

Centerstone Crisis High Risk Follow-up Program (CC-HRFP)

The Centerstone Crisis high risk follow-up project (CC-HRFP) consisted of an evidence -informed approach to delivering follow-up services for adults (ages 18 and older) who experienced a suicide- related event (e.g., suicidal ideation, attempts, mobile crisis visit). C-HRFP services were made possible in Tennessee (2014 – 2015) through a Blue Cross Blue Shield of Tennessee grant awarded to Centerstone. Specifically, CC-HRFP Services were provided by Centerstone, and program evaluation services were provided by Centerstone Research Institute.

Project Background

As an overview, the Centerstone Crisis High Risk Follow-up program (i.e., CC-HRFP), funded by Blue Cross Blue Shield of Tennessee, consisted of a targeted intervention to reduce suicide deaths among Tennessee adults. The goal of CC-HRFP was to encourage referral linkage and engagement, promote recovery, reduce unnecessary hospitalizations, and prevent suicide deaths. Centerstone crisis staff accomplished this goal by providing follow-up calls, safety planning, and referral support to adults at risk for suicide at 24 hours, 7 days, 14 days, and 30 days after a suicide –related event (e.g., crisis call exhibiting suicidal ideation, suicide attempt). Centerstone partnered with local referral partners (e.g., Emergency Departments, Courage Beyond program) in order to maximize the number of individuals served ($n = 199$) during the course of the grant.

Program Evaluation

CRI was contracted by Centerstone to evaluate the outcomes of the CC-HRFP. The primary aim of the CC-HRFP evaluation was to explore the extent to which CC-HRFP services could improve outcomes for suicidal adults. The local evaluation plan of CC-HRFP was designed to provide formative feedback to program staff, evaluate program outcomes, and assess cost-effectiveness. Specifically, the evaluation of CC-HRFP included electronic health record indicators of program effectiveness and indicators of cost effectiveness. This evaluation study was approved by the Chesapeake Institutional Review Board.

CRI staff worked in partnership with Centerstone to implement the evaluation. Although an additional study using baseline and follow-up surveys was planned (i.e., examining predictors of program effectiveness) we encountered unanticipated barriers in consenting individuals in the program to the evaluation study. CRI worked in partnership with Centerstone to examine evaluation barriers as they arose.

Results

From implementation on 6/9/14 through the completion of the grant cycle, a total of 199 individuals were enrolled in the High Risk Follow-up Project. Individuals were enrolled through the Centerstone and TN Statewide crisis lines ($n = 68$; 34%), Courage beyond crisis line ($n = 47$; 24%) and through Emergency Departments ($n = 84$; 42%).



CC-HRFP GOAL ACHIEVEMENT:

- (A) For those enrolled in the Follow-Up pilot, a minimum of 50% will attend services, community based services, or other resources).
- ***At final review, 62% of those enrolled were confirmed as linked to services.***
- (B) At 30 days from initial linkage to service, a minimum of 25% of those enrolled in the Follow-Up pilot will be engaged/participating in service.
- ***At final review, 59% of those enrolled were engaged or participating in service at 30 days.***
- (C) For those high risk individuals referred to the Follow-Up project by a partnering Emergency Department, there will be a rate of return to the Emergency Department of 20% or less during the grant period.
- ***At final review, rate of return to an emergency department was 8%.***
- (D) There will be zero suicides of any person enrolled in the Follow-Up pilot.
- ***At the program conclusion, there were zero occurrences of suicide deaths among of those enrolled in the program during the grant period.***

CC-HRFP Cost Analysis:

- In our study, only 8% ($n = 16$) of individuals served returned to the emergency department for a subsequent psychiatric hospitalization. This rate is lower than previously reported rates of recidivism at 30 - days among clients psychiatrically hospitalized for suicide risk (e.g., 17.5%; Groke et al., 2009).
- Based on the reduced recidivism rates (i.e., prevented emergency department visits and hospitalizations) our program yielded an estimated net cost savings of: = \$412,328.18.

Conclusions

Initial descriptive indicators of the CC-HRFP program goals (e.g., number served, referral linkages, zero suicide deaths) provide preliminary support that the CC-HRFP was effective in meeting, and exceeding, its goals. Further, cost analysis estimates for the CC-HRFP suggested that the program yielded net cost savings. Additional research is needed to understand specific aspects of suicide risk that may decrease while receiving CC-HRFP services.

Centerstone Research Institute (CRI) is a not-for-profit organization dedicated to improving the quality and effectiveness of care for those with mental health and addiction disorders. CRI provides research, analytics and evaluation services that help bridge the gap between the scientific discovery of effective treatments and the implementation of these treatments into standard clinical practice.

For more information about the evaluation, contact Jennifer Lockman, M.S, CRI Program Evaluator, at 615-830.2413. For more information about the CC-HRFP contact Jennifer Armstrong at 615-460-4486.