

# INNOVATION PLAN COUNTY of FRESNO

## Suicide Prevention Follow-Up Call Program



Department of  
Behavioral Health



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DIRECTOR

Fresno County

Submitted: **March 3, 2021**

Innovation Plan: **Suicide Prevention Follow-Up Call Program**

Total Amount Requested: **\$1,000,000**

Duration of Project: **Three Years**

## Primary Problem

Suicide is a significant health issue both globally and in the United States. Suicide is the tenth leading cause of death in the United States and the second leading cause of death of those under 24 years of age. In 2018 suicide was declared an epidemic in the United States by the Centers for Disease Control and Prevention. In Fresno County, the issue is no different and any number of deaths by suicide remains too high. In 2019, Fresno County had 111 deaths by suicide. Although this amount is slightly lower than the previous year, the goal of zero suicides still feels out of reach with some of the gaps in services that our county is experiencing. As the Mental Health Services Oversight and Accountability Commission (MHSOAC) mentions in California's Strategic Plan for Suicide Prevention, *Striving for Zero*, there is a need to improve suicide-related services and supports to ensure counties provide continuity of care and follow-up after receiving suicide-related services.

Fresno County Department of Behavioral Health and the county's Suicide Prevention Collaborative identifies this as an opportunity to improve services for post-talk down/active rescue



Figure 1: Mental Health Services Oversight and Accountability Commission's Strategic Plan for Suicide Prevention 2020 - 2025, *Striving for Zero*, Strategic Aims and Goals.



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calls, post-discharge and post-crisis individuals who had suicidal ideation, were going to attempt, attempted suicide or were in crisis stabilization services related to suicide ideation. Currently, Fresno County does not have follow-up services for these individuals. The hope is that these individuals make it to their first appointment; however, research suggests this is not always the case. Research shows that an individual is at highest risk for attempting or reattempting suicide within the first 30 days post-discharge from suicidal crisis, a previous attempt or crisis stabilization services (Richardson, 2014). Suicide risk post-discharge from inpatient care is particularly high within the first two weeks (Bickley, 2013). Without follow-up support, the data reveals re-hospitalization is high within the initial 30 days of the discharge date (Richardson, 2014). Per the National Suicide Prevention Lifeline's Follow-Up Matters program, individuals report less stress and lower risk of suicide when connected to a crisis center for follow-up support (Gould, 2007). The National Suicide Prevention Lifeline provided an evaluation on six crisis centers' follow-up programs, and of the 550 callers who participated in the evaluation, 79.6% said that this follow-up intervention stopped the individual from taking their own life and 90.6% of the individuals said this call kept them safe (Gould, 2017).

### CHALLENGES POST DISCHARGE

***Patients can face many challenges after discharge from the hospital***

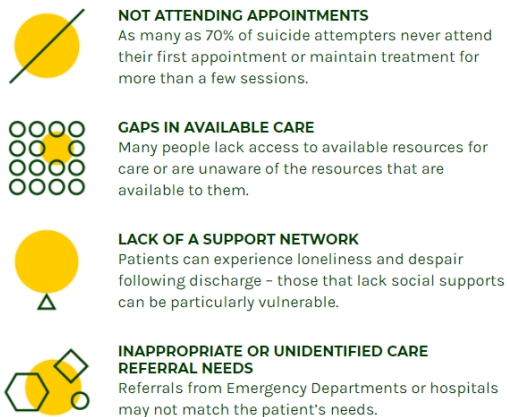


Figure 2: Challenges Post-Discharge  
<https://followupmatters.suicidepreventionlifeline.org/>

Research shows that although depression lifts during inpatient treatment, hopelessness persists and can become a contributive factor to suicidal ideation and new attempts of suicide. Upon discharge, individuals can feel alone, depressed, confused, and are likely to return to the same host environment, social support system, and life stressors that existed prior to the suicide attempt. A reduction in oversight from clinical staff in an inpatient facility can foster feelings of abandonment and may increase the individual's likelihood of isolating further. Challenges in accessing services and long wait times between discharge and follow-up appointments can contribute to an increased risk of suicide and can

accumulate additional costs due to subsequent emergency response, transportation, and hospitalizations.



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In 2020, the Central Valley Suicide Prevention Hotline (CVSPH) received approximately 883 calls per month from Fresno County. Although, not all individuals end up in crisis services or hospitals, there is currently no way to determine their safety because there is no follow up system in place to assess if they continue to have suicidal ideation; remain at an elevated risk to engage in suicidal behavior; or have been able to access care. While research shows that without follow-up, as many as 70% of those who attempt suicide never attend their first appointment, it has also been determined that follow-up engagement can mitigate risk factors. Follow-up with individuals recently discharged from an Emergency Department, crisis stabilization unit or inpatient setting has shown positive results for those who were contacted and received care. Providing follow-up care to those with suicidal ideation at the right time can save lives, preserve hospital resources, and support those in need in their recovery journey.

Follow-up calls would allow the CVSPH to engage in a proactive manner and support the individuals throughout this process. Following up with these individuals also allows us to learn about their “why?” Why did they want to attempt suicide? What kind of stressors was the individual experiencing at that time that led them to that decision? Are there suicide trends from social media or peers which may be influencing them? Our proposed program can assist our prevention efforts in benefiting from these real-time insights and get ahead of issues pushing individuals to the brink of suicide. This program, a collaboration with Fresno County Department of Behavioral Health, Central Valley Suicide Prevention Hotline (CVSPH) and the Suicide Prevention Collaborative (which represents organizations across various sectors in our county), can find immediate and effective ways to provide outreach on suicide prevention and address risk factors.

For example, in September 2020, Community Regional Medical Center reached out to the Fresno County Suicide Prevention Collaborative stating that they experienced a surge in adolescents brought to the emergency department in crisis and exhibiting suicidal ideation, as the county had three teen suicides and 14 attempts within a 48-hour period. After this information was divulged to Collaborative members, our children’s hospital stated that they were also seeing an increase in suicide attempts and that at the same time crisis beds for mental health holds were full. Worried that this might be a contagion effect, the Suicide Prevention Collaborative immediately came together to discuss trends in what was causing this uptick. While the lack of a Fresno County follow-up call program meant we could not get real-time insights from the individuals being discharged from inpatient care or conduct follow up or for those who had called the CVSPH, the Collaborative knew they had to release preventative information to parents and families right away. An immediate response was enacted to notify press, and work with various local educational





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agencies (LEA) to disseminate information to parents of school age students through emails and text messages.

Currently, Fresno County and the Suicide Prevention Collaborative receives information and data regarding completed suicides only: zip codes of suicides, age groups, gender, sometimes race and ethnicity, etc. This information is used for prevention efforts months or a year after the suicides occurred. Real time insight into external factors impacting an individual with suicidal ideation would allow for targeted, specific responses and interventions, and reduce suicides and crisis hospitalization. DBH and the Suicide Prevention Collaborative do not always receive timely information such as the information given to us by these hospitals, but with a follow-up plan in place, the real-time insight can help with more situations like these.

Through this Innovation project, the County of Fresno intends to not only increase linkage to appropriate behavioral health services, but also to gather real-time data and insight into suicide prevention efforts in an effort to provide more effective prevention and response in our county.

### Innovation Regulation Categories

The proposed innovation project will support the following innovation categories:

- ❖ Introduces new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention

### Primary Purpose

The primary purpose of this innovation research project is to evaluate the following innovation objectives:

- ❖ Increase the quality of mental health services, including measured outcomes
- ❖ Increase access to mental health services for underserved groups

### Proposed Project

The intent of this project is to work with the Central Valley Suicide Prevention Hotline (CVSPH), operated by Kings View Behavioral Health Systems, to create a Suicide Prevention Follow-Up Call program that will provide real-time insight to possible external factors impacting persons with suicidal ideation. This program will also increase linkages to appropriate behavioral health services for those who have called the lifeline in crisis and/or with suicidal ideation, or persons who have



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recently been released from the emergency department, crisis stabilization center or inpatient care for suicide ideation and/or attempt.

CVSPH is currently operating as an immediate support for individuals experiencing a suicidal ideation. The suicide prevention hotline is available 24 hours a day, 7 days a week and 365-days a year. Their counselors are experienced in suicide intervention and prevention with youth, adults, and older adults; ASIST trained; and assess caller's suicidal risk and safety with the Columbia Suicide Severity Rating Scale (full scale). CVSPH currently services the behavioral health afterhours calls for four other counties and is experienced in a broad range of behavioral health and trauma crises. CVSPH is accredited by the American Association of Suicidology and is staffed with bi-lingual counselors representing a variety of cultural and gender identities. CVSPH is part of the National Suicide Prevention Lifeline Network and has access to translation support services for 150 languages which are available on a 24/7 basis for our callers.

CVSPH receives calls for many different types of crisis – mental health, suicidal content, social issues, abuse/violence, physical health, and other general needs. Some calls are warm calls where a caller is not experiencing an immediate crisis but is seeking support or resources. This project will follow-up on crisis calls resulting in talk downs, active rescues, or a designation of “high-risk” based off the Columbia Suicide Severity Rating Scale. “Talk downs” are defined as any call in which a caller has the means and intent to engage in a suicide attempt and the CVSPH counselor is able to deter a high-risk caller from attempting suicide without activating emergency services. “Active rescues” are defined as any time emergency services must be contacted to ensure the caller's safety and preserve life. Active rescues happen with or without the caller's consent.



