Continuity of Care for Suicide Prevention

December 4, 2014

Welcome!

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Agenda

✓ Continuity of Care Overview and Considerations

✓ 4 Strategies: Field Examples

✓ Breakout Discussions: Tribal & State

Technical Orientation Slide

- ✓ If you are having any technical problems joining the webinar please call 617-618-2380 or Adobe Connect 1-800-422-3623.
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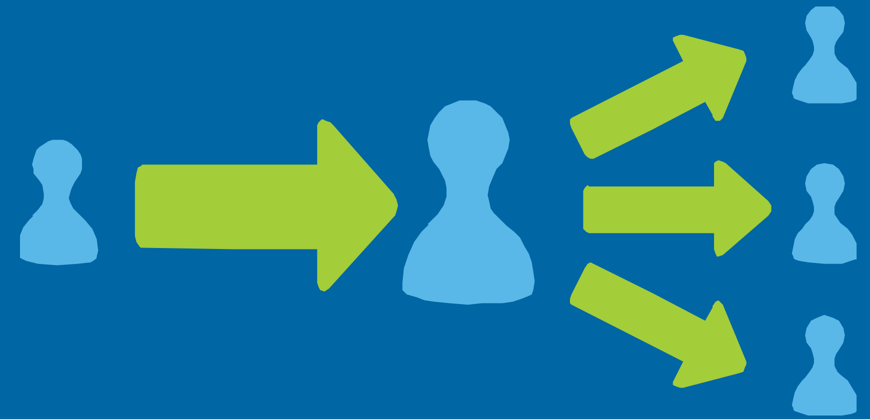
counselor's office

mobile crisis unit

clinic

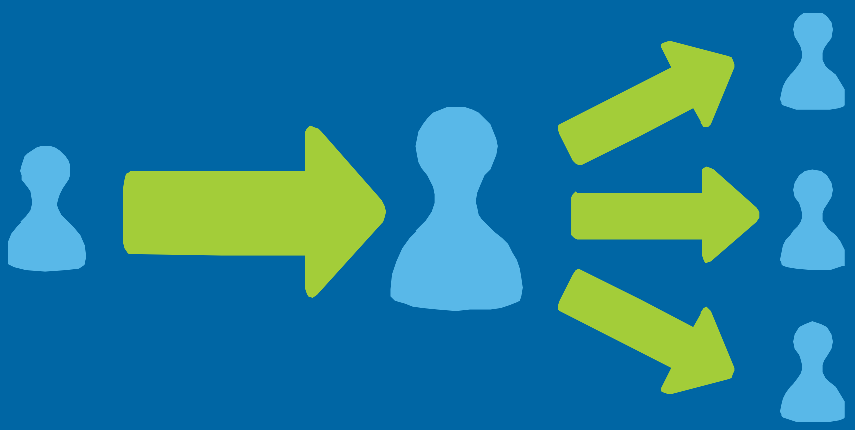
Therapist

What do we mean by Continuity of Care?



Continuity of Care
(or Care Linkages/Care Transitions)

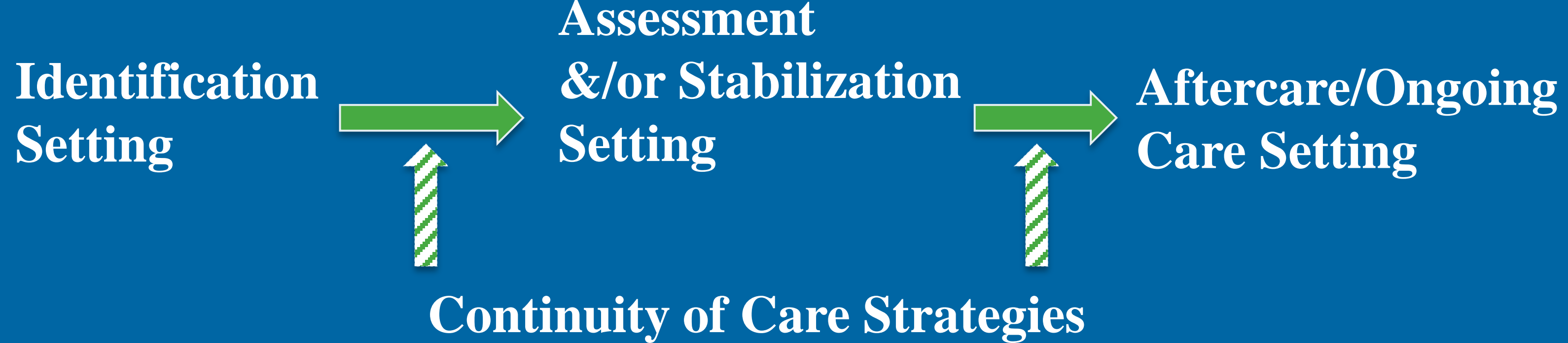
is maintained when one care provider links to another care provider, the transition of care is smooth and uninterrupted for the patient, and the essential clinical information is provided. (Knesper, AAS, & SPRC, 2010)



