Utilizing the Zero Suicide Framework to Improve Continuity of Care Across Youth-Serving Systems

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Caring and Transitions:

GLS Grantees Gathering

August 2026

Dr. Mike Hogan

Advisor, Four Pines Fund

- Intro—my perspective and experience on suicide care

- Why focus on care transitions
  - The most vulnerable time
  - When we usually do a terrible job
  - It’s not so much about the transitions as the caring
  - Small caring acts are common sense and effective
  - But will not happen without leadership

- Options. Research. Suggestions

What Are The Risks

- The highest rates of suicide—for any population, anywhere, any time—are among people just discharged from inpatient treatment
  - In meta-analysis of 100 studies of suicide after hospital discharge the post-discharge rate was about ***100 times the global suicide rate***
  - For people who had been hospitalized with suicidal thoughts or behaviors, the rate was near ***200 times the global rate*** (Chung et al., JAMA Psychiatry 2017)

How Do Usual Care Approaches Work?

- The conventional wisdom (not exactly wrong) is that scheduling an outpatient visit soon after inpatient/ED discharge is key
- But
  - A majority of people *don't want* follow-up treatment
  - It can be really hard to get an appointment quickly.
  - While post discharge treatment sounds like and is a good idea, it might not work for many people
  - As a consequence, only about half of those discharged from psych hospitals/units complete one visit within a week
- And, by the way:
  - Was suicidality treated and resolved in the hospital?
  - Is the therapist comfortable and competent to help someone with suicidal urgency?

While We Work on Fixing the Mental Health System There Are Other Things We Can Do

- Let's start with what we can learn from lived experience
  - Suicide is often a response to pain, isolation, and trauma
  - People often say that what helps most are **Hope** and **Connection**

- Caring contacts are effective and inexpensive—the best buy in suicide prevention

Calls Texts Letters Visits Cards Chats

All show effectiveness. All are inexpensive. All can help with Hope and Connection

Building A Network Of Caring And Support

- There will be challenges:
  - Funding for transition supports is challenging although CMS has authorized new billing codes:
    - G0560: HCPCS code for safety planning interventions
    - G0544: HCPCS code for post-discharge telephonic follow-up contacts after an ED/crisis encounter
  - These activities may not be easy to “install”
    - ED and inpatient work usually ends at discharge
    - Staff may not be available
    - EMR may not support
  - So, consider these, but also:
    - Other ways to make calls (e.g. CO model)
    - Caring letters (a “best buy” but “different”
- Considerations
  - Of course work on warm handoffs and care continuity
  - But that’s hard—and it might not be the most helpful
  - ALL forms of caring supports and contacts help:
    - What CAN be done?
    - Explore options for calls, visits, letters, texts
    - Who ***will*** make it happen? A champion is worth their weight in gold
    - How can we support them for long term success

This is a project that WILL save lives

GOOD LUCK

Utilizing the Zero Suicide Framework to Improve Continuity of Care across Youth Serving Systems

Presenters
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August 5, 2026

Disclaimer

This project was funded under award SM082107 by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views expressed herein do not necessarily reflect the official policies of the United States (U.S.) Department of Health and Human Services or the Pennsylvania Department of Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. or State Government.

Project Overview

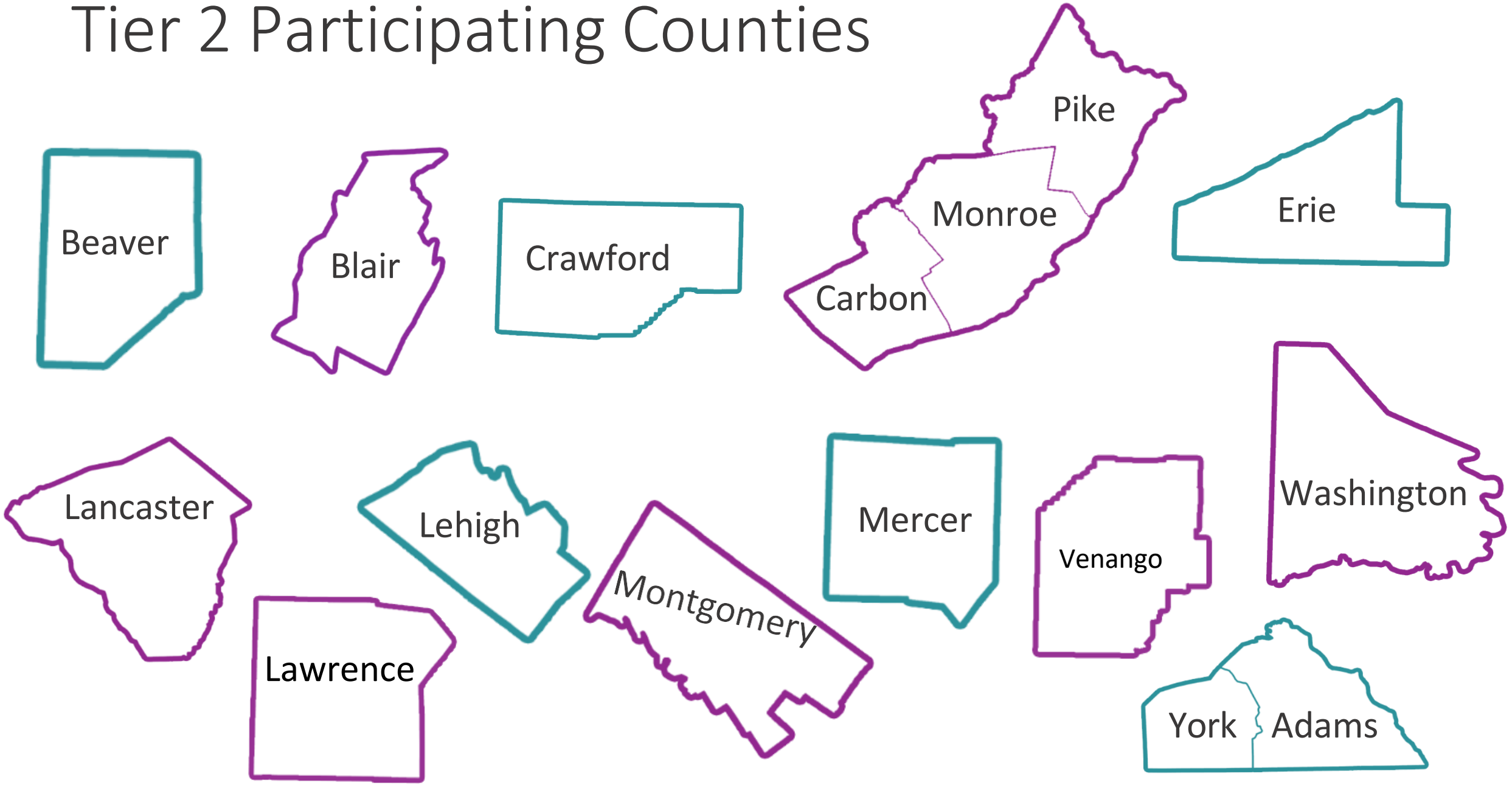
Pennsylvania Resource for Continuity of Care in Youth Serving Systems and Transitions (PRCCYSST)- “PERSIST”