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Since the COVID-19 global pandemic the CVSPH has seen an increase in the crisis calls, talk downs and active rescues in all stakeholder counties, as well as an increase in the duration of the calls due to the intensity and the nature of the calls since the pandemic. In 2019, the CVSPH received 5,783 calls from Fresno County alone, representing over 60% of all the calls from the seven stakeholder counties. These calls ranged from general needs and resources to suicidal crisis content. In 2019, CVSPH also provided assistance with 24 talk downs and 15 active rescues in Fresno County. In 2020, Fresno County accounted for 55% of the calls from all seven stakeholder counties with a total of 10,657 calls into the hotline. The amount of calls has nearly doubled from the two prior years and this project will help us determine if the pandemic is to blame or if there are other factors causing the rise in crisis calls. The program will also provide timely insights to contributing factors, which can improve response and prevention efforts.

## STAKEHOLDER COUNTY CALL VOLUME TOTALS

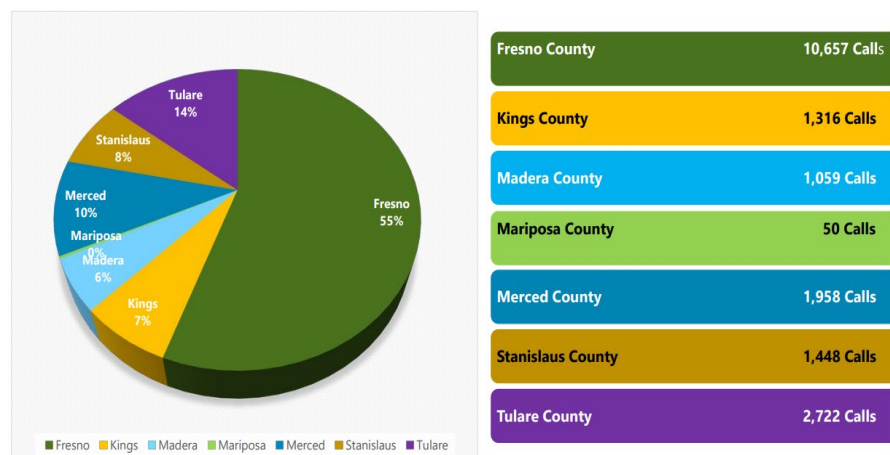


Figure 3: 2020 Total Call Volume to the Central Valley Suicide Prevention Hotline. Fresno County had 10,657 of those calls.

As mentioned in the MHSOAC's *Striving for Zero*, strategic aim and goal number four, Fresno County seeks to ensure continuity of care and follow-up after suicide-related services. In our proposed project, the CVSPH would conduct follow-up calls to persons from Fresno County who had recently been discharged from a local hospital emergency department, crisis stabilization center, or an inpatient treatment facility, or have called the CVSPH and been deemed high-risk as a result of suicidal ideation or attempt. The follow-up call is an intervention conducted to A) to ensure the person has a safety plan, has been able to engage or connect to services, B) reduce the risk for another attempt by positive engagement, and C) try to identify factors that may have contributed to that individuals ideation through follow up dialog so to identify trends, and/or social/environmental factors that may influencing the individuals to assist in timely suicide prevention and future intervention responses.





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If an individual requires hospitalization for suicide ideation and/or attempt, the Suicide Prevention Follow-Up Call Program will receive a referral from local emergency departments, crisis stabilization centers, or an inpatient treatment facility. This referral will be sent to CVSPH along with a signed consent from the individual for follow-up services. Any individual 18 years of age or older may consent to follow-up services. If the individual is under the age of 18, they may need parent/guardian's consent unless they meet the criteria under either of the Family Code 6924 or Health & Safety Code 124260, giving minors 12 years of age or older the right to consent to mental health counseling. The referral will then become a new case for the Follow-Up Program and will be entered in iCarol, the CVSPH's electronic health record. Any calls into the CVSPH deemed high-risk will automatically become a follow-up case in the system. The information related to this program will be protected health information (PHI) stored within the provider's secure electronic health record systems.

Fresno County envisions the Follow-Up Counselor reaching out to these individuals within 24 to 48 hours of being assisted by the hotline or post-discharge from a hospital or crisis stabilization center. As some of these individual's call originally had come through the CVSPH, the counselor may have built initial rapport and connection with the individual who called in to the hotline during their crisis. These staff members are uniquely qualified to provide follow-up services upon discharge hospital or crisis stabilization and thus the desire to pilot this effort with the CVSPH.

Follow-Up Counselors will attempt to call the individual at least five times within the first 24 to 48 hours and will attempt to contact them at various times of the day. If a counselor cannot connect with an individual after five attempts, the referral will be closed. When contact is made, a Follow-Up Counselor will determine whether an individual has an established safety plan. If there is no safety plan in place, the Follow-Up Counselor will assist the individual in developing one. If a safety plan exists, the Follow-Up Counselor will review the safety plan with the individual, assessing for risk of suicide, offering support and referrals to additional services beyond the discharge plan, and making sure the individual is following up with a care provider. If the individual has not been able to connect with a referral, the Counselor may assist them in coordinating care services. As stated earlier, as many as 70% of those who attempt suicide never attend their first appointment. With the follow-up program, we seek to increase the number of individuals gaining access to care by

#### Follow- Up calls will:

- Assess for risk of suicide
- Determine an individual's immediate needs
- Provide support
- Ensure linkage to follow-up appointment
- Offer additional referrals, if needed
- Review or develop safety plan
- Collect useful data for Suicide Prevention efforts
- Reiterate that CVSPH is available 24/7/365



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offering support, navigation and linkage to get them to their appointment(s), and thus reduce risk for future suicide attempts.

After the initial phone contact, a minimum of two follow-up contacts will occur. The individual shall receive follow-up contact for up to 60 days, until they've attended their first appointment or until deemed no longer necessary. During these follow-up calls, there will be a more in-depth discussions of what is happening in the individual's life. These in-depth discussions could provide real-time insight to external factors (social, environmental, etc.) impacting an individual's crisis and/or suicidal ideation. These external factors could be something on social media, COVID fears, sheltering in place, isolation, risk of homelessness, economic stress, etc. This insight can be used to inform our community of suicide trends and better our suicide prevention efforts and outreach with more timely and targeted efforts. DBH would like to test these efforts to see if they may be an effective use of the follow-up call model to reduce suicides by increasing access to care and providing a more informed timely and effective intervention response.

The project anticipates providing follow-up call services to at least 600 residents annually. The project may serve up to 1,200 annually depending on the number, and capacity. Thus overall, the program seeks to serve approximately 3,000 people over three years through this program.

## Research on Innovation Component

### What Has Been Done Elsewhere to Address Your Primary Problem?

Through research and inquiries with other counties in California, Fresno County has determined there are no specific programs such as the one being proposed in this innovation plan. Follow-up programs exist and their efficacy has been proven, but none are using the calls/engagement to collect data on external factors impacting individuals with suicidal ideation for use of bettering suicide prevention efforts. Fresno County Department of Behavioral Health is hopeful that this project will provide insight on how it can effectively serve individuals in suicidal crisis and how insight from these individuals can better inform Fresno County's suicide prevention efforts. This adapted model may be something that can also be applied to other regional lifeline call centers and support the efforts of a State Office of Suicide Prevention.

Some of the researched follow-up programs are listed below, but none of them have the learning component for gathering real-time insight for suicide prevention outreach and education:

- The National Suicide Prevention Lifeline created a follow-up program and has created partnerships with many local crisis centers (none of them being from California). Our



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follow-up plan is different from the Lifeline's program due to the focus on gathering data that can provide real-time insight to external factors (social or environmental) that could be impacting individuals with suicidal ideation allowing Fresno County DBH and the Suicide Prevention Collaborative to provide timely outreach.

- Didi Hirsch Mental Health Services, in partnership with the Los Angeles Mayor's Crisis Response Team, offers follow-up services to high-risk callers or those that have recently been discharged from a local hospital after a suicide attempt. Although this process will be a crucial part of our plan, we also hope to learn from our Innovation plan how we can use the real-time insight to provide timely and meaningful outreach.
- Recovery Engagement and Coordination of Health – Veterans Enhanced Treatment (REACH VET) – In 2017 the Veterans Affairs created the REACH VET program to provide outreach to Veterans identified as high-risk. The VA used a predictive model that analyzes data from the Veteran's health records to identify those who have an elevated risk of suicide, hospitalization, illness or adverse outcomes. Providers then reach out to provide prevention care and support. Although this is an innovative program to hopefully prevent suicide, crises, etc., it only reaches the Veteran community.
- VA Suicide Prevention Team – The VA also has a Suicide Prevention Team. This team identifies and monitors individuals that are at high-risk of suicide. They also provide follow-up to Veterans who call the Veterans Crisis Line. Again, this is only reaching the Veteran community. Our Innovation plan will reach all of Fresno County, regardless of their Veteran status.
- Placer County Follow-Up Services – Placer County offers follow-up services for adults that experience a mental health crisis who receive services in their Adult System of Care. The individual is contacted within two business days and receives up to 60 days of follow-up. Follow-up services can include resources and referral; advocacy; biopsychosocial assessment; transfer to higher or appropriate levels of care; short-term therapy; case management; and emotional support to ensure the individual is coping adequately and has the resources needed to focus on recovery and resiliency. Fresno County's program differs because it seeks to provide real-time insight to external factors impacting individuals with suicidal ideation to create timely outreach to our community.

