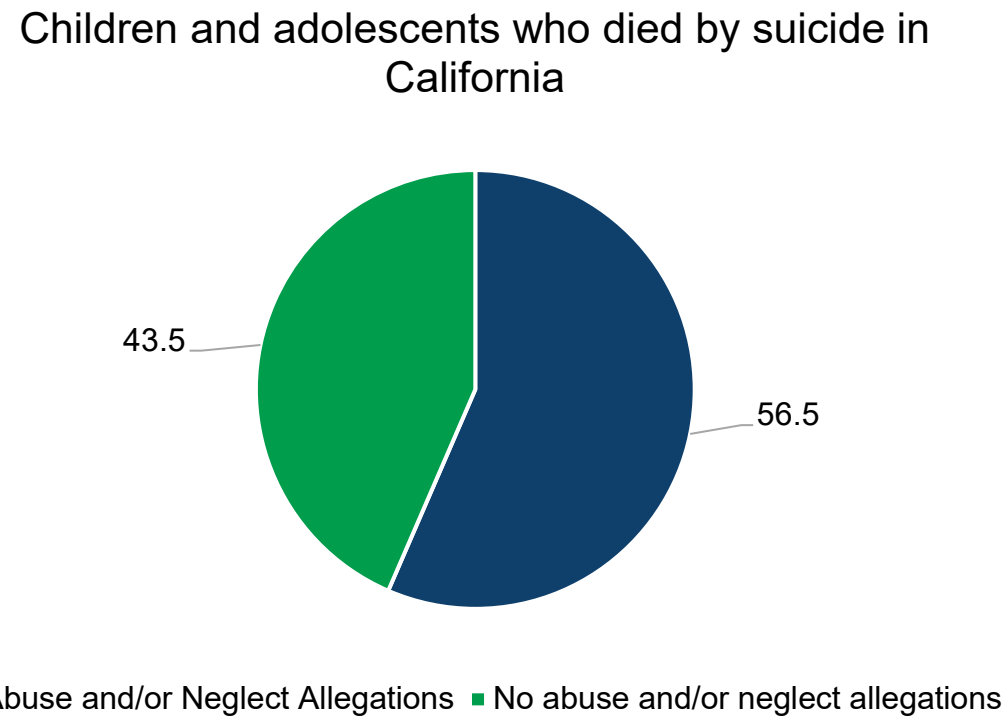
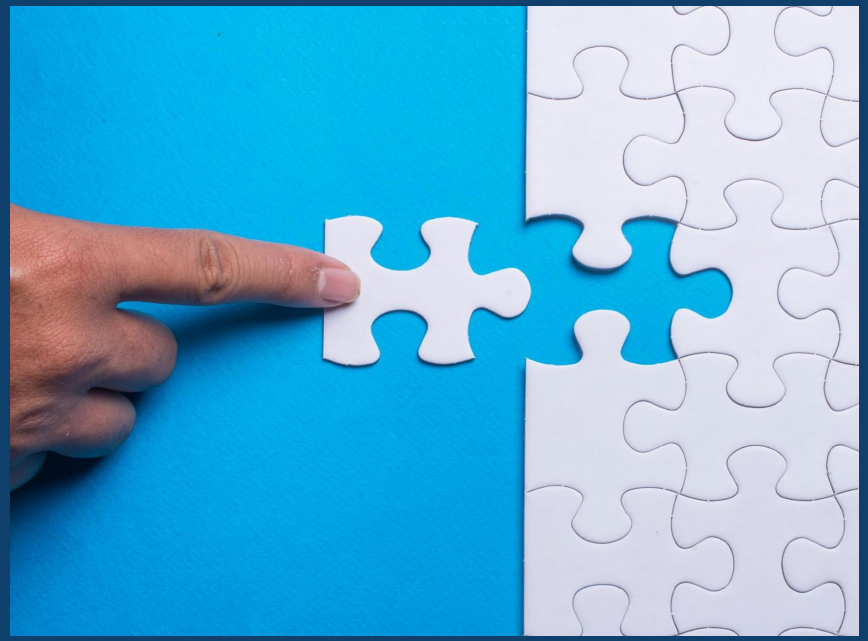
Being harmed by others is a risk factor for attempting and dying by suicide.



- Over half (56.5%) of children and adolescents who died by suicide had a history of neglect or abuse allegations.
- Children with Child Protective Services (CPS) involvement had three times the risk of suicide compared to those without CPS history.

