Safe Care Transitions in a Zero Suicide Framework

September 12, 2017

EDC
Learning
transforms
lives.

FUNDING & DISCLAIMER

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IN HEALTH AND BEHAVIORAL HEALTH CARE

MODERATOR

Julie Goldstein Grumet, PhD
Director of Health and Behavioral Health Initiatives
Suicide Prevention Resource Center

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Suicide Prevention Resource Center

Promoting a public health approach to suicide prevention

The nation's only federally supported resource center devoted to advancing the *National Strategy for Suicide Prevention.*

www.sprc.org

#ZeroSuicide

@ZSInstitute

@SPRCtweets

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WHAT IS ZERO SUICIDE?

ZERO SUICIDE IS...

» Embedded in the *National Strategy for Suicide Prevention* and *Joint Commission Sentinel Event Alert #56*

» A framework for systematic, clinical suicide prevention in behavioral health and health care systems

» A set of best practices and tools including www.zerosuicide.com

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ELEMENTS OF ZERO SUICIDE

LEAD

TREAT

IDENTIFY

ENGAGE

TREAT

TRANSITION

IMPROVE

ELEMENTS OF ZERO SUICIDE

LEAD

TREAT

IDENTIFY

ENGAGE

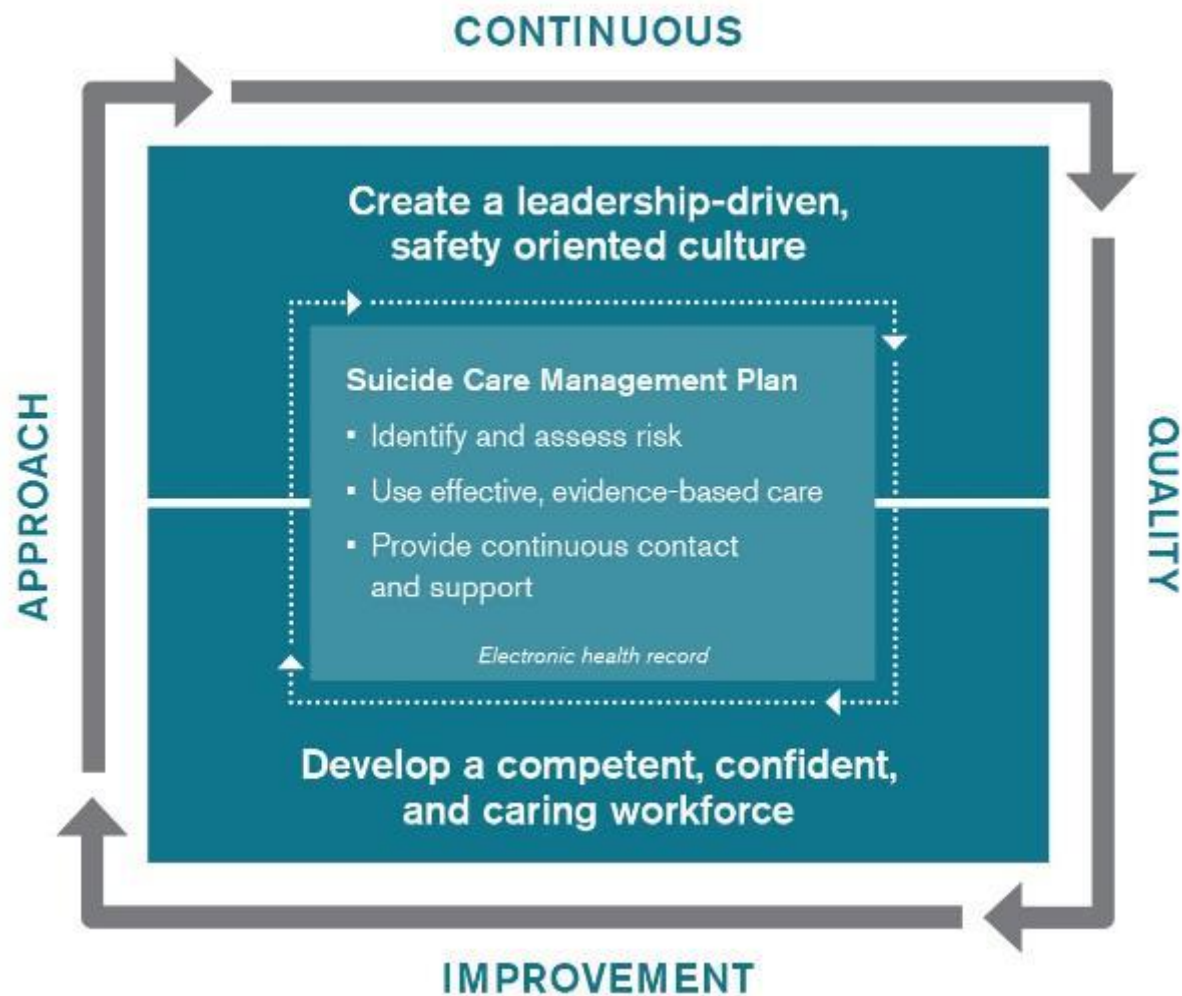TREAT

TRANSITION

IMPROVE

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A CONTINUOUS PROCESS

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Zero Suicide Website

Access at:
www.zerosuicide.com

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LEARNING OBJECTIVES

By the end of this webinar, participants will be able to:

1. Identify key care transition practices and partnerships for patients discharged from inpatient to outpatient care.

2. Describe how one organization includes voices of individuals with lived experience in care transition practices.