At this time there are no systems in place to effectively and/or consistently gather information and causes of suicidal ideation for the purposes of timely suicide prevention strategies. To address this Fresno County works across sectors to try and collect and review data. The collaborative meets regularly to assess prevention efforts. The County's case review efforts,



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and suicide review panels will be looking into the past and over time identifying trends and insights. There is not a system for real-time information gathering, which is what in part makes this an innovative option to support both Fresno County's suicide prevention efforts, but also those statewide. This project will allow the County to test the use of a Follow-Up Call Program to also serve as an engagement and information gathering option, to access key data that is not currently available.

### Learning Component

- Will a Suicide Prevention Follow-Up Call program provide real-time insight to external factors impacting persons with suicidal ideation?
- Will a Suicide Prevention Follow-Up Call program increase verifiable linkage to appropriate behavioral health services?

### Evaluation/Learning Plan

Fresno County Department of Behavioral Health and the Central Valley Suicide Prevention Hotline seek to collaborate to increase understanding of how follow-up communication post-crisis can lead to prevention of additional suicide attempts, awareness and linkage to additional services or support, and an insight on data needed to create real-time suicide prevention efforts.

Fresno County also seeks to learn about suicidality in our community by obtaining real-time insight to external factors contributing to individuals with active suicidal ideation and those at risk to act upon them. Through this project we postulate becoming better informed and therefore able to create a suicide prevention response plan that suits the current needs of the community in a timely and targeted fashion based on real-time data and information.

This Innovation Plan seeks to answer the following questions:

- ❖ Will a Suicide Prevention Follow-Up Call program provide real-time insight to external factors impacting persons with suicidal ideation?
  - Identify what the contributing factor(s) was/were that lead them to a suicide attempt (including social and environmental factors)
  - What data was available to be processed
  - What, if any, prevention effort came from the data



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- ❖ Will a Suicide Prevention Follow-Up Call program increase verifiable linkage to appropriate behavioral health services for persons with a suicidal ideation or attempt?
  - Measure how many individuals accept follow-up services
    - Number of signed referrals for follow-up
    - Number of calls made within 24-48 hours of receipt of the signed referral
    - Number of individuals successfully contacted
    - Number of individuals who could not be reached (wrong numbers, etc.)
    - Number of refusals for follow-up program
  - Number of individuals who attended their first behavioral health service appointment
  - Identify what resources, support or referrals beyond linkage to their treatment provider in the discharge plan is needed
    - What linkages were made

## Contracting

Fresno County DBH will be collaborating with Kings View Behavioral Health's Central Valley Suicide Prevention Hotline for suicide attempt follow up calls. DBH has received pre-approval from Fresno County Purchasing Department for a Suspension of Competition (SOC) to collaborate with CVSPH, which ensures that they will be our service provider on this project. Under Fresno County's Administrative Policy #34, DBH finds it in the best interests of the County for the CVSPH to be the sole provider on this innovation plan due to the unusual or extraordinary circumstances.

Suicide attempt follow-up call services are essential to the Department to ensure individuals have continuity of care, provide support during a time of heightened risk, facilitate linkages to care and gather knowledge to produce timely and meaningful outreach to our community. These services improve follow up care and acts as a safety net for those at risk of suicide. A study indicated that following up with patients by telephone within one month after an emergency department discharge for a suicide attempt significantly reduces the likelihood that the person re-attempts suicide. Further, telephone follow-up before a service appointment results in improved motivation, a reduction in barriers to accessing services, and higher attendance rates. Follow-up services may also reduce utilization of emergency services and offers diversion to more appropriate services for patients who do not require admission to the hospital.

In addition, the Suicide Prevention Follow-Up Call Program is a recommended program of the Fresno County Community-Based Suicide Prevention Strategic Plan, which is driven by the Department. Fresno County Suicide Prevention Collaborative members have identified the implementation of a Call Center Follow-up program as a top priority.





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In addition to improving continuity of care for these individuals with heightened risk of a second suicide attempt, the CVSPH will be gathering real-time insight to external factors that could be impacting individuals with suicidal ideation (who have not called into the hotline or have not yet attempted suicide) allowing Fresno County DBH to provide timely outreach. Requested services are also aligned with MHSA PEI expenditure requirements.

DBH has also received pre-approval from the County's Purchasing Department for a SOC for DeQuincy Lezine, PhD to be the independent third-party evaluator for this innovation plan. Utilizing a third-party evaluator ensures that the program is evaluated by those with knowledge on the topic of suicide, evaluation expertise, and that the process is objective. Dr. Lezine is a researcher in the field of suicidology and has completed extensive work around the Suicide Follow Up Call model.

The Suicide Prevention Follow-Up Call Program will allocate up to a total of \$200,000 for project evaluation. The specific yearly budget may vary based on the work and work plan to be developed in the contracting process upon completion of the procurement process. These funds will support efforts for both quantitative and qualitative evaluation, creation of rubrics, surveys, data collection and evaluating the raw data for the research and evaluation. Data can be gathered for research from the CVSPH call data. This allocation for evaluation of this program is competitive for the Fresno area and will address the evaluation need for this project.

### Community Planning

The Follow-Up Call Program was initially proposed on November 3, 2017 by our Suicide Prevention Collaborative, a group of community members from all different backgrounds – education, schools, law enforcement, first responders, health care, communications, and others – who come together for the purpose of preventing suicides in Fresno County. This program was added in the 2018-2019 Annual Update as a Prevention and Early Intervention program. This update was reviewed and approved by our stakeholders, Behavioral Health Advisory Board, and the Fresno County Board of Supervisors.

On February 1, 2019, the Suicide Prevention Collaborative ranked their top goals for the Suicide Prevention Strategic Plan programming as follows: 1) Central Valley Suicide Prevention Hotline; 2) Local Outreach to Suicide Survivors (LOSS Team); and 3) Call Center Follow-Up Program. The hotline and Loss Team have successfully been implemented under Prevention and Early Intervention.



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In September 2020, when Community Regional Medical Center reached out to the Fresno County Suicide Prevention Collaborative stating that they were experiencing a surge in adolescents coming into the emergency department with crisis and exhibiting suicidal ideation, and had three teen suicides within a 48-hour period, we knew we needed to look into this situation further. Our children's hospital also stated that they were also seeing an increase in suicide attempts and at the same time crisis beds for mental health holds were full. Worried that this might be a contagion effect, the Suicide Prevention Collaborative immediately came together to discuss trends in what was causing this uptick. Within a few hours, the Suicide Prevention Collaborative gathered all the information they could, came together with an immediate response to notify press, and work with various local educational agencies (LEA) to disseminate information to parents of school age students through emails and text messages. This situation was an eye opener. The Collaborative used real-time insight from the hospitals to respond immediately to the students and parents. This event drove Fresno County DBH and the suicide prevention collaborative explore adaptation to the Follow-Up Call Program to learn what contributing social and environmental factors lead to an increase in suicide attempts and crisis calls. With the knowledge and understanding of these contributing factors to suicide in Fresno County, the DBH, our providers, and the Suicide Prevention Collaborative can develop timelier and more meaningful outreach and education to our community. The adaptation of the Suicide Prevention Follow-Up Call Program was deemed by the collaborative to be a great Innovation opportunity to both pilot the program and assess if such an adaptation was viable and effective.

The change of the Follow-Up Call Program from Prevention and Early Intervention was then added to our Mental Health Services Act Three-Year Plan for 2020-2023. The Department hosted four MHSA report back sessions which included notification of the Follow-Up Call Program changing to an innovation plan. These sessions were used to report back to our community what the County heard during the community planning process and what programs would be changed, implemented or



Join the Department of Behavioral Health to learn more about our plans for the 2020-2023 MHSA Three-Year Plan.

Join us for one of the following sessions:

- Tuesday, December 1st, 2020 - 5:00PM to 6:00PM
- Thursday, December 3rd, 2020 - 12:00PM to 1:00PM (Qhov kev sib tham no muaj nyob ua lus Hmoob)
- Thursday, December 3rd, 2020 - 5:00PM to 6:00PM
- Friday, December 4th, 2020 - 3:30PM to 4:30PM (Esta sesión se presentará en Español.)

Each session will be livestreamed on the Fresno County Department of Behavioral Health YouTube and Facebook pages.



Questions? Please email us at [MHSA@fresnocountyca.gov](mailto:MHSA@fresnocountyca.gov)





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These are the Public Hearings for the MHSA Three-Year Plan, which was posted for 30-days starting on 12/18/2020. The 30-day public comment period will close on 1/18/2021. Members of the public are welcome to attend to ask questions and provide feedback on the posted plan.

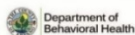
#### Join us for one of the following sessions:

- Tuesday, January 19th, 2021 - 4:45PM to 5:45PM - Presented in Spanish (Esta sesión se presentará en Español)
- Wednesday, January 20th, 2021 - 12:00PM to 1:00PM - Presented in Hmong (Qhov kev sib tham no muaj nyob ua lus Hmoob)
- Wednesday, January 20th, 2021 - 2:30PM to 3:30PM - Presented in English

Each session will be livestreamed on the Fresno County Department of Behavioral Health YouTube and Facebook pages.



