

FOLLOW-UP CARE COLLABORATIONS

Missouri's Show Me Zero Youth Suicide Prevention GLS Grant

Featuring ReDiscover

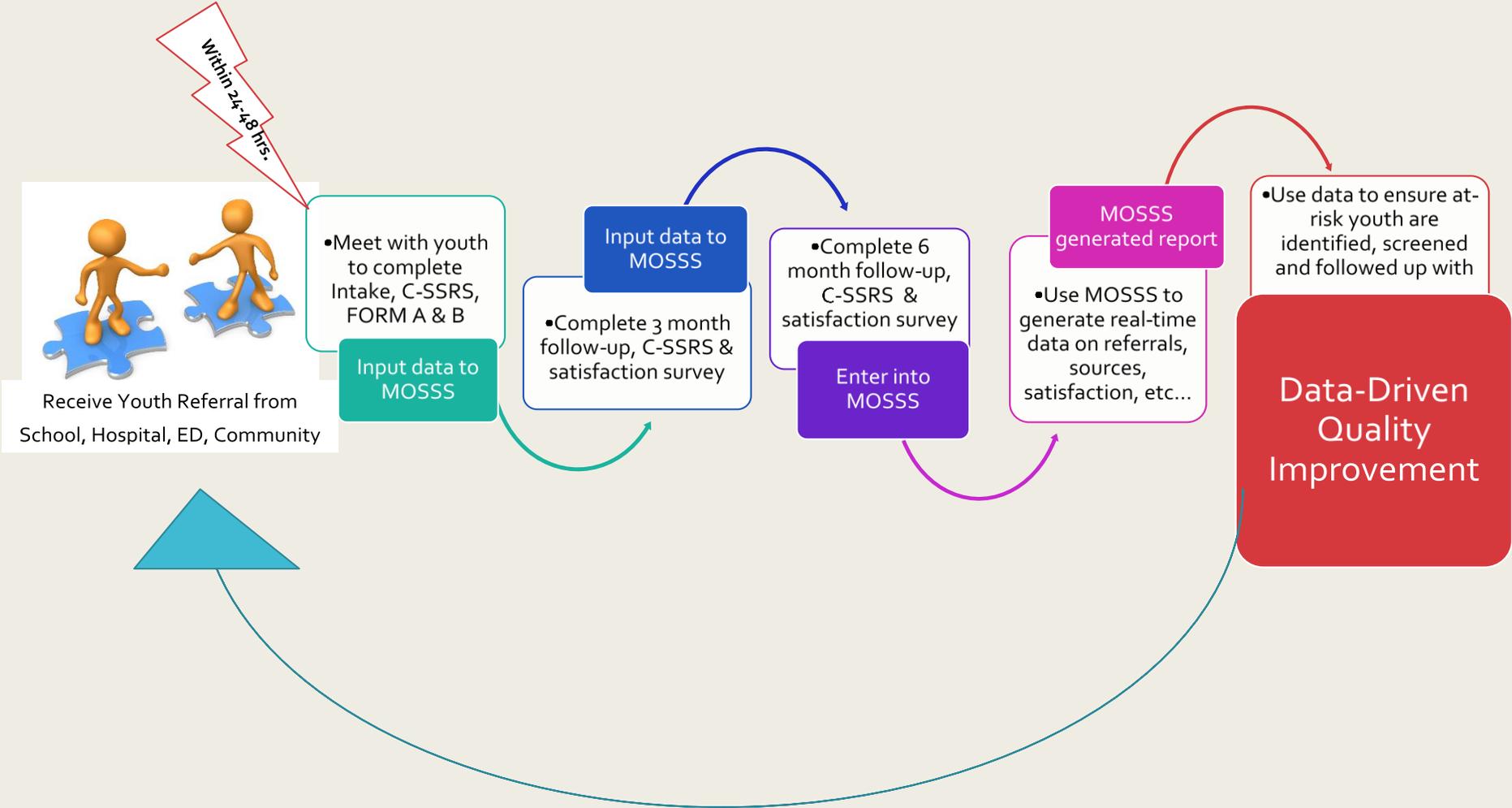
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Grant Overview

- MO Received GLS Grant award in 2016
- 3 Main Goals:
 - *Improve System of Care for at-risk youth*
 - *Improve the capacity of Schools to identify, respond and refer*
 - *Strengthen overall suicide prevention efforts*
- Providers serve 5 counties in greater KC area
 - *Collaborate with ED's, hospitals, schools & other youth serving organizations*
 - *Provide outreach, screening, mental health treatment and intensive follow-up to at-risk youth*
 - *Over 350 youth have received services to date*
 - *Almost 50% are 15 or younger*
 - *40% are privately insured and 40% are on Medicaid*
 - *Of those referred through the hospital system, the highest percentage were referred by EMT/law enforcement*



Missouri's Show Me Zero Youth Suicide Prevention Initiative



Grant staff work with youth to complete safety plan, provide intensive follow-up for at-risk youth, and work towards connecting them to services. All while working toward preventing hospitalization, connecting youth to less intensive services and building natural supports.

