



2024 BEHAVIORAL HEALTH CARE SYMPOSIUM

LONG BEACH

Preventing Suicide After Hospital Care: Follow-Up Matters

Lyn Morris, LMFT, Chief Executive Officer

Didi Hirsch Suicide Prevention Center

Carolyn Levitan, LCSW, Senior Director of Crisis Care

Didi Hirsch Suicide Prevention Center



Presenter

Lyn Morris, LMFT

Chief Executive Officer

Didi Hirsch Mental Health Services

Ms. Morris is a highly accomplished Executive Leader and Licensed Therapist with 20+ years of experience and is dedicated to serving communities where poverty or stigma limits access to care. She is a results-oriented leader with proven success in managing multiple county, state, and federal contracts and budgets to maximize revenue and clinical services. She is a recognized national expert in suicide prevention and an innovative leader in developing nationwide training and curriculum and influencing public policy.

Presenter

Carolyn Levitan, LCSW
Senior Director of Crisis Care
Didi Hirsch Mental Health Services

In her current role, Ms. Levitan supports Didi Hirsch's Suicide Prevention Center services including the Crisis Line, as well as counseling and support group services in Los Angeles and Orange County for those who are at risk of suicide, have attempted suicide or have been impacted by a loved one's suicide attempt or suicide loss. She is a current Director and acting Secretary on the International Council for Helplines (ICH) Board of Directors. Before her work at Didi Hirsch, Carolyn worked in various adult, child, and family community mental health settings.

Disclosure of Relevant Financial Relationships

Lyn Morris, LMFT, reports no relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.

Carolyn Levitan, LCSW, reports no relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.



SUICIDE PREVENTION CENTER











Preventing Suicide After Hospital Care: Follow-Up Matters

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DIDI HIRSCH MENTAL HEALTH SERVICES

- Founded in 1942
- 10 sites across Southern California
- Comprehensive mental health, substance use, suicide prevention and crisis care services
- Serves 233,466+ people each year



