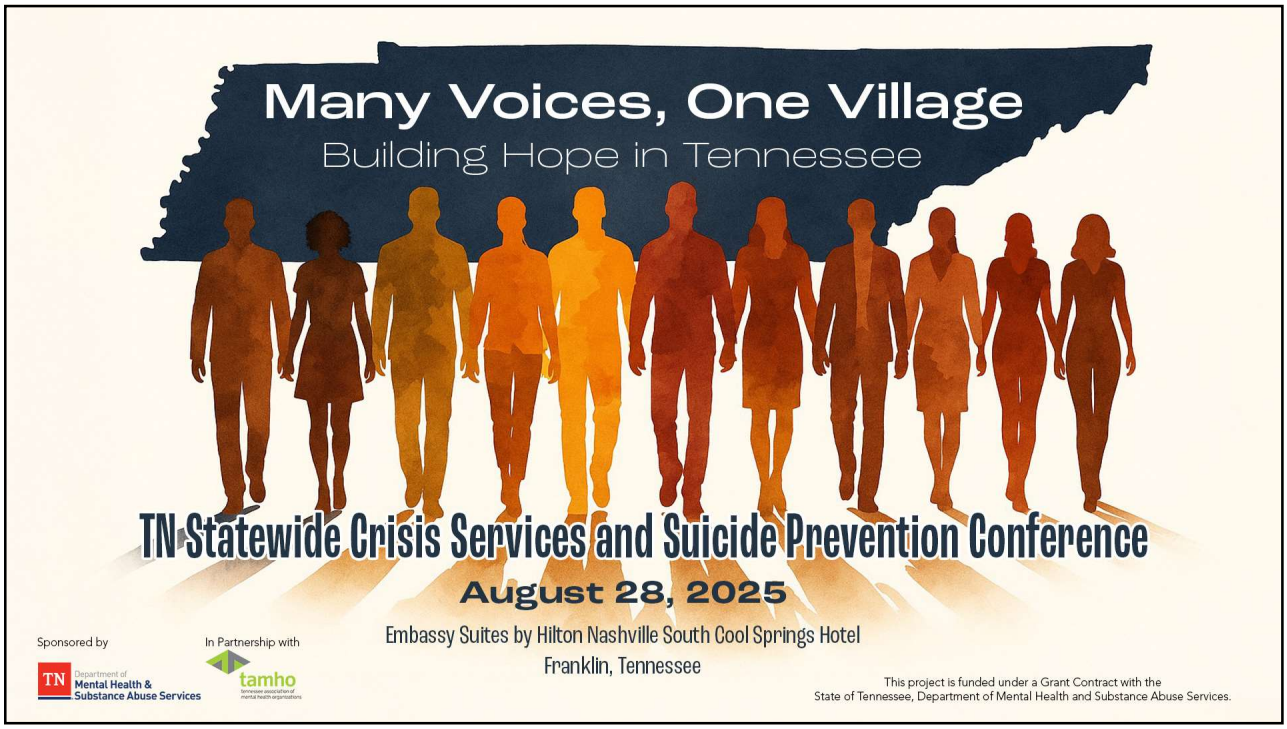

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BREAKOUT 2B

Implementation and Evaluation of Post-Crisis Treatment

TN Statewide Crisis Services and Suicide Prevention Conference

MANY VOICES, ONE VILLAGE | Building Hope in Tennessee

OPENING REMARKS PANEL INTRODUCTIONS

Andy Lawrence, LPC-MHSP

Assistant Director, Office of Crisis Services and Suicide Prevention

Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)

