



Lifeline Crisis Center Follow-Up Initiatives

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NATIONAL SUICIDE PREVENTION LIFELINE

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 center 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 - asses 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:\$1.76ins./\$2.43med
- Est. ROI for ED D/C:\$1.70ins./\$2.05med

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

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?”

- A lot 52.7%
- A little 23.9%
- Not at all 4.4%
- It made things worse 0.5%
- Participant says not relevant (not suicidal) 18.5%

* interviewed sample

Questions???

Please contact

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Thanks! 😊