FirstLink Presenters:

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*Director of Helpline Operations*

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*Suicide Follow-Up Program Coordinator*
### What We Do

**Mission:** to assist people in identifying, accessing, and making effective use of community and volunteer resources

**Vision:** to be the first link in linking people and resources 24 hours a day

### Follow-Up Program Success Story

**Jessica**

is a teenage girl who is bi-polar and suffers from schizophrenia. Client has had a history of domestic violence in her past relationships and is currently struggling with different issues in her current relationship. On several occasions when we have made outgoing calls to her, she has expressed to us that it was perfect timing because she was feeling suicidal and needed to know that someone cared. We have been able to link this client with counseling services as well as a mental health support group in her community.
Why and How We Do It

We believe in fighting the stigma of mental health issues and suicide through the services we provide:

- Access to 24-hour help and hope through the 2-1-1 Helpline and National Suicide Prevention Lifeline
- Trainings on suicide and mental health that range from a few hours to 2 days.
- Follow-up calls to those that need extra support after suicidal thoughts or actions.

Follow-Up Program Success Story

Mark
Mark is a middle-aged male farmer living in a small rural town in North Dakota with his wife and children. He has had a history of suicidal ideation and depression/self-harm. He is strongly involved with his faith community in his town. However, he feels that he cannot confide in anyone there due to the stigma associated with mental illness, and the fact that it is a small community where people tend to gossip (he does not want his children to find out about what he is dealing with). He had recently been admitted to the hospital for cutting and suicidal ideation. The client has expressed numerous times how thankful he is for the calls because he has someone to talk to that will not judge him. Client has remained on the program longer than the average person (at his request) because at this time he feels that he needs the supportive contact of the outgoing calls 2x a month. Since he was discharged from the hospital he has been able to refrain from cutting and self-harm. We have also able to give him a national resource for an online support group community regarding self-harm/cutting, as well as make him aware of the services and resources FirstLink /NSPL can provide him.
FirstLink Today

24 Hour Telephone Services
• FirstLink 2-1-1 Helpline
• Contract Agencies
• National Suicide Prevention Lifeline (NSPL)

Suicide Support Services
• Suicide Follow-up Call Program
• Suicide Education Outreach in the schools
• Suicide Prevention Trainings

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

Connected to national network of crisis centers so no call goes unanswered

Help those who are having thoughts of suicide or who have a concern about someone

Only crisis center in North Dakota to answer NSPL calls
2017 Statistics

Total Contacts: 51,351

Total Resources Given: 19,407

Calls related to suicide: 6,533

4,810 Suicide Follow-up Calls made in 2017

Contacted Dispatch/Law Enforcement : 45

Suicide Follow-Up Program

FirstLink, in collaboration with the SAMHSA and the North Dakota Department of Health have developed the Follow-up Program for people at risk of suicide.

This program provides suicide support prevention services, by offering follow-up caring interactions with participants after they have been seen at a clinic or discharged from a hospital or Emergency Department

- The program is also offered to those individuals who have reached FirstLink through the FirstLink 2-1-1 Helpline or National Suicide Prevention Lifeline and stated they were having suicidal ideation
Primary Goals of the Follow-Up Program

1. Ensure physical and emotional safety of participants
2. Empower and motivate participants to use resources available to them
3. Reduce service gaps by promoting continuity of care

North Dakota Clinics/Hospitals already offering the Follow-Up Program

**Hospitals**
- Altru Health Systems - Grand Forks
- Cavalier County Memorial – Langdon
- CHI St. Alexius – Williston
- Jacobson Memorial Hospital – Elgin
- ND State Hospital- Jamestown
- Northwood Deaconess Health Center – Northwood
- Prairie St. Johns – Fargo
- Sanford Hospital ED-Fargo
- Sakakawea Medical Center – Hazen
- Wishek Community Hospital - Wishek

**Clinics**
- Central Valley Health – Jamestown
- Community Action Partnership – Dickinson
- Elgin Community Clinic- Elgin
- First District Health – various locations
- Glen Ullin Family Medical Center – Glen Ullin
- Mid Dakota Clinic – Bismarck
- Northland Community Health – various
- Sanford – various
- Valley Community Health – Grand Forks
- Wishek Community Clinics - Wishek
WHAT IS FOLLOW-UP?