Sources: Palmer et al., 2021a; Palmer et al., 2021b

History of Our Partnership



- Decade-long collaboration.
- MDHHS Injury and Violence Prevention Section, Children's Services Administration, and the University of Michigan.
- Focus on building workforce capacity and sustainable systems change.

Challenges & Opportunities in Michigan

Challenges:

- Approximately 10,143 youth experiencing foster care in 2024.
- Approximately 176,260 allegations of child abuse and/or neglect reported to Centralized Intake in 2024.
- Unknown number of previous attempts.
- Between 2018 and 2024, 37 firearm-related suicides occurred among youth known to the child welfare system.
- Wait times for behavioral health connection.

Opportunities:

- Child Welfare contact with vulnerable populations.
- Caring workforce asking to be better equipped with suicide prevention skills.
- Sustained partnership.
- Federal support.
- Leveraging CW initiatives:
  - National Partnership for Child Safety and Safe Systems Review.
  - Child Welfare Certificate Re-Design.

Workforce Development

1. Elevating the voices of our child welfare professionals.

2. Using a data-driven approach to program development.

One day, one conference, 14 safeTALKs!

safeTALK® suicide alertness for everyone

Thursday, December 15, 2016 | *LivingWorks Education*

When the Michigan Department of Health and Human Services hosted a one-day youth suicide prevention conference for employees and local foster parents, they wanted all participants to be trained in safeTALK. With over 260 attendees, that meant a lot of safeTALK sessions... 14, to be exact! Needless to say, no single trainer could present 14 safeTALKs in one day, but a team of dedicated, coordinated trainers could—and that's exactly what happened.

The trainers—Lisa Clavier, Anne Kramer, Erin MacLeod-Smith, Karen Marshall, Stephanie Salazar, Barb Smith, and Kathryn Szewczuk—didn't work for the same organization, but came together at the request of conference organizers to provide seven safeTALKs in the morning and another seven in the afternoon. They coordinated to ensure a consistent experience for all participants. "We had some email discussion as to which vignettes we wanted to use, and we met for dinner the evening before to connect," said Barb.

Needs Assessment

Key Findings from 2017:

- 83% of Child Welfare staff had a personal or professional experience with suicide.
- Variability in awareness of policy, protocol and resources.
- 60% reported that their referral network was inadequate in terms of linking youth to needed care.

Evaluating Impact in Child Welfare

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Suicide Prevention Training in the Child Welfare Workforce: Knowledge, Attitudes, and Practice Patterns Prior to and Following safeTALK Training