Questions? Please email us at [MHSA@fresnocountyca.gov](mailto:MHSA@fresnocountyca.gov)



sunsetted. The four sessions were conducted via Facebook Live and YouTube, as we could not meet in person due to the Coronavirus pandemic. Sessions were held in Fresno County's three threshold languages – English, Spanish and Hmong.

After the report back sessions, the MHSA Three-Year Plan was posted for 30-days for the public to view and comment. The public comment period started December 18, 2020 and concluded on January 18, 2021. Members of the public were then welcomed to attend the MHSA Three-Year Plan public hearings where they had the opportunity to ask questions and provide further feedback. Due to the pandemic, Fresno County DBH held these sessions virtually via Facebook Live and YouTube. They were held in the County's three threshold languages as well. During these sessions, the

Department specifically called out all proposed Innovation plans.

The Department announced the Suicide Prevention Follow-Up Call Program at the March Suicide Prevention Collaborative and will provide all members and stakeholders with the option to provide input regarding the plan. Public comment cards will also be available on the Department of Behavioral Health's website during the public comment period, scheduled for Friday, March 5<sup>th</sup> through Monday, April 5<sup>th</sup>. The public comment period will be followed by a public hearing to disseminate information regarding DBH's two innovation plans being submitted for review by the MHSAOAC, and allow the public to ask questions about the plans and give feedback.

## MHSA Standards/Values

### Community Collaboration

Community collaboration is integral to this innovation plan. Our Suicide Prevention Collaborative, which is made up of over 70 community members working in education, learning, law enforcement, first responders, health care, communications, and other fields, saw this as a timely opportunity to improve suicide prevention activities and proposed the Follow-Up Call Program to meet this need in our community. Not only will this plan provide navigation and referrals to support and services, it seeks to learn if real-time insight can be collected to provide meaningful outreach and prevention response to our community. Through community



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collaborations with DBH, the Central Valley Suicide Prevention Hotline, our partner organizations, and the Suicide Prevention Collaborative, information can be disseminated to individuals through more timely and meaningful community outreach efforts.

### Cultural Competency

The Department understands the diversity of its community in Fresno County and, as with all DBH efforts, this program will be implemented in a manner that is inclusive of all individuals served within our system of care. This includes, but is not limited to, those with lived experience, language needs, cultural considerations, gender identity considerations, and generational differences.

Of the 930,450 residents who live in Fresno County, 16.8% are Transitional Age Youth (TAY) ages 15-24; 44.2% are adults ages 25-59; and 14.3% are older adults ages 60 years and older. Nearly half our total community members are persons who identify as Latino (50.3%). Persons who are Caucasian represent 32.7% of the population, Asian/Pacific Islander represent 9.3% of the population, African American/Black represent 4.8% of the population, Alaskan Native/Native American represent 0.7% of the population, and other/unknown represent 2.2% of the population. There are an equal proportion of females (50.0%) and males (50.0%) in the county (the data available did not provide information on those who identify as gender non-binary, etc.).

This innovation plan will serve adults and those children and TAY that are 12 years of age and older who have a parent or legal guardian consent or are legally allowed to consent to mental health services themselves. The plan is inclusive to every race, ethnicity, language, sexual orientation, gender identity, disability, and veteran status. Since the calls that CVSPH receives are mostly crisis calls, it has been difficult to collect the desired demographics. This innovation plan will allow us to follow-up with these individuals when they are not in crisis and gather the demographics needed per the Innovative Project Regulations.

The CVSPH does employ bilingual staff, has access and familiarity with the language line for non-threshold languages, and receives on-going trainings around cultural humility to improve the cultural responsiveness of the services.

### Client and Family-Driven

In this innovation plan, our first priority is to focus on helping the individuals discharged from local emergency departments, crisis stabilization centers or inpatient treatment facilities; or those that have called the Central Valley Suicide Prevention Hotline, with suicidal ideation and/or a suicide attempt. The goal of the project is to provide follow-up support and linkage for the individual and help them on their recovery journey.



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The second priority is to learn what factors have contributed to suicidality in individuals receiving services. This plan is innovative because it is gathering information on real-time social and environmental factors that may have contributed to the individual's crisis or attempted suicide. From this insight, DBH, our partners, and the Suicide Prevention Collaborative can share immediate and meaningful outreach to the community via social media, alerts to schools, outreach events, or any other appropriate way to adapt to specific prevention efforts to address contributing factors based on this type of information.

### Focus on Wellness, Recovery, and Resilience

The Follow-Up Call Program focuses on the wellness, recovery and resiliency of individuals deemed a high-risk caller due to suicidal ideation and/or a suicide attempt or after hospitalization. Providing follow up care post-discharge or post-crisis can save lives, preserve hospital resources and support those in need in their journey of recovery. This innovation plan also links individuals who are not yet engaged to supports and services and assists individuals in connecting with wellness and resiliency services that are not included in their current discharge plan. The insight gathered in this project will be used to produce valuable outreach resources to promote wellness and resiliency in hopes to prevent future crises in our community and understand other social and environmental triggers.

### Integrated Service Experience for Clients and Families

The Suicide Prevention Follow-Up Call Program helps individuals, and their families if they are under 18 years old, navigate and integrate the individual into services. Follow-up services will create a support system for the individual (and their families, if applicable) and provide linkage to resources, support, and services they may not have been aware of otherwise. This program will make navigating the system of care easier and less overwhelming after experiencing a crisis. Recent data review has shown that many of those who have died by suicide were not engaged in behavioral health services. The follow-up call will increase referrals, linkages through follow-up and navigation to increase the number of individuals linked to appropriate behavioral health services (including substance use, support services, vocational support, etc.).

### Cultural Competence and Stakeholder Involvement in Evaluation

Fresno County now requires all contracted providers to establish and share with the Department their cultural competency plans, and in lieu of a plan, a completed CLAS Assessment Tool.

As with all DBH programs, the evaluation process must be inclusive of all participants, and as such, materials must be developed and provided to participants in their preferred language, and/or have evaluation work and evaluation interviews using a certified interpreter or evaluation personnel





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who are bilingual. This is to ensure each participant is able to fully participate in the evaluation process.

Fresno County staff shall assist the evaluators with coordination of any necessary community groups and other program/service providers to ensure the evaluation is inclusive. Additionally, Fresno County will coordinate efforts with the evaluator for updates of the program and progress to the community through community town halls, on-line information dissemination (including social media), school workgroups, and BHB meetings.

### Innovation Project Sustainability and Continuity of Care

Should the innovation project be deemed successful based on engagement and evaluation data, DBH will examine including the Suicide Prevention Follow-Up Call Program in future MHSA Three-Year Plans.

Our project is testing follow-up call services for high-risk callers to the suicide prevention hotline or individuals who are post-suicide attempt, as well as gathering helpful insight for outreach and prevention efforts in our county. If only one part of this Innovation plan works, DBH can support the one part that was successful and discontinue or modify the portion that was not deemed successful. If the program as a whole proves to be ineffective, it can be discontinued altogether. Fresno County's participation in the Central Valley Suicide Prevention Hotline is not dependent on the success of this program.

If the real-time insight data collection is deemed successful and informative DBH can continue to gather this information for improved outreach and prevention responses. If gathering this data for outreach is not proven effective, then Fresno County DBH will continue to use suicide prevention outreach provided by Each Mind Matters/Know The Signs (or newer iterations of those efforts) and other partnering organizations.

If the program is deemed successful, this innovation project can then be transitioned into its own program as part of the CVSPH and sustained under the Department's Prevention and Early Intervention-Suicide Prevention plan.

### Communication and Dissemination Plan

Fresno County is fortunate that it is in its own media market and has access to several local press and media outlets through which the County can explore opportunities to share outcomes of this program.



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Fresno County intends to disseminate information about the project and its outcomes through use of its MHSA Annual Updates and Innovation Plan Updates, as well as program annual reports and final reports. These reports will be shared through an annual report to the County Board of Supervisors, the Suicide Prevention Collaborative, and other various stakeholders. These plans and reports will be available on the Department's website as well as the Suicide Prevention Collaborative's website ([www.fresnocares.org](http://www.fresnocares.org)). Promotion of the plan will also be posted on our various social media pages.

Dr. DeQuincy Lezine, a nationally recognized published researcher, can support the dissemination of lessons learned through sharing the program's evaluations and findings in periodical and academic journals. This effort may lead to an increase in the quantity and quality of suicide prevention literature and assist other agencies and jurisdictions in utilizing Follow-Up Call Programs as opportunities for understanding internal and external factors contributing to suicidality.

DBH would be able to share the success of such a program with several local press outlets (Fresno Bee, GV Wire, news radio [local PBS-NPR]), Spanish language media and Hmong radio, as well local television news stations.

The plan will be shared with the MHSAOAC for public access, but Fresno County can share the plan and reports with other counties through the monthly MHSA Coordinators calls. Fresno County participated on the Suicide Prevention Sub-Committee of the California Department of Education's Student Mental Health Policy Workgroup and can disseminate findings in that forum. If the plan is successful or creates a learning opportunity, Fresno County DBH can submit the project as a possible presentation in future MHSA Bootcamps, Suicide Prevention-related summits or the American Association of Suicidology's annual conference.