TN Statewide Crisis Services and Suicide Prevention Conference

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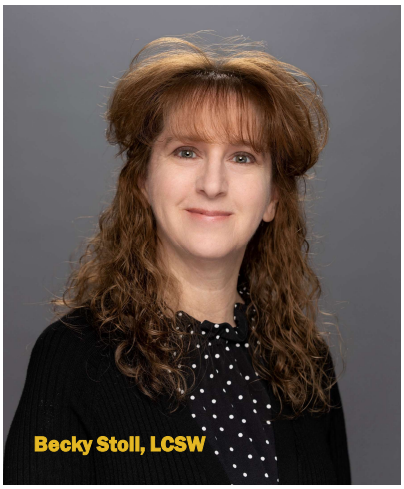
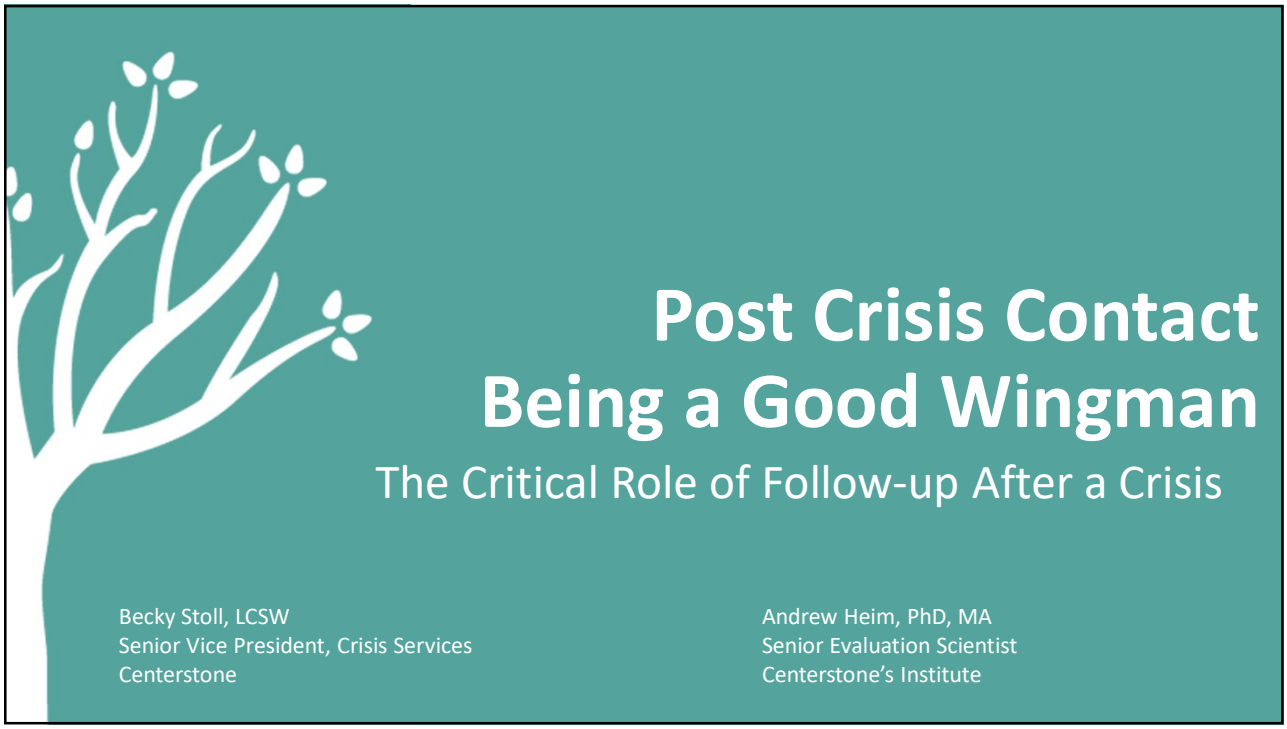


Andrew Heim, PhD, MA, Senior Evaluation Scientist, Centerstone's Institute, Nashville, TN

Becky Stoll, LCSW, Senior Vice President, Crisis Services, Centerstone, Nashville, Tennessee

TN Statewide Crisis Services and Suicide Prevention Conference


Post Crisis Contact
Being a Good Wingman
The Critical Role of Follow-up After a Crisis
Becky Stoll, LCSW
Senior Vice President, Crisis Services
Centerstone
Andrew Heim, PhD, MA
Senior Evaluation Scientist
Centerstone's Institute


How It Started

Centerstone TN Crisis Call Center

BC/BS of TN Foundation Pilot (2014-2015)

CRI CENTERSTONE RESEARCH INSTITUTE

Centerstone Crisis High Risk Follow-up Program (CC-HRFP)

The Centerstone Crisis high risk follow-up project (CC-HRFP) consisted of an evidence -informed approach to delivering follow-up services for adults (ages 18 and older) who experienced a suicide- related event (e.g., suicidal ideation, attempts, mobile crisis visit). C-HRFP services were made possible in Tennessee (2014 – 2015) through a Blue Cross Blue Shield of Tennessee grant awarded to Centerstone. Specifically, CC-HRFP Services were provided by Centerstone, and program evaluation services were provided by Centerstone Research Institute.

CRI CENTERSTONE RESEARCH INSTITUTE

CC-HRFP GOAL ACHIEVEMENT:

(A) For those enrolled in the Follow-Up pilot, a minimum of 50% will attend services, community based services, or other resources).
- ***At final review, 62% of those enrolled were confirmed as linked to services.***

(B) At 30 days from initial linkage to service, a minimum of 25% of those enrolled in the Follow-Up pilot will be engaged/participating in service.
- ***At final review, 59% of those enrolled were engaged or participating in service at 30 days.***

(C) For those high risk individuals referred to the Follow-Up project by a partnering Emergency Department, there will be a rate of return to the Emergency Department of 20% or less during the grant period.
- ***At final review, rate of return to an emergency department was 8%.***

(D) There will be zero suicides of any person enrolled in the Follow-Up pilot.
- ***At the program conclusion, there were zero occurrences of suicide deaths among of those enrolled in the program during the grant period.***

CC-HRFP Cost Analysis:

- In our study, only 8% (n = 16) of individuals served returned to the emergency department for a subsequent psychiatric hospitalization. This rate is lower than previously reported rates of recidivism at 30 -days among clients psychiatrically hospitalized for suicide risk (e.g., 17.5%; Groke et al., 2009).
- Based on the reduced recidivism rates (i.e., prevented emergency department visits and hospitalizations) our program yielded an estimated net cost savings of: = $412,328.18.

Conclusions

Initial descriptive indicators of the CC-HRFP program goals (e.g., number served, referral linkages, zero suicide deaths) provide preliminary support that the CC-HRFP was effective in meeting, and exceeding, its goals. Further, cost analysis estimates for the CC-HRFP suggested that the program yielded net cost savings. Additional research is needed to understand specific aspects of suicide risk that may decrease while receiving CC-HRFP services.

