

# CONTINUITY OF CARE: CONNECTIONS TO HOPE

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## Disclosure to Audience

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No one involved in the planning or presentation of this activity has any relevant financial relationships with a commercial interest to disclose

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# THE PRINCIPLES OF CONTINUITY OF CARE

- Why is Continuity of Care important in regards to suicide?
- Settings in which at risk youth are identified, and the trauma of transitions.
- Reducing the risks of suicidality and the ongoing role of follow-up

As long as a person is living, there is an opportunity to prevent suicide.

# CONTINUITY OF CARE

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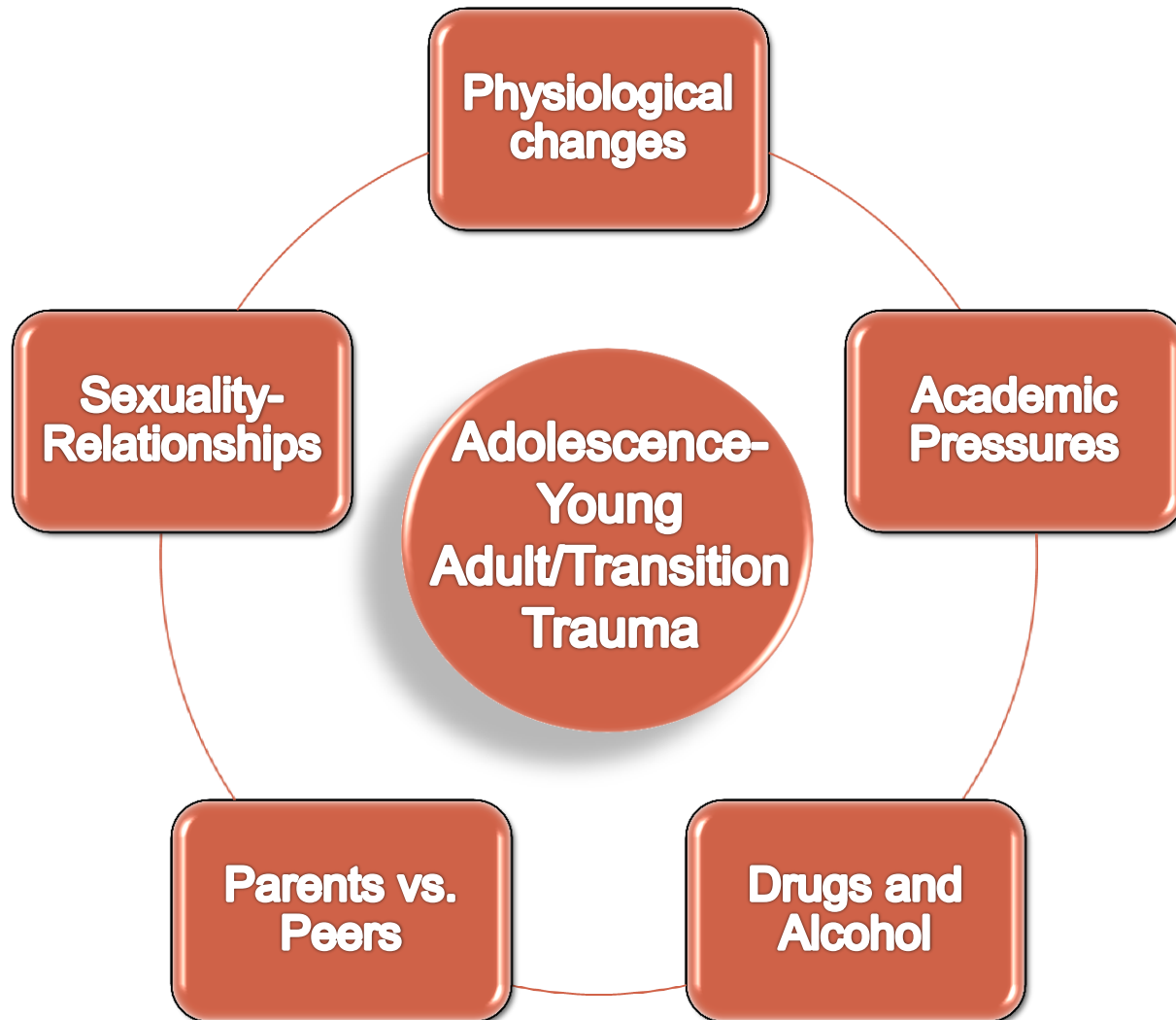
IS MAINTAINED WHEN ONE CARE PROVIDER LINKS TO ANOTHER CARE PROVIDER, THE TRANSITION OF CARE IS SMOOTH AND UNINTERRUPTED FOR THE PATIENT, AND THE ESSENTIAL CLINICAL INFORMATION IS PROVIDED.