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University of Michigan

Christina S. Magness
University of Michigan

Seth Persky
Michigan Department of Health and Human Services

Patricia K. Smith
Michigan Department of Health and Human Services

Cynthia Ewell Foster
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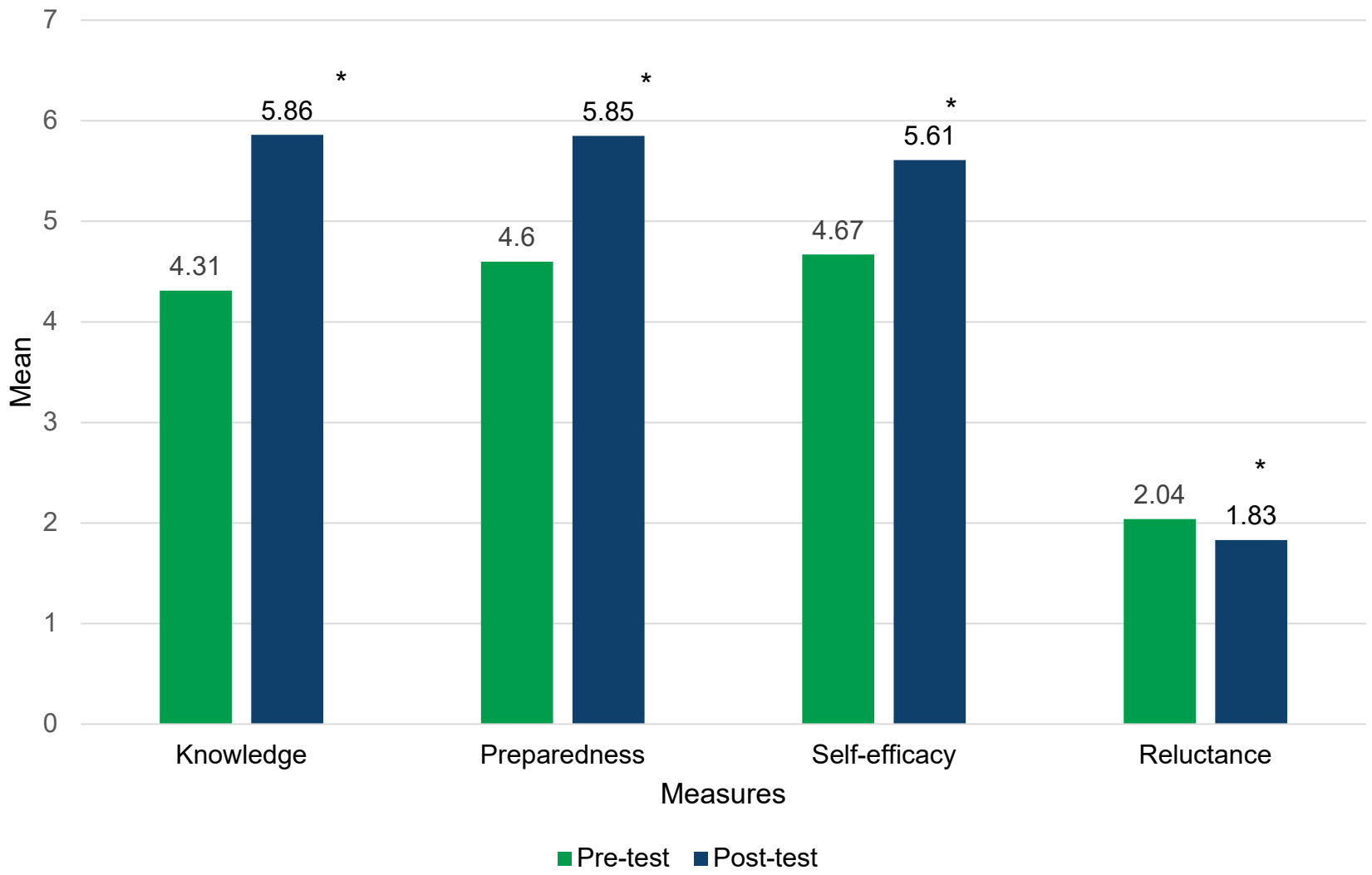
Youth involved in child welfare are at elevated risk for suicide, making child welfare staff an optimal audience for suicide prevention training. This study documents perceived staff needs for suicide prevention resources, explores the immediate impact of safeTALK training on suicide prevention knowledge and attitudes, and examines practice patterns six months following safeTALK. Results show an increase in perceived knowledge, preparedness, and self-efficacy, and a decrease in reluctance. Identification and referral behaviors significantly increased at follow-up.

