Lifeline Crisis Center Follow-Up Initiatives

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May 2, 2016
National Suicide Prevention Lifeline

Lifeline Network

- 165 crisis centers nationwide; 28 chat centers
- Linked via 800-273-TALK or 800-SUICIDE (press 1 for Veterans/Military)
- Callers connected to closest crisis center based on area code
- Funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA); administered by Link2Health Solutions, an independent subsidiary of the Mental Health Association of New York City
- Answered over 1.5 million calls last year
- Crisis workers listen, assess and refer callers to services, as needed
- Centers must adhere to Lifeline established suicide assessment and intervention standards
Follow-Up with Those at Risk for Suicide

What is Follow-up?

- Most centers engage in calls, emails, chat or text follow-up
- Check in following recent suicide crisis (call or hospital visit)
- Usually by telephone 24 – 48 hrs after initial contact
- Calls are structured, brief and meant to assess well-being, level of risk, complete safety planning and assist with linkages to care
Follow-Up with Those at Risk for Suicide

What is Follow-up?

☑ General steps:
  - Mood check and RA - assess need for immediate intervention
  - Complete and/or review safety plan (revise if needed), discuss access to means
  - Treatment engagement discussion and problem solve obstacles
  - Obtain consent/willingness for additional follow-up

☑ Follow-up period can end when individual
  - Is engaged in treatment
  - Risk is reduced or no longer wishes to be called
The Need for Follow-Up Post Discharge

- EDs Face Significant Overcrowding
  - Demand for emergency care continues to grow
  - ED visits grew by 26% between 1993 – 2003
  - Over the same time, the # of EDs declined
  - Mental health related ED visits has continued to grow

- Hosp. rates for suicide related ED visits has declined
- Limited outpatient resources available for referral
- Many never attend their first appointment (up to 70%)
- Repeat ED visits – emotional and financial costs
- Suicide risk is highest following d/c from inpatient or ED setting
- Follow-up can fill gaps in clinical care
Benefits of Follow-Up Post Discharge

Follow-Up Can Save Lives

- Fleischman et al. (2008)
  - Over 800 attempters from 8 hospitals worldwide
  - Received brief ED psychoed sessions before d/c and 9 post d/c contacts (telephone and face-2-face) for 18 months
  - 9x fewer suicides than control group

- Vaiva et al. (2006)
  - 605 attempt survivors, discharged from 13 EDs in France
  - Telephone follow-up at one month vs. three months vs. TAU
  - Significant reductions in re-attempts at 1 month

- Motto & Bostrom (2001)
- While et al. (2012)
- Luxton (2012)
Benefits of Follow-Up Post Discharge

Follow-Up Can Save Resources

Beautrais & Gibbs (2004)
- 45% of incurred costs for suicide attempt admissions are a result of readmissions to the ED

Truven Health Analytics (2013)
- ROI of post-d/c f/u for suicidal ideation or deliberate self-harm
- Est. ROI for hospital D/C: $1.76/ins./$2.43/med
- Est. ROI for ED D/C: $1.70/ins./$2.05/med
Crisis Center Role in Follow-Up

Crisis Centers Uniquely Positioned

- Crisis centers often serve as the “hub” for suicide prevention services in their communities
- Staff are trained in Lifeline Best Practices for Helping Callers including Risk Assessment and Imminent Risk Guidelines
- Facilitate linkage/maintain linkage; Connect directly to local crisis teams
- Provide telephonic support in rural areas
- Avert unnecessary ED visits/Reduce ED burden

Lifeline/SAMHSA Investment in Follow-Up

- SAMHSA Follow-Up Grants
  - Since 2008 – 44 follow-up grants to 41 centers
- Ongoing Follow-Up Evaluation
Crisis Center Role in Follow-Up

Lifeline Survey 2015

- 91% (122) provide follow up to callers
- 31% (41) provide follow up to those discharged from hospital or ED
- 38% (30) formal relationship w/ED
- 64% (86) informal relationship – refer

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Crisis Center Role in Follow-Up

SAMHSA Follow-Up Grants

- Since 2008 – 36 grants (48 incl. Lifeline) for ongoing evaluation of Follow-Up Programs
- Provide follow up to callers to the Lifeline
- Starting 2013, required to follow up with hospital discharges of those that were suicidal
- Often barriers - difficult for crisis centers to successfully achieve such a direct partnership:
  - Hospital System Access
  - Attitudinal Barriers
  - Limited Resources
  - Liability Concerns
- SAMHSA Crisis Center ED Meeting 2014
Acknowledgments: Crisis Centers

ALABAMA
• Crisis Center – Birmingham (Birmingham)

ARIZONA
• EMPACT Suicide Prevention Center (Tempe)
• Southern Arizona Mental Health Corporation (SAMHC) (Tucson)

ARKANSAS
• Arkansas Crisis Center (Springdale)

CALIFORNIA
• Contra Costa Crisis Center (Walnut Creek)
• Didi Hirsch Suicide Prevention Center (Culver City)
• San Francisco Suicide Prevention (San Francisco)
• The Effort – Suicide Prevention & Crisis Services (Sacramento)

COLORADO
• Rocky Mountain Crisis Partners (Denver)

CONNECTICUT
• United Way of Connecticut 2-1-1 (Rocky Hill)

DELAWARE
• ContactLifeline, Inc. (Wilmington)

