Suicide Prevention in Juvenile Justice: A Discussion of Gaps

2023 SOC and CRCG Conference
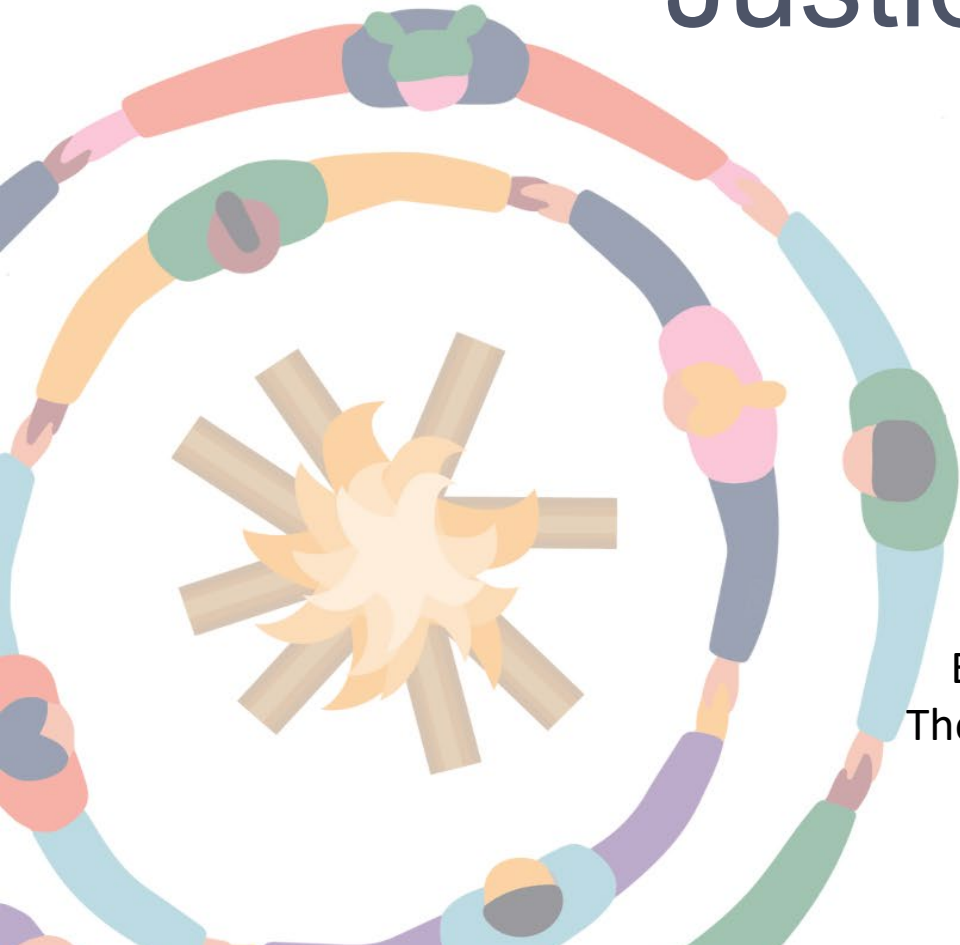
July 27, 2023

Molly Lopez
Director, Texas Institute for
Excellence in Mental Health
