

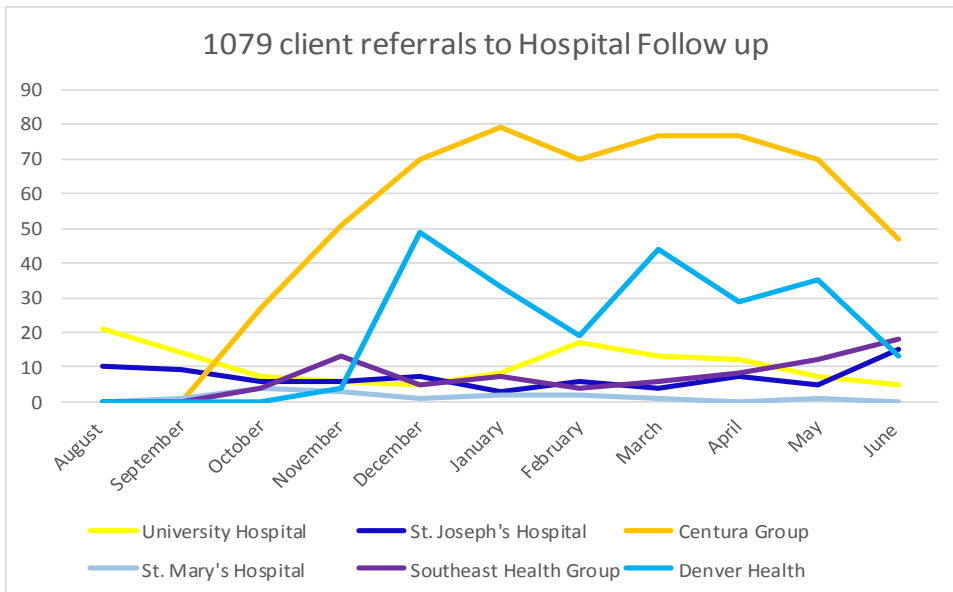


....leaders in 24/7 support

Hospital Follow up Program July 2015– June 2016

Masters level mental health clinicians provide telephonic support to individuals

referred at time of emergency department discharge for potential suicide risk. Calls include safety assessment, safety planning, referrals to community resources and empathetic support for as long as it is needed.



Patients who exhibit an elevated suicide risk at time of emergency department visit are offered an opportunity to receive follow up calls. A warm handoff makes an immediate connection between RMCP and clients.