CWLA

Foundational Prevention Skills

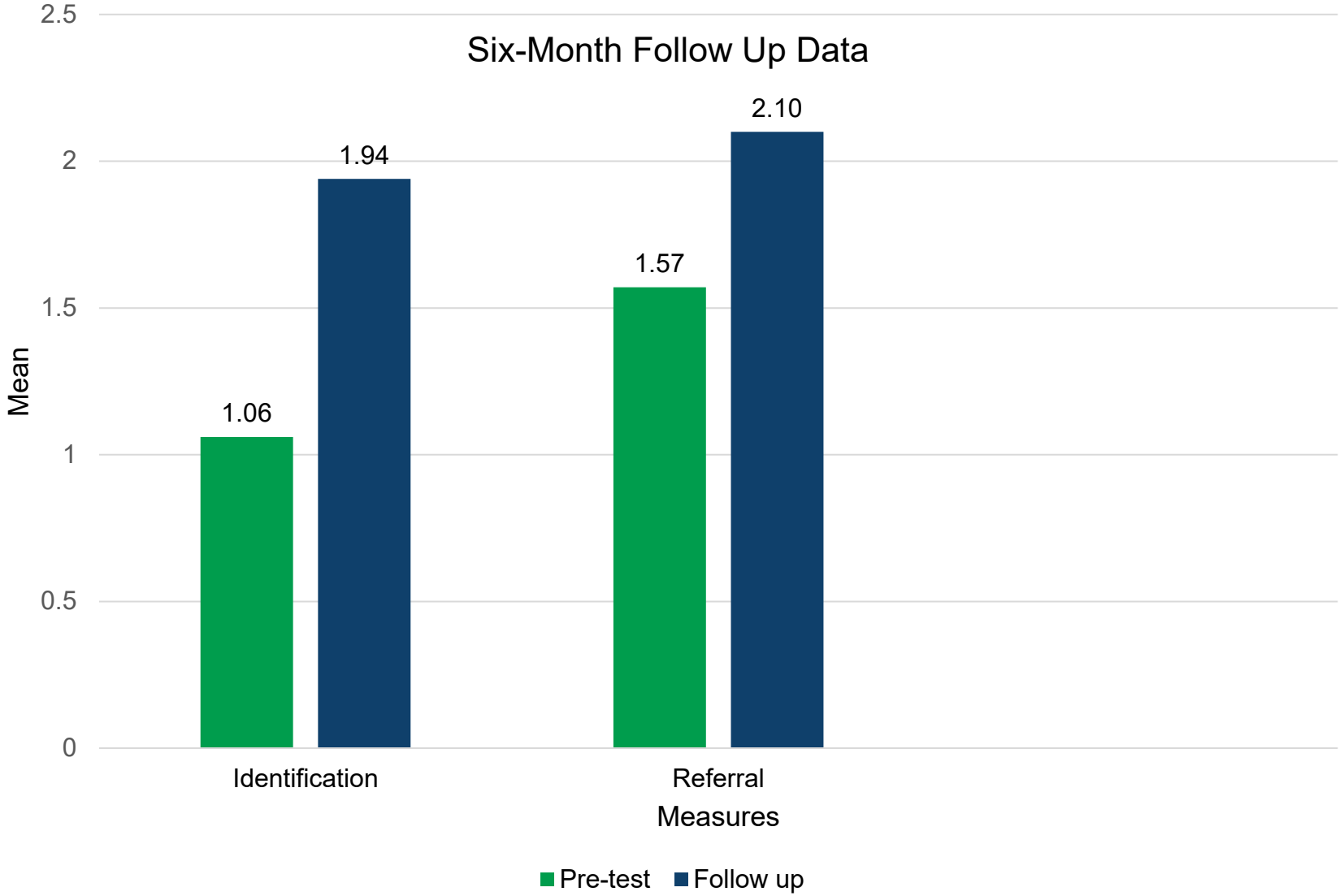
Changes in Knowledge & Attitudes Following SafeTALK



*p<.001

Source: Kahsay et al., 2020.