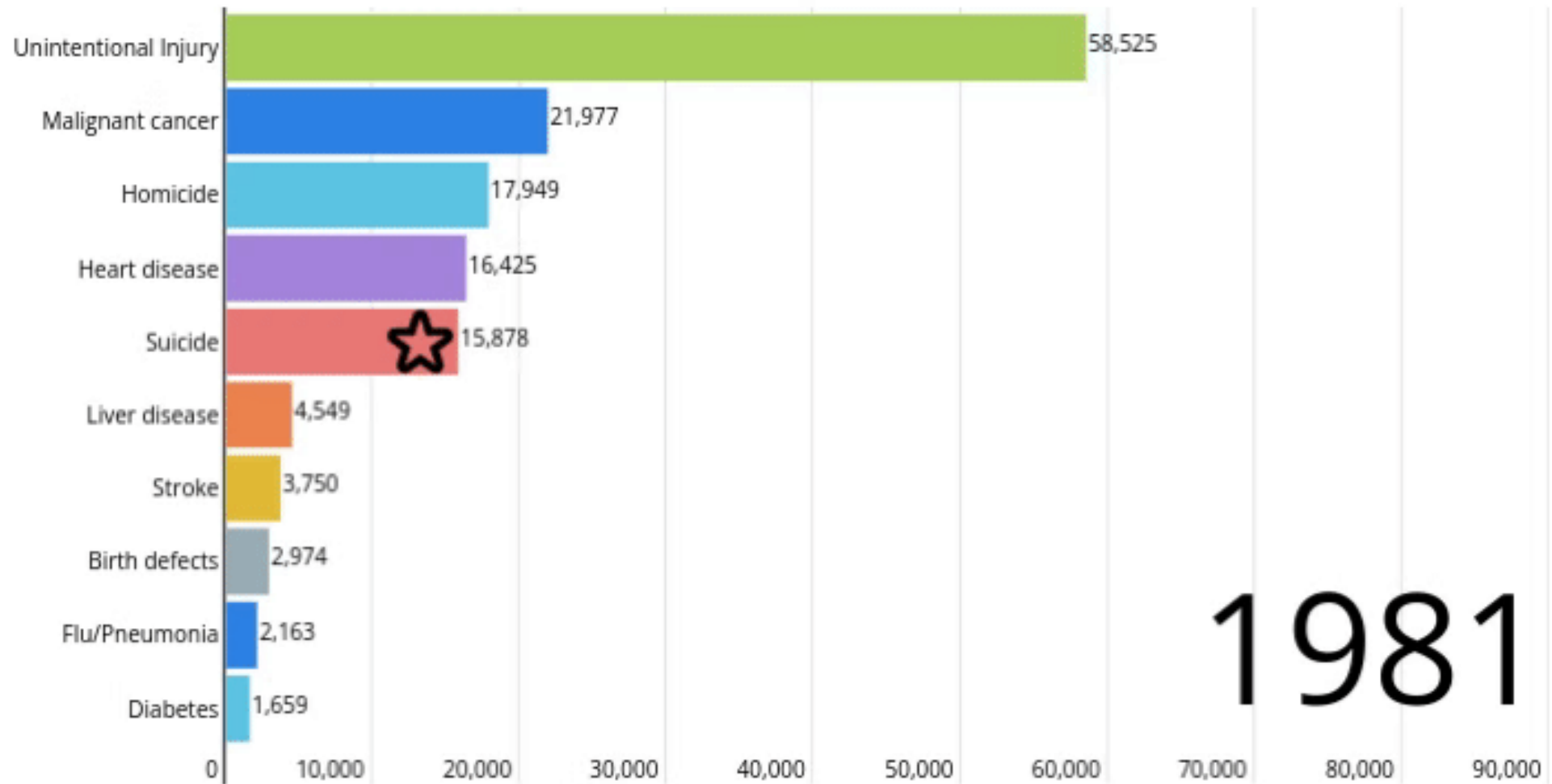The University of Texas at Austin

Emily Dirksmeyer
Technical Assistance Coordinator
Office of Forensic Coordination
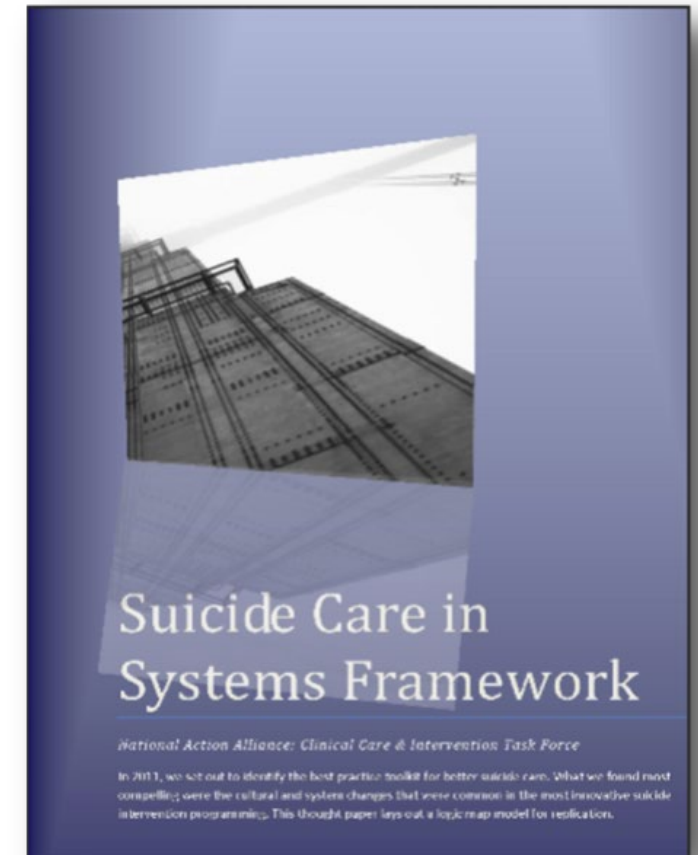Texas Health and Human Services Commission