Follow-up care can involve letters, phone calls, emails

- Designed to check in with individuals who have recently experienced a suicide crisis to assess their well-being and level of risk and to support them as they continue their journey towards recovery.

Phone calls are tailored to the individuals need, they are structured and focus on continued assessment of risk.

WHAT IS FOLLOW-UP?

Follow-Up call specialist’s role & responsibilities once they have reached the participant include:

- Always assessing for risk
- De-escalating crisis (when appropriate)
- Offer coping strategies and other informal resources
- Encourage appropriate resources & treatment promotion
- Nonjudgmental listening and supportive contact
- Develop a Crisis Management Plan and/or safety plan
- Support and encourage self-help strategies
Suicide Follow-up Program
Role & Responsibilities

- *Follow-up Call Specialist* (FCS) will attempt to reach client within 24 hours of receiving an internal referral from 211/NSPL or an external fax referral from a clinic or partnering Hospital/ED (unless otherwise specified by the referring provider).

- Following the participants initial sign-up, the typical period of time that follow-up calls are offered is between 7 and 8 weeks.

- All attempts to reach the participant by phone or mail will be documented within the participants file and submitted into our electronic database.

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Suicide Follow-up Program
Role & Responsibilities

- Follow-up calls are typically made once a week during the first 2 weeks, bi-weekly during weeks 3 to 5, and then monthly for the remaining time unless the participant feels they are needing calls more frequently.

- The FCS will attempt to call the client a minimum of 5 times before the file is closed. Upon closing the file, a letter will be sent out to the participant informing them that we had attempted to contact them but were not able to reach them.
Suicide Follow-Up: Caring Letters

At a minimum, 1 handwritten caring letter/card will be sent to the participant upon receiving their referral to the follow-up program. The card will include the contact information for both the FirstLink helpline and the National Suicide Prevention Lifeline (NSPL).

Suicide Follow-Up: Caring Letters

The caring letters concept is a research based suicide prevention intervention that specifically addresses suicide risk during the post-hospitalization period. The intervention involves the routine sending of brief messages of caring concern to patients who are discharged from inpatient psychiatric treatment.

**Benefits:**

- One of the only psychological interventions that has been shown to reduce suicide mortalities in a randomized clinical trial
- Simple and inexpensive intervention to reduce suicide
- Reaches high-risk patients that do not continue in care Long-term suicide risk reduction
- Can use existing staff and resources to implement
Caring Letters Research

Associated publications:


Follow-Up Saves Lives & Resources

Suicide is a national public health crisis

- Research indicates that follow-up with hotline callers and people recently discharged from an emergency department (ED) or inpatient setting has positive results for both consumers and providers of mental health services.

- Columbia University under the direction of Dr. Madelyn Gould has been studying the impact & importance of Follow-Up Services (5th Cohort)

- Follow-up has been shown to be cost effective and prevent suicides and crisis centers are uniquely positioned to be a crucial resource for people in need of follow-up care.
WHY IS FOLLOW-UP IMPORTANT?

Follow-up ensures continuity of care, provides support during a time of heightened risk, and facilitates linkages to outpatient care. It fills the significant gap and acts as a safety net for those at risk of suicide.

- Suicide risk is highest in the first week after discharge from an inpatient setting. This risk is 102 times higher in men and 246 times higher in women than their counterparts in the general population (Qin & Nordentoft, 2005).

- As many as 70% of suicide attempters never attend their first appointment or maintain treatment for more than a few sessions (multiple references).

BENEFITS OF FOLLOW-UP: SAVING LIVES

- Following up with patients by telephone within one week after an emergency department discharge for a suicide attempt significantly reduces the likelihood that the person re-attempts suicide (Vaiva et al., 2006).

- Patients who receive follow-up have a lower suicide rate in five years and a significantly lower suicide rate in the first two years after discharge (Motto & Bostrom, 2001).
BENEFITS OF FOLLOW-UP: SAVING LIVES

Return on Investment

In a study of the return on investment (ROI) of post-discharge follow-up calls for suicidal ideation or deliberate self-harm, Truven Health Analytics estimated what the cost savings could be if an investment was made in crisis centers to place follow-Up calls

- Truven estimated the amount of savings by reviewing data from crisis centers' cost of implementing follow-up calls and their potential to reduce hospital readmissions and additional emergency department visits within 30 days of discharge

The conclusion of this ROI analysis was that insurance providers & hospitals could save money by investing in crisis centers to provide follow-up calls as both a measure to prevent suicidal behavior as well as the subsequent need for additional inpatient or emergency department intervention (Richardson, Mark, McKeon, 2013).