Should any of submissions for presentations to conferences be accepted, Fresno County would ensure that CVSPH is involved in the actual presentation to share their role and/or impact on the program. If possible, presentations about the program will include the perspective of individuals served by the program.

### Timeline

The timeline for this innovation project will be implemented in three phases: pre-planning phase, operation phase, and wrap-up phase.



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**Pre-Planning Phase** – The first phase will be a pre-planning phase which will begin upon approval of the plan by the MHSOAC. This ramp-up phase will be an estimated 90-120 days.

- In this initial pre-planning phase, Fresno County will establish a contract agreement with the Central Valley Suicide Prevention Hotline for the Suicide Prevention Follow-Up Call Program.
- DBH will establish a contract agreement with Dr. DeQuincy Lezine, a local suicidologist, for evaluation services.
- CVSPH will hire and train additional Follow-Up program Counselors.
- CVSPH will create MOUs with crisis stabilization centers, hospital emergency departments, crisis co-responders, and inpatient care centers, and train them on how to refer individuals to the Follow-Up program.

**Operation Phase** – The second phase will include program implementation and operations.

- CVSPH will begin conducting follow-up calls to individuals who have called the Lifeline and were experiencing suicidal ideation and remained at elevated risk, or individuals who have been referred to the program post suicide attempt or crisis events which required stabilization.
- DBH and evaluator implement regular tracking and monitoring of the program to ensure a thorough evaluation

**Wrap-Up Phase** – In the final three months of the project, DBH and CVSPH staff will develop transition plan for future operations, and work with the evaluator to develop a final report.

- Work with DBH and CVSPH on sustainability and/or transition to other MHSA support.
- Complete the three-year evaluation and project and submit to the MHSOAC.

## Positions

The CVSPH has identified the follow positions for this program:

- 4 FTE Follow-Up Call Counselors
- 0.1 FTE Data Analyst
- 0.05 FTE Program Manager

The CVSPH will leverage other existing supervision and support staff for this pilot.

## Budget

### Budget Narrative

The funds in this proposed project are subject to reversion if not approved on or before June 30, 2021.



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Evaluation – Of the total budget, **\$200,000** over the course of three years has been allocated to support the evaluation of this project. The evaluation budget allows for a maximum of \$200,000 to conduct the evaluation which will be a comparative effort using both quantitative and qualitative data. These allocated funds will include staffing, supplies, and any other expenses to successfully complete the evaluation services.

Administration-DBH is allocating **\$35,000** of the total budget for its administrative cost and to support the administration of this three-year project. The \$35,000 will include, but is not limited to, funding for services such as travel, supplies, telecommunications, training, staff time coded to the project, etc.

CVSPH - The budget for CVSPH under this project will be **\$255,000 per fiscal year** which includes the cost of salaries, supplies, IT support, equipment, training, promotion, legal consultation, etc. Salaries include four (4) Follow-Up Counselors, 0.1 FTE Data Analyst, and 0.05 FTE Program Manager. Over the three years of this Innovation project, CVSPH will receive the maximum compensation of \$765,000.

### BUDGET

| BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY* |                       |          |          |          |          |
|---|-----------------------|----------|----------|----------|----------|
| EXPENDITURES  |                       |          |          |          |          |
| PERSONNEL COSTS<br>(salaries, wages, benefits)      |                       | FY 21/22 | FY 22/23 | FY 23/24 | TOTAL    |
| 1   | Salaries              | \$ -     | \$ -     | \$ -     | \$ -     |
| 2   | Direct Costs          | -        | -        | -        | -        |
| 3   | Indirect Costs        | -        | -        | -        | -        |
| 4   | Total Personnel Costs | \$ -     | \$ -     | \$ -     | \$ -     |
| OPERATING COSTS                                     |                       | FY 21/22 | FY 22/23 | FY 23/24 | TOTAL    |
| 5   | Direct Costs          | \$ -     | \$ -     | \$ -     | \$ -     |
| 6   | Indirect Costs        | \$12,000 | \$12,000 | \$11,000 | \$35,000 |
| 7   | Total Operating Costs | \$12,000 | \$12,000 | \$11,000 | \$35,000 |
|   |                       |          |          |          |          |



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| NON RECURRING COSTS<br>(equipment, technology)                                      |                           | FY 21/22  | FY 22/23  | FY 23/24  | TOTAL       |
|---|---------------------------|-----------|-----------|-----------|-------------|
| 8   |                           |           |           |           | \$ -        |
| 9   |                           |           |           |           | \$ -        |
| 10  | Total Non-recurring costs | \$ -      | \$ -      | \$ -      | \$ -        |
| CONSULTANT COSTS /<br>CONTRACTS (clinical,<br>training, facilitator,<br>evaluation) |                           | FY 21/22  | FY 22/23  | FY 23/24  | TOTAL       |
| 11  | Direct Costs              | \$80,000  | \$60,000  | \$60,000  | \$200,000   |
| 12  | Indirect Costs            |           |           |           | \$ -        |
| 13  | Total Consultant Costs    | \$80,000  | \$60,000  | \$60,000  | \$200,000   |
|   |                           |           |           |           |             |
| OTHER EXPENDITURES<br>(please explain in budget<br>narrative)                       |                           | FY 21/22  | FY 22/23  | FY 23/24  | TOTAL       |
| 14  | Vendor                    | \$255,000 | \$255,000 | \$255,000 | \$765,000   |
| 15  |                           |           |           |           | -           |
| 16  | Total Other Expenditures  | \$255,000 | \$255,000 | \$255,000 | \$765,000   |
|   |                           |           |           |           |             |
| BUDGET TOTALS   |                           |           |           |           |             |
| Personnel (line 1)  |                           | -         | -         | -         | -           |
| Direct Costs (add lines 2, 5<br>and 11 from above)                                  |                           | 80,000    | 60,000    | 60,000    | 200,000     |
| Indirect Costs (add lines 3, 6<br>and 12 from above)                                |                           | 12,000    | 12,000    | 11,000    | 35,000      |
| Non-recurring costs (line 10)   |                           | -         | -         | -         | -           |
| Other Expenditures (line 16)  |                           | 255,000   | 255,000   | 255,000   | 765,000     |
| TOTAL INNOVATION<br>BUDGET  |                           | \$347,000 | \$327,000 | \$326,000 | \$1,000,000 |

\*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.





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## BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

### ADMINISTRATION:

| A. | Estimated total mental health expenditures for <u>ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources: | FY 21/22     | FY 22/23     | FY 23/24     | TOTAL            |
|----|---|--------------|--------------|--------------|------------------|
| 1  | Innovative MHSA Funds   | \$267,000.00 | \$267,000.00 | \$266,000.00 | <b>\$800,000</b> |
| 2  | Federal Financial Participation   |              |              |              |                  |
| 3  | 1991 Realignment  |              |              |              |                  |
| 4  | Behavioral Health Subaccount  |              |              |              |                  |
| 5  | Other funding*  |              |              |              |                  |
| 6  | <b>Total Proposed Administration</b>  |              |              |              |                  |

### EVALUATION:

| B. | Estimated total mental health expenditures for <u>EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources: | FY 21/22 | FY 22/23 | FY 23/24 | TOTAL            |
|----|---|----------|----------|----------|------------------|
| 1  | Innovative MHSA Funds   | \$80,000 | \$60,000 | \$60,000 | <b>\$200,000</b> |
| 2  | Federal Financial Participation   |          |          |          |                  |
| 3  | 1991 Realignment  |          |          |          |                  |
| 4  | Behavioral Health Subaccount  |          |          |          |                  |
| 5  | Other funding*  |          |          |          |                  |



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|  |   |                     |                     |                     |                       |
|--|---|---------------------|---------------------|---------------------|-----------------------|
| 6  | Total Proposed Evaluation   |                     |                     |                     |                       |
| <b>TOTAL:</b>                                    |   |                     |                     |                     |                       |
| C.   | Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources: | FY 21/22            | FY 22/23            | FY 23/24            | TOTAL                 |
| 1  | Innovative MHSA Funds   | \$347,000.00        | \$327,000.00        | \$326,000.00        | \$1,000,000.00        |
| 2  | Federal Financial Participation   |                     |                     |                     |                       |
| 3  | 1991 Realignment  |                     |                     |                     |                       |
| 4  | Behavioral Health Subaccount  |                     |                     |                     |                       |
| 5  | Other funding*  |                     |                     |                     |                       |
| 6  | <b>Total Proposed Expenditures</b>  | <b>\$347,000.00</b> | <b>\$327,000.00</b> | <b>\$326,000.00</b> | <b>\$1,000,000.00</b> |
|  |   |                     |                     |                     |                       |
| *If "Other funding" is included, please explain. |   |                     |                     |                     |                       |



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## Exhibit A – FY 2019 - 2020 Central Valley Suicide Prevention Hotline Call Volume Report for Fresno County