3. Demonstrate how health and behavioral health organizations can establish partnerships with crisis service organizations to augment care transition practices.

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SPEAKERS
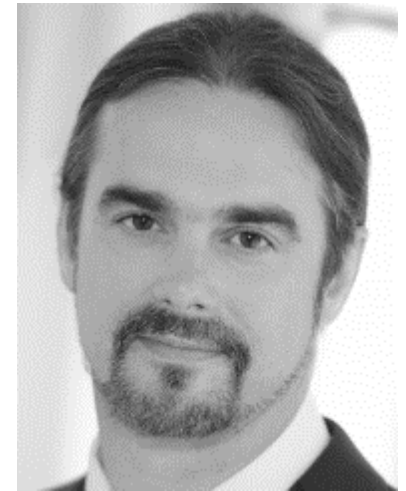
James Wright

Substance Abuse and Mental Health Services Administration

Jean Scallon

Bloomington Meadows Hospital

Rick Strait

Community Counseling Center of Missouri

John Draper

National Suicide Prevention Lifeline

PRESENTER

James Wright, LCPC

Public Health Advisor
Substance Abuse and Mental Health
Services Administration

Importance of Care Transitions

James Wright LCPC

Suicide Prevention Branch

SAMHSA

SAMHSA's Eight Major Suicide Prevention Components

- Garrett Lee Smith State and Tribal Suicide Prevention Grant Program

- Garrett Lee Smith Campus Suicide Prevention Grant Program

- National Strategy for Suicide Prevention

- National Suicide Prevention Lifeline

- Crisis Center Follow-up Grant Program

- Suicide Prevention Resource Center

- Native Connections

- Zero Suicide
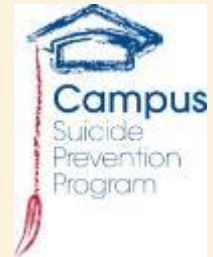
Those at Most Risk

- 45% of those who died by suicide saw a PCP in the 30 days before they died

- 10% of those who died were seen in an emergency room in the two months prior to their death

- The rate of suicide seen among those care for in state mental health systems has been reported to be as high as 140 in 100,000, or 10 times the national rate

- Impact potential — 79.6% of callers interviewed 6-12 weeks after their crisis call reported that the follow-up calls stopped them from killing themselves (53.8% a lot, 25.8% a little)

The Need for Follow-up

- Demonstrated as an evidenced based practice

- Highlighted through all of SAMHSA's SP efforts and in the National Strategy, Zero Suicide, Crisis Services effort and the Sentinel Event Alert 56

- Ensures responsibility during continuity of care and in between treatments and appointments.