- Primary goal
  - Improve continuity of care across youth-serving systems for youth at risk of suicide
- Tier 1
  - State-wide efforts building from prior grants
- Tier 2
  - Targeted counties
  - Utilize Zero Suicide framework
  - County specific action planning based on data from needs assessments and input from stakeholder meetings

GLS Project Team

- State Employees
- University Faculty and Staff
  - Mental Health Professionals, Public Health Professionals, Researchers and Coordinators
- School Mental Health Professionals
- Student Assistance Program Staff
- Primary Care Doctor

Tier 2 Participating Counties



Zero Suicide

LEAD — Lead system-wide culture change committed to reducing suicides.

TRAIN — Train a competent, confident, and caring workforce.

IDENTIFY — Identify individuals with suicide risk via comprehensive screening and assessment.

ENGAGE — Engage all individuals at-risk of suicide using a suicide care management plan.

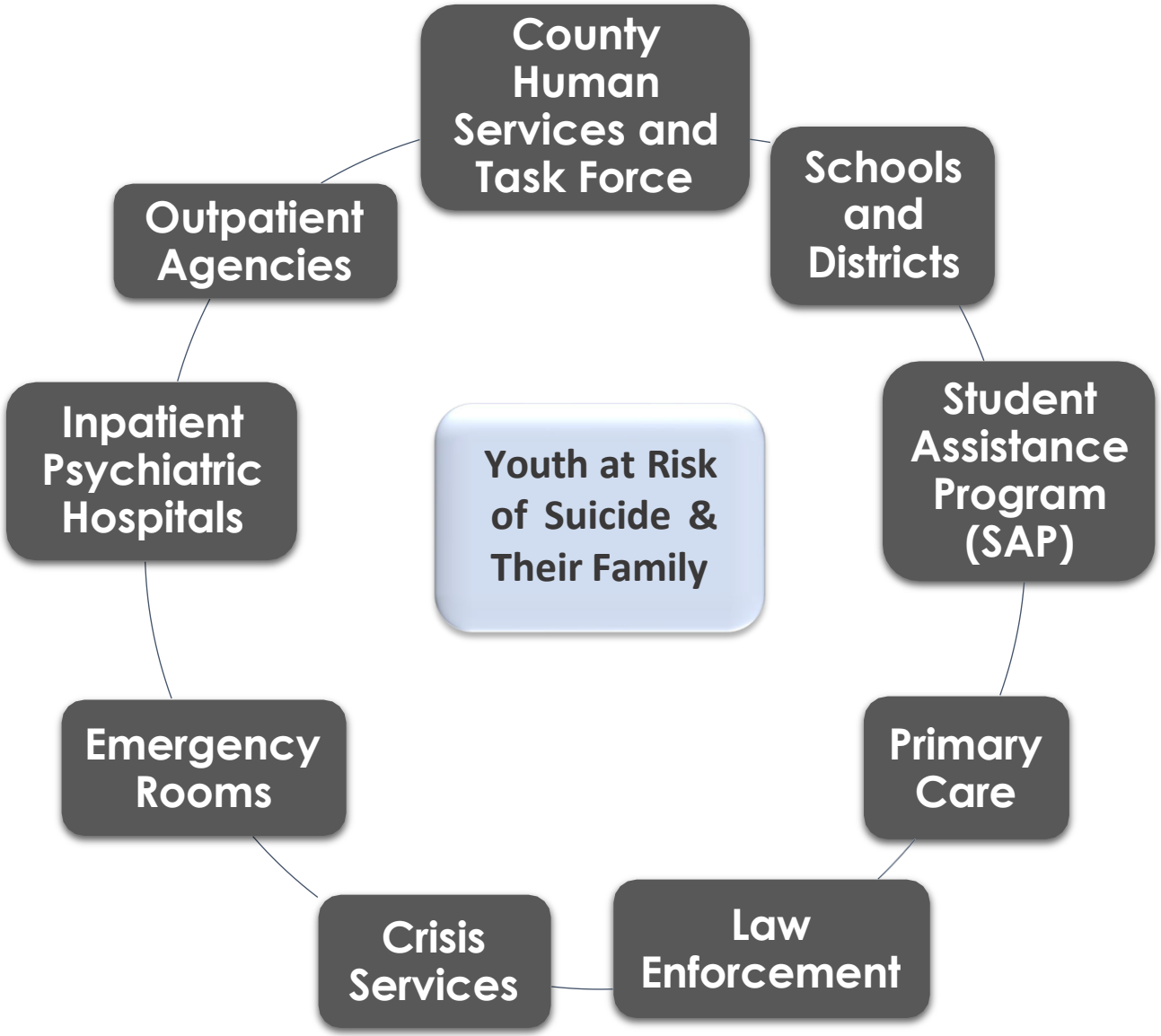
TREAT — Treat suicidal thoughts and behaviors directly using evidence-based treatments.