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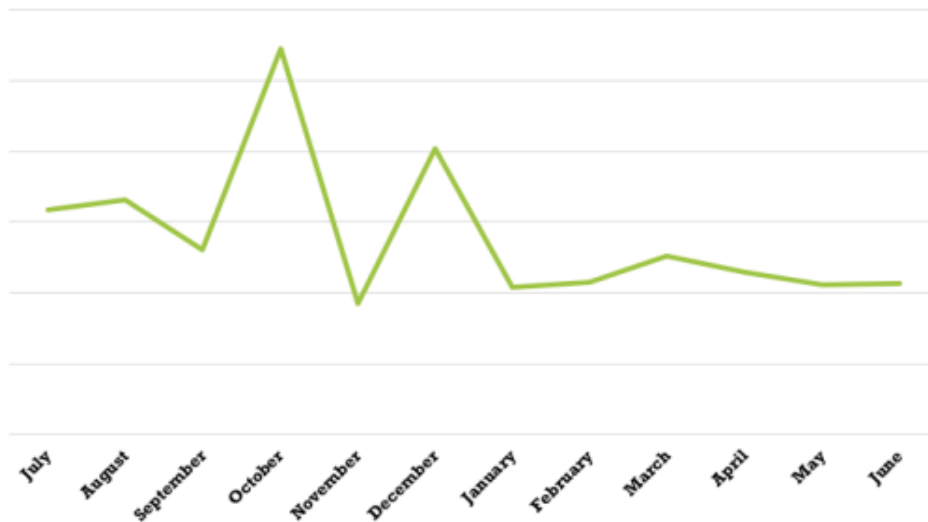
## Central Valley Suicide Prevention Hotline

### Fresno County Call Volume Report Fiscal Year 2019-2020

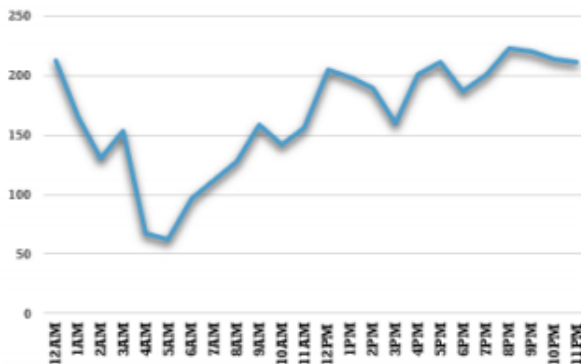
**10,657** Calls from Fresno County

July 1, 2019—June 30, 2020

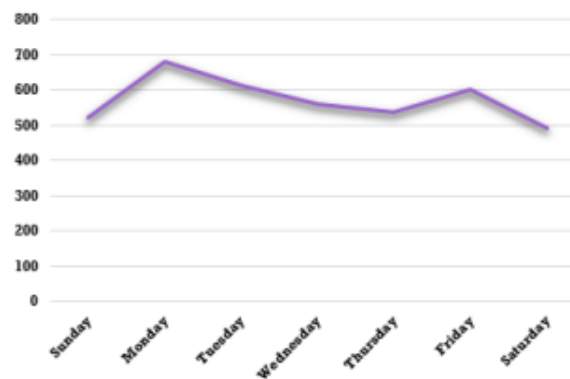
Call Volume Trends



Hour of the Day



Day of the Week



WELLNESS • RECOVERY • RESILIENCE

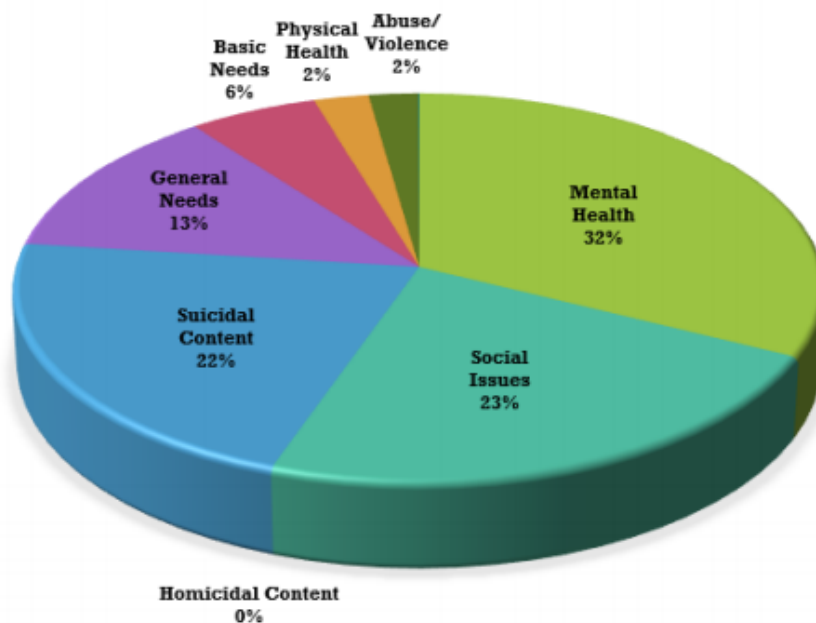


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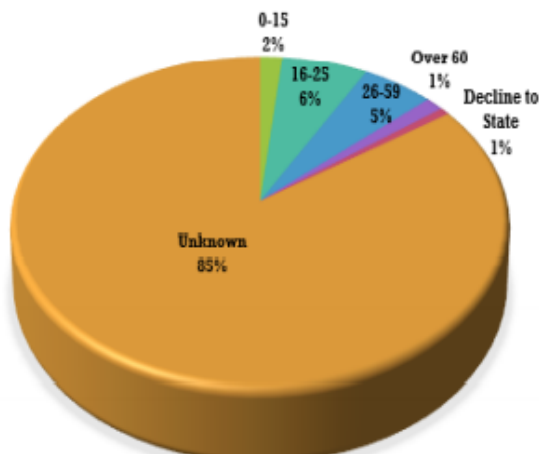
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## Central Valley Suicide Prevention Hotline Fresno County Caller Demographics Fiscal Year 2019-2020

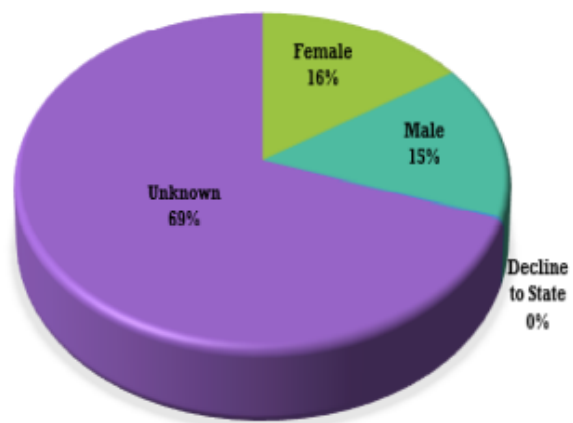
Caller Concerns



Caller Age Group



Caller Gender







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## Central Valley Suicide Prevention Hotline Fresno County Caller Demographics Fiscal Year 2019-2020

### Gender Assigned at Birth

| Gender Assigned at Birth | Number of Callers |
|--------------------------|-------------------|
| Female                   | 1,649             |
| Male                     | 1,585             |
| Decline to State         | 23                |
| Unknown                  | 7,400             |

### Age Groups

| Age Groups       | Number of Callers |
|------------------|-------------------|
| 0-15             | 174               |
| 16-25            | 673               |
| 26-59            | 566               |
| Over 60          | 143               |
| Decline to State | 77                |
| Unknown          | 9,024             |

### Race

| Race                                      | Number of Callers |
|---|-------------------|
| White/ Caucasian                          | 135               |
| American Indian or Alaska Native          | 4                 |
| Black African American                    | 34                |
| Native Hawaiian or Other Pacific Islander | 2                 |
| Asian                                     | 16                |
| Other                                     | 19                |
| More than One Race                        | 21                |
| Decline to State                          | 67                |
| Unknown                                   | 10,359            |

### Ethnicity: Hispanic or Latino

| Ethnicity: Hispanic or Latino    | Number of Callers |
|----------------------------------|-------------------|
| Mexican/Mexican American/Chicano | 90                |
| Caribbean                        | 0                 |
| Central American                 | 2                 |
| Puerto Rican                     | 1                 |
| South American                   | 0                 |
| Other                            | 10                |
| None                             | 86                |
| Decline to State                 | 106               |
| Unknown                          | 10,362            |



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## Central Valley Suicide Prevention Hotline

### Fresno County Caller Demographics Fiscal Year 2019-2020

#### Ethnicity: Non Hispanic or Non Latino

| Ethnicity: Non Hispanic or Non Latino | Number of Callers |
|---------------------------------------|-------------------|
| European                              | 3                 |
| Eastern European                      | 0                 |
| African                               | 0                 |
| Vietnamese                            | 2                 |
| Japanese                              | 0                 |
| Filipino                              | 2                 |
| Cambodian                             | 1                 |
| Asian Indian/ South Asian             | 0                 |
| Chinese                               | 0                 |
| Korean                                | 0                 |
| Middle Eastern                        | 1                 |
| None                                  | 104               |
| Other                                 | 23                |
| Decline to State                      | 111               |
| Unknown                               | 10,410            |

#### Language

| Language         | Number of Callers |
|------------------|-------------------|
| English          | 3,250             |
| Other            | 4                 |
| Spanish          | 15                |
| Decline to State | 0                 |
| Unknown          | 7,388             |

#### Sexual Orientation

| Sexual Orientation         | Number of Callers |
|----------------------------|-------------------|
| Heterosexual or Straight   | 831               |
| Gay/Lesbian                | 51                |
| Another Sexual Orientation | 17                |
| Bisexual                   | 13                |
| Questioning                | 12                |
| Queer                      | 16                |
| Decline to State           | 78                |
| Unknown                    | 9,639             |



