B. PROJECT OVERVIEW

Project Name:
Kenosha County Suicide Prevention Initiative
HWPP Project Number:
2011-17

Without exceeding this one (1) page, briefly describe your project and partnership.

The Kenosha County Suicide Prevention Initiative (KCSPI), through partnership with the Kenosha County Division of Health (KCDOH), Injury Research Center (IRC) at the Medical College of Wisconsin, and Mental Health America of Wisconsin (MHA), serves to reduce the burden of self-harm and poisoning injury by building capacity and strengthening systems affecting injury and violence and mental health through three objectives: (1) Prevent access to methods of self-harm (with a focus on poisoning), (2) Expand prevention efforts through expansion of the Kenosha County Suicide Prevention Coalition (KCSPC) and formation of a Self-harm and Death Analysis Review Team (SDART), and (3) Increase identification, referral and treatment of persons at risk for suicide and self-harm. Partners have a strong history of successful collaboration and improved health outcomes through innovative decision making, resourcefulness, and open, consistent communication.

Local data brought awareness to increased numbers of poisoning-related deaths, hospitalizations and emergency department (ED) visits in Kenosha County. Research has also found that misuse of prescription drugs for non-medical purposes has emerged as a problem both nationally and in Wisconsin. In response, the state passed legislation directing the Pharmacy Examining Board to create a Prescription Drug Monitoring Program (PDMP) to monitor the dispensing of prescription drugs. PDMP initiatives as part of the groundwork for successful implementation at the state and local level. PDMPs are designed to balance the legitimate use of prescription opioids to treat pain against the national epidemic of prescription drug abuse and misuse. PDMPs inform health care providers of patient prescription histories to help change the way physicians prescribe; however, the presence of a PDMP alone is not enough to reduce rates of abuse and misuse. Thus, this first objective will build a series of training components, in partnership with the Wisconsin chapter of the American College of Emergency Physicians, for Kenosha physicians that coordinate and complement the creation of a Wisconsin PDMP. There is no known national model for the proposed training in coordination with PDMP implementation, therefore strong potential exists for Kenosha County to be a state and national leader in this area. Other objective one activities include the development and distribution of poisoning and self-harm materials and education and distribution of medicine lock boxes.

Local data and discussions also lead to identification of the need for a more objective and thorough review of self-harm and deaths and data sharing to better support interventions and assist with the development of organizational relationships and capacity. The Self-harm and Death Analysis Review Team (SDART) will provide an ongoing bimonthly comprehensive review and analysis of the risk factors for suicide and self-harm in real-time for effective action. Multidisciplinary members from the expanded KCSPC will be invited to sit on the SDART and community engagement will help inform recommendations as well as development of a KCSPC Strategic Plan. This model could also be adapted in other counties across Wisconsin and the nation to build on the public health model of prevention. The KCSPI will also assist in the development of a Suicide Prevention College Advisory group and strengthen regional development by providing Racine County with technical assistance regarding coalition development and model resources.

The previous grant enabled us to begin development of best practices in continuity of care suicide prevention strategies, particularly in EDs. Phase two of the KCSPI will allow the expansion of continuity of care by focusing efforts on mending the disconnectedness between health services agencies and social service providers to build a cohesive health services infrastructure, particularly with regard to effective follow-up care after ED discharge and/or inpatient discharge of suicidal persons. Partner expertise and research on evidence-based/promising practices will be shared in addition to training and education to encourage the expansion of screening, referral and treatment in the ED setting.