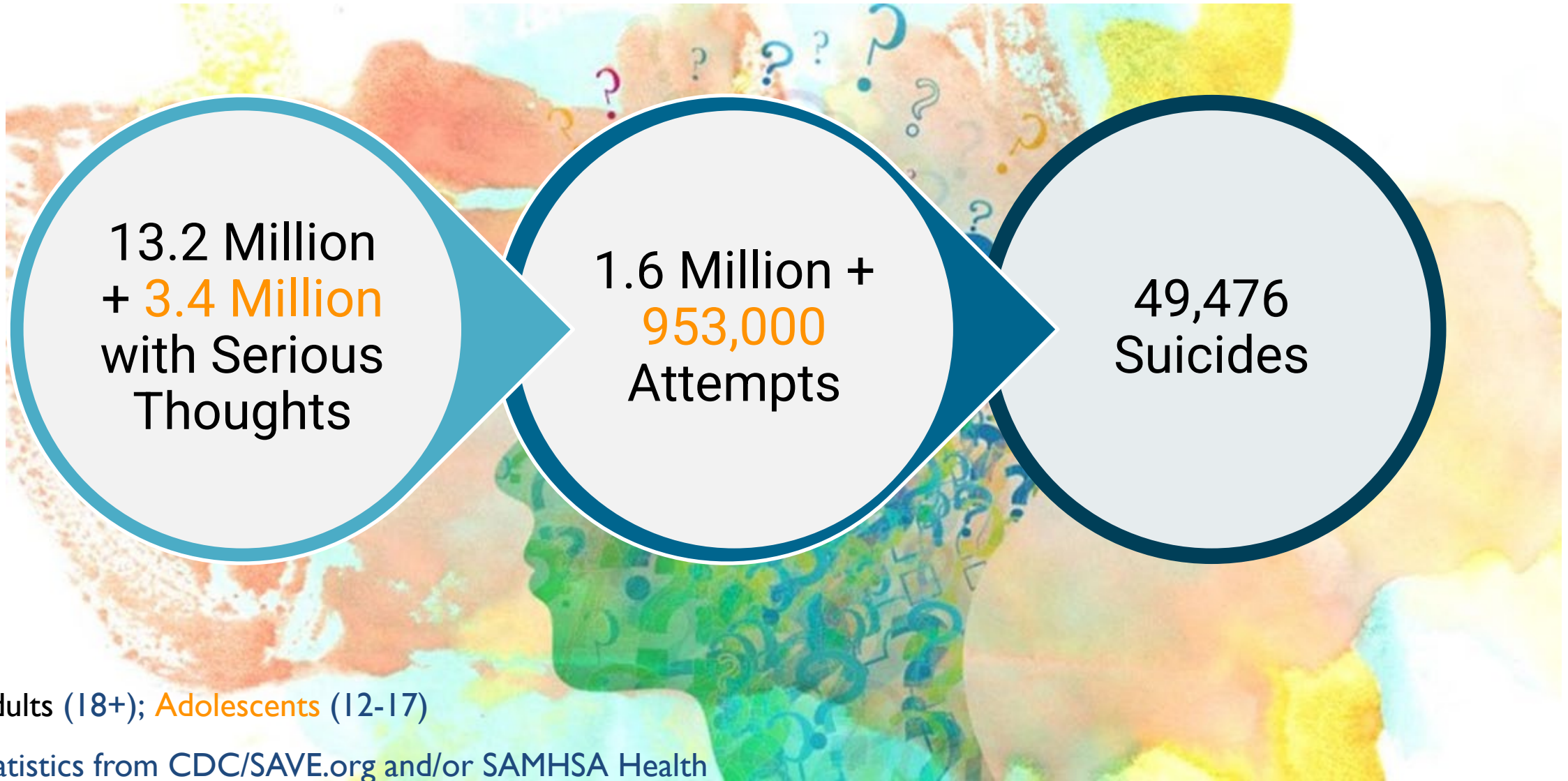
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Los Angeles, CA
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DIDI HIRSCH SUICIDE PREVENTION CENTER



- 988 Crisis Line & Teenline
- Follow-Up Care/Emergency Department Follow-Up
- Individual therapy & groups for suicide attempt and loss survivors as well as those at risk
- Community Training & Outreach

Suicide Statistics: 2022



Adults (18+); **Adolescents** (12-17)

Statistics from [CDC/SAVE.org](https://www.cdc.gov/save) and/or SAMHSA Health Survey

CELL PHONE TIME!



Poll Everywhere



ED VISITS RELATED TO SUICIDE ATTEMPTS/IDEATION

1/3rd are from
< 25 year olds

More than
doubled for
10–14 year-
olds

1.5 Million
ED visits

More likely
among lower
income
communities

Increasing
significantly in
Western US

CHALLENGES FACED BY ED STAFF

ED staff note barriers to conducting suicide risk assessments with patients:

1. Time
2. Privacy
3. Communication challenges
4. Integrating added protocols into routine care
5. Patient engagement



CHALLENGES FOR PATIENTS AFTER DISCHARGE



NOT ATTENDING APPOINTMENTS

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



GAPS IN AVAILABLE CARE

Many people lack access to available resources for care or are unaware of the resources that are available to them.



LACK OF A SUPPORT NETWORK

Patients can experience loneliness and despair following discharge - those that lack social supports can be particularly vulnerable.



INAPPROPRIATE OR UNIDENTIFIED CARE REFERRAL NEEDS

Referrals from Emergency Departments or hospitals may not match the patient's needs.

WHAT IS EMERGENCY DEPARTMENT FOLLOW-UP?

