



MHRC LINK to LIFE

LSF 2022 Behavioral Health Innovation Summit

SAMHSA Emergency Response Suicide Prevention
(ERSP) COVID19 Project

*A partnership with LSF Health Systems, Mental Health
Resource Center, Hubbard House, Baptist Health, UF Health,
Changing Homelessness, and Sulzbacher Center*

What Problem Was Identified?

- ⇒ Suicide risk is highest in the 2 weeks after hospitalization
- ⇒ Only 30-40% access mental health treatment after discharge
- ⇒ Only 50% of those who make it to treatment continue treatment

The LINK to LIFE team ensures all clients access care, stay in care, and maintain their safety.

What Goals Were Identified for Addressing the Problem?

⇒ Reduce:

- suicide risk after transitions in care

⇒ Increase:

- percentage of persons accessing services after hospitalization
- percentage of utilization of services and supports for 90 days after hospitalization

What Innovation Was Developed?

LINK to LIFE Suicide Prevention Team

- ⇒ Provide **90+** days of intensive follow-up to clients at risk for suicide to ensure they access and remain engaged in care
- ⇒ Contact/enrollment 24-72 Hours of discharge or referral
- ⇒ Contacts within 24 hours and the following days after enrollment: 7, 14, 21, 30, 60, 90+
- ⇒ In-person contacts; phone and telehealth contacts are available when needed
- ⇒ Ongoing triage and assessment for suicide risk and coping skills
- ⇒ Provision of referrals and linkages

What Factors Were Considered when Designing the Innovation?

- Incorporate the Zero Suicide Framework
- Standardized Assessment: PHQ-9
- Suicide Assessment and Five Step Evaluation and Triage (SAFE-T)
- Safety Planning and lethal means counseling
- Care Coordination
- Caring letters
- Clearly defined pathways for suicide care coordination/care transitions program
- Best Practices Trainings (QPR, QPRT, CAMS, CALM)

What Were the Nuts and Bolts of the Innovation?

⇒ Eligibility:

- Adults 18 and older (previously adults 25+ from November 2020 to November 2021)
- Duval County
- One of the following:
 - Recent psychiatric hospitalization for suicide (Baker Act),
 - Recent ED visit for suicidal ideation or attempts,
 - suicide risk factors

Suicide Prevention Team Composition

Original Team 2020-2021:

1 Care Coordination Team Lead
4 Care Coordinators

New Additions in 2022:

1 Licensed Clinician

What Is the Role of Community Partners in the Innovation?

- ⇒ Hospitals, CSUs, Homeless Providers, and Domestic Violence providers serve persons who are at risk for suicide
- ⇒ Development and Execution of MOUs to facilitate referrals
- ⇒ Commit staff to receive suicide prevention training
- ⇒ Provide training to innovation partners
- ⇒ Screen individuals using the standardized tool
- ⇒ Refer individuals to the program

How was the Innovation Evaluated?

- ⇒ Training Provided
- ⇒ Defined process for service delivery
- ⇒ Policy Updates
- ⇒ Measurement of Outcomes

Suicide Prevention, Assessment & Intervention Training

EBP Training	MHRC # Trained	Community Partners # Trained
Question, Persuade, Refer (QPR) Suicide Prevention Gatekeeper Training	298	374
Question, Persuade, Refer, Treat (QPRT) Advanced Suicide Risk Assessment Training	13	2
Collaborative Assessment and Management of Suicidality (CAMS) Treatment Training	12	73
Counseling on Access to Lethal Means (CALM) Training	124	136

Outcomes: Enrollment & Assessment Process

Referrals vs Enrollments:

- ⇒ 479 individuals referred (11/1/2020-11/30/2021)
- ⇒ 186 individuals enrolled (11/1/2020-11/30/2021)

Of those referred:

- ⇒ 96 completed PHQ-9 screening
- ⇒ 98 completed SAFE-T Suicide Risk Assessment
- ⇒ 91 completed best practice safety planning

All data based on program phase 1 funded by SAMSHA Emergency Response Suicide Prevention (ERSP) grant, serving clients 11/1/2020-11/30/2021

Outcomes: Continuity of Care

How many enrolled clients accessed care and continued in services?

