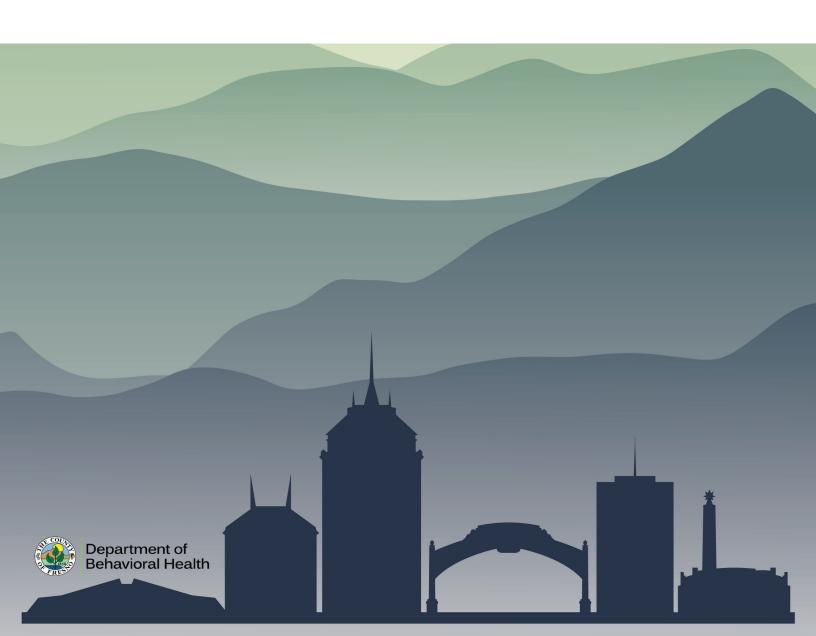


Suicide Prevention Follow-up Call Program Annual Update 2021-2022



Introduction

April of 2021, the California Mental Health Services Oversight and Accountability Commission

(MHSOAC) approved Fresno County's Innovation plan for the Suicide Prevention Follow-Up Call

Program. The proposed Innovation project seeks to pilot the implementation of the Suicide

Follow-Up Call Program model with an effort to also use the follow-up call as a means to identify

factors that may have contributed to an individual's ideation or attempt so that the information

could provide a timelier access to data that can help inform prevention and intervention

strategies in real-time rather and relaying on events/incidents from in the past.

While the program was approved in April of 2021, the agreements for this program with Kings

View, who also operates the Central Valley Suicide Prevention Hotline (CVSPH), the local affiliate

of the national lifeline, and Prevention Communities LLC was not established before the end of

the fiscal year (FY). So, the project did not commence with ramp-up efforts until September 7,

2021, when the agreements were executed by the Board of Supervisors (BOS).

Background

Fresno County's Suicide Prevention Collaborative had examined several programs/services to

support its suicide prevention continuum. After establishment of the Local Outreach to Survivors

of Suicide (LOSS) Team in May of 2019, the stakeholders of the Suicide Prevention Collaborative

had an interest in exploring the viability and effectiveness of a follow-up call program for suicidal

ideation. This was one of several possible initiatives that were in Fresno County's Suicide

Prevention Strategic Plan.

The Collaborative found several benefits of a follow up program. Often if an attempt occurs

outside school for example, the school may not be aware of the crisis and thus may not know to

provide the necessary, and in Fresno County's case, available support and services. A follow up

call can work to link the individuals to services they prefer, which do not have to be school based.

Many of the deaths from suicide in Fresno County involve individuals who were not in care, so a

follow up call program can assist those who have ideation or who have had an attempt be

connected to services which can mitigate future attempts.

Suicide Prevention Follow-Up Call Program 1

Innovation Plan: Suicide Prevention Follow-Up Call Program

Research shows as many as 70% of those individuals who attempt suicide never attend their first

appointment. Research shows that a "Follow-Up Program" with people recently discharged from

an Emergency Department, crisis stabilization unit or inpatient setting has positive results for

those who were contacted and received care. Providing follow-up care at the right time can

have lifesaving impact, preserve hospital resources, and support those in need of the appropriate

level of care. Follow-Up Programs are both postvention (interventions) and preventions by

reengaging and linking persons to the needed support and services which may address the issues

at the root of the initial attempt.

An Innovation Plan was developed by Fresno County with support and input from the cross-sector

stakeholders who make up the Suicide Prevention Collaborative. This plan was put forth and

approved by the MHSOAC in April of 2021.

Project Activities

In the FY (2021/2022) a contract was formalized with Dr. DeQuincy Lezine of Prevention

Communities LLC to provide the evaluation of the Follow-Up Call Program (formally executed by

BOS on September 7, 2021).

A contract was developed and executed with Kings View in September 2021 to provide the follow

up call services through its current Central Valley Suicide Prevention Hotline (CVSPH). The CVSPH

is the local call center that supports the National Suicide Prevention Lifeline network. Some of

the initial planning that went into the development of the scope of work was to ensure that roles

were clearly identified, to ensure linkage resources (from the public system) were identified and

create mechanism to track and verify referrals and linkages were in place.

The CVSPH team worked with the County's Clinical Operations teams to ensure care

coordination, identify barriers to linkages, and ensure there was not duplication of services. The

CVSPH has been working to engage local hospitals and crisis services to be able develop systems

that can allow for care coordination for persons the project is focused on.