Sustaining the Work

SUICIDES
Tennessee Lives Count

TLC Connect and TARGET

Enhanced Follow-up Services

CONNECT & TARGET (SAMHSA Grants)

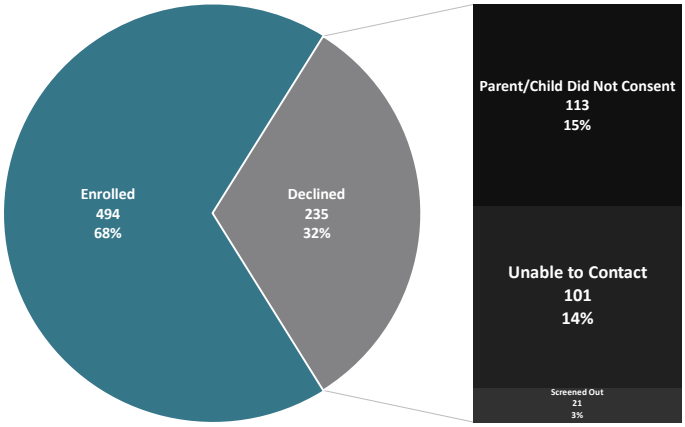
GOALS:

- Promote linkage to needed mental health or community services
- Promote long term engagement in services
- Reduce suicidal behaviors (ideation and attempt)
- Identify most effective modes of intervention in achieving above goals
- Identify the role/effectiveness of technology in achieving above goals

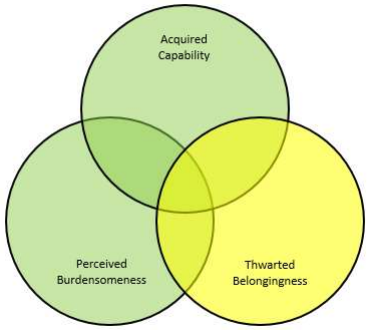
Expanding Our Lens Related to Outcomes

Measure	Domain
Demographic Questionnaire (DQ)	Demographics (e.g., age, sex, sexual orientation)
Service Questionnaire	Existing connections to long-term, outpatient care
Psychosis Questionnaire (Y-PARQ 22, Y-PARQ 28, PQ-B 20; Phalen et al., 2019)	Lifetime experiences of psychosis
The Blessed Orientation-Memory-Concentration Test	Cognitive functioning
Suicidal Experiences Questionnaire	Short-term history of suicidal thoughts/behaviors; willingness to talk about suicide
Patient Health Questionnaire-2 (PHQ-2 and Item 9)	Major Depressive Disorder Symptoms
Interpersonal Needs Questionnaire (INQ-12)	ITS - Thwarted Belongingness/Perceived Burdensomeness; Proximal Risk Factors for Suicide
Acquired Capability for Suicide Scale - Fearlessness About Death (ACSS-FAD)	ITS - Acquired Capability (Fearlessness about Death)
Physical Pain Scale (PPS)	ITS - Perceived Physical Pain Tolerance
Recovery Assessment Scale (RAS)	Four Subscales: Personal Confidence & Hope; Willingness to Ask for Help; Goal Orientation; Domination by Symptoms
Columbia Suicide Severity Rating Scale (C-SSRS)	Suicide Risk
Suicide Ideation Scale (SIS)	Suicidal Ideation & Suicide Resolved Plans/Preparations
Working Alliance Inventory, Short Form, Revised (WAI-SF-R)	Working Alliance
Client Satisfaction Questionnaire (CSQ-8)	Client Satisfaction with Services