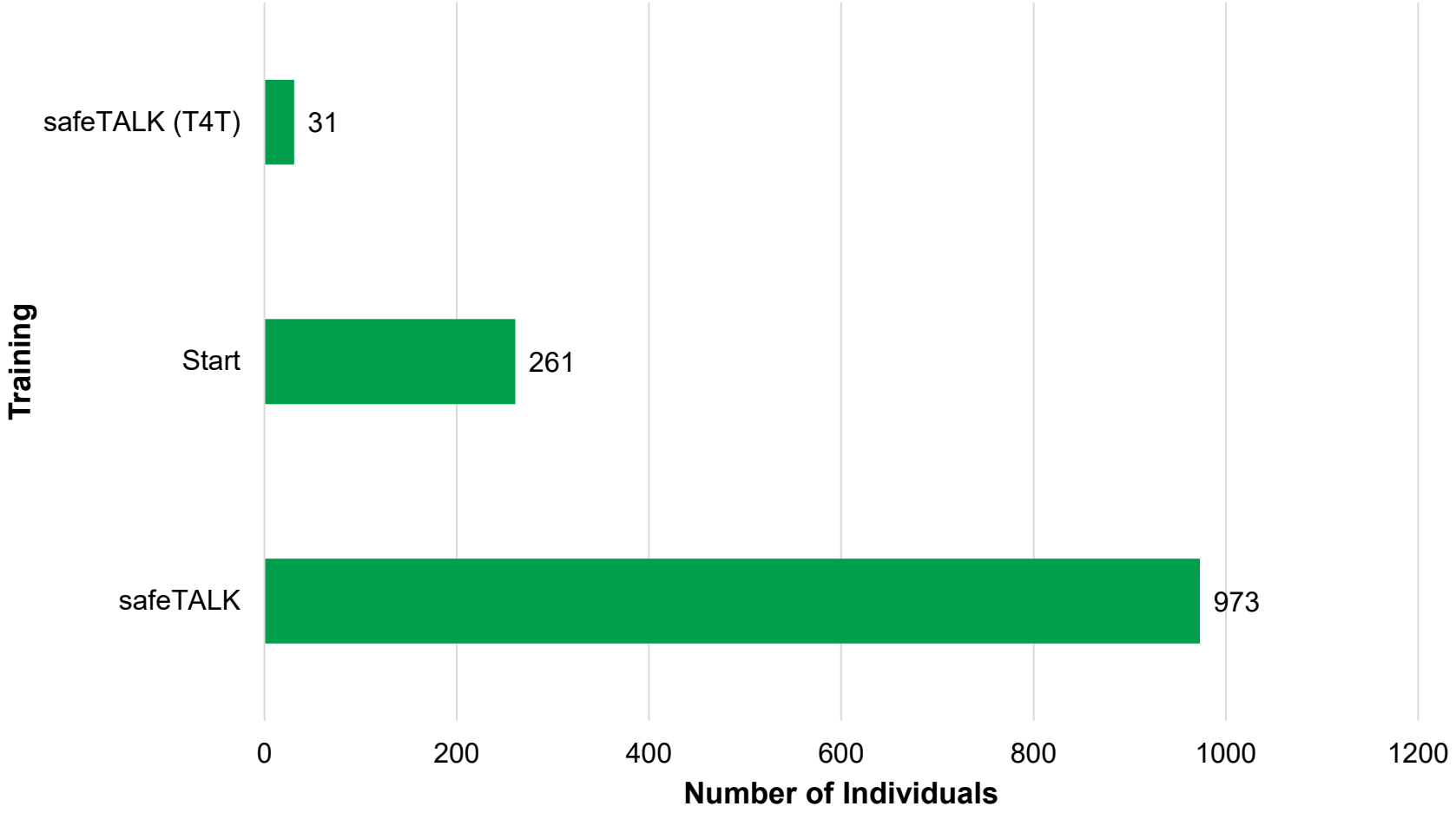
Behavior Changes after safeTALK



**p<.001
*p<.01

Source: Kahsay et al., 2020.

Number of Michigan Child Welfare Staff Trained, 2014–2024



Suicide Prevention in Child Welfare Course

Child Welfare Certificate Competencies

1.	Students can recognize suicide warning signs, identify risk and protective factors, and understand the prevalence and preventability of suicide.
2.	Students know appropriate techniques to express concern and query children and adolescents about suicide ideation or attempt.
3.	Students can work collaboratively with the child or youth, legal guardians, caregivers, and support team and make appropriate referrals for assessments/services in response to suicide risk concerns.

Recommendations into Action: Online Course

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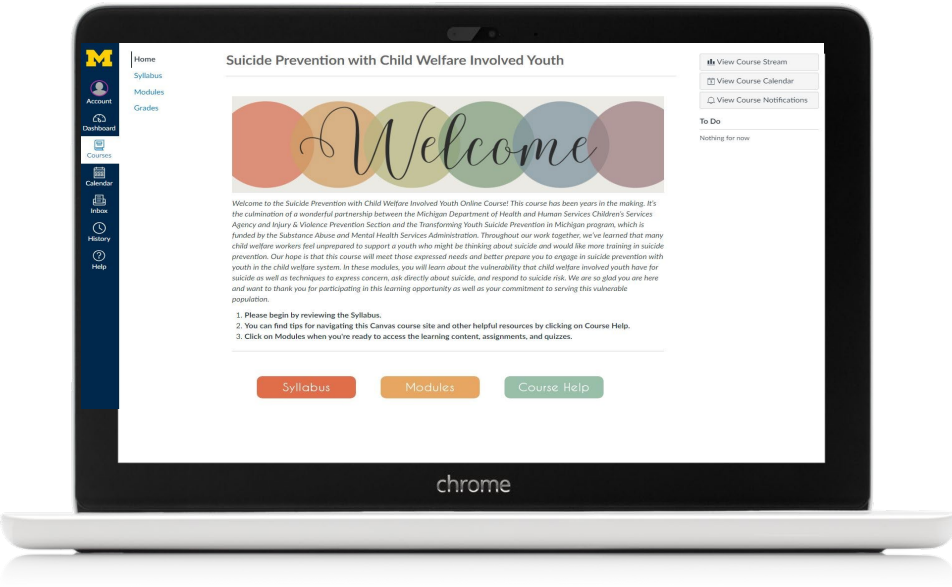
- Asynchronous.
- Free.
- Aligned with required competencies for MDHHS child welfare endorsement certificate.
- Thank you to the UM Institute for Firearm Injury Prevention for hosting.
- Available to all at: Firearminjury.umich.edu/education-training/childwelfare



Course Outline

This course satisfies the suicide prevention competency requirements of the MDHHS Child Welfare Endorsement Certificate offered at 18 Michigan colleges and universities.

