

GUIDING PRINCIPLES

Compassionate Care • Least Restrictive • Living Well and Safely • Equity • Competent/Skilled/Support • Zero Suicide Safe Care

TERMINOLOGY:

- **Informed Consent** = Plan of action moving forward is done WITH individual seeking services; NOT done “to” them. They are an active member in “what comes next” in their plan of care.
- **Urgent Appts.** = “Contracted” slots held by community mental health providers, regardless of payer source, available to the Mental Health Navigator for scheduling. Once an appt is scheduled, the provider would get an email notice and reach out to the individual with a "[caring contact](#)" (hyperlink) to ensure that individual has all questions answered in addition to reinforcing the compassionate care guiding principle of the New System response
- **Mental Health ED “exam” room** = Soft lite room containing a furniture (couch and chair) with dim lamp lighting; a computer is available for the person to view a Resource Page for Mental Health providers and supports (meetings/Iris Place) available in the community.
- **Certified Peer Specialist** (hyperlink) = a professional who utilizes their personal lived experience to provide support to others and demonstrate that recovery is possible.
- **Peer Run Respite** (hyperlink) = Place for individuals living with mental health or substance use concerns to go when a flare up of symptoms occur. These places offer a supportive, home-like environment during times of increased stress or symptoms.
- **Mental Health Navigator-** Newly created position to manage the shared calendar of available urgent appointments, has a keen understanding of community provider intake process and insurances and is a professionally facing position.

FACTORS TO CONSIDER:

- Age/ LGBTQ +/-Race of person who dies by suicide
- Type of Sudden death: Murder; car accident; Suicide

TRAINING:

- Understand stigma associated with suicide death
- How to be supportive in suicide death
- Dispatch et al on Tiered Response
- Informed Consent
- Cultural Competency as it relates to minority groups-LGBTQ+; Race
- Disciplines on the responsibilities of the other disciplines as it relates to the system response (roles/responsibilities)

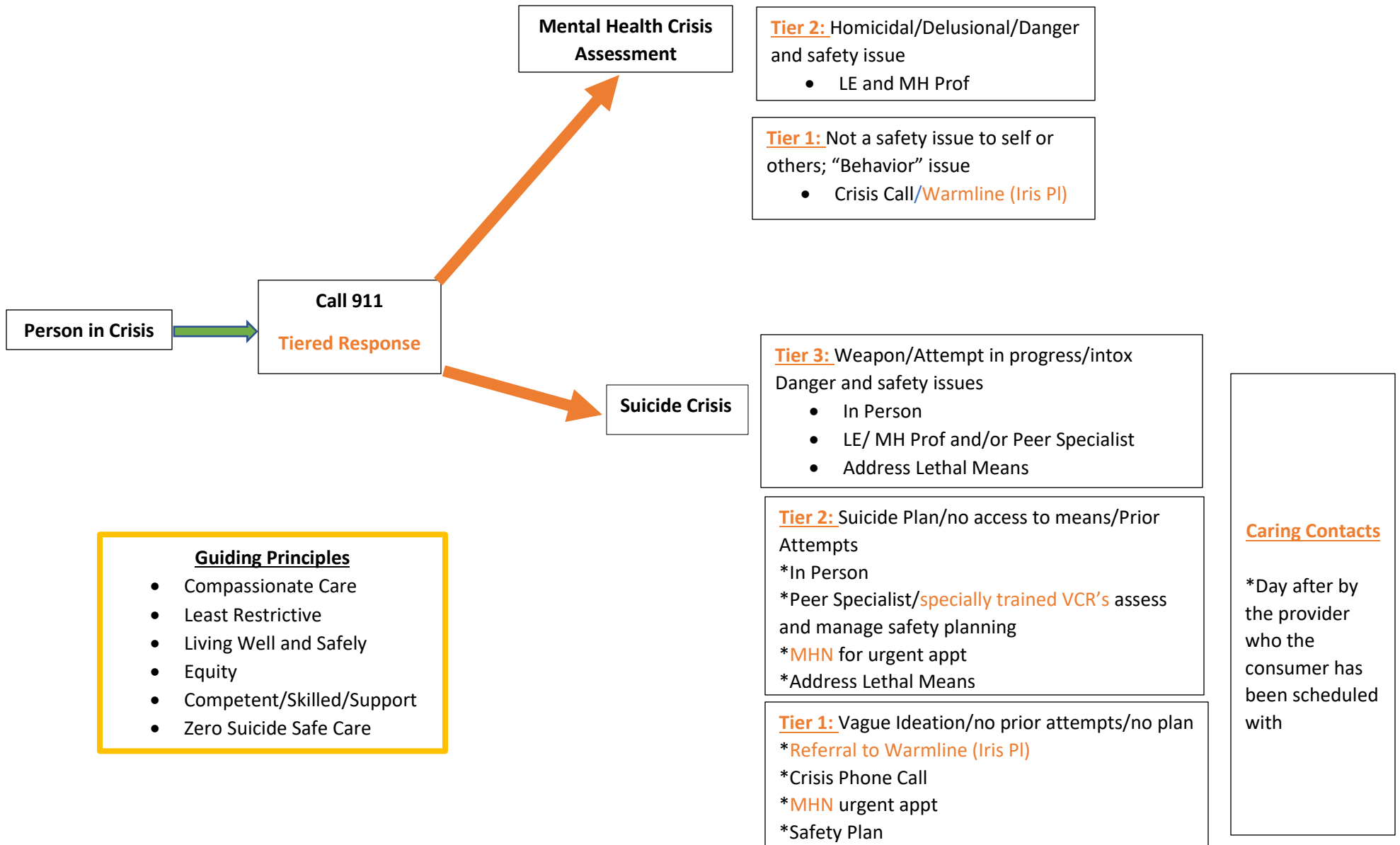
Acronyms: **MHN** = Mental Health Navigator;
LE = Law Enforcement; **MH** = Mental Health;
SA = Suicide Attempt; **VCR** = Victim Crisis
Responder