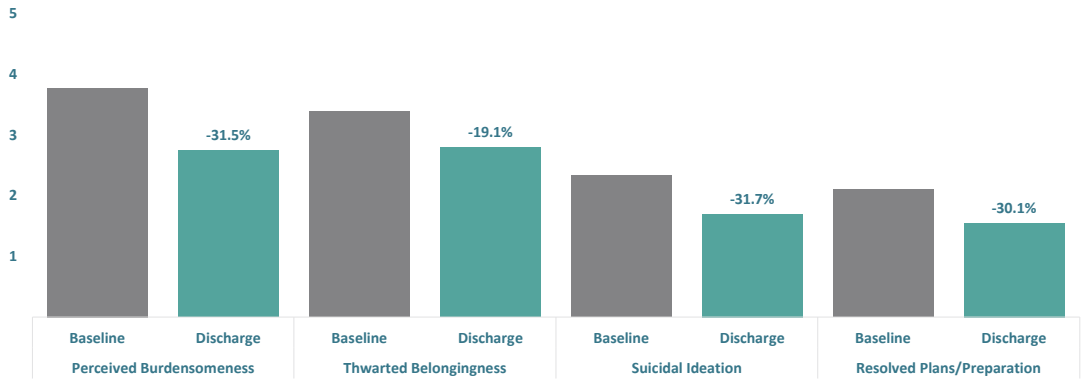
Enhanced Follow-Up Outcomes



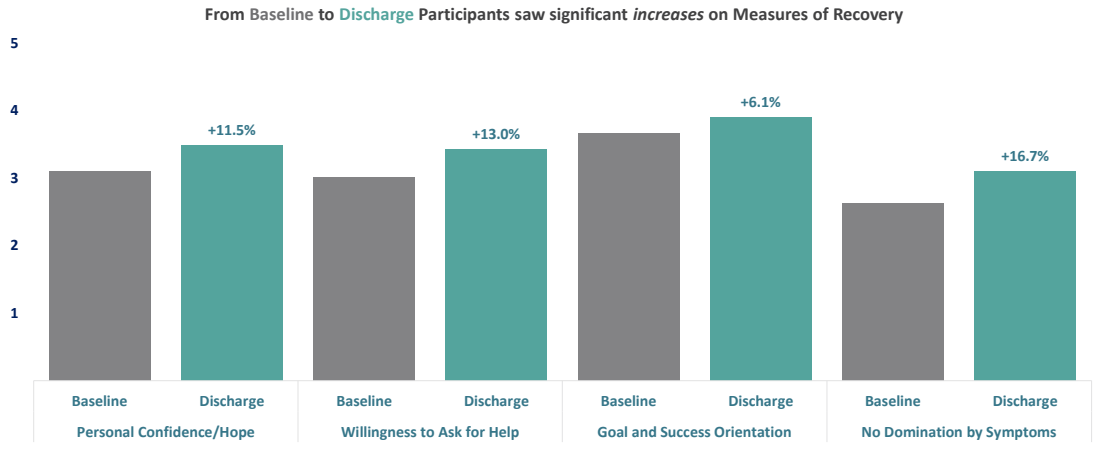
The Interpersonal Theory of Suicide



Enhanced Follow-Up Outcomes



Enhanced Follow-Up Outcomes

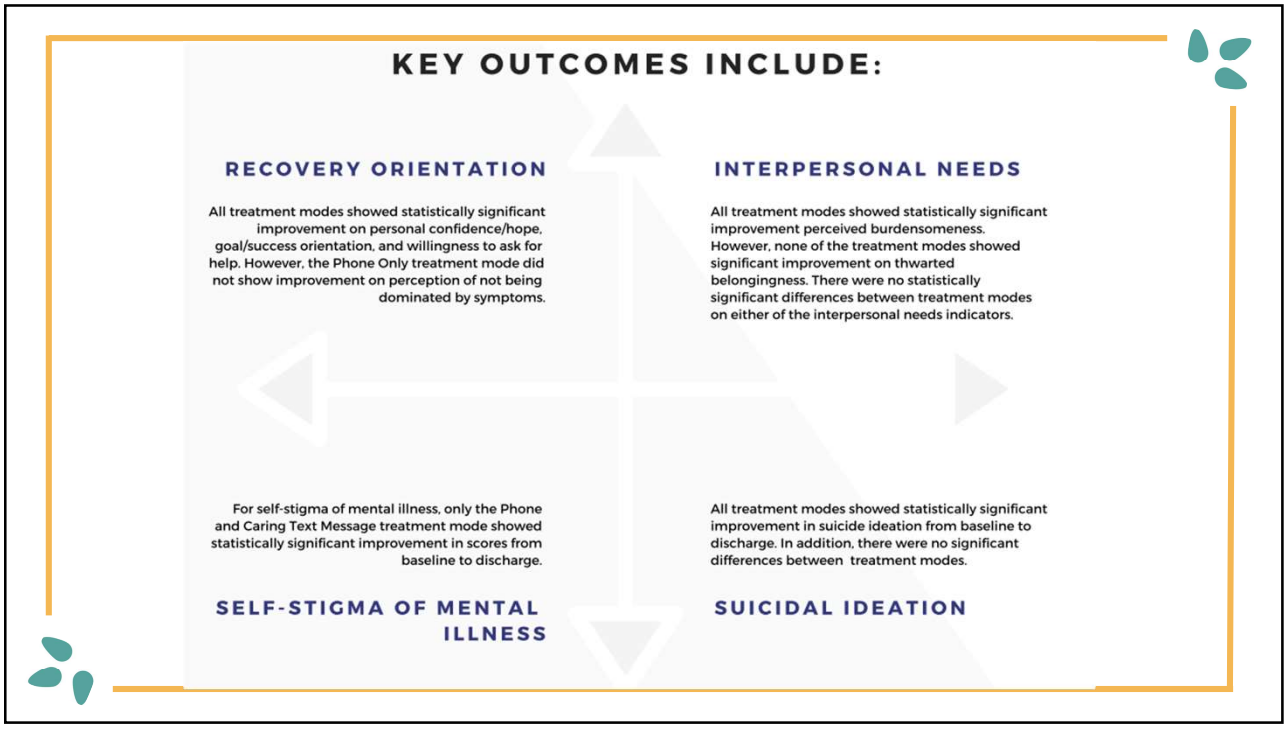


Enhanced Follow-Up Outcomes

Mean differences of pre- and post-test measures

	Pre-test		Post-test		*t*	*df*	*d*
	M	*SD*	*M*	*SD*			
Goal and Success Orientation	3.61	.82	3.90	.76	6.64***	251	.42
Personal Confidence and Hope	3.09	.68	3.50	.72	10.97***	251	.69
No Domination by Symptoms	2.58	.82	3.11	.90	8.82***	251	.56
Willingness to Ask for Help	2.96	.87	3.43	.90	9.56***	251	.60
Suicidal Ideation	2.36	.94	1.71	.86	-11.58***	251	-.73
Acquired Capability	2.10	.89	1.56	.76	-9.91***	251	-.62
Thwarted Belongingness	3.49	1.39	2.83	1.32	-8.64***	251	-.54
Perceived Burdensomeness	3.90	1.52	2.78	1.59	-12.02***	251	-.76


Centerstone's Crisis Follow-up Program (C-CFP) provided clinical transition services and continuity of care for adults discharged from an emergency department or other psychiatric services program (e.g., mobile crisis, behavioral health, alcohol and drug facility, inpatient care) following a suicide-related crisis (i.e., defined as serious suicidal ideation with intent to die and/or a suicide attempt).
The C-CFP used evidence-based frameworks to provide follow-up crisis services to adults at risk for suicide. The C-CFP staff worked with adults, beginning within 24 hours after discharge from a psychiatric facility and continuing for 30 days, to provide continued monitoring for suicide risk (e.g., through administering the C-SSRS scale), crisis care plan review/refinement, and referral linkages to community therapists and service providers.
During the intake process into the C-CFP, participants were randomly assigned to one of three modes of service delivery: Package A (Phone Only), Package B (Phone and Caring Texts), or Package C (Phone, Texts, and Face-to-Face). Participants in all service modes received the same number, quality, and content of service interventions
PROGRAM DESCRIPTION


KEY OUTCOMES INCLUDE:
RECOVERY ORIENTATION
All treatment modes showed statistically significant improvement on personal confidence/hope, goal/success orientation, and willingness to ask for help. However, the Phone Only treatment mode did not show improvement on perception of not being dominated by symptoms.
INTERPERSONAL NEEDS
All treatment modes showed statistically significant improvement perceived burdensomeness. However, none of the treatment modes showed significant improvement on thwarted belongingness. There were no statistically significant differences between treatment modes on either of the interpersonal needs indicators.
For self-stigma of mental illness, only the Phone and Caring Text Message treatment mode showed statistically significant improvement in scores from baseline to discharge.
SELF-STIGMA OF MENTAL ILLNESS
All treatment modes showed statistically significant improvement in suicide ideation from baseline to discharge. In addition, there were no significant differences between treatment modes.
SUICIDAL IDEATION

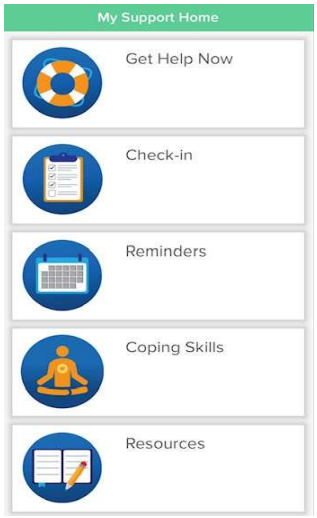
Smart Device App: Lifetiles

- Lifetiles app is an innovative smartphone program that provides ongoing support & resources to clients
- Through the app, staff regularly check-in with clients & can schedule weekly sessions via televideo. There are sleep monitors & other daily activities
- Lifetiles app is tailored to each individual client

Lifetiles App

Once logged into the app, the "Home" screen appears. You can easily navigate to different "tiles" within the app:

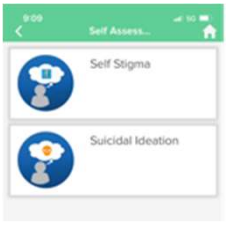
- ✓ Get Help Now
- ✓ Check-In
- ✓ Reminders
- ✓ Coping Skills
- ✓ Resources

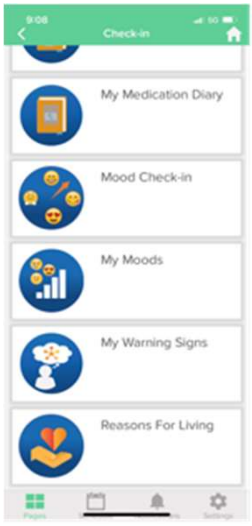


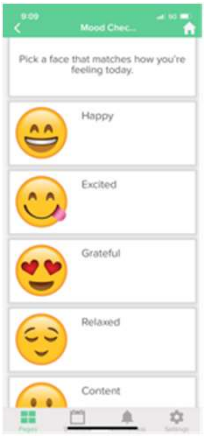
Lifetiles: Get Help Now

Lifetiles: Check-In

There are supports within the app that allow clients to check their progress, while having additional tools when needed.