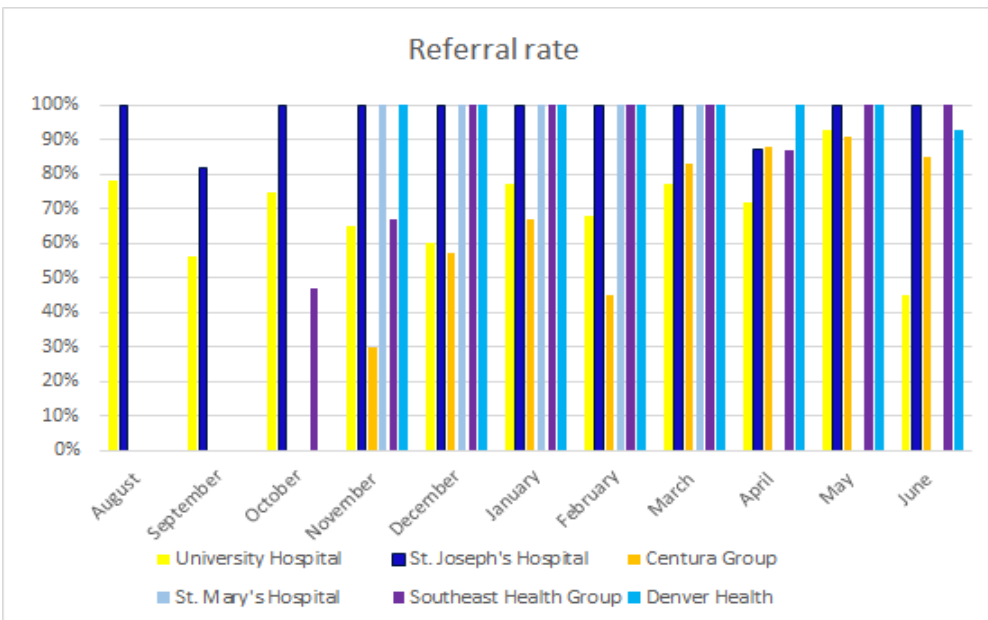


Referrals by month

5350 Follow ups made: including clinical contacts, incoming calls, messages, & no contacts.

5.21 call activities on average for each referred individual

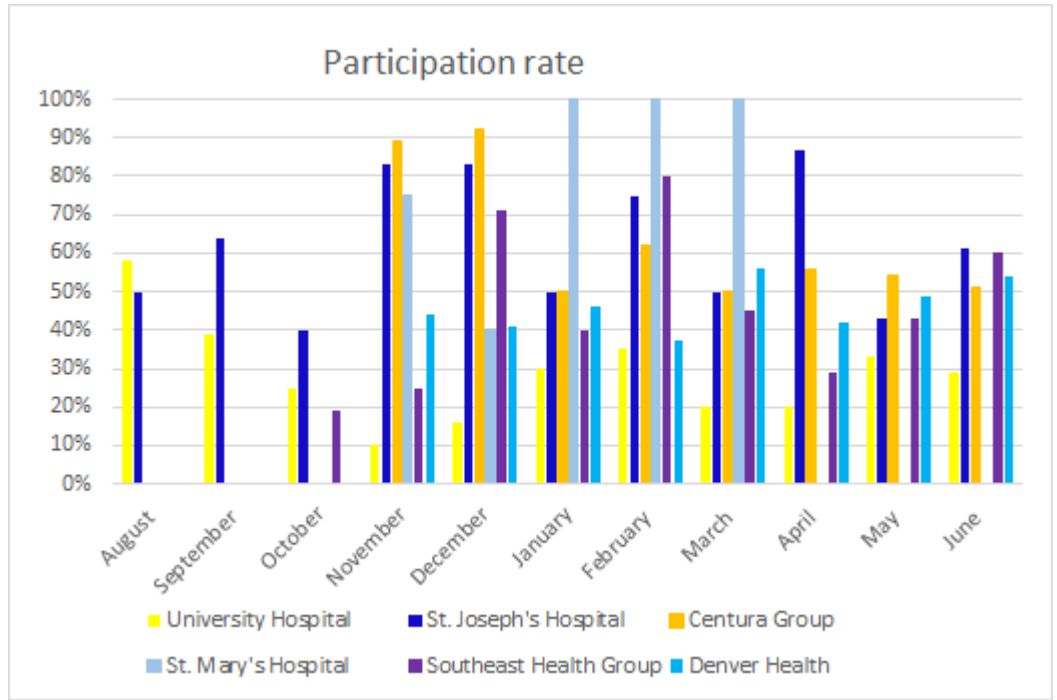
- July—NA
- August—31
- September—23
- October—47
- November—83
- December—137
- January—131
- February—118
- March—145
- April—133
- May—130
- June—98



Referral rates per hospital:
% Eligible clients offered follow up

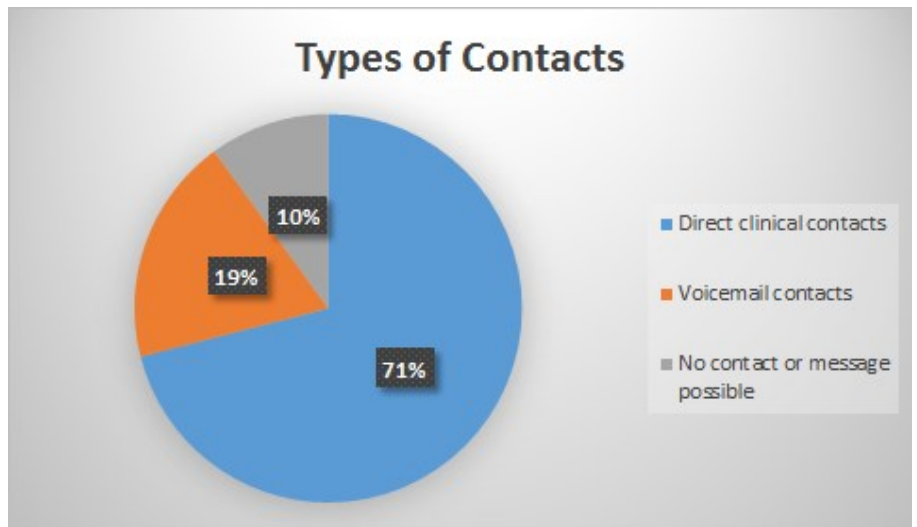
Hospital Follow-Up Program July 2015 to June 2016

Participation rate is the number of clients who accept follow up calls out of the total referred



Clients hear, “We care about you!”

90% of clients receive a supportive contact. This includes voicemail messages which encourage clients to call back and speak to a counselor 24 hours a day.



An example of a client helped by Hospital Follow-up:

A 54 year old woman was referred to the program for suicidal ideation and alcohol intoxication. She was taken to the hospital by a family member. Client had called her family member due to having plan to kill herself by jumping off her balcony. When we reached her, she disclosed that the trigger for suicidal ideation and substance use was because of a relationship conflict. Client had relapsed on alcohol the night of hospital visit. She indicated that her suicidal ideation was due to alcohol use. A family member and treatment team worked together to have client placed on a mental health hold. She had plans to meet with her psychiatrist and therapist to discuss recent incident. She had also been attending AA meetings and denied any substance use during follow up call. The clinician provided support and empathic listening. The clinician assessed for safety and substance use. As with many clients with mental health conditions, follow up was focused on assessing for safety, identifying triggers and social supports.