Follow Up Care Collaborations Overview

• Intro: What Are Grantees Doing Regarding Care Transitions?
• Florida LINC Approach
• Chickasaw Nation Medical Center’s Approach
• Missouri and ReDiscover’s Approach
• Q&A, Get Input on Your Challenges

March 21, 2018
Garrett Lee Smith Grantees’ Annual Meeting
What Are Garrett Lee Smith Grantees Doing Regarding Care Transitions?

Julie Ebin, EdM
Manager, Special Initiatives
Suicide Prevention Resource Center
Education Development Center, Inc.

March 21, 2018
Garrett Lee Smith Grantees’ Meeting
The Suicide Prevention Resource Center at EDC is supported by a grant from the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), under Grant No. SU79SM062297.

The views, opinions, and content expressed in this product do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS.
Approaches

Rapid Referral:

- Treatment visit set up before discharge
- First treatment appointment within 7 days post-discharge

Follow-Up Support:

- Stabilization follow-up within 24-48 hours
- Additional follow-up after initial appointment(s)

Up to 70% never make it to 1st appointment or don’t go to more than a few appointments

➢ Knesper, AAS, & SPRC, 2010
## Follow-Up Formats & Personnel: More Details

<table>
<thead>
<tr>
<th>One-Way Communication a.k.a. “Caring Contacts”</th>
<th>Postcards/Letters/Cards, Automated phone message, Text message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two-Way Communication</td>
<td>Intensive care coordination, Phone (person), Text (person), Telemental health appointment, “Bridger group” In-person: Home visit, Street check-in</td>
</tr>
<tr>
<td>Who</td>
<td>In-house staff: Case manager, Clinician, Intensive Care Coordinator, Referral Coordinator? Crisis center, Mobile crisis team, Peer, Outreach worker (service partner)</td>
</tr>
</tbody>
</table>
Barriers to Starting a Follow-Up Program

✓ Not a focus of the grant
✓ Lack of staff to conduct follow-up activities
✓ Staff turnover
✓ Difficulty of communicating across systems
✓ Rural area – too far to follow up
✓ Liability, “not our job”
✓ Bias against non-traditional follow-up approaches (e.g. cultural practices)
✓ Real-time data/EHR
✓ Transient populations
Resources & References

Reference
Continuity of care for suicide prevention and research: Suicide attempts and suicide deaths subsequent to discharge from an emergency department or an inpatient psychiatry unit. Knesper DJ, American Association of Suicidology, & Suicide Prevention Resource Center. (2010). Newton, MA: Education Development Center, Inc.

Resources
SPRC’s Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments, sections 3.4 & 3.5

Transition: Zero Suicide Toolkit.
http://zerosuicide.sprc.org/toolkit/transition