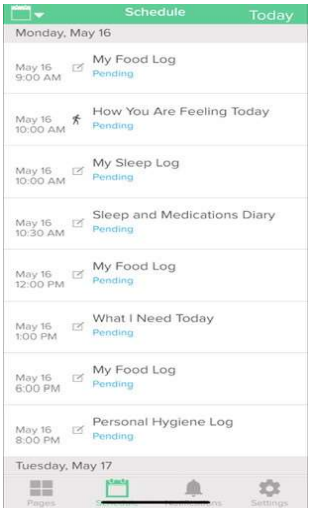






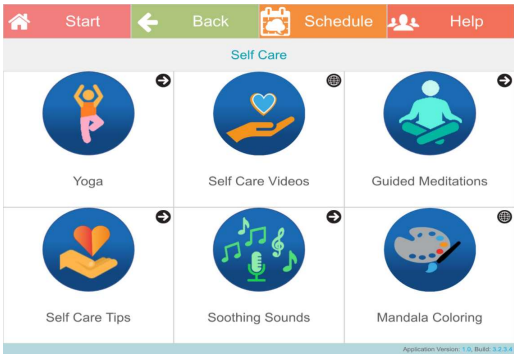
Lifetiles: Reminders

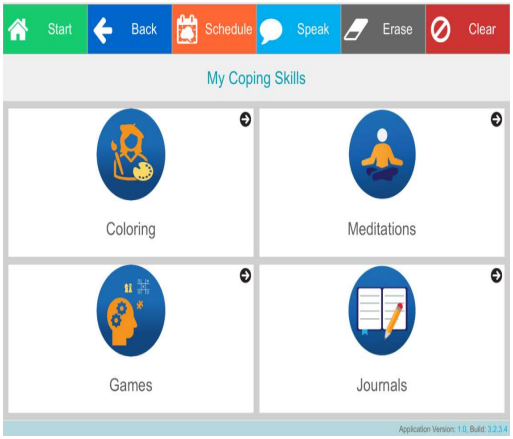
Both clinician & client can set reminders throughout the day or week. Reminders can include a medication log, sleep log & mood assessment.



Lifetiles: Coping Skills

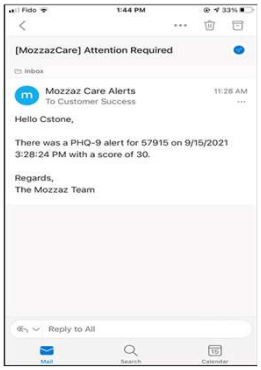
Coping Strategies are included to help manage intrusive thoughts & feelings. The app allows clients to use coping strategies such as journaling & games when feeling overwhelmed.

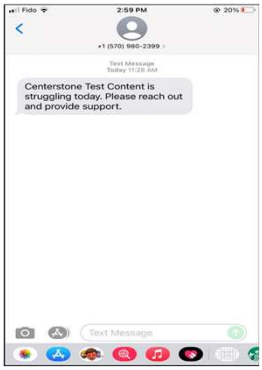


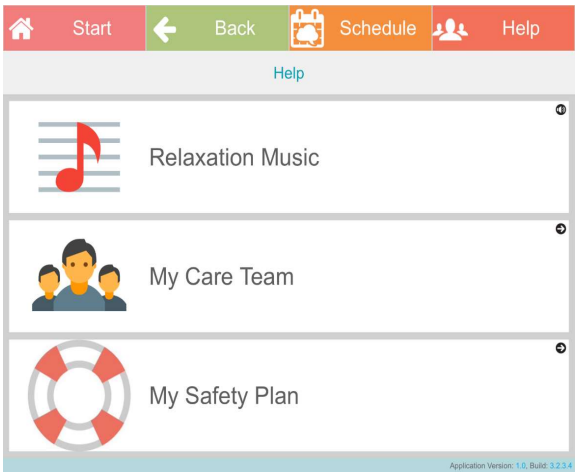


Lifetiles: Help & Alerts

To be sure clients feel safe & supported, they are able to notify their clinician by using the "My Care Team" alert.
Clients can also review their safety plan on this tile.







Lifetiles: Resources

There are additional resources on this tile. Resources can be tailored to the local community & include nationwide resources available to clients.

Where We Are Now

SAMHSA Grant: 988 Crisis Center Follow-Up

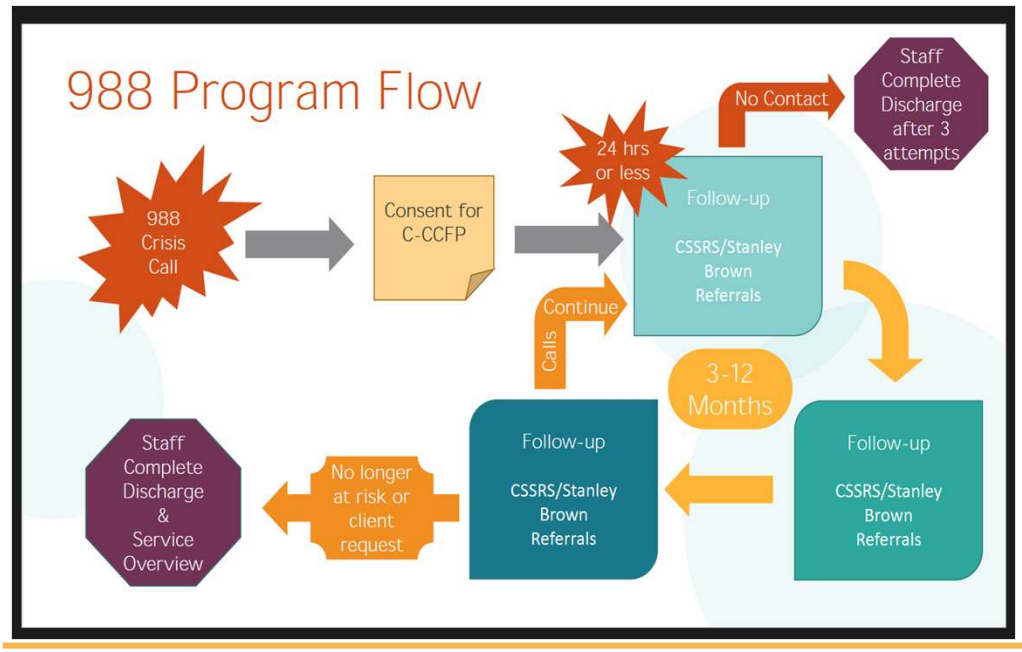
Goal I: Develop a sound infrastructure and increased capacity to deliver enhanced crisis follow-up services for suicidal persons who contact the 988 Suicide and Crisis Lifeline, including those who are identified at imminent, high, or moderate risk, in the geographic service area.