Top 10 Causes of Death – Ages 1 to 44

1981

Action Alliance Clinical Care and Intervention Task Force

- 2012 Report
- Focused on common factors in 4 novel, effective approaches
- Found impact in transformation of systems
  - Core values
  - Systems management
  - Evidence-based clinical care practice

Suicide Care in Systems Framework

National Action Alliance: Clinical Care & Intervention Task Force

In 2011, we set out to identify the best practice toolkit for better suicide care. What we found most compelling were the cultural and system changes that were common in the most innovative suicide intervention programming. This thought paper lays out a logic map model for replication.

Zero Suicide is…

A foundational belief that suicide deaths within systems are preventable. Zero Suicide is an aspirational goal focused on system-wide transformation intended to create suicide safe care systems.

The Zero Suicide framework has been applied primarily to health and behavioral health systems, promoting a commitment to patient safety and a just culture of support for care providers.

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

Zero Suicide Framework

- **LEAD:** A system-wide culture change committed to reducing suicides

- **TRAIN:** A competent, confident, and caring workforce

- **IDENTIFY:** Recognition of those at suicide risk through comprehensive screening and assessment

- **ENGAGE:** Persons at risk have rapid access to effective, safe care management plans

- **TREAT:** Suicidal thoughts and behaviors are treated directly using evidence-based treatments

- **TRANSITION:** Individuals move through care with warm hand-offs and supportive contacts

- **IMPROVE:** Policies and practices are improved through continuous quality improvement.

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

Evidence for a System Approach to Suicide

- The US Air Force Suicide Prevention Program, a multi-faceted systemic approach, showed lower suicide rates post-intervention than the pre-intervention time period. (Knox, et al., 2010)

- The Henry Ford Health System, a large HMO, found an 82% reduction in the rate of suicide among members comparing the 2 years before the ZS implementation to the 8 years after ZS implementation. (Coffey, et al 2013)

- A large public mental health service in Australia found a significant reduction in repeated suicide attempts for individuals placed on a suicide prevention pathway versus those receiving usual care. (Stapelberg, et al., 2021)
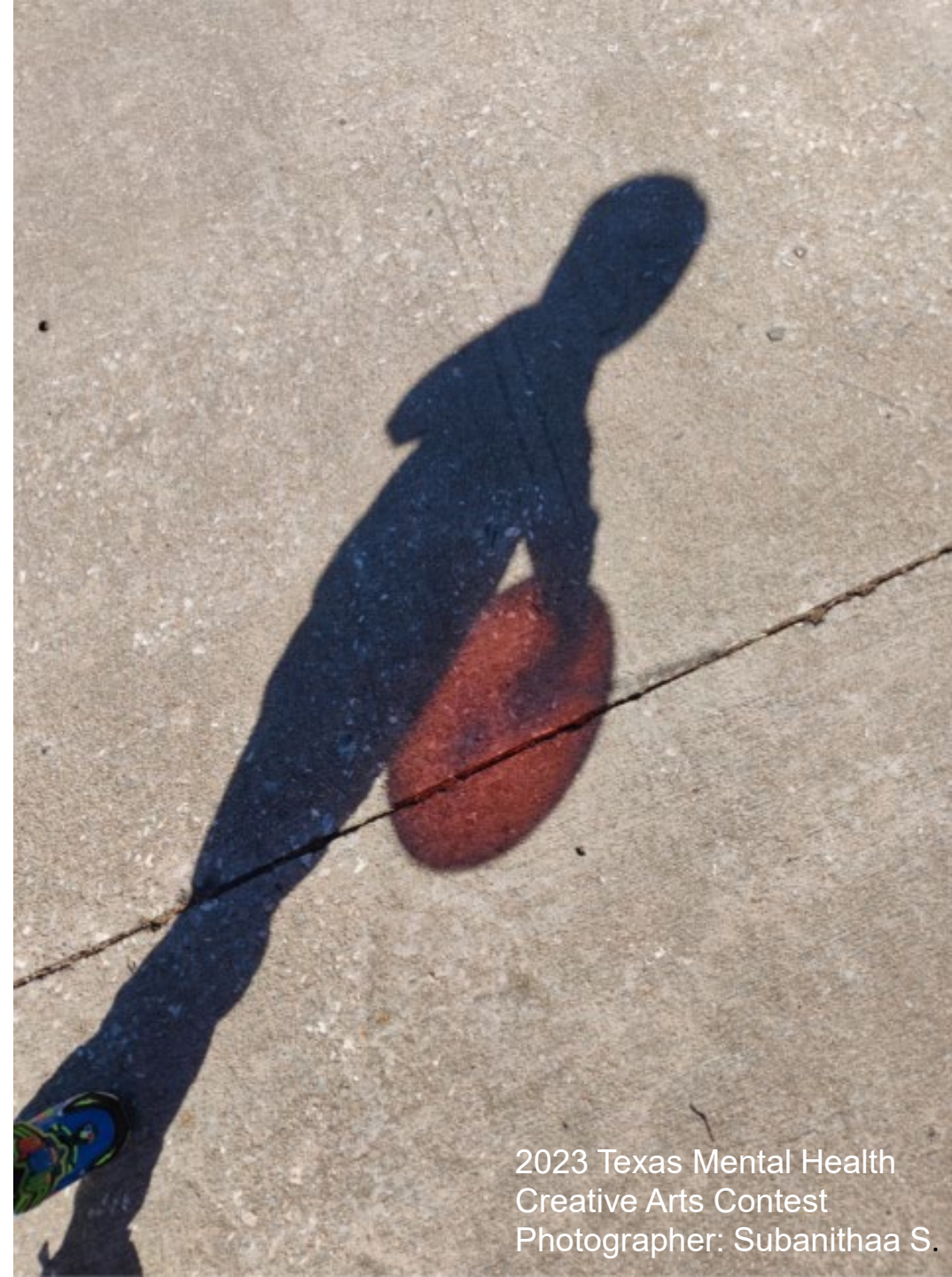
Texas Experience with Zero Suicide

- 10 years experience implementing ZS in public mental health

- Many hospital/clinic systems have implemented ZS initiatives

- The ZS approach has been adapted for schools, with many Texas districts implementing some of all components

Suicide Safe Care State

Suicide Safe Care Community

Suicide Safe Care Center

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing
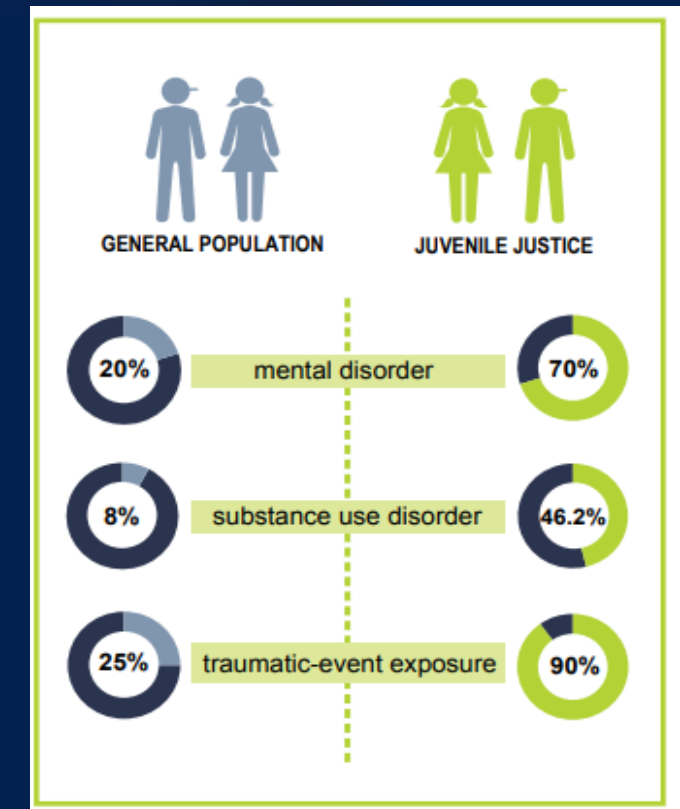
So What about Youth Involved in the Juvenile Justice System?

