Four Corners Community Behavioral Health's Rural approach to Zero Suicide

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Prior to approaching leadership.....

- Ask yourself... What are we currently doing and why do I feel change is needed?
- Know what you are proposing and how you envision it fitting into your agency
- Champion the idea so there are no surprises
- Consider consulting an expert
- Find out what resources might be available to you- DO THE LEG WORK

When approaching leadership.....

- Have a clear vision
- Be honest with the extent of the implementation
- Be assertive
- Engage Emotions
- Have a system developed around how you will elicit feedback at all levels
- Be prepared with the costs, unintended consequences, sustainability, ideas for managing productivity
- Sell your vision, present your mission, identify talented staff

When approaching staff……

- Ask for volunteers - be sensitive
- Approach your committee business with energy, hope, and positivity
- Personally invite key members to participate
- Be ready to compromise….don’t be married to your ideas
- Be ready to champion the idea; then be ready to pass it off
- Be ready with at least a shell of what your mission will be
- Use staff strengths to make it successful and feel invested

Last thoughts....

- Change is a PROCESS; not everyone progresses at the same rate so be sure not to leave them out.
- People will have different motivations for joining
- Engaging Emotions = Engaging Change
- Expect to evolve

Zero Suicide at FCCBH

- Initially conceived with three purposes:
  - Increased Clinician Training and Awareness.
  - Decrease death by suicide of our client base.
  - Improved treatment outcomes overall

How We Did It

- Created a Robust Zero Suicide Plan encompassing all 7 fundamentals
  - Lead: How do we engaged the leadership of FCCBH?
  - Train: Evidenced based practices.
  - Identify: Areas of improvement
  - Engage: Therapists, FCCBH staff and community partners
  - Treat: Using evidenced based practices to fidelity
  - Transition: Outreach and wrap around care
  - Improve: Update plan annually
- Lunch Time!
- Agency wide inclusion
- Relationship with Division

SAFE Squad

- Develop a Suicide Prevention Plan based on the Zero Suicide Initiative model
- Legal Consultation
- Initialize Training
  - CSSR-S
  - CAMS
  - Safety Planning
- Inhouse training and introduction to tools
- Follow up training, and utilization review
- QAPI Fatality Reviews
- Chart Reviews
- Targeted Training

Outreach

Partnering with community organizations

- Increased community participation
- Suicide Prevention Coordinator

Outreach to high risk populations

- The Suicide Prevention Coordinator (SPC) covers rural Carbon and Emery counties in Southeast Utah, and receives referrals from Four Corners Crisis Therapists along with our local Castleview Hospital social worker.
- Current referrals are individuals that identify to the crisis therapist as having suicidal thoughts, those who may be at high risk and/or individuals that have attempted suicide.
- Follow up services begin immediately after receiving referral with a hand written, caring-contact card that is mailed to each client, along with a phone call to the individual. This takes place 1-3 days after the initial referral.
- 7-10 days later another outreach is made, then again at 30-60 days and one more at 60-90 days. Outreach occurs as needed after 90 days.
- Outreach not only covers a follow-up to see how the individual is doing, but can also include linking the individual to resources in the community if needed, such as therapy, support groups, etc.

Implementation

- To start, a partnership was cultivated between FCCBH and our local hospital staff to share the program as a resource for individuals in need and bridge the gap in care for individuals after discharged from the hospital.
- Data tracking was developed, currently in Google sheets but shifting to our EMR system for better tracking and data collection.
- Attendance to weekly staff meetings to receive referrals as well as advocate for the Suicide Prevention program.
- Attendance to our internal Safe Communities Initiative meetings to help with organizational implementation of the Zero Suicide Initiative.
- Attended local city council meetings during initial program development and secured spots with local media outlets to get information out to the community about the program.

Barriers

- Receiving referrals not only for ages 25 and older, but for youth as well.
- Receiving referrals from Grand County, which is not covered by the grant but an area that Four Corners Behavioral Health covers, along with Carbon and Emery County.
- Data collection as the program initially developed but we are currently building a process into our EMR for better data collection and follow-up.
- Staff turnover at our local hospital, specifically with the Social Worker position.
- Getting the program up and running in collaboration with the hospital due to process and policy changes the hospital has recently gone through, and finding a time that works with all members involved in this program to meet.
- No response from clients during the outreach process.
- Cold hand offs during the referral process to the Suicide Prevention Coordinator.
- Small amounts of community push back, specifically with lethal means counseling and discussing gun safety as a part of suicide prevention.

Future goals of the Suicide Prevention Program

- Branch out to primary care providers in the area to implement more effective screening tools for patients at routine office visits in order to catch suicidal ideation before a crisis.

- Develop a plan for sustainability in the community so the resources of the Suicide Prevention Coordinator will still be available to those in need.

- Zero Suicide in our community.