SOLID line = happens consistently
BROKEN line = happens Sometimes
Orange line = New standard practice/
connection

FIRST RESPONDER SUMMARY

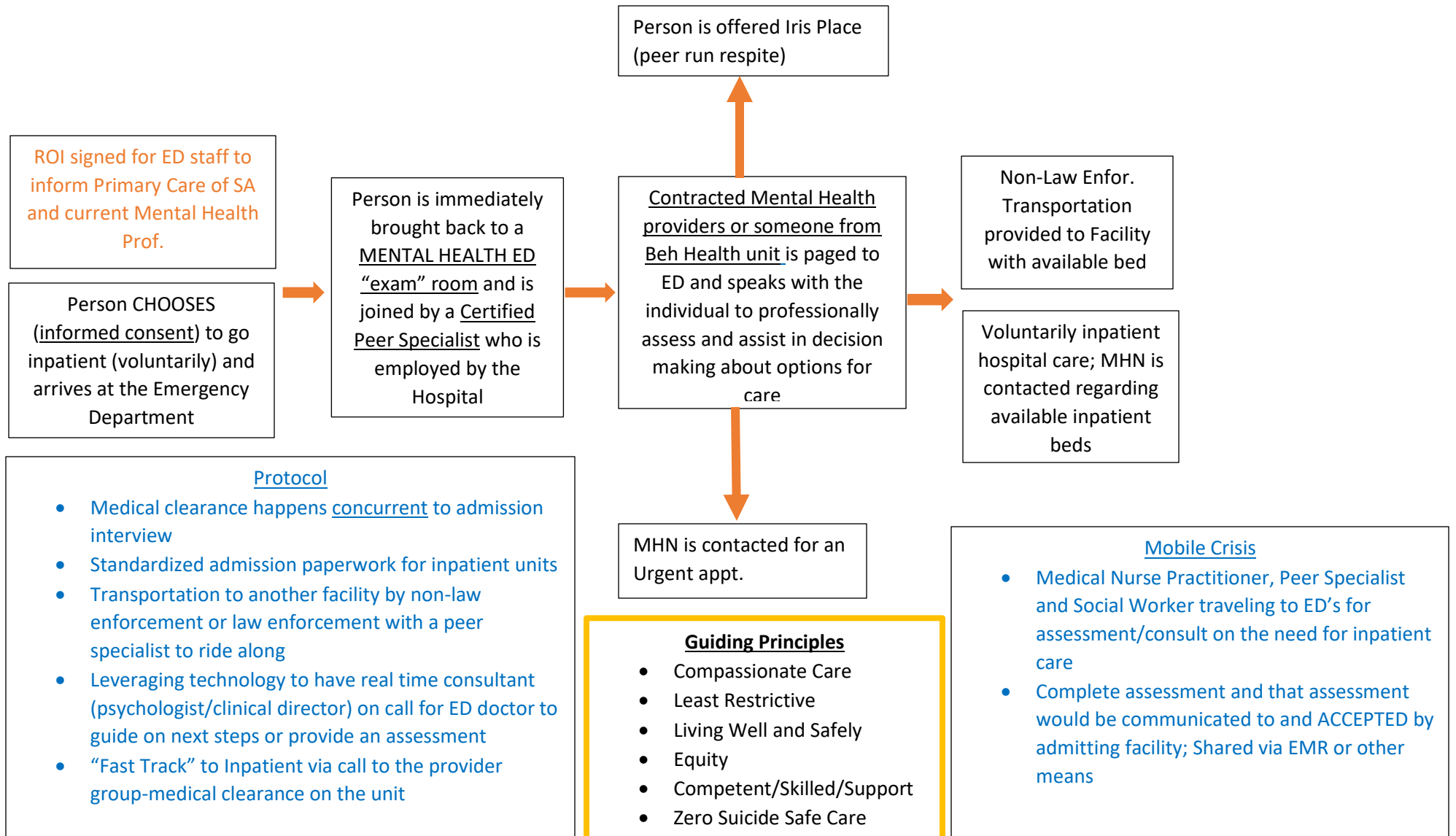
Our one-size-fits-all solution of dispatching law enforcement to respond to mental health crisis calls is inefficient, can be ineffective, and at its worse, can result in worse outcomes. While law enforcement serves a critical role in calls involving threats of violence or self-harm, mental health and/or crisis response workers can be better suited to support consumers in crisis who are not a threat to themselves or others.