- Didi Hirsch has well established ED follow-up programs with UCLA and Cedars Sinai Hospitals
- Hospital staff refer patients to program who are being discharged for suicidal ideation and/or attempt
- Follow-up counselor reaches out to the individual within 24 hours of referral
- Program consists of weekly phone contacts until individuals are connected to appropriate care
- Counselor remains the same throughout the series of calls
- Each contact focuses on emotional support, assessment of mood symptoms and thoughts of suicide, safety plan development/collaboration and linkage with community resources

WHY HOSPITAL FOLLOW-UP MATTERS

- In CA, a growing number of inpatient hospitalizations involve a behavioral health diagnosis
- Local emergency departments often serve as the first point of contact
- Typical hospital discharge protocols include the provision of referral information alone
 - ✓ Highest risk period for re-attempt is within 30 days after discharge
- Re-admissions to hospitals are high for patients with behavioral health needs
- Changes in reimbursement related to excess readmissions under the Affordable Care Act

RESEARCH SHOWS FOLLOW-UP WORKS

2015 meta-analysis by Inagaki et al.

- Follow-up contacts over 12-month period post discharge reduced attempts

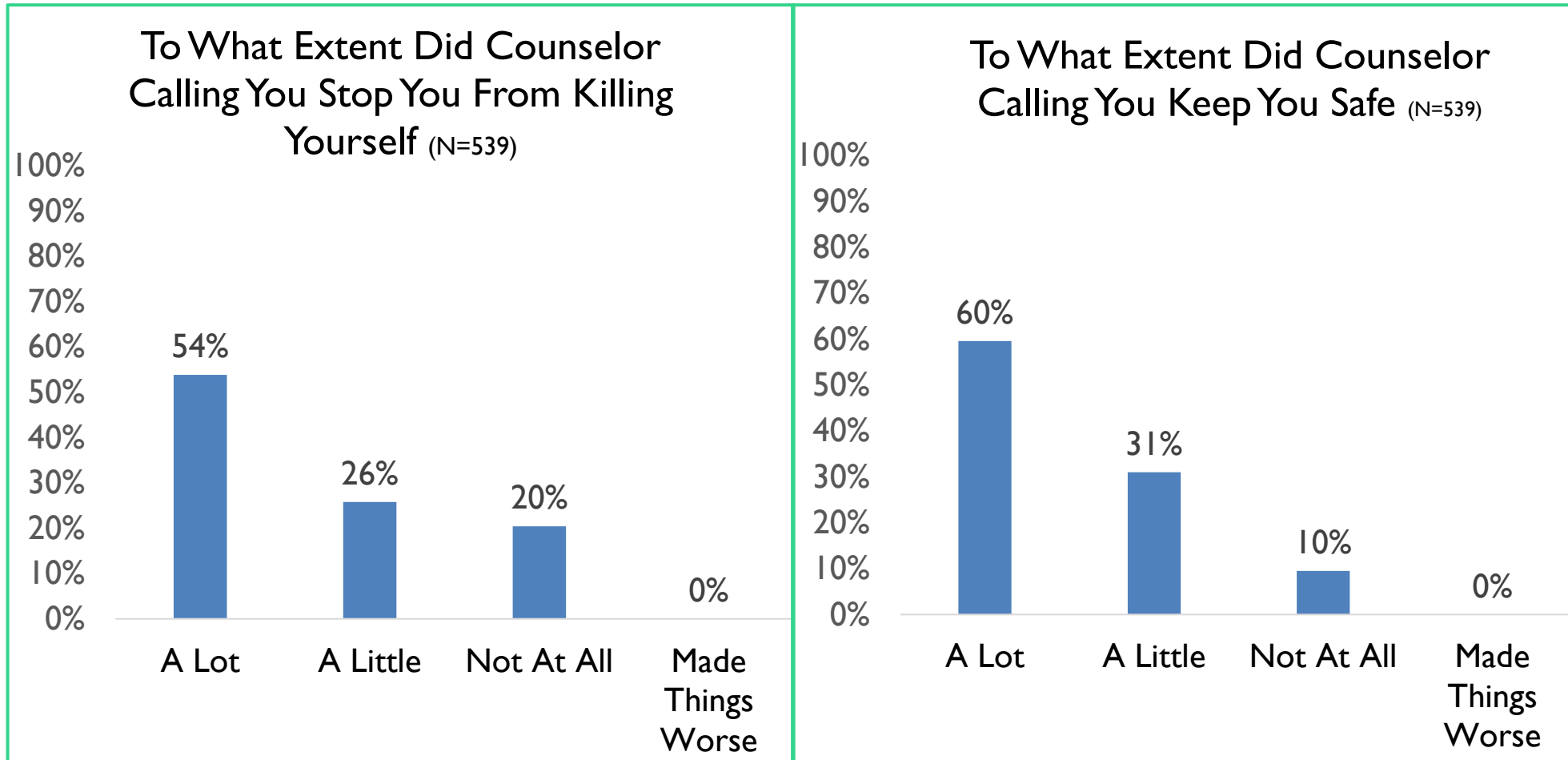
2017 study by Miller et al.