Contact Info

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PRESENTER

Jean Scallon, MA, FACHE

CEO

Bloomington Meadows Hospital

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CARE TRANSITION WORKFLOWS
At Bloomington Meadows Hospital

» Implementation team members

» Personalized caring connections letters

» Embedded mental health counselor

FOLLOW-UP

» Caring connections "thank you letters"

» Wellness calls on every patient within 48 hours of discharge

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SAFETY PLANNING

» Safety plan begins at admission

» Adults attend discharge planning group and discuss safety plans

» Have an outpatient office and can do virtual visits

FUTURE PLANS/IN-PROGRESS

» Adult Detox

  » Just started

  » Additional evidenced-based training

  » In partnership with MHC

  » Bring in peer specialists

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FUTURE PLANS/IN-PROGRESS

» Utilizing Technology

   » Starting TxtAbit in the schools

   » Have been doing telemedicine for 8 years

   » With new law change can see people where they are

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FUTURE PLANS/IN-PROGRESS

» Rejuvenate the team!

Audience:

Using the chat box, please share one key takeaway from Jean's presentation.

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PRESENTER

Rick Strait, MS, LPC, CRDAC

Integrated Treatment for Co-Occurring
Disorders Program Manager
Community Counseling Center of Missouri

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GETTING STARTED

» Community
Counseling Center
(CCC) selected to
attend the Zero
Suicide Academy in
Missouri last April

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LEAVING THE ZERO SUICIDE ACADEMY

» Pick our top three priorities to start working on for our 90 day report-out:

1. Getting rid of "I hate you letters" and replacing with caring letters
2. Training
3. Make our committee much bigger

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LEADERSHIP BUY-IN

Some benefits of leadership being on board with Zero Suicide implementation:

» Improved implementation times

» Willing to re-adjust if something isn't working

» Provide support to staff Zero Suicide champions

» Educate staff not on board with implementing Zero Suicide

» Recognize staff that use skills, training, or tools from Zero Suicide to help save a life

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OUR CURRENT TEAM

» 18 staff members on the Zero Suicide Committee

» Meets monthly to discuss progress

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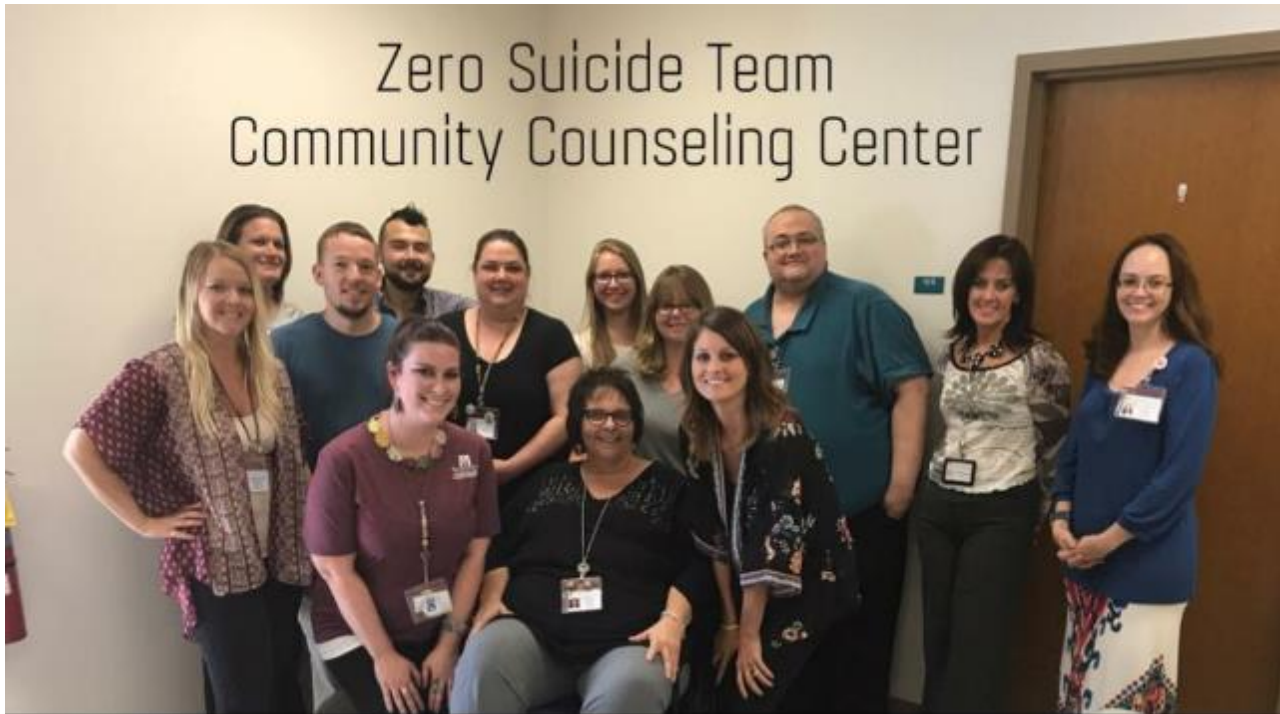
THE CARE CARDS

» Spoke with a different agency who was developing postcard follow-up letters

» Leadership fully supported using the postcards.