THE USE OF CRISIS HelpLINES IN FOLLOW-UP

Crisis hotlines are uniquely positioned to provide follow up care – crisis hotlines:

- Provide 24-hour access to staff trained in suicide assessment and intervention.
- Thoroughly assess for risk of suicide, provide support, offer referrals, develop a safety plan, and dispatch emergency intervention, if necessary.
- Avert unnecessary ED visits and better ensure needed ED visits.
- Intervene when a caller is not willing or able to ensure his or her own safety.

FOLLOW-UP RESOURCES

Structured Follow-Up and Monitoring: New York State Office of Mental Health (OMH), Columbia University and the Lifeline partnered in the development of a 30 minute training module that demonstrates structured follow-up and monitoring for individuals after a crisis.
Where to access:
http://zerosuicide.actionallianceforsuicideprevention.org

MY3 APP: Created in partnership with the California Mental Health Services Authority, MY3 is a highly customizable, free safety planning app for use during follow-up.
Where to access:
http://www.my3app.org
Where to Start within Crisis Centers

- Set guidelines for enrollment criteria
- Train crisis center staff to recognize and refer callers to the Follow-up Program
- Start small and expand the program once the staff is comfortable with procedures and enrollment criteria

Engaging health care facilities

- Find out who in the health care center has the power to decide on a partnership
- Talk to staff working with direct patient care so they see first hand the importance of Follow-up i.e. ED and Inpatient directors
- Connect with Hospital Administrators that are interested in ROI
- Talk to Nursing and Social Work directors
- Be persistent, if the first contacted is not interested try a different job position in same facility
- Once the connection is made establish a designated contact person
Continuing Partnerships

- Train ED/Inpatient partners on benefits of Follow-up Program
- Regular meetings/phone calls with health care staff
- Provide materials to the hospital/ED (forms, handouts, posters, etc.)
- Make sure patient information on the referral form is legible, recommend attaching patient label/sticker to fax

Individualize service to meet their goals
- Personal referral forms
- Outcomes/no outcomes

Gain State Level Support

State Level

- Work with Department of Health and Human Services
- Join State Suicide Prevention Coalition
- Contact Hospital Association in your area
- Work with Human Service Centers
- Join with Public Health
- Join health/mental health committees in your area
Connecting with Callers

- FirstLink attempts to contact each referral 5 times, with first contact within 24 hours of the referral
- Build empathetic rapport with the participant and show care/concern is vital
- Accommodate Follow-up program to fit contacts needs i.e. before and after regular working hours, weekends
- Referral form has box checked if we can leave a voice message
- Develop safety plan, email out to contacts
- Send caring cards

Growth

2016
- Total contacts 49,353
- Calls related to suicide 2,512
- Suicide Follow-up Calls 1,150
- Contacted Dispatch/Law Enforcement 62 times

2017
- Total contacts 51,351
- Calls related to suicide 6,533
- Suicide Follow-up Calls 4,810
- Contacted Dispatch/Law Enforcement 45 times
# Program Specific Growth

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<tr>
<th>Year</th>
<th>Referrals</th>
<th>Contacts Made to Participants</th>
<th>Successful Contacts</th>
<th>Caring Cards Mailed</th>
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<td>1,052</td>
<td>4,810</td>
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</tbody>
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# More information on Follow-Up

If you have any questions or need additional information please contact:

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Questions or Comments?

24 Hour Helpline:
2-1-1 or 701-235-7335 (SEEK)

NSPL (National Suicide Prevention Lifeline):
1-800-273-8255 (TALK)

Website:
www.myfirstlink.org

Facebook: www.facebook.com/myfirstlink
Twitter: twitter.com/myfirstlink_org
Blog: myfirstlink.areavoices.com
Youtube: www.youtube.com/user/myfirstlink
Pinterest: pinterest.com/firstlink