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## Central Valley Suicide Prevention Hotline Fresno County Caller Demographics Fiscal Year 2019-2020

### Disability

| Disability  | Number of Callers |
|---|-------------------|
| Chronic Health Condition  | 21                |
| Physical/Mobility   | 25                |
| Mental Domain-Learning, Developmental,<br>Difficulty Hearing, or Having Speech Understood | 17                |
| Difficulty Seeing   | 1                 |
| Other   | 2                 |
| None  | 34                |
| Decline to State  | 1,228             |
| Unknown   | 17                |
|   | 9,312             |

### Veteran Status

| Veteran Status   | Number of Callers |
|------------------|-------------------|
| No               | 1,381             |
| Yes              | 48                |
| Decline to State | 15                |
| Unknown          | 9,213             |

### Homelessness Status

| Homelessness Status | Number of Callers |
|---------------------|-------------------|
| No                  | 1,460             |
| Yes                 | 42                |
| Other               | 8                 |
| Decline to State    | 4                 |
| Unknown             | 9,143             |

### Current Gender Identity

| Current Gender Identity                 | Number of Callers |
|---|-------------------|
| Female                                  | 329               |
| Male                                    | 340               |
| Transgender                             | 34                |
| Gender-queer                            | 4                 |
| Questioning - Unsure of Gender Identity | 2                 |
| Another Gender Identity                 | 3                 |
| Decline to State                        | 3                 |
| Unknown                                 | 9,942             |



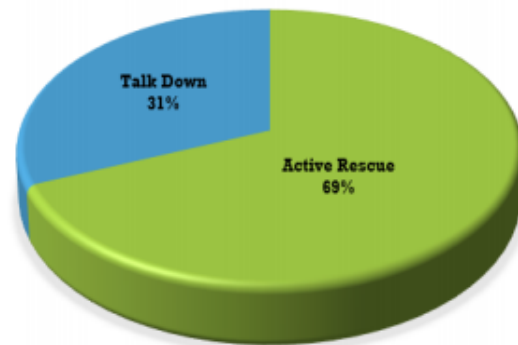
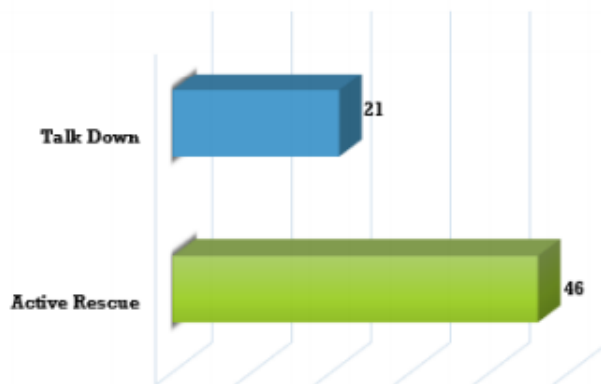
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## Central Valley Suicide Prevention Hotline

### Fresno County Outcome Measures Fiscal Year 2019-2020

#### 21 Talk Down Calls and 46 Active Rescues



| Community Resources Costs | Cost              | Talk Down | Cost Savings      |
|---------------------------|-------------------|-----------|-------------------|
| ED Visit                  | \$2,000.00        | 100%      | \$2,000.00        |
| Ambulance Dispatch        | \$890.00          | 100%      | \$890.00          |
| Law Enforcement Dispatch  | \$128.16          | 100%      | \$128.16          |
| Jail Booking              |                   |           |                   |
| Inmate Jail Day           | \$91.95           | 5%        | \$4.60            |
| Crisis Stabilization Stay | \$1,106.12        | 10%       | \$110.61          |
| <b>Totals</b>             | <b>\$4,216.23</b> |           | <b>\$3,133.37</b> |

Fiscal Year 2019-2020 Estimated  
Cost Savings to Fresno County for  
21 Talk Down Calls  
**\$65,800.77**

Fiscal Year 2019-2020 Estimated Cost  
Savings to Fresno County for  
2,004 Crisis Calls  
**\$5,372,022.60**

| Community Resources Costs | Cost              | Crisis Calls | Cost Savings      |
|---------------------------|-------------------|--------------|-------------------|
| ED Visit                  | \$2,000.00        | 85%          | \$1,700.00        |
| Ambulance Dispatch        | \$890.00          | 85%          | \$756.50          |
| Law Enforcement Dispatch  | \$128.16          | 85%          | \$108.94          |
| Jail Booking              |                   |              |                   |
| Inmate Jail Day           | \$91.95           | 5%           | \$4.60            |
| Crisis Stabilization Stay | \$1,106.12        | 10%          | \$110.61          |
| <b>Totals</b>             | <b>\$4,216.23</b> |              | <b>\$2,680.65</b> |

Fiscal Year 2019-2020 Estimated Cost Savings to Fresno County for  
21 Talk Down Calls and 2,004 Crisis Calls  
**\$5,437,823.37**

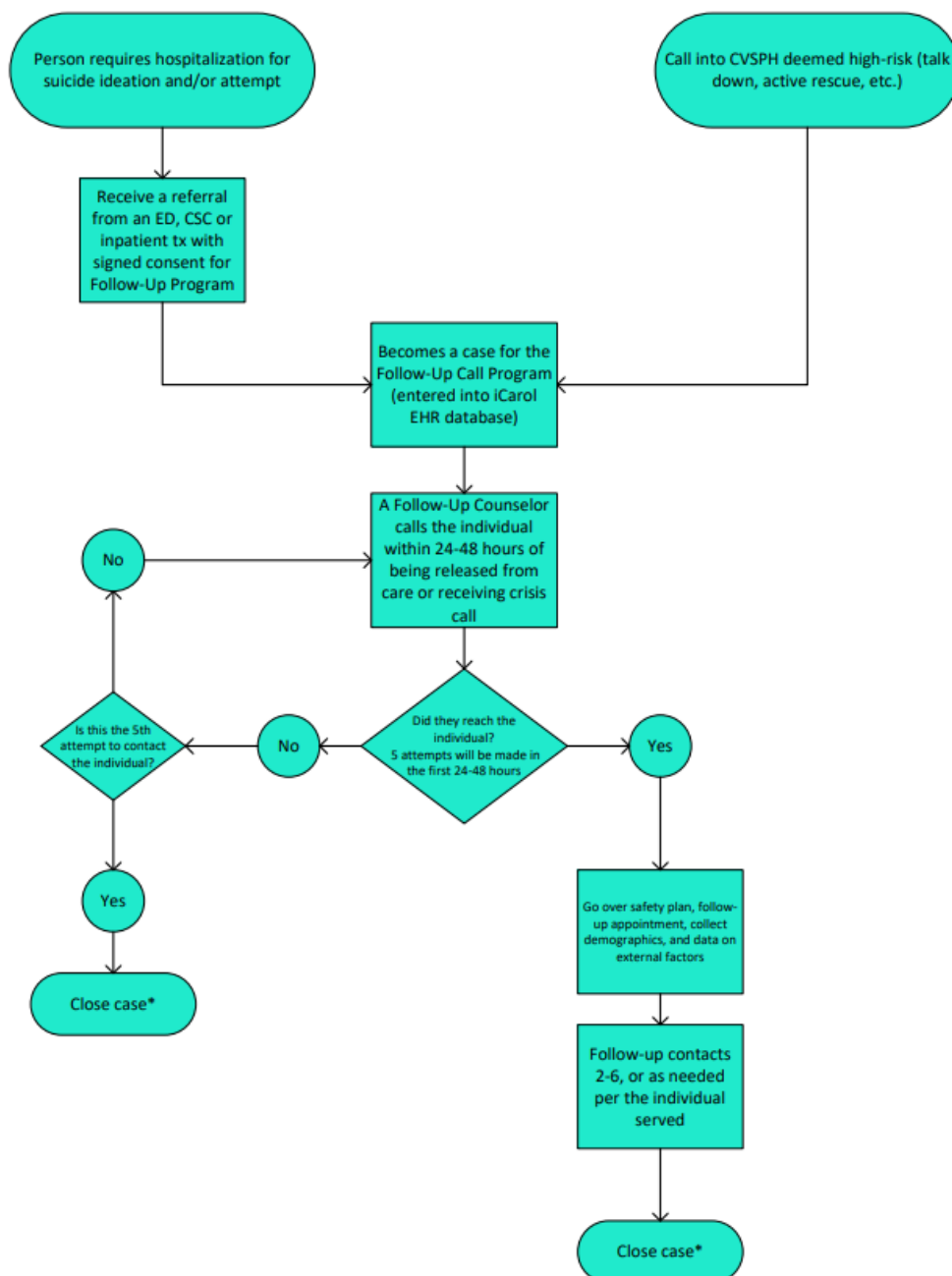


# County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
DAWAN UTECHT  
DIRECTOR

## Exhibit B – Flowchart

### Follow Up Call Program Flowchart



\* If the individual is re-hospitalized or calls into the hotline and deemed high-risk again, a new episode will be opened



## County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
DAWAN UTECHT  
DIRECTOR

### Exhibit C – Citations

Bickley, H., Hunt, I., Windfuhr, K., Shaw, J., Appleby, L. & Kapur, N. (2013). Suicide Within Two Weeks of Discharge from Psychiatric Inpatient Care: A Case-Control Study. *Psychiatric Services*, volume 64 (No. 7), 653-659. <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201200026>

Gould, M. S., Kalafat, J., Harrismunfakh, J. L., & Kleinman, M. (2007). An evaluation of crisis hotline outcomes. Part 2: Suicidal callers. *Suicide & life-threatening behavior*, 37(3), 338–352. <https://doi.org/10.1521/suli.2007.37.3.338>

Gould, M.S., Lake, A.M., Galfalvy, H., Kleinman, M., Munfakh, J.L., Wright, J. and McKeon, R. (2018), Follow-up with Callers to the National Suicide Prevention Lifeline: Evaluation of Callers' Perceptions of Care. *Suicide & Life-Threatening Behavior*, 48: 75-86. <https://doi.org/10.1111/sltb.12339>

Mental Health Services Oversight & Accountability Commission. (2019). *Striving for Zero: California's Strategic Plan for Suicide Prevention 2020-2025*. <https://mhsoac.ca.gov/what-we-do/projects/suicide-prevention/final-report>

Richardson, J.S. (2014). The Return on Investment of Post Discharge Follow-Up Calls for Suicidal Ideation or Deliberate Self Harm. *Psychiatric Services IN Advance*, 1012-1019.