» Handled the HIPAA concerns and provided education to staff

» Leadership response – "If the language is general, it is like any other reminder you would get from doctor or dentist, who also use post cards at times."

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WHY POSTCARDS?

» Simple positive message

» Consumers get something colorful and different in their mailbox

» The postcards stand out and increase the chances of being read

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VOICES OF LIVED EXPERIENCE

- All cards, forms, and policies that we develop are reviewed by individuals with lived experience, members of the CAB, and peer support specialists.

"I remember when I used to get the no show letters and how discouraged it made me feel, when I was already struggling with depression."

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HOW CARE CARDS ARE USED

Use the postcards for the following reasons

» Missed appointments (if consumer didn't call) – this is more of a universal-type intervention

» Changes in care such as changing staff, levels of care, or environments

» When consumers are having a bad week or a rough anniversary

» Whenever a staff member believes it is beneficial

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SUSTAINING THE PROGRAM

» Received positive feedback and wanted to keep sending cards

» Needed to add new cards so that a consumer doesn't end up with multiple copies of the same card

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Community Counseling Center
CARE CARD
Design Contest

Recently CCC implemented a
new way of staying connected to our consumers
through Care Cards. These postcards are intended to let
you know that we are thinking about you and that we are here for
you. We are asking for **your** help in designing these postcards.

- Should be uplifting, encouraging, and kind
- Artwork may be submitted with or without a quote/phrase.
- Size: Minimum of 4" x 6"   Maximum of 5" x 7"
- Please do not sign artwork
- Complete the Design Entry Slip below and submit with your artwork to a PSR Manager or PSR Staff
- Entries are due by December 31, 2016
- The winner will receive a $25 VISA card.

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CARE CARD COSTS

» Design – free through the contest

» Printing – around $0.55

» Mailing – $0.34 – a whole $0.15 cheaper than "I hate you" letters

» Results – Priceless!

STAFF FEEDBACK

» Mostly positive – reduces "us vs. them" mentality

> » Therapists and intake staff sent cards after intakes and/or between visits

» Not all staff are 100% invested yet

> » Some staff felt consumers were indifferent

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CONSUMER FEEDBACK

"When I received the post card it made me feel like more than a number, I have my post card hanging on my bedroom wall as a reminder people out there care."

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FUTURE DIRECTIONS

» Develop a way to track and send care cards for up to two years after discharge at regular intervals

» Collect data on the effects of care cards and retention in treatment

» Reach consumers who don't want the address on the post cards

» Formalize a policy and procedure of using lived experience from the CAB in all our processes

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Audience:

Using the chat box, please share one key takeaway from Rick's presentation.

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PRESENTER

Dr. John Draper

Director
National Suicide Prevention Lifeline

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PERSON-CENTERED CARE = CHOICE

"…An ideal practice [would be] that its patients would say of it, '*They give me exactly the help I need and want exactly when I need and want it.*'"

Don Berwick, M.D., Director
Inst. for Healthcare Improvement
1999

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CHOICE: CENTRAL TO PATIENT ENGAGEMENT/FOLLOW-UP

How do you want to be contacted?

» Phone

» Letter

» Postcard

» Text

» Email

» Outreach visits (volunteers or case managers for support, mobile crisis teams if in crisis, etc.)

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ENGAGEMENT: PERCEIVED NEED, SELF-HELP AND SUICIDE PREVENTION

2011 World Health Organization study (Bruffaerts et al., 2011)

- » 45%-51% attempt survivors did not receive care
  - » 58% said "low perceived need" for care
  - » 40% wish to handle the problem alone
  - » 15% structural barriers (financial, distance, etc.)
  - » 7% stigma

376 Lifeline callers in the USA were interviewed (Gould, Munfakh, Kleinman & Lake, 2012)

- » Of the 48% not linking to care after the call, over half said that the problem was not severe enough and could be managed on their own without treatment.
- » **But they called the Lifeline**

CRISIS CENTER/TELEPHONE FOLLOW-UP: SAVES LIVES AND MONEY

Life-Savings

» 80% of 550 suicidal callers consenting to follow-up reported calls had suicide prevention effects, with 53.4% reporting that the calls stopped them from killing themselves (Gould et al., 2017)

Cost-Savings

» Truven Health Analytics & SAMHSA: model for crisis center follow-up of ED and inpatient at risk discharges estimated at **>2x ROI in Medicare and Medicaid dollars** (Richardson, Mark, & McKeon, 2014)

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ED HIGH RISK DISCHARGES: ENGAGING BY TELEPHONE

» 605 attempt survivors, discharged from 13 EDs in France

  » Assigned to telephone contact (support, empathy, suggestion, crisis intervention, review aftercare plan, etc.) or "Treatment as Usual" (clinic referrals)

  » **More (75%) agreed to telephone intervention** than past suicide prevention therapy referrals (51%, Guthrie et al, 2001)

  » **Significant reductions in reattempts** for persons contacted by phone within a month of discharge

    » Telephone contact detected high risk persons for timely emergency care referrals

(Vaiva et al., 2006)

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What was it about the follow-up calls that stopped you and/or kept you safe?

"What stopped me was that someone who doesn't know me had interest in me, cared about me. I've lost so many people in my life, in such a hard way, and I stopped caring about my life. I haven't had anyone support me that way, and them calling me gave me a boost."

"Without those calls, I would have gone the other way. She gave me something to work on, something to look forward to."

» **Number of calls** (2-3 helpful; 4+ even more so)
» **Safety plan** very helpful: warning signs, triggers, reasons for dying, living; social supports, distractors, etc.

(Gould et al., 2017)

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MOBILE CRISIS SERVICES

» Used when persons have severe symptoms of MI and/or at risk, unwilling or unable to care for self

» Dispatched as needed, best triaged by initial crisis center contact (phone, text, chat)

» % Lifeline crisis centers collaborate with or operate MCTs

Impact:

STREET & VAN OUTREACH + CRISIS CARE + LONG-TERM SUPPORT

» Divert from EDs/hospitals

» Divert from law enforcement

» ROI: every $1 spent, $3.90 saved (most from diverting from criminal justice and hospital systems)

(Minnesota Management and Budget report, 2016)

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SAFETY PLANS & CRISIS RESPONSE PLANS

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:
1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):
1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:
1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: People whom I can ask for help:
1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:
1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:
1. _____
2. _____

Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bhs2@columbia.edu or gregbrow@mail.med.upenn.edu.

The one thing that is most important to me and worth living for is:
_____

Warning signs

Things I will do on my own:

Reasons for living:

Social support:

Crisis/professional assistance:

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CRISIS RESPONSE PLANS

The Crisis Response Plan (CRP) leads to:

» 76% reduction in suicide attempts as compared to the contract for safety

» Immediate reductions in negative mood states

» Enhanced CRP immediately improves calmness, hope, burdensomeness

Bryan et al., 2016

Warning signs
Things I will do on my own:
Reasons for living:
Social support:
Crisis/professional assistance:

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CRISIS RESPONSE PLANS

Enhanced CRP: Reasons for Living

» Reasons for living discussed with clinician

» 86% less likely to be hospitalized

"CRP …immediately strengthens the patient's desire to live relative to their desire to die."

(Bryan et al., 2016)

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ENABLE SELF-HELP

"If your darkness and despair escalated to actual thoughts of suicide, what has helped you in the past to not take that action?" (write up to 5 coping strategies)

Spirituality/religious practices 18 %
Talking to someone/companionship 14 %
Positive thinking 13 %
Using mental health system 12 %
Considering consequences to people close to me 9 %
Using peer supports 8 %
Doing something pleasurable 8 %
Protecting myself from means 5 %
Doing grounding activities 4 %
Considering consequences to myself/fear 2 %
Doing tasks to keep busy 2 %
Maintaining sobriety 1 %

(Alexander et al, 2009)

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INCORPORATING CRISIS SERVICES

Remote contact services (hotline, chat, SMS, etc.), mobile crisis, crisis residence/respite….