FLORIDA
• 211 Palm Beach/Treasure Coast (Lantana)
• Crisis Center of Tampa Bay, Inc. (Tampa)
• Personal Enrichment Through Mental Health Services, Inc. (Pinellas Park)
• Switchboard of Miami (Miami)
• 2-1-1 Brevard, Inc. (Brevard)

GEORGIA
• Behavioral Health Link (Atlanta)

ILLINOIS
• Call for Help, Inc. (East St. Louis)
• DuPage County Health Department (Wheaton)
• Suicide Prevention Services, Inc. (Batavia)

IOWA
• Foundation 2 Crisis Center (Cedar Rapids)

KENTUCKY
• The Crisis & Information Center, Seven Counties Services, Inc. (Louisville)
• Four Rivers Behavioral Health (Mayfield)

LOUISIANA
• VIA LINK (serving the Greater New Orleans area)

MAINE
• Aroostook Mental Health Services (Caribou)
• Crisis and Counseling (Augusta)

MARYLAND
• Baltimore Crisis Response Inc. BCRI (Baltimore)

MASSACHUSETTS
• Samaritans, Inc. (Boston)

MICHIGAN
• Dial Help, Inc. (Houghton)
• Gryphon Place 2-1-1/HELP-Line (Kalamazoo)
• Third Level Crisis Intervention Center (Traverse City)

MINNESOTA
• HSI-Crisis Connection (Richfield)

MISSISSIPPI
• Golden Triangle (Columbus)
Acknowledgments: Crisis Centers

MISSOURI
• Behavioral Health Response (BHR) (St. Louis)
• Life Crisis Services, A division of Provident, Inc. (St. Louis)

NEBRASKA
• Boys Town National Hotline (Boys Town)

NEVADA
• Crisis Call Center of Nevada (Reno)

NEW JERSEY
• CONTACT of Mercer County, NJ (Ewing)
• CONTACT We Care, Inc. (Westfield)

NEW YORK
• 2-1-1/LIFELINE, a program of Goodwill of the Finger Lakes (Rochester)
• Community Services (East Syracuse)
• Covenant House NINELINE (New York City)
• LifeNet – A program of the Mental Health Association of (New York City)
• Long Island Crisis Center (Bellmore)
• Suicide Prevention and Crisis Services, Inc. (Buffalo)
• Suicide Prevention and Crisis Services of Tompkins County (Ithaca)
• Contact Community Services (Syracuse)

NORTH DAKOTA
• FirstLink (Fargo)

OHIO
• Community Counseling and Crisis Center, Crisis Hotline (Oxford)
• Help Hotline Crisis Center, Inc. (Youngstown)
• Helpline of Delaware & Morrow Counties (Delaware)
• Pathways of Central Ohio (Newark)

OKLAHOMA
• HeartLine, Inc. for the State of Oklahoma (Oklahoma City)

OREGON
• Oregon Partnership Crisis Line Program (Portland)

SOUTH CAROLINA
• 2-1-1 Hotline (North Charleston)

SOUTH DAKOTA
• HELP!Line Center (Sioux Falls)

TENNESSEE
• Centerstone of Tennessee (Nashville)
• Family and Children’s Service (Nashville)

TEXAS
• Austin Travis County Integral Care (Austin)
• CONTACT (Dallas)
• Crisis Intervention of Houston, Inc. (Houston)
• MHMRA of Harris County HelpLine (Houston)

UTAH
• Crisisline for the Wasatch Front, Valley Mental Health (Salt Lake City)

WASHINGTON
• Care Crisis Response Services, Volunteers of America Western Washington (Everett)
Lifeline Network Resources

- Follow-Up Guidance for Crisis Centers
  - Approaches to follow-up, templates – safety planning, consent forms, sample crisis center MOUs with local EDs

- Crisis Center-Emergency Department Toolkit
  - Case studies, partnership planning exercises, letter templates, fact sheets, meeting tools, and sample materials

- Lifeline/ED Collaboration Paper
  - Background research, barriers to implementation, sample proposals, and consent forms

- Safety Planning Training
  - Video, templates, MY3 App

- General Follow-Up Training Module (NYSOMH)
Follow-Up Matters Website

- Interactive site
- Literature, case studies and practical templates to increase understanding on benefits of care transitions
- Tools for use in developing collaborative partnerships
- Builds on the “ED Toolkit” that was developed in 2007
- Focuses on roles and responsibilities of all community organizations – not just crisis centers
- Audience is crisis centers, EDs Inpatient Units, MD etc.
- How to create change/influence outcome

Available Summer 2016
Preliminary Finding from Cohort IV: Clients’ Perceptions of Care* (N=205)

“To what extent did the follow-up contact(s) stop you from killing yourself?”

- A lot 37.1%
- A little 24.9%
- Not at all 4.4%
- It made things worse 0.5%
- Participant says not relevant (not suicidal) 33.2%

* interviewed sample
Preliminary Finding from Cohort IV: Clients’ Perceptions of Care* (N=205)

“To what extent did the follow-up contact(s) keep you safe?”

<table>
<thead>
<tr>
<th>Perception</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lot</td>
<td>52.7%</td>
</tr>
<tr>
<td>A little</td>
<td>23.9%</td>
</tr>
<tr>
<td>Not at all</td>
<td>4.4%</td>
</tr>
<tr>
<td>It made things worse</td>
<td>0.5%</td>
</tr>
<tr>
<td>Participant says not relevant (not suicidal)</td>
<td>18.5%</td>
</tr>
</tbody>
</table>

* interviewed sample
Questions???

Please contact

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Thanks! 😊