Missouri Suicide Surveillance System (MOSSS)

- Captures information about each youth referral

- Data collected include

- # of suicide attempts
- visits to emergency departments
- Depression
- Self-harm
- bullying
- family history of suicide
- recent losses
- services received

- Data available for download into Excel

- Reports are automatically generated to provide immediate feedback

MOSSS Report

5/18/2017 Total Youth 118

Gender		Age Group		Race		Sexual Orientation	
Male	34.7%	10 - 12	10.2%	White	65.3%	Heterosexual	74.7%
Female	61.0%	13 - 15	30.5%	African American	17.8%	Bisexual	14.3%
Transgender	3.4%	16 - 17	15.3%	Other	13.6%	Gay or Lesbian	3.3%
		18 - 24	44.1%	Hispanic	7.9%	Other	7.7%
Residential Status		Education/Employment		Insurance Status		Military Status	
With Parent	70.8%	Enrolled in school	61.0%	Private	20.3%	Serving Current	0.0%
Independent	2.8%	Works full time	4.2%	Medicaid	35.1%	Served Past	0.0%
At someone else's	12.3%	Works part time	6.8%	Uninsured	45.6%	Never Served	100.0%
Homeless	14.2%	Unemployed	15.3%	Referred from ACI line	0.8%		
At Tx facility	0.0%	Not in labor force	12.7%	Referred from other crisis line	0.0%		
Presenting Concern		Suicide Attempt Type		Intake Type - Hospital		Intake Type - School	
Intentional Self-Injury	45.8%	Suffocation	33.3%	Hospital Referral Type	61.5%	School Referral Type	20.5%
Psychiatric Disorder	51.7%	Firearm	2.8%	Self	23.5%	Self	12.5%
Substance Use	36.4%	Poisoning	47.2%	Family or friends	32.4%	School staff	87.5%
Suicidal Ideation	100.0%	Other	16.7%	EMT/law enforcement	44.1%	Crisis Line	0.0%
Suicide Attempt	37.3%			Crisis worker	0.0%		
Physical Health		Emotional Health		Enrolled in treatment program			
Excellent	10.2%	Depressed or sad most days in last 90 days	91.2%	Enrolled in treatment program	55.2%	Deliberately hurt self	57.6%
Good	55.1%	Suicidal thoughts last 30 days	62.7%	Has access to firearms	5.7%		
Fair	29.7%	Suicide plan last 30 days	49.3%				
Poor	5.1%	Suicidal intent last 30 days	58.1%				
Risk Factors							
Close family or friend died by suicide in lifetime	37.3%	Within the Past 90 Days		Average number suicide attempts		Times Bullied Past 90 Days	
Within the Past 90 Days		Average number suicide attempts	0.65	Average number ER visits for suicide attempts		1 time 3.6%	
Death of family, friend, pet	27.1%	Average number ER visits for suicide attempts	0.42	Average number hospitalizations for suicide attempts		2 to 5 times 15.3%	
Job/school failure	23.7%	Average number hospitalizations for suicide attempts	0.44	Average number suicide attempts lifetime		6 or more times 23.4%	
Breakup, separation, divorce	24.6%	Average number suicide attempts lifetime	0.10				
Loss of home/moved	28.8%						

Creating Partnerships: ReDiscover

- ED and Hospitals: (Reference goal: Improve System of Care for at-risk youth)
 - *Made ourselves available*
 - Capitalized on the ERE hospital relationships
 - *Personally traveled to every hospital*
 - Treatment teams and referral response
 - *Treatment team meetings*
 - Attend and provide feedback
 - *Follow through on referrals*
 - *Quick response*
 - Act in a timely manner to inpatient and ED referrals



October 2016-September 2017 Referrals

Table 2: Referral Sources for Enrolled Clients	
Hospital Referrals	73 (48%)
Truman	45%
Research	37%
Crittenton	8%
Other	7%
Unknown	3%
Internal Referrals	45 (29%)
Other Referrals	20 (13%)
School Referrals	16 (10%)
Elementary School	19%
Middle School	12%
High School	69%
TOTAL:	154 (100%)

Intensive Care Coordination Design: ReDiscover

- *Reference Goal (Strengthen overall suicide prevention efforts & Improve System of Care for at-risk youth)*
 - Out of the box approach
 - Community based “neutral” meetings
 - Client centered approach



ReDiscover's 1st year Results *154 youth enrolled*

(October 2016-September 2017)