A concept, not a specific intervention

Identification Setting

Aftercare/Ongoing Care Setting


Identification Setting
Assessment &/or Stabilization Setting
Aftercare/Ongoing Care Setting
Continuity of Care Strategies

SPRC

Identification

Settings in which at risk youth are identified

- Emergency Department
- School
- Culture / Community-Based Intervention
- Juvenile Justice
- Primary Care
- Inpatient Psychiatric Hospitalization
- Community Behavioral Health
- Foster Care

Enhancing Linkages

Strategies or services to enhance linkages with the Aftercare/Ongoing Care provider*

- **Organizational MOUs, MOAs**
- **Crisis center follow-up**
- **Follow-up appointments made within 24 – 72 hours**
- **Caring contacts**
- **Warm handoffs**
- **Community resource listings for Referring Providers**
- **Continuity of care flow-sheets**
- **Communications between referring (identification) and referral orgs**
- **Transmission of medical record information to aftercare provider**
- **Patient consent protocols**
- **Informal caregiver involvement in aftercare planning**

* Can be provided by the Identification organization, Crisis Center organizations, and/or Ongoing Care organizations

Aftercare/Ongoing Care

Settings in which at risk youth receive ongoing care/suicide risk management services

- School
- Culture / Community-Based Intervention
- Primary Care
- Community Behavioral Health

Tribal

SPRC, 2014

Identification

Settings in which at risk youth are identified

- Emergency Department
- School
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- Primary Care
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- Community Program
- Community Behavioral Health
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Enhancing Linkages

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- Communications between referring (identification) and referral orgs
- Transmission of medical record information to aftercare provider
- Patient consent protocols
- Informal caregiver involvement in aftercare planning
- Case management

* Can be provided by the Identification organization, Crisis Center organizations, and/or Ongoing Care organizations

Aftercare/Ongoing Care

Settings in which at risk youth receive ongoing care/suicide risk management services

- School
- Primary Care
- Community Behavioral Health
- Community Program

State

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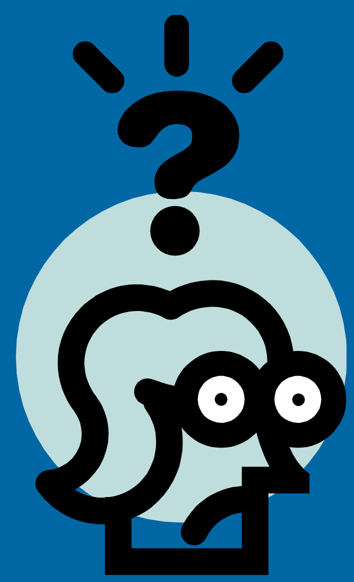
Key Elements of Continuity of Care

- ✓ Referral or follow-up appointment made within 24-72 hours
- ✓ Warm handoff
- ✓ Transmission of patient information from one setting to another
- ✓ Follow-up contacts to facilitate follow-through with referral

Zero Suicide vs. Continuity of Care (CofC)



In health care settings…

Zero Suicide Approach

Identification Setting → **Assessment &/or Stabilization Setting** → **Aftercare/Ongoing Care Setting**

Continuity of Care Strategies

- Creating the ZS Culture
- Competent Workforce
- Identify / Assess Risk Level
- Using Evidence-Based Care

High Need for Follow Up Post-ED and Inpatient Discharge

Continuity of Care for Suicide Prevention and Research
(Knesper, et al, 2010)

- Most post-discharge suicides happen within 1-2 weeks
- People at *highest* risk have one of the *lowest* rates of MH treatment adherence after an ED visit

Creating your Approach

1) Setting

2) Continuity of care strategy

3) Partnering strategy

Example: Hospital, Informal caregiver involvement in aftercare planning

Provider discusses expectations for follow-up care with patient and his or her supports

You could:

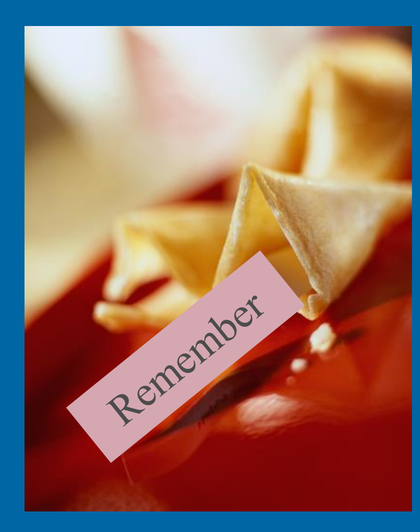
- ✓ Train providers to conduct patient and supporter education, including expectations for follow-up care
- ✓ Develop patient education materials to aid this conversation