- ⇒ **100%** of clients referred for MH services at enrollment
- ⇒ **83%** of clients enrolled maintained MH services at 30 days
- ⇒ **85%** of clients enrolled maintained MH services at 60 days
- ⇒ **75%** of clients enrolled maintained MH services at 90 days

Outcomes: Continuity of Care

Other Services Referred

- ⇒ Medical care
- ⇒ Employment services
- ⇒ Child care
- ⇒ Transportation
- ⇒ Educational services
- ⇒ Housing
- ⇒ Social/recreational services
- ⇒ Consumer-operated/peer support
- ⇒ Social/independent living skills
- ⇒ Faith-based
- ⇒ HIV testing

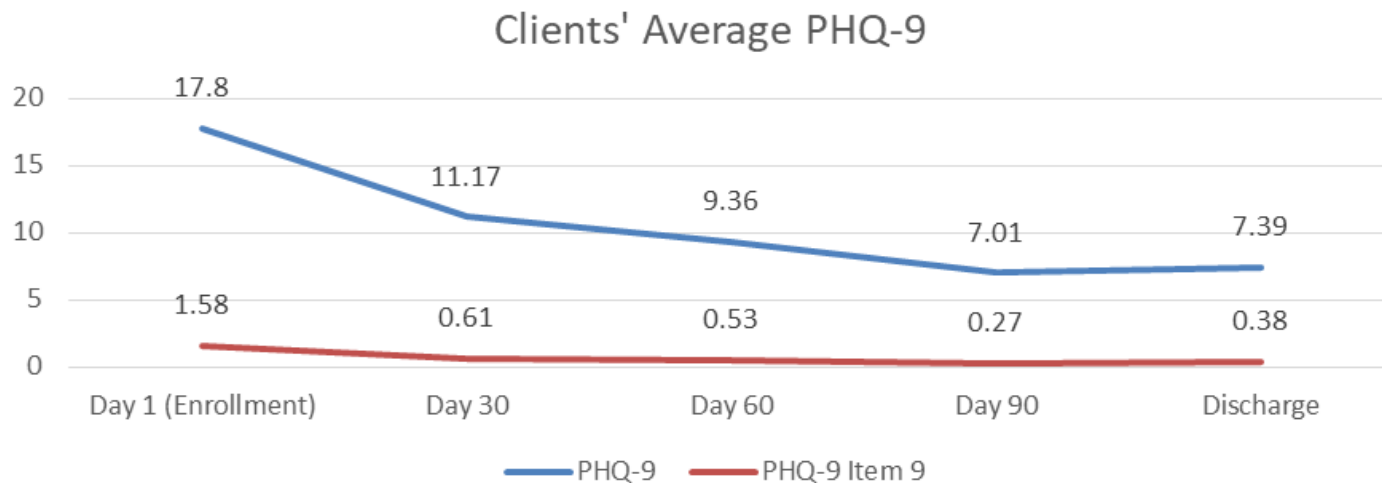
Highly referred:

- ⇒ 86% peer support
- ⇒ 45% housing
- ⇒ 43% social/recreational
- ⇒ 41% transportation

Outcomes: Reduced Risk & Recidivism

How was suicide risk reduced through program involvement?

PHQ-9 data N=80



What was the impact on re-hospitalization?

90 days prior to enrollment vs. 90 days since enrollment

- ⇒ **35%** reduction in average # of re-hospitalizations
- ⇒ **30%** reduction in average # of days in crisis stabilization

How was the Innovation Reach Expanded?

LSF contracted with Daigle Creative to create an awareness campaign around suicide prevention with TWO goals:

- ⇒ Tell stories of hope and healing
- ⇒ Encourage help-seeking behavior through sharing of resources and supports
 - In Duval, directed specifically to Link to Life Program
 - In other 22 counties, directed to LSF website, Access to Care Line, and other resources

Methods:

- ⇒ Website, billboards, social media, and radio
- ⇒ 6-week roll-out
- ⇒ Created with input from MHRC clinicians/CCs and other stakeholders



TAKE SUICIDE OFF THE TABLE

STOP. CONNECT. LIVE.