Our re-imagined crisis response model partners law enforcement and mental health workers who work collaboratively to triage mental health crisis calls, and dispatch the most appropriate responder using a tiered approach that takes into account the severity of the crisis.



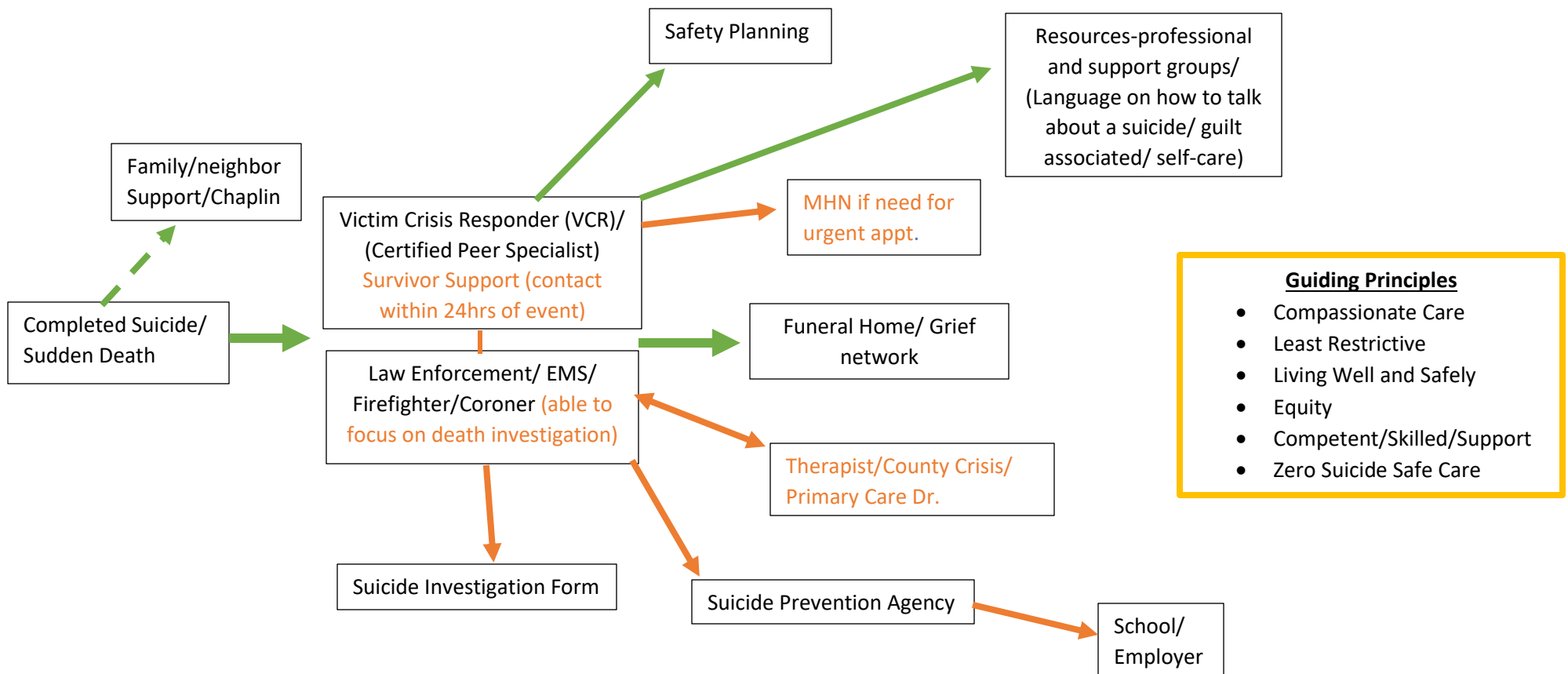
EMERGENCY DEPT REDESIGN SUMMARY

Emergency departments are ill equipped to meet the needs of patients who come through their doors who are suicidal or are experiencing a mental health crisis. Our re-imagined emergency department design addresses the needs of those in a mental health crisis by offering more compassionate, effective care. This is done by creating mental health exam rooms that are calming; having mental health staff employed in/deployed to the Emergency Department to support patients and collaborate around care planning; streamlining and fast-tracking the admission process to inpatient hospitalization if needed.



SUDDEN DEATH/COMPLETED SUICIDE SUMMARY

Our current system response following a sudden death or completed suicide is inconsistent and disjointed. An ideal response would include consistent postvention support for survivors along with data collection in the form of a sudden death investigation form. We envision a system where mental health worker(s) are dispatched uniformly with law enforcement to a sudden death to provide support to survivors. Law enforcement or first responders, meanwhile, would be freed up to focus on the scene, collect information and complete an investigation form. Improved postvention support reduces suicide contagion risk among survivors, and improved data collection will inform better suicide prevention efforts in our community.



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Protocol

- **VCR follow up within 24-48hrs of event to provide resources/support, pre and post funeral and at 1.5mo following death
- **Standardized response to survivors would create a record of services provided
- **Within Police Depts. Policy notifying Behavioral Health Unit/officer who can also provide follow up

FUNDING AND SUSTAINABILITY

- Re-allocation of funds due to money saved through innovation – at City and County levels (Continue funding essential positions such as CIT officers, Behavioral Health Officers)
- Work new system funding into city and county budgets over a 3-year investment cycle