» Integrate crisis services into your system

» Designate local Lifeline (or other reputable crisis center) as collaborating organization (partnership/contract for specific crisis and follow-up services)

» Consulting role (training, technical assistance)

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LIFELINE CENTERS:
2017 FOLLOW-UP SURVEY

» 84% of Lifeline centers have a follow-up program
» 31% follow up with ED discharges
» 29% follow up with inpatient discharges
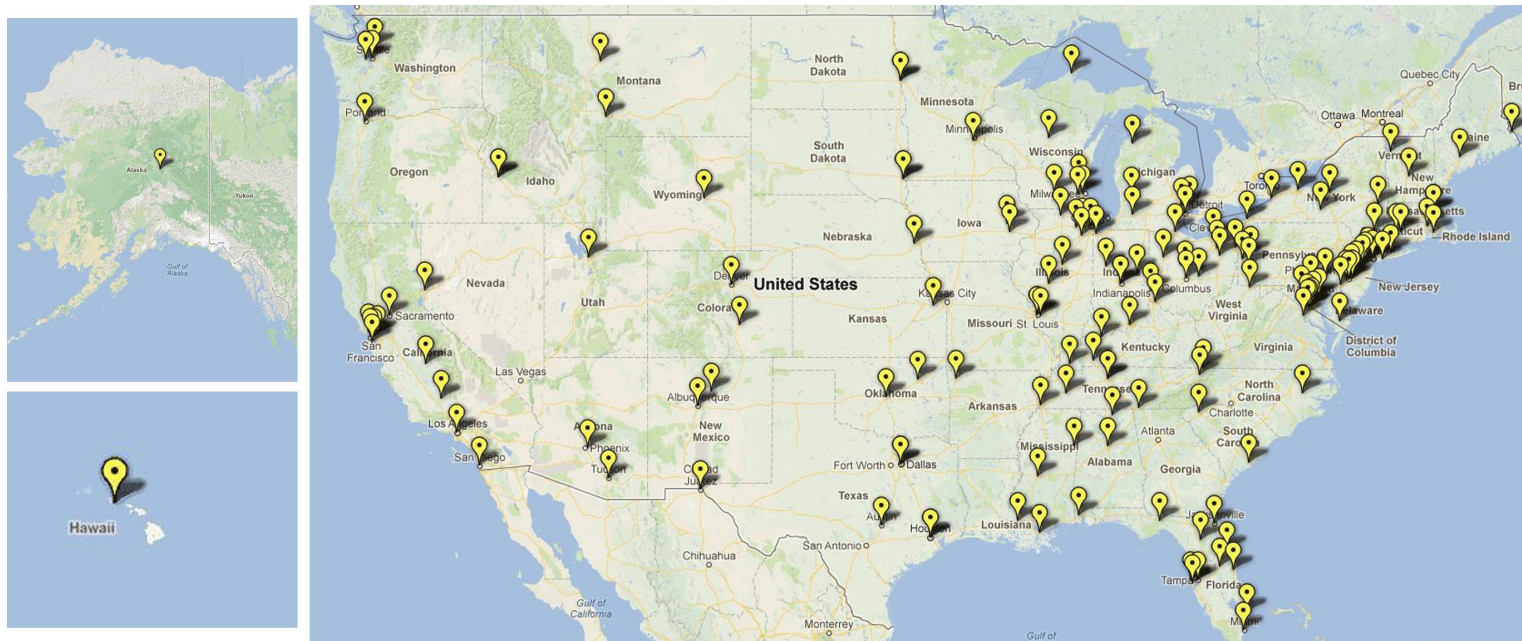
LIFELINE CENTERS: USING TECHNOLOGY

2015 Survey (134 responses)

» 35% provide online chat

» 28% provide crisis text services

» 27% offer crisis e-mail

2017 "Follow-up" Survey (141 responses)

» Technologies used specifically in follow-up programs

  » 18% provide emails for follow-up

  » 23% provide text for follow-up

» Offering follow-up for their crisis chat and text services

  » 21% provide follow-up for local chat services

  » 28% provide follow-up for local text services

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LIFELINE CENTERS: TRAINING & COMMUNITY OUTREACH

Suicide Prevention Trainings

- » ASIST (57%)
- » QPR (25%)
- » SafeTalk (23%)
- » Signs of Suicide/SOS (16%)