Take Aways

- ✓ Continuity of Care = smooth and effective care transition
- ✓ CofC is a <u>concept</u> with many ways of going about it
- ✓ Screening alone is <u>not</u> a CofC strategy (although <u>reevaluation</u> could be)
  - CofC strategies are set in motion <u>if someone screens positive</u>

Take Aways – Cont'd

- ✓ CofC from an ED or inpatient psychiatric hospital is especially important
- ✓ "Zero Suicide" is not the same as CofC although the approaches overlap
- ✓ Work to understand the system(s) you want to partner with



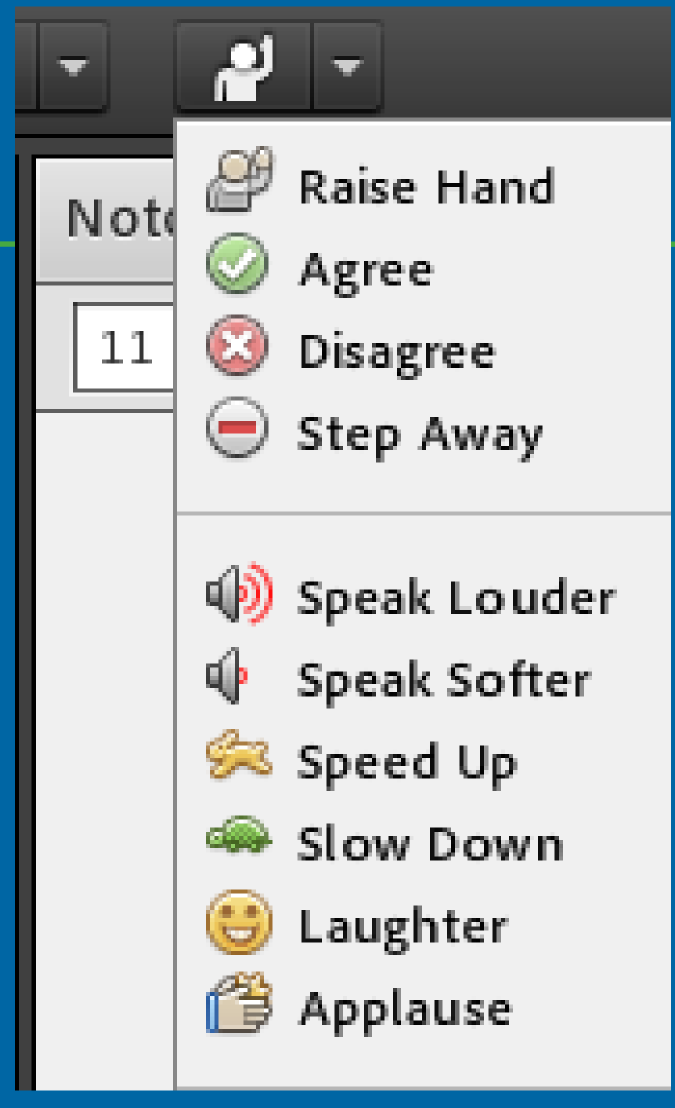
Strategy 1:
Crisis Center – ED Partnerships

Janet Kittams-Lalley

Executive Director, Helpline Center

South Dakota

How to Raise Your Hand:



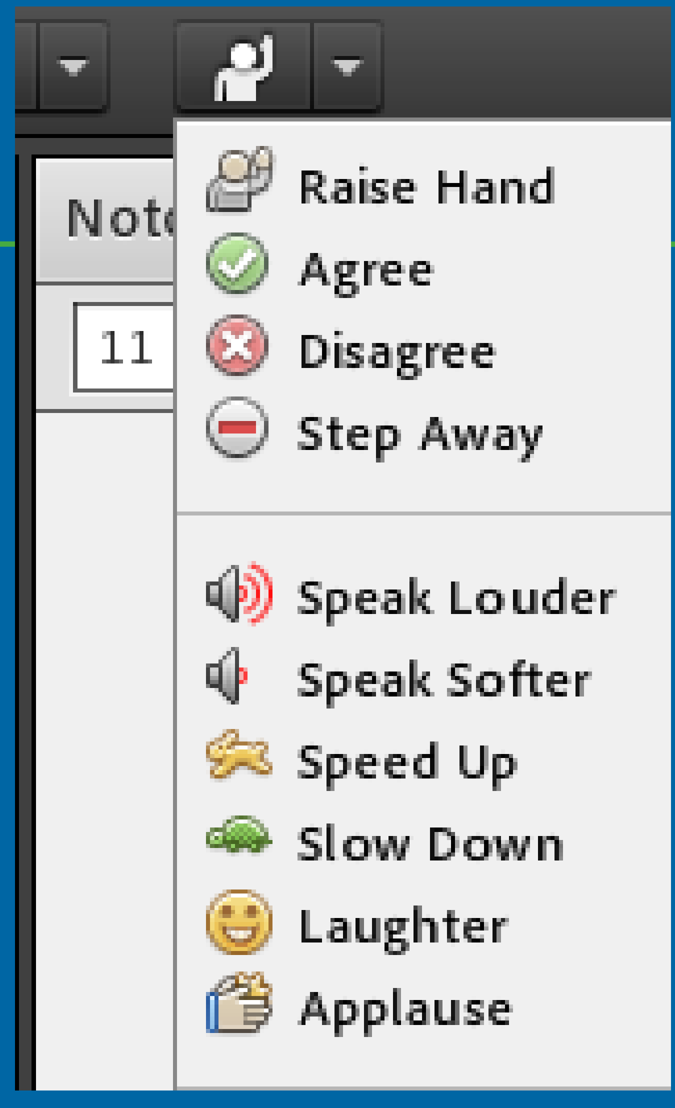
Strategy 2: Using Informal Caregivers

Roxanna Coleman

Training Coordinator

Confederated Salish & Kootenai

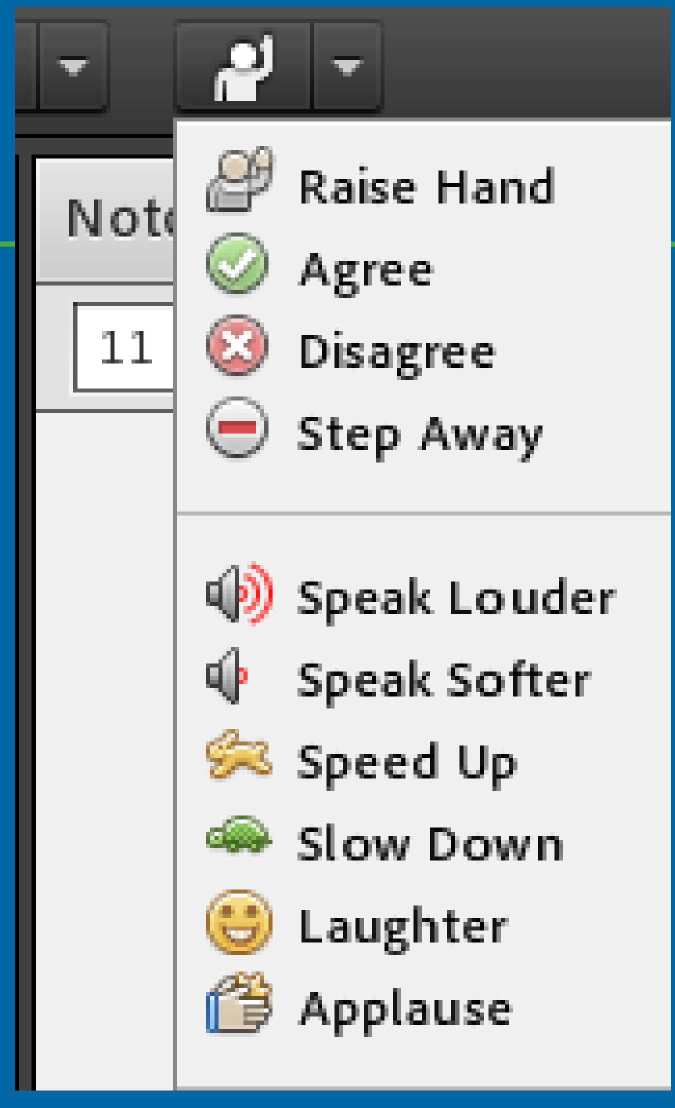
How to Raise Your Hand:



Strategy 3: Telemental Health

SPRC

How to Raise Your Hand:



Strategy 4:
3rd Party Referral Form

Julie Geddes

Senior Field Representative

Oklahoma Department of Mental Health and Substance Abuse Services

Third Party Referral Form

Date

To Whom It May Concern:

In an interaction with ________________, we observed some behaviors or actions which need immediate attention.

Student Name		
Age	Grade	Race/ethnicity
Guardian's Name (s)		
Phone Numbers		

The school first became aware when____

____

The behaviors observed were. ____

____

The student's current mental status appears to be_____________________________________

Three resources for assistance are____

____

____

All parties please sign that this document was reviewed.

____

Parent Date

____

Provider Date

____

School contact Date

School contact phone number _____________________

Please send signed copy back with parent or guardian to the above mentioned school counselor.

How to Raise Your Hand: