



utah department of
human services

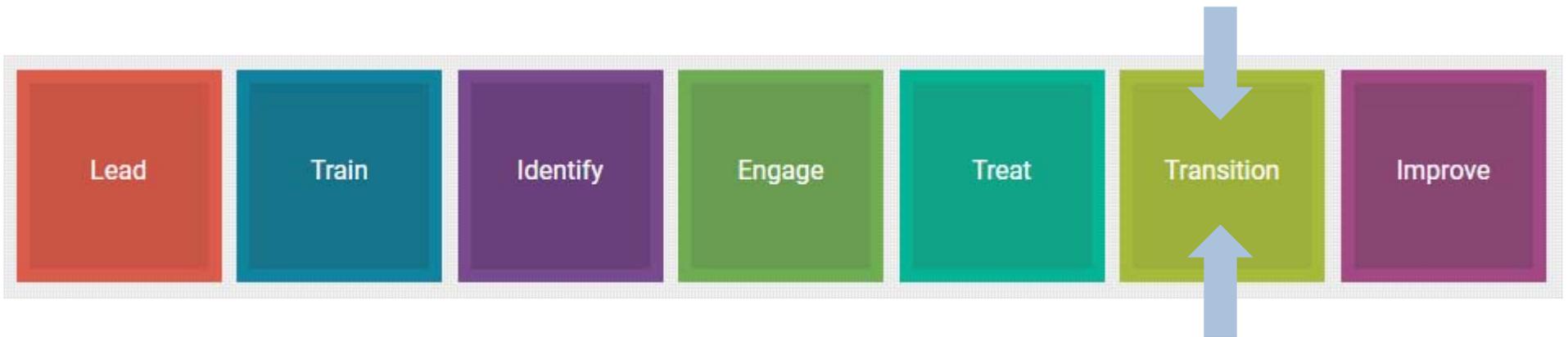
Meet Your
Neighbor:
Share One
Thing You
Look Forward
To In the Fall

Announcements

- Creating Safety T4T Scheduled December 14th registration open now.
- Primary Care Suicide Prevention Webinars in partnership with HealthInsight
- Switch our November meeting to 11/14 instead of 11/21?
- Planning for next year's Learning Collaborative/Summit

Introduce yourself and give an update on progress your organization has made in regards to Zero Suicide

Transitions In Care



Utah Zero Suicide 2018

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Treatments That Reduce Suicide Risk

Treatment Modality	Duration	↓ Attempts	↓ Ideation
Multiple Clinical Trials			
Dialectical Behavior Therapy (DBT)	12 mos	√	
Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP)	2-3 mos	√	
Crisis Response Plan (CRP) / Safety Planning Intervention (SPI)	1 session	√	√
Collaborative Assessment and Management of Suicidality (CAMS)	Variable		√
Caring Contacts	N/A	√	
Single Clinical Trial			
Mentalization Based Psychotherapy (MBP)	18 mos	√	
Attempted Suicide Short Intervention Protocol (ASSIP)	1 mo	√	
Post Admission Cognitive Therapy (PACT)	3 days		√

Gaps In the Current System



- Suicide risk is highest the first week after discharge from inpatient care and remains high- up to 100x higher than the general population- for several months after.



- Generally no provider is “responsible for” or stays in contact with a patient during transitions in care
- Inpatient/outpatient dichotomy without many options in between



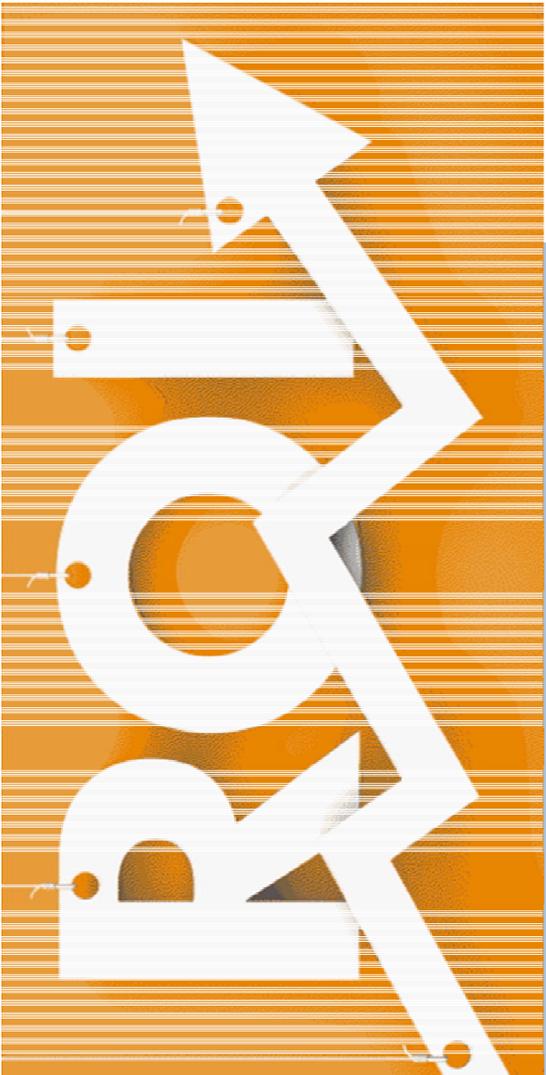
- The majority (70%) of suicide attempt survivors never attend their first outpatient appointment or maintain treatment for more than a few sessions.



“Review of the Evidence” (Luxton et al, 2013) results: multiple RTCs demonstrated providing follow up phone calls and/or letters significantly reduced suicidal attempts and deaths.

- Motto & Bostrom, 2001: Sent 12 signed letters over a 2 year period to persons discharged from inpatient care who declined further treatment. More than twice as many suicides in the no follow up group compared to the follow up group, for the first two years.

- Stanley et al, 2018: Cohort comparison design at 9 Veterans Health Administration hospital EDs, 1,640 patients included who had an ED visit for a suicide-related concern but not admitted to inpatient.
- Intervention Group: Received Safety Planning Intervention and at least 2 telephone follow up contacts to monitor risk, revise the safety plan, and support treatment engagement.
- The intervention group had approximately 45% fewer suicidal behaviors at 6 month follow up, and were more than twice as likely to attend at least 1 outpatient mental health visit.



74% to 77% probability that the ROI would be greater than \$1.00 for every \$1.00 spent on Postdischarge Follow-Up Calls for Suicidal Ideation or Deliberate Self-Harm (Richardson, Mark, & McKeon, 2014).

Tools Created by DSAMH

- Menu of strategies
- Guide to building your office protocol/capacity
- Sample office protocol
- Resources and examples

- Stepped Care
- Memorandums of Understanding
- Warm Hand-Offs
- Rapid Appointment Scheduling
- Provider Communication
- Care Navigation/Case Management
- Peer Specialist Support
- Engagement of Support Network
- Psychoeducation
- Caring Contacts

Menu of Strategies

- Wasatch Pediatrics
- University of Utah Healthcare
- Intermountain Healthcare
- Four Corners Behavioral Health
- Davis Behavioral Health

Local Examples

Guests: Matt Hoffman, CMIO, and Terrel Pearson, Nurse Informaticist, from UHIN

- Clinical Health Information Exchange
- Access to admission/discharge/transfer records via real time or scheduled notifications.
- Access can be granted to current health and behavioral health providers, or possibly to non-providers if pre-authorization was signed by the patient and documented.
- Future possibilities for data sharing and continuity of care projects

UHIN



Next Meeting Topic:
Evaluate/Improve 11/14
2019 Cohort Coming Soon!

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Lead

Train

Identify

Engage

Treat

Transition

Improve