# County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
DAWAN UTECHT  
DIRECTOR

## Exhibit D – Public Hearings & Public Comment

YouTube

Search

**Public Hearing Process**

- One of the five components of MHSA
- One-time funding (pilots, learning or research project)
- Community-driven
- Require MHSOAC approval for project
- Focus is on learning (including specific evaluation)

Department of Behavioral Health

16:24 / 41:25

**Innovation Public Hearing**

13 views • Streamed live 19 hours ago

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Fresno County Department of Behavioral Health  
334 subscribers

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PLEASE JOIN THE  
DEPARTMENT OF  
BEHAVIORAL HEALTH FOR

**INNOVATION PLAN  
PUBLIC HEARING**

Suicide Prevention Follow-Up Call Program  
California Reducing Disparities Project-Evolutions

Department of  
Behavioral Health

**VIRTUAL HEARING  
WEDNESDAY, APRIL 7, 2021**

4:00 - 5:00PM

To stream on DBH Facebook and  
YouTube page  
Links to follow shortly.

For more information and to  
review the plans, go to  
[www.FresnoMHSA.com](http://www.FresnoMHSA.com)

The County of Fresno Department of Behavioral Health was live.  
Published by Wirecast • 18h •

142 People Reached

60 Engagements

Boost Post

3 Likes

3 Shares

Like Comment Share



# County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
DAWAN UTECHT  
DIRECTOR

## Exhibit E – Letters of Support



March 15, 2021

Re: Proposed Suicide Follow-Up Call Program

Dear Mental Health Services Oversight and Accountability Commission Staff and Commissioners,

American Ambulance has been a proud and active partner in the Fresno Suicide Prevention Collaborative. Through the collaborative, we have been able assist in increasing community awareness around signs of suicide, develop and provide trainings on suicide prevention and help develop resources to support suicide prevention. The proposed Follow-Up Call Program is a program that came about as a result of the countywide collaborative. This program and new application of the evidence-based model will significantly enhance prevention efforts in Fresno County and support the collaborative's goal of achieving zero suicides.

We have seen an increase of persons in crisis and experiencing suicidal ideation during the global pandemic. We are seeing the need to understand the different risk factors people are experiencing and what factors are contributing to peoples' suicidal ideation. This understanding and insight can better assist us in our response and even getting ahead of some of the issues.

We feel this new way of using the Follow-Up Call Program is truly innovative and can support other statewide suicide prevention efforts. We hope you will approve the plan put forth by Fresno County and support our community efforts to understand and prevent suicides.

Thank you for your time, consideration, and approval of this plan. If we may be of further assistance, please contact us at (559) 349-0238.

*Ken Katz*

Ken Katz, LCSW, CTS  
Manager, Behavioral Health & Social Services  
American Ambulance  
Fresno & Kings County's  
(559) 349-0238



Date: 3/11/2021

Re: Support for the Fresno County Innovation Plan, Suicide Prevention Follow-Up Call Program

Dear Commissioners,

The Central Valley Suicide Prevention Hotline (CVSPH) is proud to partner with the Fresno County Department of Behavioral Health on the follow up innovation program. Fresno County consistently demonstrated it's committed to reducing suicides, and enhancing the prevention efforts throughout the county. Fresno County's Department of Behavioral Health truly spearheaded the Suicide Prevention efforts in the Central Valley. These efforts include the creation of an active cross-sector interdisciplinary collaborative of professionals and organizations known as the Fresno County Suicide Prevention Collaborative.

Fresno's Suicide Prevention Collaborative also known as FresnoCares drove the idea for implementing this program locally. It was the work of the collaborative in an effort to respond to alarming events this past year that resulted in exploring an adaptation of the evidence based model to collect real-time data and information which can help intervene to address any new suicide trends.

The CVSPH has both the experience and capacity to implement this evidence based approach, but also conduct the adaption to use the follow up call engagement in a new way, which is to identify and understand social, environmental or personal factors which may have led to an individual's suicidal ideation and/or attempt.

The CVSPH has seen a dramatic increase in calls to the hotline since the COVID-19 pandemic, as well as the number of talk-down calls, number of active rescues, and the complexity of the calls. The ability to launch this innovation program is in line with a timely response to the upcoming challenges we face in our society post pandemic. This includes the increased Anxiety, Depression, Post Traumatic Stress, Substance Use and Adjustment Disorders which all contribute to an increased risk of death by suicide. The follow up program will help support individuals post crisis event, additionally it will provide collaborative members with another way to understand risk factors and how to respond and prevent suicides. This program will also allow us to assess and reduce future risk factors through follow up engagement and linkages.

We are happy to provide our support to Fresno County's Innovation plan to explore how a Suicide Prevention Follow Up Call Program can both increase access to care and how the engagement can better inform us in our future prevention efforts.

Should you have any questions or if you need more information, please do not hesitate to contact me at [dlopez@kingsview.org](mailto:dlopez@kingsview.org) or 559-630-1265.

Respectfully,

David Eric Lopez, MA, MFT





*Hinds Hospice*  
Fresno Survivors  
of Suicide Loss

March 11, 2021

Re: Fresno County Innovation Plan: Suicide Prevention Follow Up Call Program

Dear Commissioners,

Hinds Hospice is the contracted provider for Fresno County's Local Outreach to Survivors of Suicide (LOSS) team. We are one of only three active operating LOSS teams in the state. LOSS Teams provide post-vention and through early intervention work to decrease the risks of a possible subsequent suicide. The LOSS team came about as a result of stakeholder efforts of the Fresno Suicide Prevention Collaborative. The Suicide Prevention Follow Up Call Program has been identified by the same cross sector collaborative who helped identify and implement the LOSS team.

We find this plan to be truly innovative that the plan being proposed is seeking to identify another way to use an evidence-based suicide prevention model to close gaps in our efforts. The adaptation being proposed is seeking to gain true and real-time insights into factors that are resulting in people's suicidal ideation and seeking help. This understanding can increase timely prevention efforts and possible interventions. The LOSS Team model, which is also evidence based, focuses on post-vention and providing support and linkage to services to the survivors after a loss. This program provides prevention, and will increase the linkages for those who are in need before a loss.

As a member of the collaborative, and the suicide prevention continuum of care, we are in full support of this effort to implement a Follow Up Call Program, with the adaption to learn about contributing factors in real-time.

We thank you for your time, consideration, and approval of the Fresno County Innovation Plan- Suicide Prevention Follow Up Call Program.

Sincerely,

Eric Klimes, MBA  
CEO

Kathy Cromwell, LCSW  
Executive Director of Counseling & Support Services



April 5, 2021

Re: Fresno County Innovation Plan & Suicide Prevention Follow Up Call Program

Dear Commissioners,

NAMI Fresno is a member of Fresno County's Suicide Prevention Collaborative (FresnoCares). NAMI Fresno was actively involved in the development of the Suicide Prevention Plan and implementation. The plan guides the efforts for Fresno County, and we the stakeholder drive the work. The Suicide Follow Up Call program is one of the projects that was identified in the plan and later identified by FresnoCares members for implementation.

We believe the addition of this program will help improve our prevention efforts with linkages to care. What we find truly innovative is the proposal to identify another way to use an evidence-based suicide prevention model to close gaps in Fresno's efforts. The adaptation to gain true and real-time insights into factors that are resulting in people's suicidal ideation and seeking help will allow for more effective prevention efforts, help better inform the community, families, parents, etc. Having current information on factors leading to suicidal ideation, especially when social or environmental, can drastically change in a positive way the interventions that are used.

As a member of the collaborative and the suicide prevention continuum of care, NAMI Fresno is in full support of this effort to implement a Follow Up Call Program with the adaption to learn about contributing factors in real-time.

We thank you for your time, consideration, and approval of the Fresno County Innovation Plan- Suicide Prevention Follow Up Call Program.

Sincerely,

A handwritten signature in blue ink, appearing to read "Christina A. Valdez-Roup". The signature is fluid and cursive, with a large loop at the end.

Christina A. Valdez-Roup  
Executive Director