TRANSITION — Transition individuals through care with warm hand-offs and supportive contacts.

IMPROVE — Improve policies and procedures through continuous quality improvement.

Source: https://zerosuicide.edc.org

Utilization Across Youth Serving Systems



Collaborative Phases

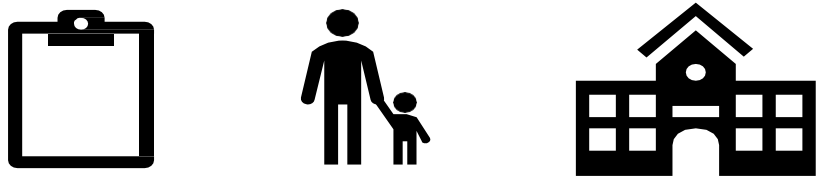
Phase 1	• Needs Assessments: Zero Suicide self study and Network analysis
Phase 2	• County-wide strategic planning
Phase 3	• Implementation of training, screening and support
Phase 4	• Outcome assessment, sustainability

Data Collection

Data Collection - Needs Assessment

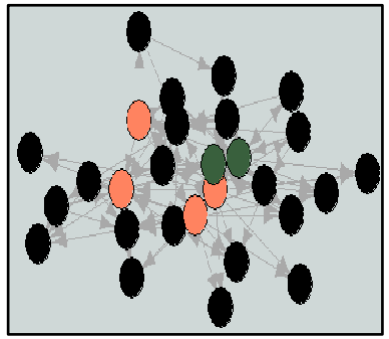
Pennsylvania Organizational Self-Study (POSS)

- Adapted from Zero Suicide Organizational Self-Study
  - Overall Suicide Prevention Efforts
  - Zero Suicide Domains
- System specific measures
  - Within organizations



Pennsylvania Network Analysis (PANA)

- County specific measures
  - Unique organizations
  - Between organizations
- Measures connections
  - Pre-Care
  - Post-Care
  - Data-Sharing



POSS Sample Items

Lead - What commitment has your agency made to suicide prevention through designated staff members and teaming?

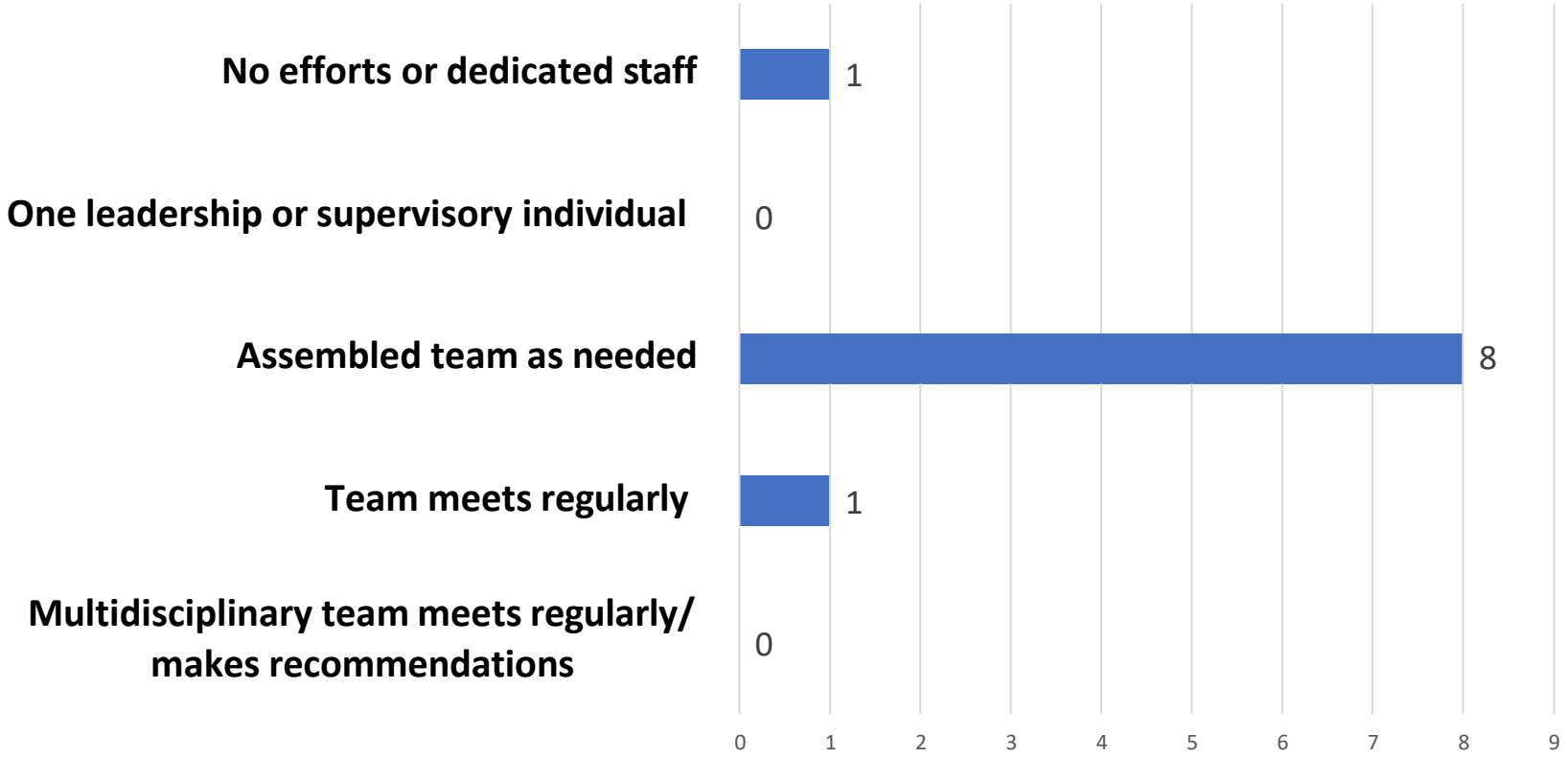
BEST PRACTICE: The agency has a multidisciplinary team that meets regularly regarding suicide care practices. The team is responsible for developing guidelines and/or modifying procedures and sharing with Crisis staff.