Course Module	Learning Objectives and Competencies
Module 1 | *Introduction to Suicide Prevention*	• Gain knowledge in suicide-related epidemiology, definitions, and statistics in youth. • Identify risk and protective factors for suicide.
Module 2 | *Suicide Risk Among Child Welfare Involved Youth*	• Identify the interconnection of childhood trauma/ACEs and suicide risk. • Understand the prevalence and preventability of suicide among the child welfare involved population.
Module 3 | *The Public Health Model of Suicide Prevention*	• Understand the public health model of suicide prevention. • Articulate personal and/or professional role within the public health model of suicide prevention.

Course Outline

This course satisfies the suicide prevention competency requirements of the MDHHS Child Welfare Endorsement Certificate offered at 18 Michigan colleges and universities.

Module 4 | *Brief Interventions for Youth Suicide*	• Identify warning signs for youth suicide. • Identify evidence-based brief interventions for use with suicidal youth. • Observe and practice recommended techniques to express concern about youth with suicidal thoughts and/or behaviors. • Observe and practice strategies to query youth about suicide.
Module 5 | *What Does Suicide Prevention Look Like In the Child Welfare System?*	• The importance of working collaboratively with youth, legal guardians, caregivers, and the youth's support team. • Making appropriate referrals for assessments/services in response to suicidal risk concerns.

What Does Suicide Prevention Look Like In the Child Welfare System?

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Link to Module 5

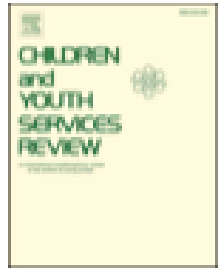
Recently Published....

Children and Youth Services Review 187 (2026) 108982

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth



Development and evaluation of *suicide prevention for child welfare involved youth*: an asynchronous online curriculum for prospective child welfare workers

Christina S. Magness [a,*], Jayden Engelhardt [a], Shawna Lee [b], Seth Persky [c], Courtney Funk [a], Lindsay DeCamp [c], Cynthia Ewell Foster [a]