Mental Health First Aid (36%)

Community Education (81%)

**Law Enforcement**: (60%) re: Working with Persons who are Suicidal, Mental Illness

Mobile Crisis Teams dispatch

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LIFELINE MEMBER EXAMPLE: CENTERSTONE

Follow-up Process:

» All patients screened with C-SSRS at intake & while in care

» Check-box in EHR indicating risk means enrollment in Suicide Pathway

» If patients in Pathway are no-shows, counselor's EHR note triggers crisis center **real time** follow-up response

» Crisis center follows-up for 3 days

» If no response after 3 days, caring letters are sent

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LIFELINE MEMBER EXAMPLE: CENTERSTONE

lifetiles

My Support Home
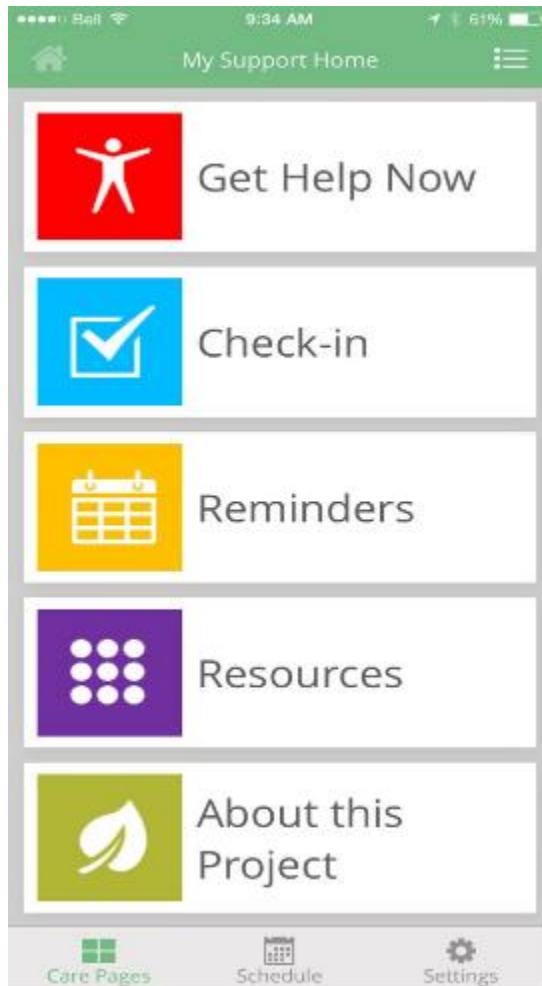
Get Help Now → Real time crisis help and management plan

Check-in → Surveys: sleep, med adherence, mood, ideation, motivation

Reminders → Scheduled events (appts; sleep, meds, etc.)

Resources → Self-care and psychoeducation, help resources

About this Project → Overview of provider, background, etc.

Care Pages   Schedule   Settings

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AIR TRAFFIC CONTROL MODEL: LIFELINE CENTERS COORDINATING CARE SYSTEMS

"One Stop Shop" for BH system

- ✓ Phone, chat, text, 24/7
- ✓ Assessment/ Triage
- ✓ Referrals & appointments
- ✓ Tracking & follow-up
- ✓ Mobile Crisis

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PARTNERING WITH CRISIS CENTERS:
FOLLOW UP MATTERS

FOLLOW-UP CARE   **FOR EMERGENCY DEPARTMENTS**   **START A PARTNERSHIP**   **RESEARCH & DATA**   **MORE ⌄**

Follow-Up Matters

National Suicide Prevention Lifeline
1–800–273–TALK (8255) ~ 24/7

Follow-Up Starts Here   Challenges   Partnering to Save Lives   The Follow-Up Process   Learn More

FOLLOW-UP CARE

Follow-up care supports the transition of individuals who are in suicidal crisis as they continue their journey towards recovery.

Follow-up is an impactful and cost-effective method of suicide prevention. Research shows that follow-up with hotline callers and people recently discharged from an Emergency Department or inpatient setting has positive results for both those receiving care and those providing it.*

www.followupmatters.suicidepreventionlifeline.org

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Audience:

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Audience:

Type in the Q&A box:

What questions do you have for our presenters?

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THANK YOU FOR JOINING US!

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CONTACT US

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