BASELINE: The agency does not have dedicated staff to build and manage suicide intervention and response.

Leadership (Example)

SCHOOLS

Suicide Prevention Teaming



Summary (Example)

S C H O O L S

Strengths:

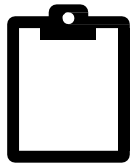
1. Majority of schools demonstrate high leadership and teaming in suicide prevention
2. Nearly 80% of all staff receive suicide prevention training and School Mental Health Professionals receive high rates of advanced training
3. 75% of schools report staff are successful in almost all cases at engaging parents/caregivers during a suicide-related crisis

Needs:

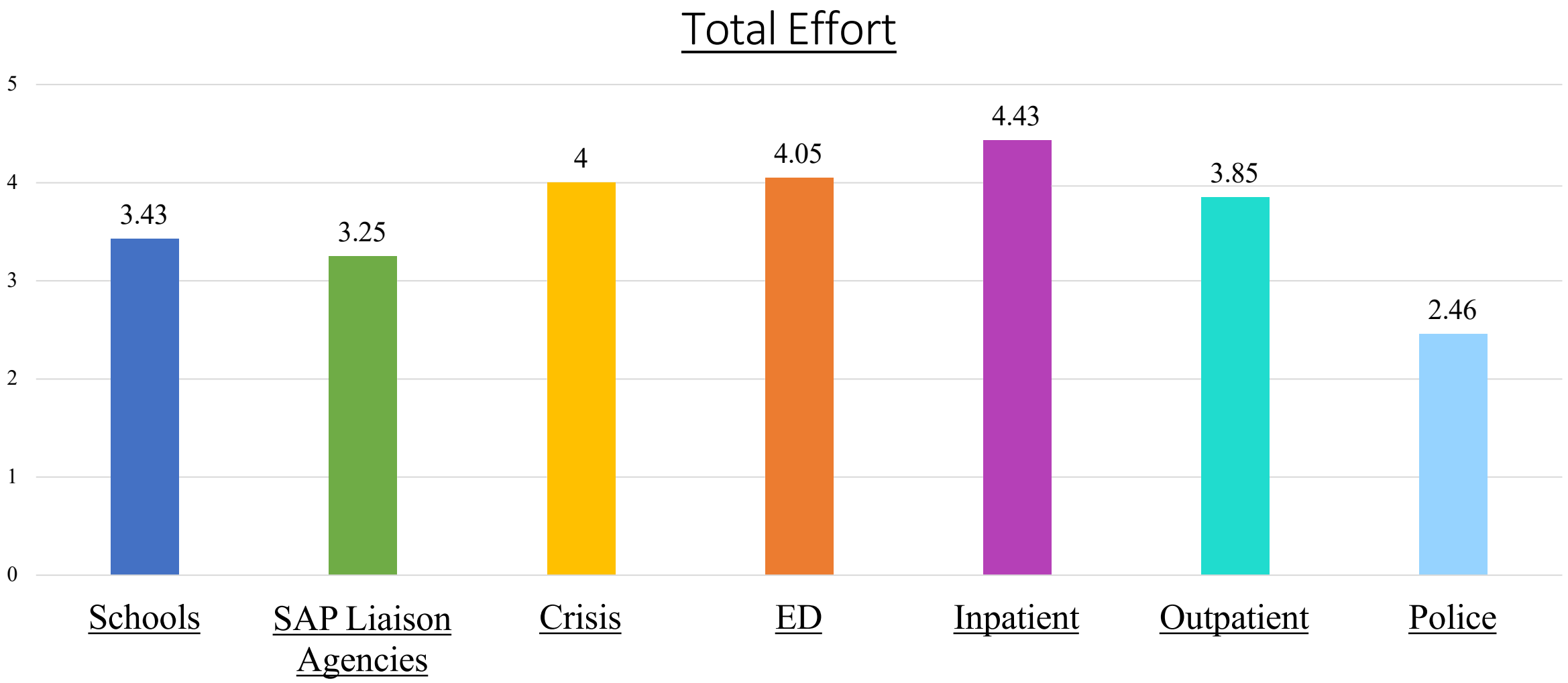
1. Consistent quality improvement efforts
2. Empirically validated screening tools
3. Re-entry procedures