- Allocation of CARES Act funds for systems change
- New money into the system through SMALL taxes (ie. \$.01 on 911 services) in consultation with city and county government
- Philanthropic funding to allow for risk-taking and innovation

Models with Outcome Savings

- Recovery International's Recovery Response Center (RRC) an alternative to Emergency Department use in the event of a psychiatric crisis utilizing Certified Peer Specialists and Livingroom Model; SAMHSA endorsed; www.riinternational.com
 - cost is 1/3 of Emergency Dept.
 - Return visit within the same month is 5%
 - Peer Follow-up decreases ED visits within first 30days
 - 50-79% reduction in ED use seen in Ellendale, Delaware and Fife, Washington
- Brown County Health and Human Services partnership with Green Bay Police Department
 - Decrease by 15% in Emergency Detentions and time spent
 - Increase in jail and hospital diversion
- Madison Police Department Mental Health Unit
 - <https://www.cityofmadison.com/police/community/mentalhealth/>
- CAHOOTS
 - <https://whitebirdclinic.org/wp-content/uploads/2020/07/CAHOOTS-Consulting.pdf>
 - Saved an estimated \$8M on public safety and \$14M for Ambulance/Emergency room treatment annually

- Albuquerque NM Community Safety Dept.
 - <https://www.cabq.gov/acs>

Recommended Documents to be Created

- **Families:**
 - What to Expect-to help families know the process, agencies and decisions that need to be made when someone passes suddenly and a timeline of these events
 - Resources-Support groups; Grief Network; Clean-up Services
- **Professionals:**
 - Roles and Responsibilities-clearly defined for the new Ideal System Response
 - Post Sudden Death Process/Procedure- define **who should be notified** in a sudden death (schools/employers/Primary Care Physician/Therapist...); Recommendations for deaths in marginalized communities (LGBTQ/Culture/Race...)

Recommendations for Implementation

Keep the Guiding Principles at the forefront.

Project Work Groups:

- **MUST** include the voice of Lived Experience on each taskforce in the creation of the Ideal System Response
- Decision Makers of organizations and systems
- Multi-disciplinary based on the section being worked on

Implementation Science for the new Ideal System Response

- Build
- Pilot
- Test
- Evaluate