- Individuals who received follow up calls in addition to treatment and suicide screening had fewer suicide attempts

2018 study by Ramsey, Ennis and O'Neill

- Individuals who received follow-up calls were 3.3x less likely to die by suicide

OUTCOMES: CALLER PERCEPTION OF CARE



Gould, et al. (2017). Follow-up callers to the National Suicide Prevention Lifeline: Evaluation of callers' perceptions of care. *Suicide and Life Threatening Behavior*, 48(1), 75-86. <https://onlinelibrary.wiley.com/doi/10.1111/sltb.12339>

THE REAL LIFE IMPACT OF FOLLOW-UP

An adult female was hospitalized due to suicidal ideation. The patient reported to the hospital staff that she no longer wanted to live because she was single, lived alone, unemployed, and feared she could no longer support herself. Patient was referred by a hospital social worker to Didi Hirsch's ED follow-up program upon hospital discharge.

Over the course of follow-up calls, patient expressed deep feelings of worthlessness and shame associated with her financial situation and lack of social network given her age and related expectations. The counselor provided empathetic support while collaboratively working with patient to create a safety plan and identify coping strategies. The counselor supported patient over six weeks as patient searched for a job, advocated with her landlord, and began attending a mental health support group.

By the end of the final follow-up call, the patient had reached out to her family for financial assistance, applied for jobs, and started individual therapy. The patient expressed hope for the future and trust in their new-found resources and supports. As a result of her positive experience with the ED follow-up program, patient also noted that she would reach out to 9-8-8 for support if she was in crisis. Patient said that before the program, she was unaware there were resources she could contact for immediate support when she was feeling suicidal other than 9-1-1 or the hospital.

BENEFITS OF FOLLOW-UP



BENEFITS

Reduces Suicide Attempts & Deaths

Reduces utilization of EDs & hospitals

Reduces costs

COSTS ASSOCIATED WITH SUICIDE IN CA (2020)¹

Deaths

\$10,345,560 Per Person in U.S.

- 4,144 deaths in CA
- Medical costs: \$22.5 million
- Value of statistical life² costs: \$42.2 billion

\$42.2 Billion in CA

Attempts

- 45,054 Attempts in CA
- Medical costs: \$1.2 billion
- Work loss costs: \$298 million
- Quality of life lost costs: \$1 billion

\$2.5 Billion in CA

Deaths & Attempts

\$502 billion total in U.S.

\$44.7 Billion in CA

¹All suicide death statistics and all cost data was obtained from CDC WISQARS Fatal Injury Report (<https://wisqars.cdc.gov/cost/>). CA suicide attempt data was obtained from CA Patient Discharge Dataset provided by the CA Department of Public Health staff per a data request from Didi Hirsch Mental Health Services.