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WHY IS CONTINUITY OF CARE  
IMPORTANT IN OUR ALASKAN  
COMMUNITIES?

# ***ADOLESCENCE/YOUNG ADULT***



# CHALLENGES OF LIFE TRANSITIONS:

- Adolescence to adulthood/work/school
- Military veterans back to civilian life
- LGB youth
- Youth in detention

# “TRANSITION TRAUMA”

## WHEN CHANGE FEELS OVERWHELMING

- Thwarts belongingness and worth (humiliation, real or perceived community rejection, unemployment)
- Enhances feelings of interpersonal loss, disconnection (loss of loved ones, community, etc.)
- Is so pervasive that it resists establishing daily routines over an extended period of time (eating, sleeping, working, socializing, recreation, etc.)



**WHAT REDUCES RISKS FOR PERSONS  
EXPERIENCING “TRANSITION TRAUMA”:  
CONTINUITY OF CARE AND FOLLOW-UP**

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**STRATEGIES OR SERVICES TO  
ENHANCE LINKAGES**

# FOLLOW UP METHODS THAT DECREASE SUICIDALITY

	Location of Study
Telephone only	54% reduction in suicidal ideation
Telephone + limited contacts	6x fewer suicides
Caring Letters	Significant reduction in suicides
Caring Postcards	Reduced attempts 50%
Text messages/E-mail	Attempts reduced

# COMPONENTS OF FOLLOW-UP?

- **Best case scenario is 1-7 days-warm handoff optimal.**
- **Goal setting: When does it end?**
- **Good contacts.**
- **Ongoing assessment.**
- **Safety planning.**

# 6 STEPS OF SAFETY PLANNING

1. Stressors and triggers
2. Personal warning signs
3. Personal coping tools
4. List of contacts who will be my support network
5. Professionals and agencies to contact
6. Making the environment safe

# WHO CAN DO THE FOLLOW-UP?

- Peers
- Professionals
- Trained volunteers
- Crisis Centers
- Lifeline Crisis Centers

# Lifeline Crisis Centers and Follow-up

- ◆ Experience with follow-up: Highly trained staff/volunteers
- ◆ Community involvement: Use of volunteers
- ◆ Community-wide access: Free access to all, no stigma, no care barriers if have phone
- ◆ Community of providers: Refer to other services
- ◆ Community outreach: public education, training

# HOW THE LIFELINE WORKS....

- Callers dial 1-877-272-8270 or 1-800-suicide
  - Callers are connected to closest center
  - “Press 1” for veterans, military
  - Crisis workers listen, assess, and link/refer callers to services, as needed
  - Extensive back-up system ensures all calls are answered
- Draper, 2014

# ADDITIONAL THINGS WE ARE DOING IN AK

- DBH prevention and early intervention GLS funding is being used for Early Identification, Referral and Follow-up (EIRF)
- Supporting agencies and regions to track their high risk individuals
- Supportive MOAs to help facilitate this process
- Technical support from UAA



# ALASKA CARELINE 877-266-HELP (4357)

## 24-HOURS A DAY, 7 DAYS A WEEK

Text '*4help*' to 839863

Text line available Tues-Sat, from 3PM -11PM

[www.carelinealaska.com](http://www.carelinealaska.com)



Calls are caring &  
confidential.

# NORTH STAR BHS – CME ACTIVITY COURSE EVALUATION FORM

Date: 08/19/2014

Starting Time: 12:00pm

Location: North Star Behavioral Health - Anchorage

Topic: **Continuity of Care: Connections to Hope**

Presenter(s): **Eric D. Boyer – Training Coordinator Trust Training Cooperative/UAA's Center for Human Development**

At the conclusion of this activity, participants should be able to:	Not at All	Slightly	Moderately	Mostly	Completely
Recognize the traumatic transitional periods of life that teens and young adults experience, and identify how to play a role in reducing the risks of suicidality in them during these times.					
Utilize the 6 steps of a safety plan for supporting someone with suicidal ideation and past attempts.					
Implement a follow-up plan and involve other professionals, family members and community members in that support					

Was the presentation commercially biased in any manner?

Yes ☐ No ☐

Based on this activity, what will you do differently in your practice? \_\_\_\_\_

Topics of Interest for future Seminars: \_\_\_\_\_

Printed Name of CME participant: \_\_\_\_\_ Physician Yes ☐ No ☐

Signature of CME participant: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Are you on our email distribution list? Yes ☐ No ☐

If not – do you wish to be added for future CME events? Yes ☐ No ☐