2023 Texas Mental Health
Creative Arts Contest
Photographer: Subanithaa S.
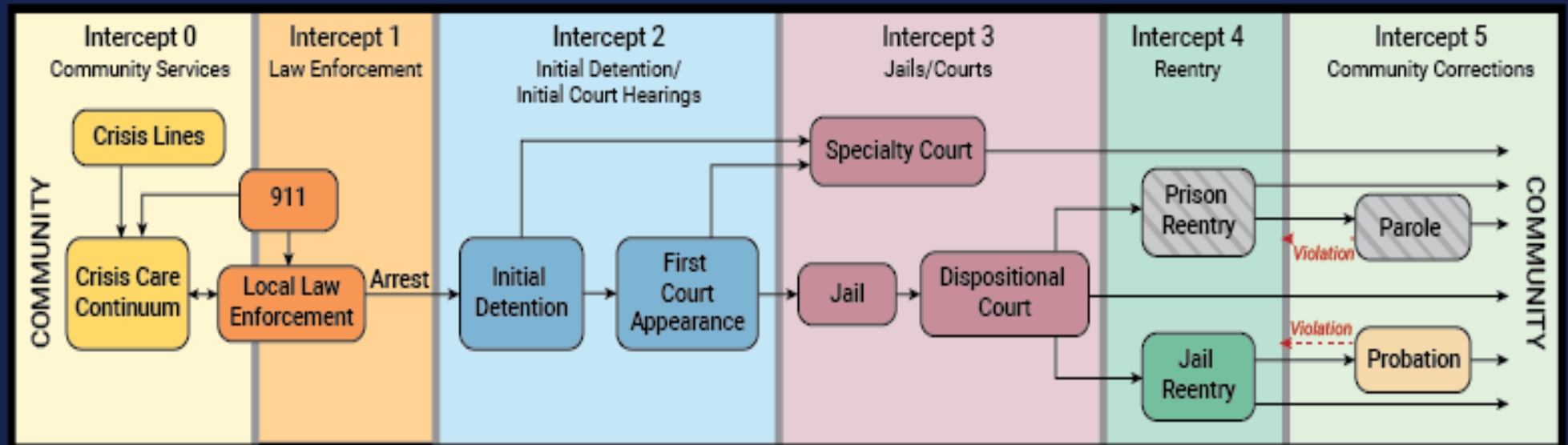
The Problem- Described Nationally

- It is estimated that **70%** of youth arrested every year have a mental health condition.

- **90%** of youth involved with the juvenile justice system have been exposed to at least one traumatic event.

- Youth in juvenile justice residential facilities have nearly **three times** the rate of suicide compared to their peers in the general population.

- Up to **one-third** of justice-involved youth report having experienced suicidal ideation in the past year.

- Suicide continues to be **the leading cause of death** for youth in custody.