²Value of statistical life is a monetary estimate of the collective value placed on mortality risk reduction as derived in research studies through revealed preferences or stated preferences from surveys of individual persons' willingness to pay for mortality risk reduction. <https://www.cdc.gov/mmwr/volumes/70/wr/mm7048a1.htm#:~:text=In%202019%2C%20the%20economic%20cost,and%20quality%20of%20life%20losses.>

THE COST TO HOSPITALS

Per Suicide-Related Visit:

\$28,638

The median cost in 2020 based on 27% going to ED only (\$10,221) and 73% getting hospitalized (\$35,450)⁶

EMERGENCY

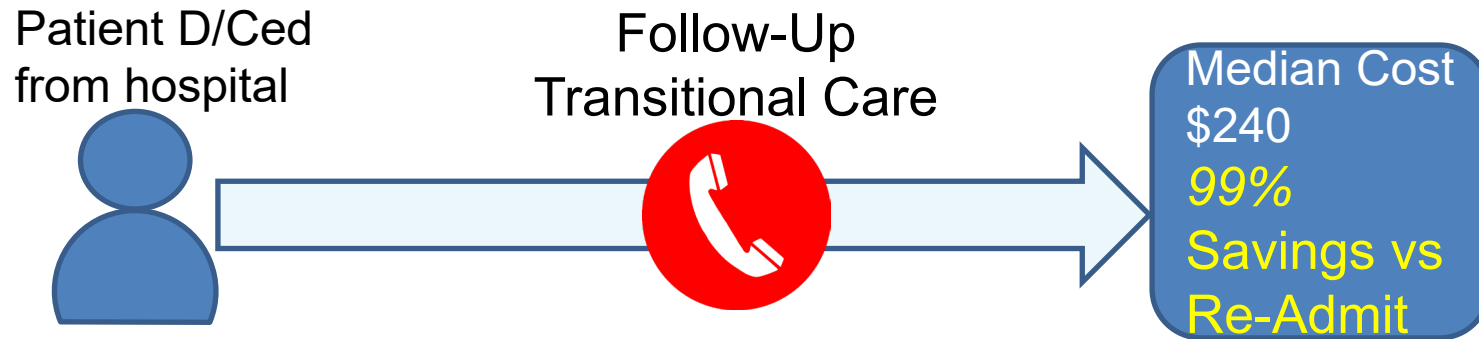
⁶ <https://wisqars.cdc.gov/cost/>

Cost Savings When Individual Diverted from Hospitalization

Traditional Path



Path with Follow-Up Care



Cost Savings



RETURN ON INVESTMENT (ROI)



45% of incurred costs for
suicide attempt
admissions are a result of
readmissions to the ED

POST-DISCHARGE FOLLOW-UP CALLS:

ROI UP TO \$4.11

Conservative Median Estimate from Research

For Hospital Discharges:

\$1.76 (Commercial Insurance)

\$2.43 (Medicaid)

For ED Discharges:

\$1.70 (Commercial Insurance)

\$2.05 (Medicaid)

HOW WE CAN HELP



Reduce Avoidable
Readmissions and Save
Lives

*By Improving Transitions in
Care*

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

Didi Hirsch is uniquely positioned to provide follow up care.

- 24/7 crisis counselors (Eng/Span) trained in suicide assessment and intervention
 - ✓ Can also provide follow-up in any language through Language Line
- Thoroughly assess for risk of suicide, provide support, develop safety plans
- Offer referrals and facilitate linkages to outpatient care
- Intervene when a caller is not willing or able to ensure their own safety

DIDI HIRSCH SUICIDE PREVENTION RESOURCES

988 Suicide & Crisis Lifeline

- Call or text 9-8-8 (English/Spanish; 24/7)

Teen Line

- Call 800-852-8336 or text TEEN to 839863



Suicide Prevention Counseling Center

- Go to crisiscare.org or call 424-362-2911
 - Individual and family therapy for CA residents impacted by suicide or at risk
 - Suicide Attempt Support Groups
 - Suicide Loss Support Groups

Community Training & Outreach (LA & OC)

- Call 424-362-2909



QUESTIONS?

Thank you for joining us!

Questions & Feedback



For inquiries: **Carolyn Levitan** clevitan@didihirsch.org