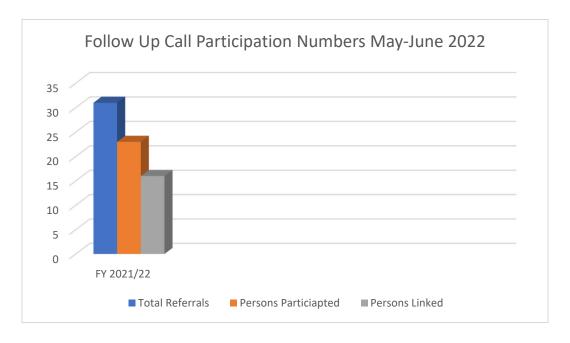
Suicide Prevention Follow-Up Call Program 2

Innovation Plan: Suicide Prevention Follow-Up Call Program

The project did anticipate the need for the program to be able to employ and onboard staff. The project was coming on-line at time when many behavioral health providers were facing staffing vacancies and shortages, and at the same time the CVSPH was also trying to transition its call and software systems and develop its capacity for the implementation of 988. These factors did pose some challenges in the startup of the Follow-Up Call's program/services.

The Suicide Prevention Follow-Up Call Program went live on May 1, 2022. The Follow-Up Call Program was rendering services for the last two months of the FY. In the span of those two months, the program reported that it had referrals or was engaging on follow up calls with 31 individuals. Those 31 participants were persons who had agreed during their lifeline intervention to a follow up call.

Of the 31 individuals that agreed to receiving follow up call services, there were 23 persons who were contacted and engaged in follow up discussions. 16 of the persons involved in the follow up contact were then provided with additional contact, support and connected to services.



In the initial stages of the project there were no individuals served by the Follow-Up Call Program who are being contacted after two or more crisis stabilization discharge events. Presently the Follow-Up Call program is only received referrals from lifeline calls from within Fresno County via the CVSPH. Next steps are to create a process to receive referrals from Crisis Intervention Teams (CIT) Rural/Metro teams, and to also establish a care coordination partnership to align the Crisis Stabilization Center and Crisis Residential Treatment discharge planners for referrals for those who may have had a recent suicide attempt or ideation.

Additional component of the project is to attempt to gain real-time insights and information on factors that may have contributed to someone's ideation and/or attempt. In the follow up call, the personnel are inquiring as to what may have been some factors that influenced the individual to attempt a suicide. The preliminary response in the two months of providing follow up calls, the program reports the following as identified factors (see graphic below).



Next Steps

The program plans to track in the coming year the number of people to refuse or reject follow

ups. This will provide insights into how many total persons are being offered follow up call

supports and how many are engaging the services and also allow for the creation of strategies on

how to engage individuals more effectively so they may be responsive to a follow up call. The

engagement is important as the research shows the follow up call can both increase timely access

to care and at the same time reduce risk for another suicide attempt.

There will be an effort to increase referrals for the Follow-Up Call Program. It is anticipated with

the implementation of 988 the overall call volume will increase, and this will organically increase

referrals, however there are plans to directly engage with local hospital emergency departments

to be able to receive referrals for persons seen for a suicide attempt or ideation.

The other critical step is to develop a referral process to improve care coordination with other

crisis services locally, to help with timely linkage to care.

A key component for this project is to learn in a timely manner from those persons experiencing

those ideations to understand what some of those causes were, social, environmental, etc. to be

able to then communicate with the Suicide Prevention Collaborative and applicable partners on

the formation of timely prevention, early intervention or postvention responses.

It is anticipated that the activation of 988 will greatly increase the overall call volume and the

program will have to monitor such increase in calls to see if it equates to an increase in follow up

call referrals and the program's capacity to manage an increased call volume.

Budget

This plan funds two vendors for this project. One is the projects evaluator, Prevention

Communities LLC. Prevention Communities has been involved from the start with research

design, identifying the data needed, timelines etc. The agreement for Prevention Communities is

for a total of \$199,969. In the initial year of the project, Prevention Communities was funded for

Suicide Prevention Follow-Up Call Program 5

\$76,617. The evaluation budget for 2022/23 is \$53,773. The project has \$69,423 remaining in

funds for the third and final year of the evaluation.

The Follow-Up Call Program's direct service component is rendered by Kings View through the

Central Valley Suicide Prevention Hotline. The agreement for the direct service is \$765,000. In

the initial year with the ramp up, Kings View expended \$30,064. It has \$255,000 budgeted for FY

2022/23 and a total of \$479,936 remaining on the agreement. This was in part due to \$224,936

of the funds not expended in the initial year. The ramp up was slower than anticipated as Kings

View had to hire and train new staff, develop new protocols, etc. Also, the challenges with

workforce shortage also posed some delays in the effective start up timelines. However, Kings

View has gotten the project up and running and continues to work on developing more

partnerships in improve identification of persons who have had an attempt and the follow up.

The ramp up took some time and only expended 12% of its budget in the initial year, the County

will examine if the funds that remain may be applied to the program for an additional year. This

would require extending the project by a year and will need both stakeholder approval and the

MHSOAC to extend the project by a year.