GENERAL POPULATION   JUVENILE JUSTICE

20%	mental disorder	70%
8%	substance use disorder	46.2%
25%	traumatic-event exposure	90%

Source: Strengthening Our Future: Key Elements to Developing a Trauma-Informed Diversion Program for Youth with Behavioral Health Conditions (policyresearchinc.org)
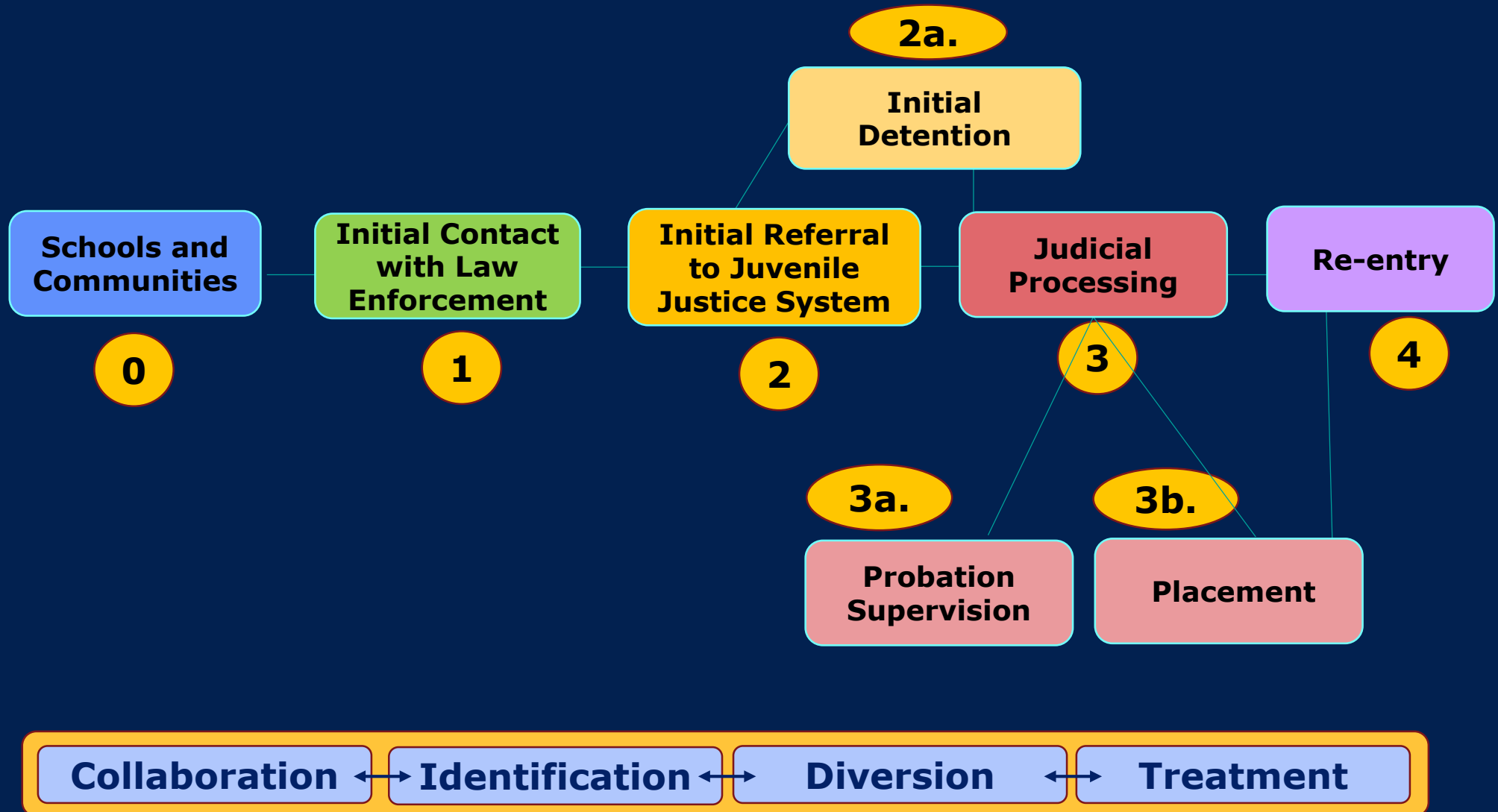
Sequential Intercept Model Overview

The Sequential Intercept Model (SIM) details how people with mental illness (MI), substance use disorder (SUD), and intellectual and developmental disabilities (IDD) come into contact with and move through the criminal justice system.

The Texas Youth SIM Model

2a.