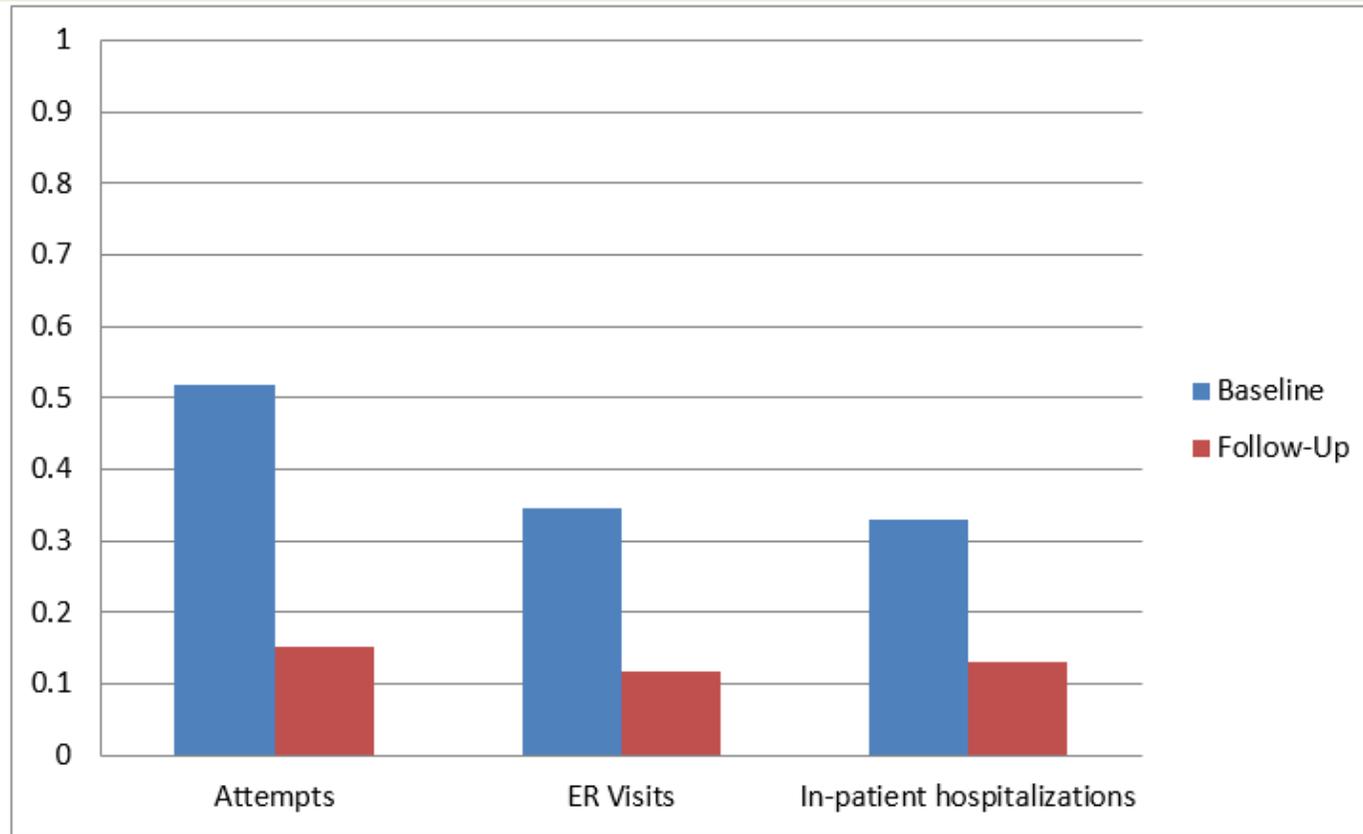
	Initial	3-month	% Change
% of youth who reported feeling depressed or sad most days over the past 90 days (n=62)	92%	55%	40% Decrease
% of youth who reported deliberately hurting themselves on purpose in the past 90 days (n=70)	64%	33%	48% Decrease
% of youth with at least one suicide attempt in the last 3 months (n=66)	48%	14%	71% Decrease

	Initial	3-month	% Change
Yes	45%	14%	69% Decrease

	Initial	3-month	% Change
% of youth enrolled in a Treatment Program	68%	86%	26% Increase

Attempts, Hospitalizations, and ER Visits Baseline and 3-Month Follow-up Findings

(as of 3/8/18)



All variables are statistically significant at the .000 level. Attempts: $F=39.04$ (1,150); ER Visits: $F=23.87$ (1,152); Hospitalizations: $F=15.72$ (1,152).

Obstacles

- Grant oversight
 - *Understanding Boots on the ground*
 - *Importance of Site Visits*
- Resistant Teams
- Staff turnover within referral sources
- Getting information out to all potential referrals
- High caseloads
 - *Each case manager has 30-45 clients active at a given time*
- Insurance issues



Sustainability

- Providers have built strong relationships and will continue to receive referrals
 - *ReDiscover has already hired two additional Hospital Suicide Prevention Liaisons*
- Next steps is to problem-solve around the issue of insurance and reimbursement, it was unexpected to see 40% of referrals had private insurance
- ReDiscover was awarded funds from the Jackson County Community Children's Services Fund for the 2018 year. If successful, the grant could potentially be an annual award.
- ReDiscover has created relationships within the community and the community has raised funds for the program to continue
 - *High School Concert supporting this cause*
- Missouri is currently a pilot state for the Certified Community Behavioral Health Clinic, CCBHC, Perspective Payment System program
 - *Requires agencies to be involved in Missouri's Zero Suicide Initiative*
 - *The Department is partnering with the MO Coalition for Community Behavioral Healthcare to provide quarterly learning collaborates*



QUESTIONS??

Thank you!