Goal II: Increase coordination between and capacity within members of the local crisis care continuum to ensure services address the focus populations' needs.

Goal III: Implement systematic enhanced post-crisis follow-up for a minimum of 90 days up to 12 months to support suicidal persons post-988 contact to provide continued support/linkages to decrease suicide risk.

Goal IV: Improve continuity of care, safety, and wellbeing outcomes among individuals at risk of suicide following contact with the project's 988 Lifeline crisis center.

Goal V: Develop/disseminate a documented service model for agency-wide and national replication/adoption.



Follow-Up Pathways

Pathway: *Resources and Basic Community Needs*

A person may need referrals to support for basic needs, like assistance with housing, food, childcare, transportation, health insurance, employment, or other issues that can contribute to a crisis.

Pathway 2: *Service Linkage*

A person may need referrals or support navigating mental health or other therapeutic services, including finding and making an appointment with a mental health clinician, substance use programs, accessing lifestyle coaching, or engaging in peer support services.

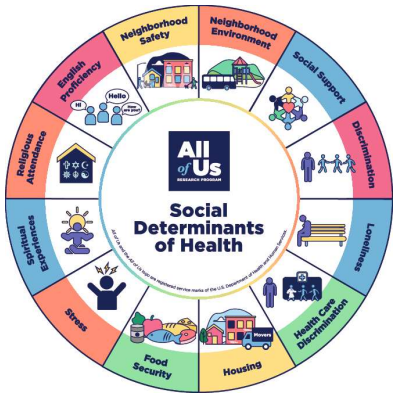
Pathway 3: *Suicidal Ideation and Prevention*

A person may be struggling with suicidal thoughts; developing coping skills and exploring other avenues to keep the client safe is the primary focus.

Not All Crisis Have the Same Origin

Living with a Mental Health Diagnosis

Lacking Social Determinants of Health



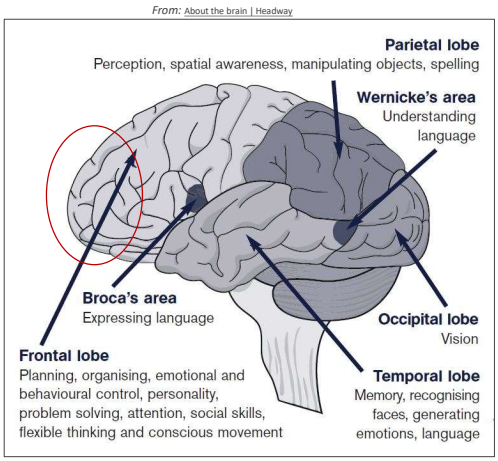
Effects on the Body

The way in which people manage stress varies greatly.

It is influenced by:
the individual
the circumstances
the coping skills at their disposal

While everyone processes stress differently, the effects of stress on the brain remain consistent across the board.

The Brain During a Crisis Event



- **During a crisis event**, the **prefrontal cortex** (PFC), responsible for **rational, higher-level thought**, is **turned off** by the limbic system which activates our "fight or flight" response system.
- Within the limbic system, the **hypothalamus communicates with the rest of the body** to **preserve and regulate energy** in preparation for the fight or flight response.
- As our brain shifts **during crisis response**, **accessing the neocortex (prefrontal cortex)** becomes **increasingly difficult.**
- **Short-term**, these **changes to our brain** are **intended to be adaptive.**
- Individuals who experience **extended or consistent crisis stress levels,** there is a **significant shrinkage of the dendrites in the amygdala,** increasing **over activity of the stress response.**

Brain Changes Due to Stress

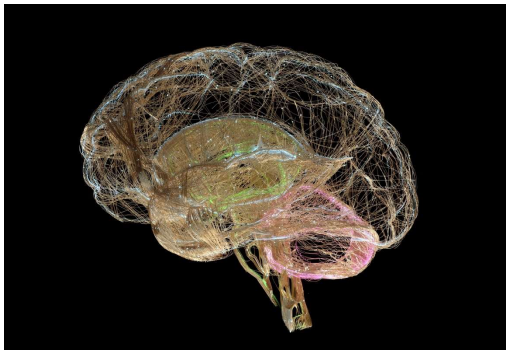
- Studies have shown the consistent activation of the prefrontal cortex impacts an individuals **sense of control, resilience, and can impair memory consolidation.**
- Several episodes of acute stress are likely to impact an individuals **ability to cope and manage that stress.**
- The more acute stress episodes, along with the individuals experiences, can make managing those episodes more challenging.
- Consequently, accessing care becomes increasingly difficult when the prefrontal cortex is consistently impaired.

What Happens Under Continued Stress?

Our brains begin to experience **shrinkage** of **dendrite** in the **Amygdala**.

The **Amygdala** plays a crucial role in **regulating emotions** and **hyperactivity** within this area can **result in** an ongoing increased sense of **helplessness**.