Initial Detention

Schools and Communities

Initial Contact with Law Enforcement

Initial Referral to Juvenile Justice System

Judicial Processing

Re-entry

0 **1** **2** **3** **4**

3a. **3b.**

Probation Supervision

Placement

Collaboration ↔ Identification ↔ Diversion ↔ Treatment
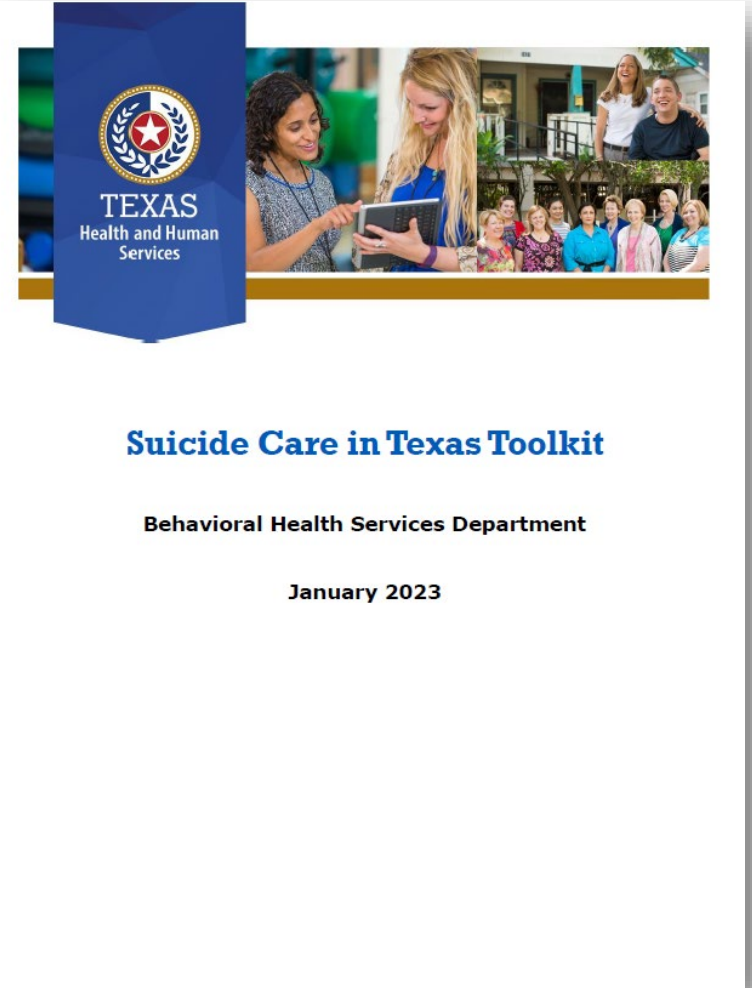
Suicide Care in Texas: Juvenile Settings

- Adapted toolkit to support suicide prevention activities in juvenile settings
  - Zero Suicide tools adapted to support the needs within Texas probation, detention, or parole settings
- Learning community
- Online training modules

TEXAS
Health and Human Services

Suicide Care in Texas Toolkit

Behavioral Health Services Department

January 2023

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing

Our Challenge Today

Identify the Strengths, Weaknesses, Opportunities, and Threats (SWOT) in our Efforts to Strengthen Suicide Prevention and Suicide Safe Care for Youth Involved in Juvenile Justice

Strengths

What does the Juvenile Justice system do well in preventing youth suicides? What is currently working?

Weaknesses

What suicide prevention efforts are not performing well or could be improved? What gaps exist? Where are we lacking important resources?

Opportunities

What resources can we use to address any weaknesses in preventing youth suicides? What would motivate the system to improve?

Threats

What things outside of our control might prevent us from making changes? What other priorities might disrupt progress or pull away resources?

Next Steps

- Key expert interviews – please refer people to us!
- Participation in workgroup – we would love volunteers

- Sign up sheets in the room

- Molly Lopez – mlopez@austin.utexas.edu
- Emily Dirksmeyer – Emily.Dirksmeyer@hhs.texas.gov

TxSOC & CRCG Conference
Building Authentic Connection
Reconnecting • Reimagining • Revitalizing