Aggregate Data

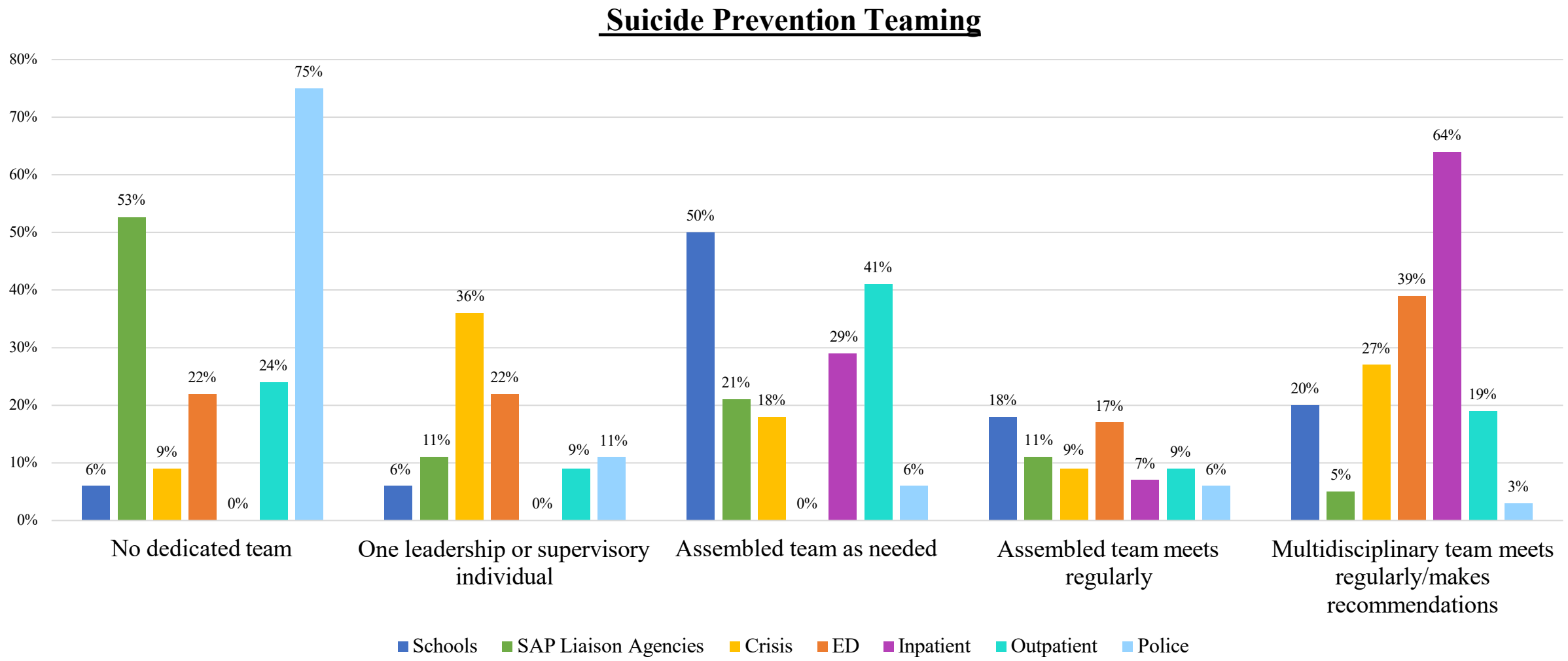
- Completion Rates by System
  - Represents 12 Counties

69/128 54%	20/20 100%	12/15 80%	19/40 48%	16/43 37%	61/128 48%	41/141 29%
						
Schools	SAP Liaison Agencies	Crisis	Emergency Departments	Inpatient Psychiatry	Outpatient Mental Health	Law Enforcement