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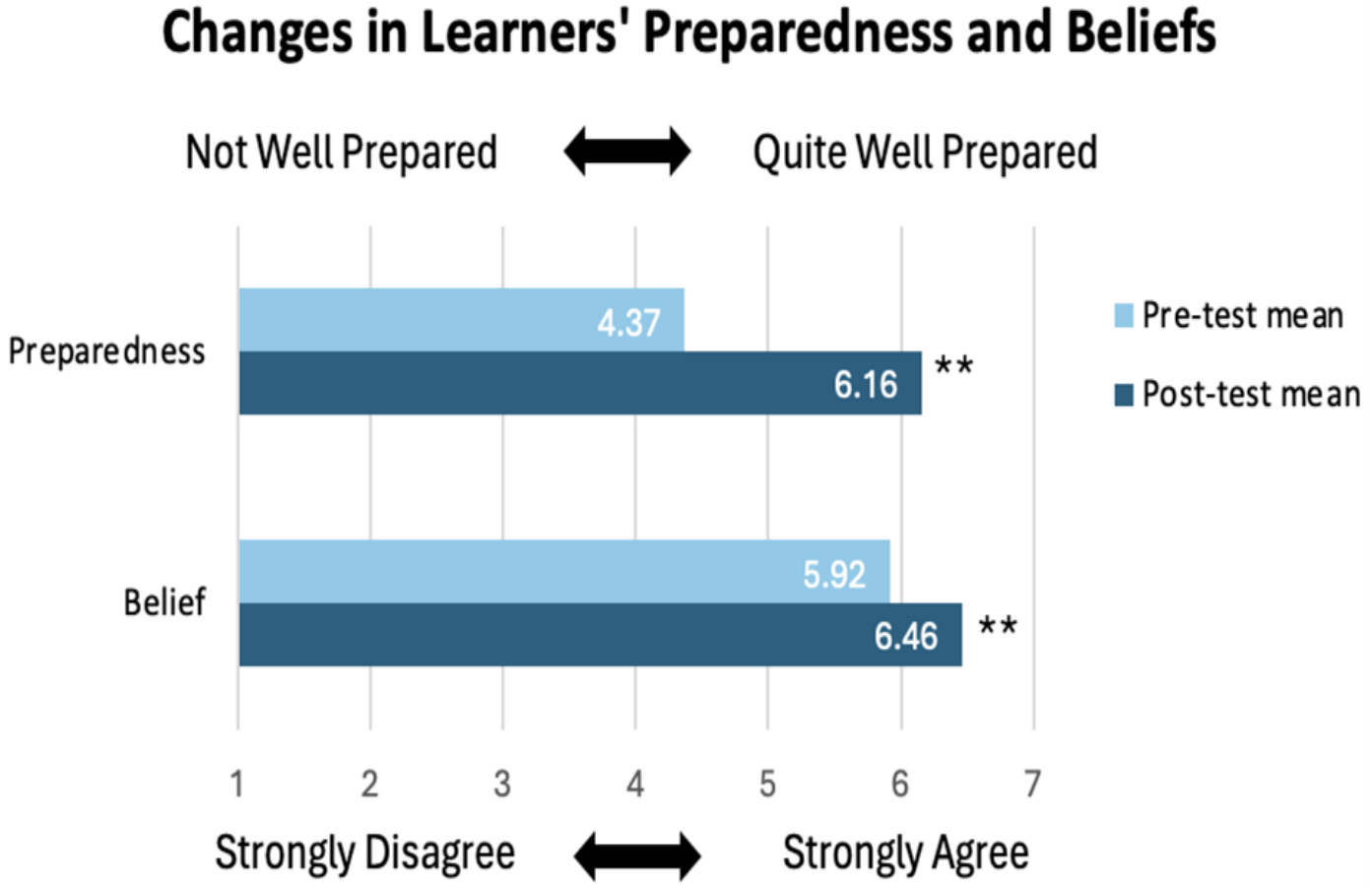
[b] School of Social Work, University of Michigan, Ann Arbor, MI, United States of America
[c] Michigan Department of Health and Human Services, Lansing, MI, United States of America

Acceptability & Feasibility

- 66% completed all 5 modules.
- High satisfaction (M = 4.56, SD = 0.58) on a scale of 1-5.
- Recommend to others (M = 4.48, SD = 0.94) on a scale of 1-5.
- Easy to navigate (M = 4.64,SD = 0.63) on a scale of 1-5.
- 30% reported technical difficulties with Canvas site, supporting iterative improvements.
- Knowledge uptake 24.24 (SD = 0.99) out of possible 25 points.