Because of this, individuals who regularly utilize crisis support may have limited ability to **hardiness, self-efficacy, and the sense of coherence.** This can impact an individuals ability to utilize resources and referral services, even when made more accessible.



"Dendrite, N." Oxford English Dictionary, Oxford UP, March 2024, https://doi.org/10.1093/OED/1345450408.
Šimić G, Tkalčić M, Vukić V, Mulc D, Španić E, Šagud M, Olucha-Bordonau FE, Vukšić M, R Hof P. Understanding Emotions: Origins and Roles of the Amygdala. Biomolecules. 2021 May 31;11(6):823. doi: 10.3390/biom11060823. PMID: 34072960; PMCID: PMC8228195.

The Importance of the 1st Post-Crisis Contact

The initial call presents an opportunity for crisis staff to establish a connection & enhance safety measures for individuals at risk of suicide. Follow-up call(s) serve to bridge the gap between the initial crisis intervention & the connection to longer-term resources & services. Follow-up not only facilitates a more comprehensive human connection, while individuals wait on their long-term support appointments, but also aids in safety during crisis situations.

Research shows:

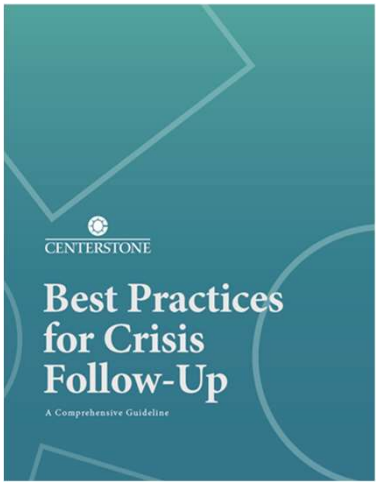
- Short -term interventions can have an impact in reducing suicide attempts.

https://pmc.ncbi.nlm.nih.gov/articles/PMC4877223/#sec1-4

- A 2018 published study showed that 79.6% of participants receiving follow-up reported that the support "stopped them from killing themselves" and 90% felt the support kept them safe.

https://pubmed.ncbi.nlm.nih.gov/28261860/

Development of Crisis Follow-Up Guidelines



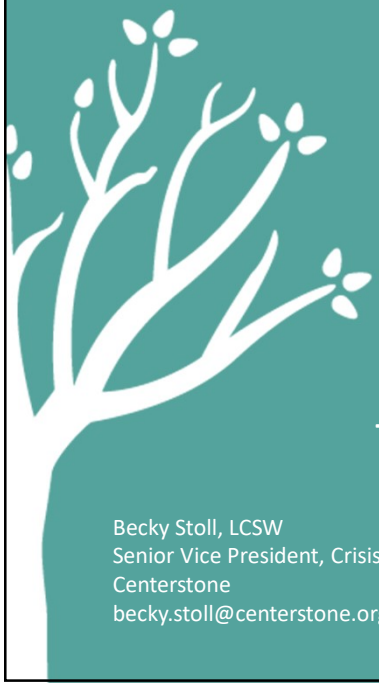
https://centerstone.org/after-the-call-988/#after-the-call

What We Have Learned Over Time

- Have Crisis Call Center & Follow-Up staff on same page
- Ensure Follow-Up staff clearly understand the role
- Crisis Call Center staff skilled at “selling” follow-up
- Ability to communicate with individuals via email (resources & safety plans)
- Set expectations (who will be following up & number that will be calling)
- Set up a program email versus staff using their individual email

What We Have Learned Over Time

- Leverage Electronic Health Records (update safety plans, collect data)
- Get creative with data collection
- Plans for working with difficult situations (high call frequency & difficult behaviors)
- Take special care of staff
- Document success stories in real time
- Keep payers aware of your work



Post Crisis Contact Needs Being a Good Wingman

The Critical Role of Follow-up After a Crisis

Becky Stoll, LCSW
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Centerstone
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Andrew Heim, PhD, MA
Senior Evaluation Scientist
Centerstone's Institute

Questions & Answers

In-Person Attendees . . .

Please raise your hand if you'd like to ask a question or share a comment. A Mic Runner will bring a wireless handheld microphone to you. Kindly speak directly into the mic so that everyone—including our virtual participants—can hear you clearly.

Virtual Attendees . . .

Please post your questions and comments in the Chat Box to the right of your viewing screen. Our Chat Box Monitor will relay them to the speakers and panelists for response during the session.

IMPORTANT NOTE FOR AUDIENCE ENGAGEMENT | Virtual participants will not be able to hear any in-room dialogue unless it is spoken directly into a microphone. Please wait for a mic runner to deliver a wireless handheld microphone before speaking. Kindly direct your comment or question into the microphone to ensure it is heard clearly. Your support in fostering inclusive and effective communication is greatly appreciated by all—especially our virtual attendees.

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COMPLETE CONFERENCE EVALUATION FORMS AND THE REQUEST FOR DOCUMENTATION OF CEs EARNED

Up to 4.75 contact / clock hours available for this event.

QUESTIONS?
Email: tamho@tamho.org

EVALUATION FORMS

https://www.surveymonkey.com/r/CrisisEval25

CE DOCUMENTATION

https://www.surveymonkey.com/r/CrisisCE25

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