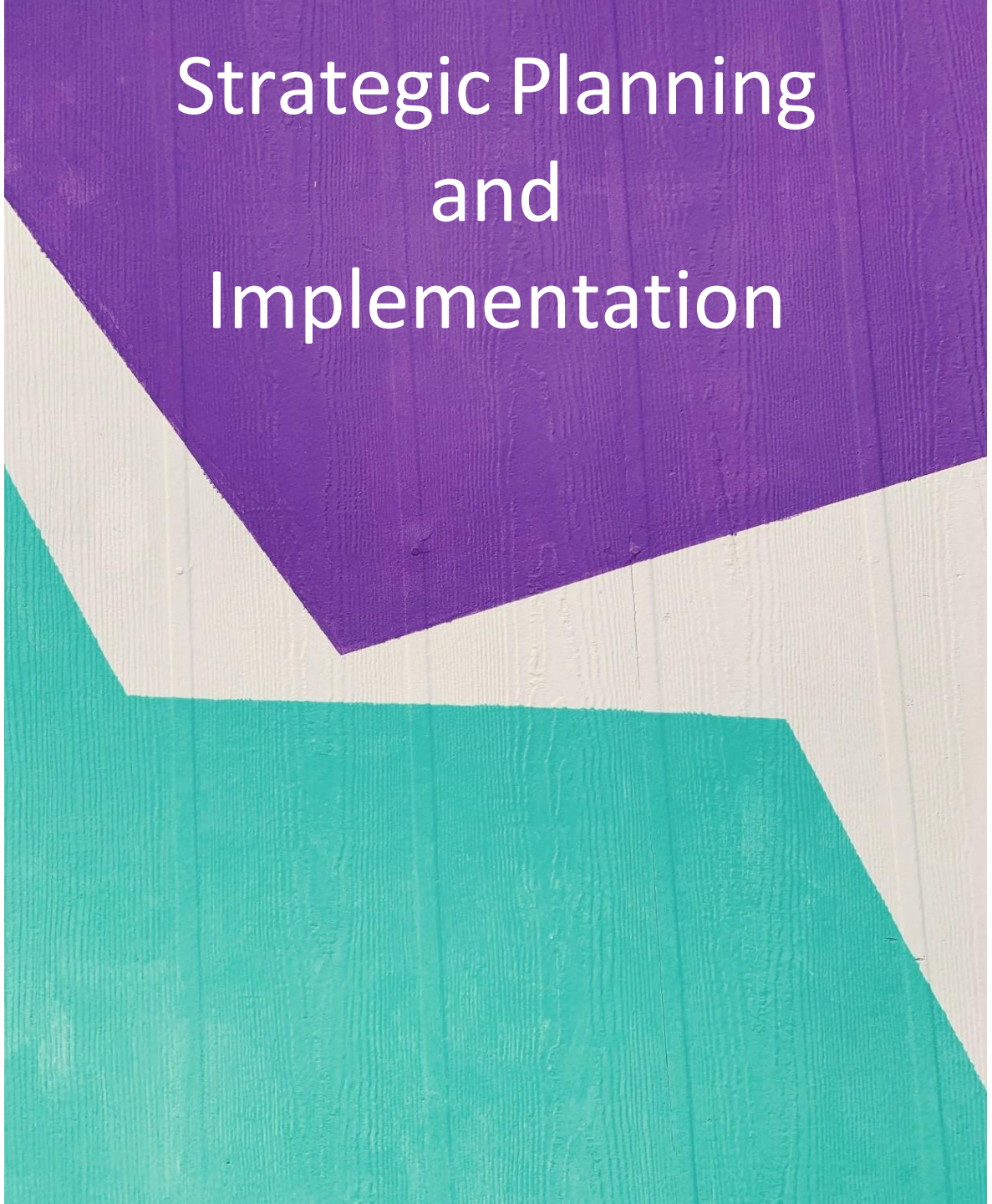
What efforts has your organization made to reduce suicide and provide safer suicide care?
(Average answers on a scale from 1 to 5)



What commitment has your organization made to suicide prevention through designated staffing and teams?
%, by # answered



Strategic Planning and Implementation



Community Engagement

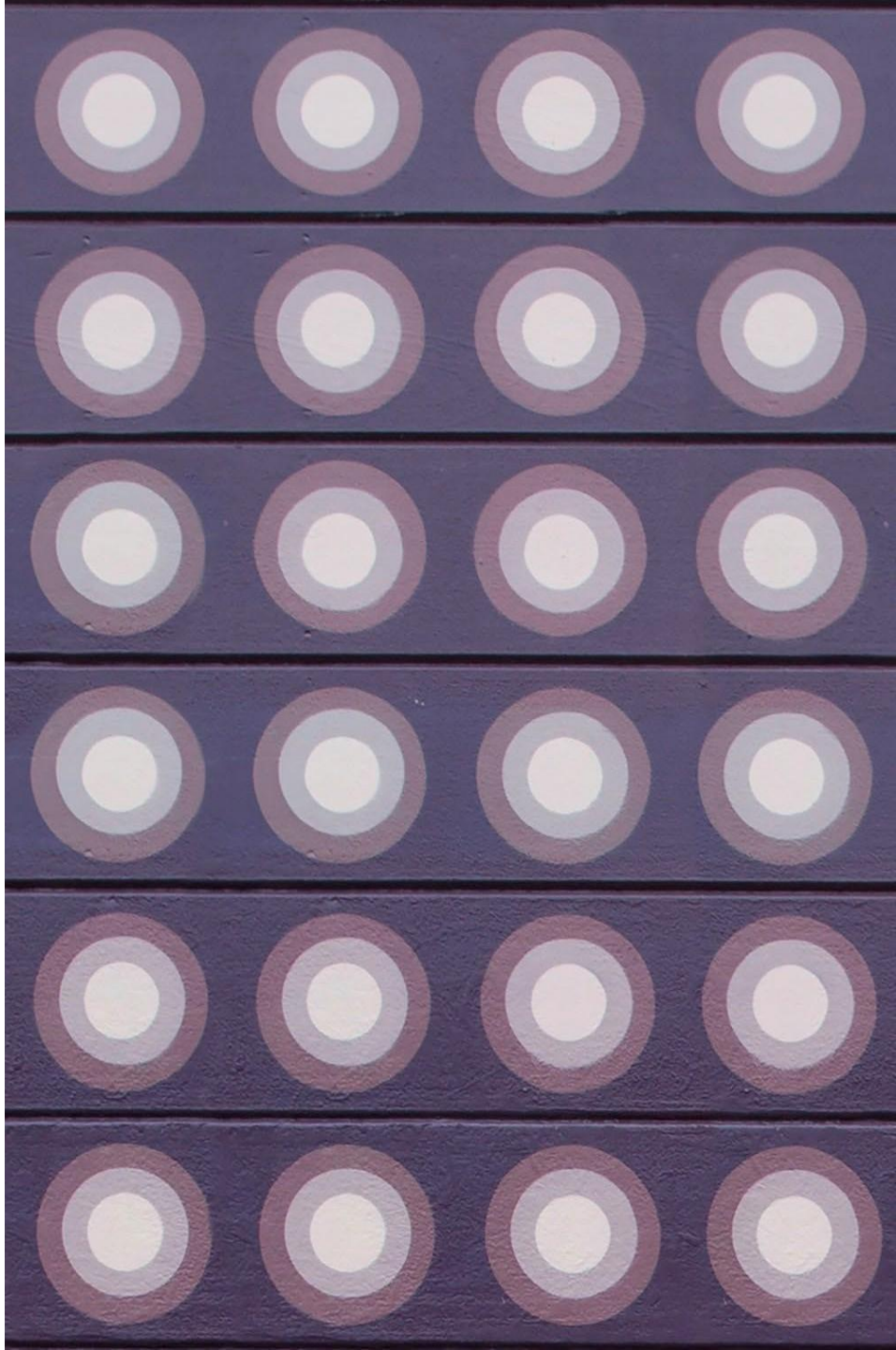
- Strategic planning meetings
  - Make Connections
  - Gather strengths/needs/priority recommendations
  - Inform strategic plan
- Shared Goal: Increase cross-systems collaboration to improve pre-care and post-care pathways for youth at risk of suicide
  - County Specific Goal(s) &Objectives

Action Planning Across Systems

(Example) Goal 1 Train staff in youth and family engagement and transitions in care.					
Action Steps to Achieve Goal	**GLS Team Members and County Partners Involved**	**Timeline**	**Data Needed to Evaluate Change**	**Sustainability Plan**	**Additional Notes**
Set up Family Engagement training across systems					
Set up work group to review policies in school, inpatient, and outpatient organizations					

Similarities in Strategic Plans

- Overarching Goal: Increase cross-systems collaboration to improve pre-care and post-care pathways for youth at risk of suicide.
- Infrastructure Development
- Family support & Engagement
  - Resources for families during inpatient hospitalization
- Improve Cross-systems communication
  - Communications tools
  - Understanding of various systems and organizations



Specific County Implementation: Infrastructure Development

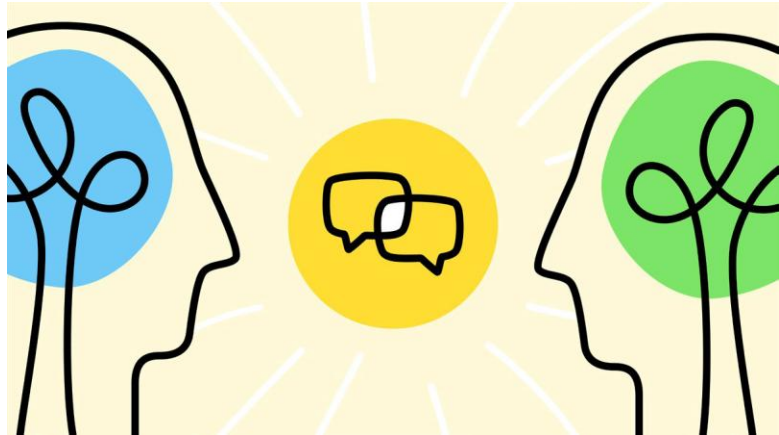
- Objectives
  - Increase the capacity of individuals and organizations involved in suicide prevention efforts
  - Increase cross-systems participation in regular meetings to improve coordination of efforts through data and resource sharing.
- Strategies
  - Establish, re-establish, and enhance suicide prevention task force
  - Provide structure through county involvement
  - Utilization of “room at the table” infographic

Specific County Implementation: Family Engagement

- Objectives
  - Improve family engagement in discharge planning and reentry procedures to increase access to follow-up supports and services.
  - Decrease community stigma and perceived barriers related to mental health and suicide through awareness and training efforts.
- Strategies
  - Partner with schools, SAP liaison agencies, and community organizations to disseminate survey for families on service utilization
  - One county found that most were unfamiliar with county resources
    - Developed specific messaging campaign
    - School mental health lunchtime activity – resource bags sent home with youth
  - Other county found most look to primary care physician for information
    - Developing campaign to reach out to primary care physicians

Specific County Implementation: Cross-systems communication

- Objectives
  - Increase the number of organizations that have established policies and protocols for reentry.
  - Increase the number of organizations with policies and procedures for data/information sharing for youth following suicide-related crisis.
- Strategy
  - Cross-systems communication tool for youth in crisis



Specific County Implementation: Cross-systems communication

- Objective
  - Improve cross-systems communication between inpatient and other systems for youth in suicidal crisis and upon reentry following discharge from hospitalization.
- Strategy
  - Convene meetings with inpatient and schools to identify barriers and work through barriers to communication

Cross-County Implementation Support

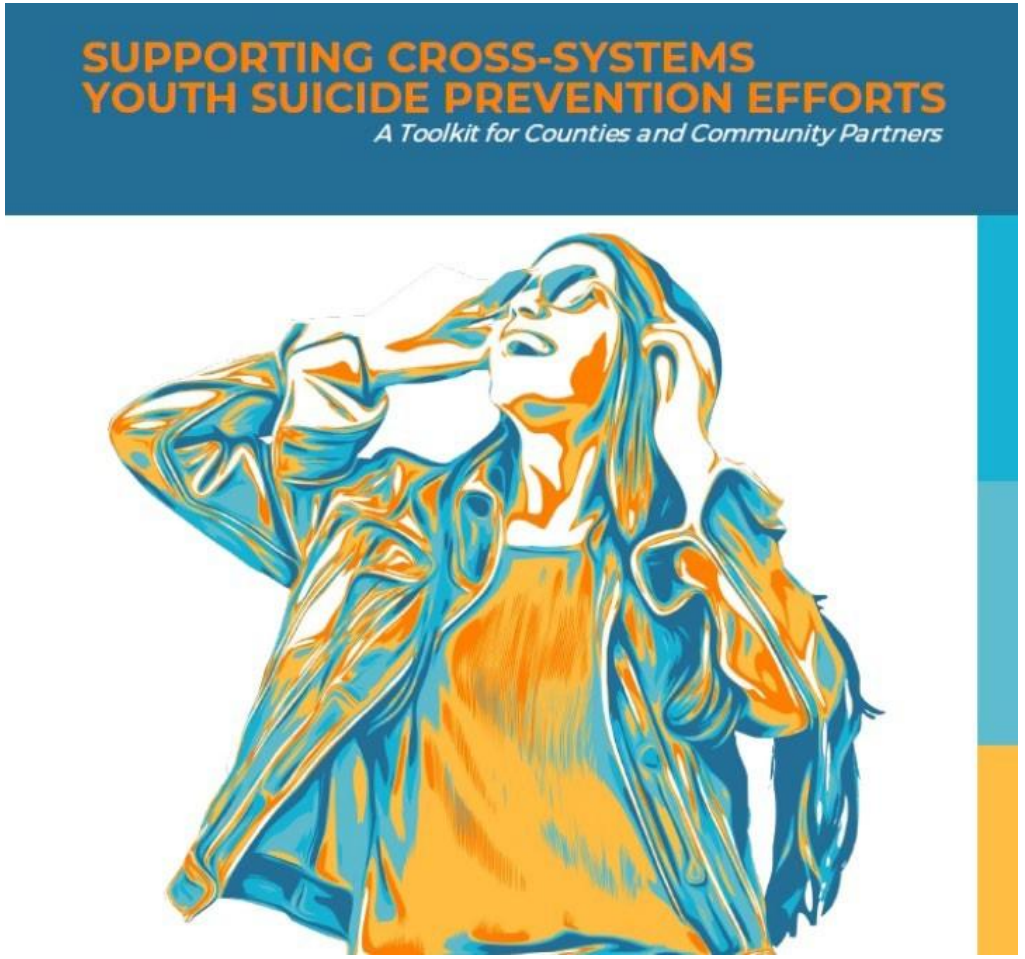
- Regular meetings to support individual county plans and provide technical assistance
  - Resource generation
  - Data
  - Implementation support/Continued development of strategic plan
  - Presentation and support at county suicide prevention meetings
- Monthly Cross-County Calls
- Quarterly Newsletter
- Zero Suicide Community of Practice
- State to County communication and resource sharing

Statewide Resources

Toolkit for Counties and Community Partners

- Overview of strategic planning process based on GLS implementation
- Lessons learned from partner counties
- Helpful tips and resources
- Appendices:
  - ✓Data collection tools
  - ✓Email templates
  - ✓Sample agendas and note-taking templates
  - ✓And more!

https://preventsuicidepa.org/toolkits/



Resources

- Tip Sheets
  - Talking with my child about suicide
    - https://www.paparentandfamilyalliance.org/talkaboutsuicide
  - Inpatient Support for families
    - https://www.paparentandfamilyalliance.org/inpatienttipsheet

- PSA Contest psa.preventsuicidepa.org
  - All PSAs are available for public use

Suicide Prevention Online Learning Center

Educators

- Youth Suicide Prevention for Educators
- 8 classes, including
  - Debunking Myths
  - Epidemiology
  - Risk & Protective Factors
  - Warning Signs
  - Policies & Procedures
  - How to Respond
  - Safe Messaging
  - Postvention
- Updates coming in 2025!

Mental Health Professionals

- Assessment and Clinical Management of Suicidal Youth
- Effective Safety Plans
- Assessment and Intervention for School Mental Health Professionals
- Introduction to Attachment Based Family Therapy
- Concussions, Depression, and Suicidal Risk: Assessment and Clinical Management

Health Care Providers

- Introduction to Suicide Assessment in the Outpatient Pediatric Primary Care Setting
- Concussions, Depression, and Suicidal Risk
- Pharmacotherapy of Pediatric Anxiety and Depression
- Method Restriction: Primary Care and Public Health Approaches

And More!

- Non-Suicidal Self-Injury
- School and Community Based Prevention to Prevent Adolescent Suicide
- Preventing Suicide Among Military Personnel and Veterans
- Unlocking your Anti-Racist Mind and Suicide Prevention
- Why People Die by Suicide

pspalearning.com

Higher Education Suicide Prevention Coalition

- Collaborative of colleges & universities
- Monthly meetings around various topics such as
  - Alternate models for supporting student mental health
  - Policy and procedures related to student mental health
  - Collaborative Outreach
- Annual conference
- Mini-grants for PA Colleges/Universities
- Quarterly newsletter
- All information can be found at hespc.org

HESPC

BH-Works and the Behavioral Health Screen (BHS)

- Clinically validated scales (ages 12-24) that are predictive of risk behaviors (Diamond et al., 2010)

- Web-based screening covering 13 Domains in approximately 7-12 minutes
  - Identifying Critical Issues: Suicide, Violence, Gun Access
  - Automatically Scoring: Depression, Suicide, Anxiety, Trauma, Substance Abuse, Eating Disorder
  - Identifying Risk Behaviors: Substance Use, Safety, Bullying
  - Identifying Patient Strengths: Grades, Exercise

- Can track changes over time and can aggregate and export data

Key Validated Scoring Scales

Scale	Score
Depression	0-4 ; Mean of 5 items
Anxiety	0-4 ; Mean of 4 items
Suicide - Current	0-4 ; Mean of 3 items
Traumatic Distress	0-4 ; Mean of 3 items
Eating Disorder	0-4 ; Mean of 4 items
Substance Abuse	0-4 ; Mean of 4 items

Contact Information

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Q&A