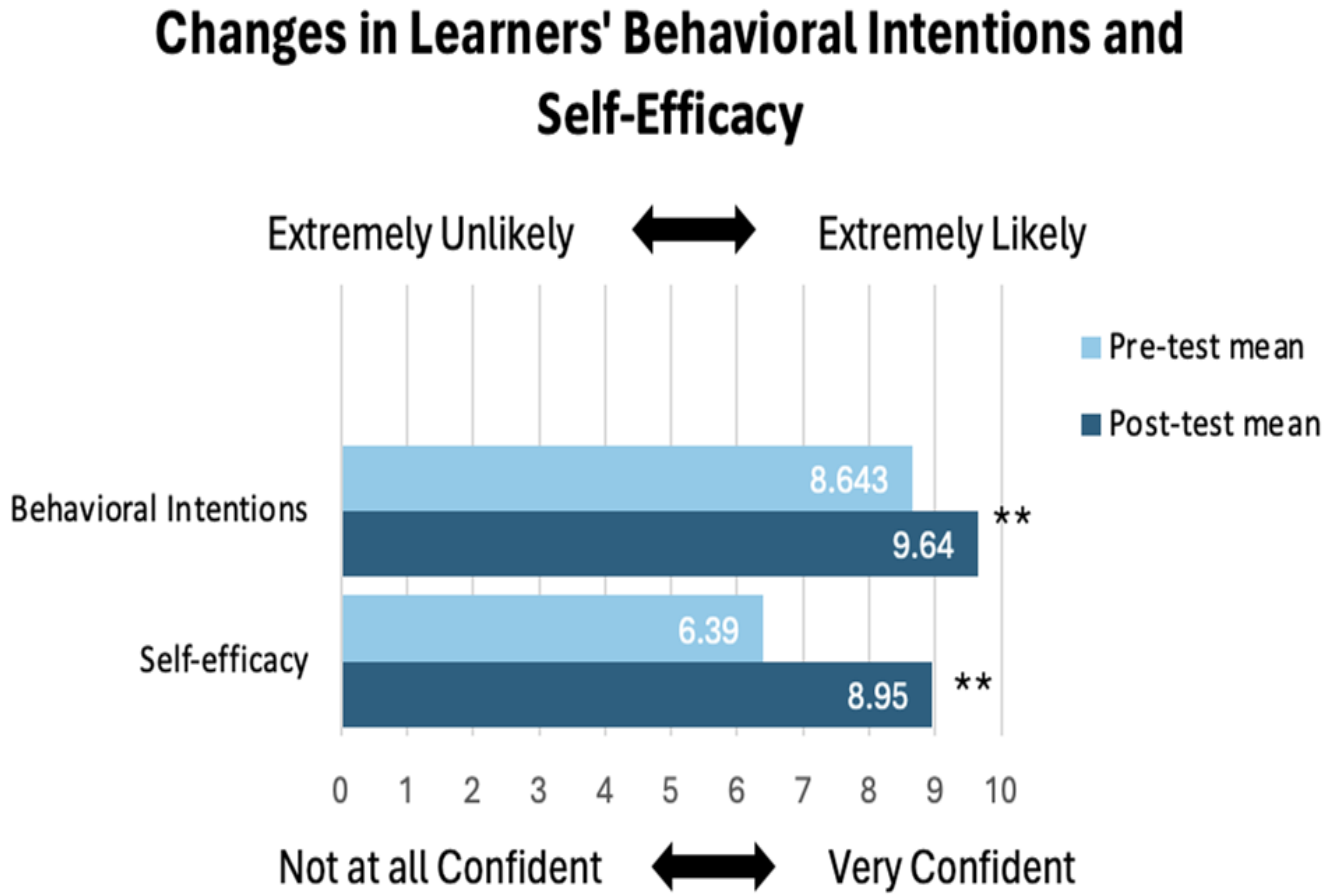
Results of Pilot Evaluation



Participants are those who completed the pre-test, course, and post-test (N=25).

** $p < 0.001$

Results of Pilot Evaluation



Participants are those who completed the pre-test, course, and post-test (N=25).

** $p < 0.001$

Evaluation & Iterative Improvement

- Pilot study results indicate:
  - Promising acceptability and feasibility.
  - Strong knowledge uptake.
  - Marked improvements in beliefs, preparedness, self-efficacy, behavioral intentions to intervene in suicidal crises after completion of the training modules.
- Limitations include a small sample, brief follow-up interval, and a reliance on self-report measures.
- Disseminated to all 18 Michigan colleges and universities offering a Certification in CW.
- Recently completed large scale evaluation: n = 540.

Our Next Steps…

Next step is to refine and create a version that could be used nationally.

Current Efforts: Sustainability

- Embedded safeTALK trainers.
- Collaboration with private agencies.
- Training Workgroup: Onboarding training and resources.
- Policy Workgroup: Internal protocols standardizing suicide prevention across several MDHHS youth serving areas (Child Protective Services, Juvenile Justice, Foster Care Licensing, etc.).

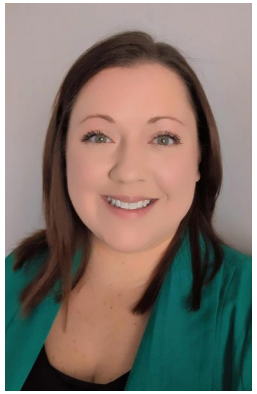
Lessons Learned

- Need to tailor suicide prevention interventions for a CW setting.
  - Trauma-informed.
  - Mindful of unique relationships.
  - Unpredictable schedules.
- Uplifting staff voices.
- Sustaining embedded trainers.
- Leveraging on-going initiatives.
- Patience: systems change takes time.

Questions and Discussion

Thank you!

We are grateful for the opportunity to share and collaborate!



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