Discover How Tomorrow Could Be
Different with FREE Support

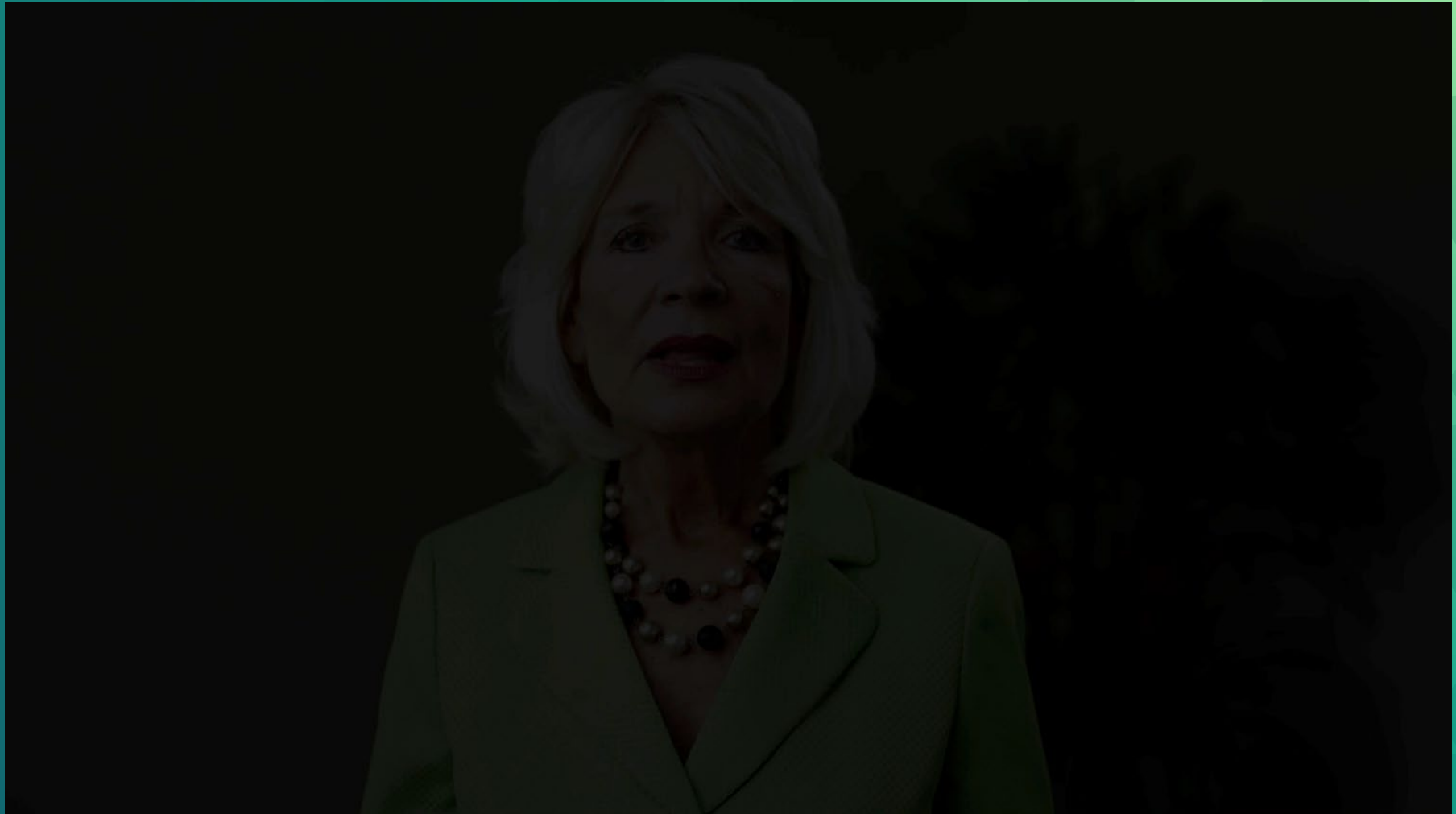
CLICK NOW

24/7 ACCESS TO CARE LINE: (877) 229-9098

TAKE SUICIDE OFF THE TABLE



Stories of Hope, Healing, and Support



Going Forward: The Future of the MHRC LINK to LIFE Team

The Future

- ⇒ LSF providing additional funds to support and enhance the program
- ⇒ SAMHSA Community Mental Health Center (CMHC) grant
 - Additional 2 years (minimum)

Will This Innovation Work for You?

- ⇒ Assess Suicide Prevention training needs of staff
- ⇒ Evaluate current tools used for determining suicide risk
- ⇒ Evaluate current tools used to promote safety of persons determined at risk of suicide
- ⇒ Determine transitions of care touchpoints
- ⇒ Determine gaps in services provided to persons at risk of suicide during transitions of care

How to Implement the Innovation

- ⇒ Develop Training Plan
- ⇒ Convene Community Partners/Develop MOUs
- ⇒ Develop program process
- ⇒ Identify evidence based tools for assessing suicide risk and safety planning
- ⇒ Revise policies
- ⇒ Create Program forms
- ⇒ Identify data for collection to measure program effectiveness

**For additional questions
regarding the LINK to LIFE
Suicide Prevention Team, please
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