Linking Individuals Needing Care (LINC): A Care Transition Model of Care for Suicidal Youth

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Overview of FL’s Care Transition Process

- Care coordinators at partnering sites are trained in a culturally sensitive, research and consumer-informed, skills-based training
  - Skills learned include engagement and rapport building strategies, crisis management and risk detection skills, case management (including documentation) strategies, and referral and networking strategies

- Care monitoring process starts during acute (in-patient) and post discharge
  - Engagement with client occurs during acute care to build rapport
  - Collaborative safety plan developed before discharge using “My Wellness Toolbox”
  - Multiple contacts over 90 days (or more if needed) to monitor suicide risk, coping behavior, strengths, and linkages to services
    - Contact points: 24-72 hours, 7 day, 14 day, 21 day, 30 day, 60 day & 90 day
    - Client functioning and linkage to services assessed using LINC developed forms: Care Monitoring form, Suicide Risk Triage form, My Wellness Toolbox and PHQ-9, CSSR-S, & agency biopsychosocial/risk assessments
Strategies to Obtain Buy-in & Support

• Levered support from state partners (“gatekeepers”), working with regional systems that allocate state/county funding to local BHOs and other youth-serving systems (i.e., foster care, residential care, DJJ facilities)
  • Locating BHOs who have “shared” visions and missions
• Developed Memorandums of Understanding (MOUs)
  • Outlining shared benefits: *how we can help you, how you can help us*
• Used Joint Commission & NSSP recommendations, along with the Zero Suicide Initiative to advocate for “system change” with BHOs
  ▶ Adhering to accreditation and best-practice standards (moving to EB practices & care)
  ▶ Taking a proactive stance to address future state mandates in suicide prevention, intervention, postvention training, screening/assessment, treatment, and post-discharge care
Evaluating Care Transition Processes

- Care Coordination Training Participants: 113 participants
  - Constructs measured by pre/post evaluation - Knowledge, Attitudes, Perceived Behavioral Control, Intentions

- Care Coordination Clients: 116 clients
  - Procedures - Clients were contacted at baseline, 30-days, 60-days, & 90-days
  - Measures - Depression scale (PHQ-9) and Suicide Risk Scale (C-SSRS)
Care Coordination Training: Knowledge

Knowledge Change

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<th>Pre</th>
<th>Post</th>
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<tr>
<td>Mean</td>
<td>$M = 9.90$</td>
<td>$M = 10.41$</td>
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<td>SD</td>
<td>$SD = 1.81$</td>
<td>$SD = 1.65$</td>
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Care Coordination Training: Attitudes, PBC, & Intentions

- **Attitudes**
  - Pre: $M = 3.21$, $SD = 0.35$
  - Post: $M = 3.56$, $SD = 0.49$

- **PBC**
  - Pre: $M = 4.27$, $SD = 0.54$
  - Post: $M = 4.65$, $SD = 0.43$

- **Intentions**
  - Pre: $M = 4.16$, $SD = 0.69$
  - Post: $M = 4.42$, $SD = 0.48$
Care Coordination Client Retention: 30-, 60-, 90-Days

- Receiving care coordination services:
  - 30-Days: 93% (108 out of 108), 8 out of 108 dropped out
  - 60-Days: 86% (100 out of 100), 16 out of 100 dropped out
  - 90-Days: 72% (84 out of 84), 32 out of 84 dropped out

- Dropped out of care coordination services
Care Coordination Client: Readmission

Not readmitted to CCSU

Readmitted to CCSU

20.7%
Care Coordination Client: Depression & Suicide Risk

**PHQ-9**
- **Pre:** M = 15.79, SD = 5.8
- **Post:** M = 5.50, SD = 5.4

**C-SSRS**
- **Pre:** M = 3.37, SD = 1.81
- **Post:** M = 0.55, SD = 1.26
Sustainability: Barriers & Solutions?

- Sustainability has been an integral part of our development and implementation strategies
  - If we can change the “system,” we can help to ensure that our efforts are sustained post-grant funding
    - Infrastructure changes: internal trainers, policies and procedures, electronic health records, ZS
    - Ongoing awareness (community & agencies) = Changes in attitudes, norms, and expectations
      - Attending community events, becoming a member/actively participating in community boards/groups, hosting “community” suicide prevention trainings, being a part of the community’s crisis response team

- Barriers?
  - Staff turnover, leadership changes, losing “champions” who have helped advance efforts, lack of funding, other “issues” become a greater priority

- Overcoming Barriers
  - Changing the “system”
  - Persistence and patience
  - Identifying related initiatives/funding resources to include suicide prevention
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