



**Office of
Mental Health**

Multicultural Considerations in the Delivery of Suicide Safer Care in Health Systems

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BronxCare Health System

Behavioral Health Services

Psychiatry

- Adult and Child Adolescent Inpatient
- Comprehensive Psychiatry Emergency Program (CPEP)
- Adult and Child Adolescent Outpatient Services
- Mobile Crisis Team

Addictions (SUD Treatment)

- Detoxification, Rehabilitation (Inpatient)
- Outpatient Addiction Services
- Opioid Treatment Program
- Community Residence



- According to the United States Census Bureau as of 7/1/18 an estimated 1,432,132 people reside in Bronx County
- In 2018 approximately 236,000 patient visits were made to our psychiatric services inclusive of our addiction services.
- Of those 7,000 were to CPEP, 1,500 Mobile Crisis Visits, and 3,500 inpatient stays inclusive of our detox unit.
- Estimates of the population served at BronxCare:
 - 62% Latino
 - 28% Black/African American
 - 6% White/Caucasian
 - 4% Other
- Ranging in ages from 5 to 84



New Yorkers Advancing Suicide Safer Care Initiative (NYASSC)

- Statewide in scope: working with several health systems in NYS
- Systematic integration of suicide prevention within their care systems – i.e. adoption of the Zero Suicide model
- Targets population: Adults \geq 25 years old
- Intensive effort in Onondaga County with ambitious goal of creating a Zero Suicide Safety Net within and across participating providers
- Goal: 20% reduction in suicide deaths and attempts by grant end



AIM Suicide Prevention Model

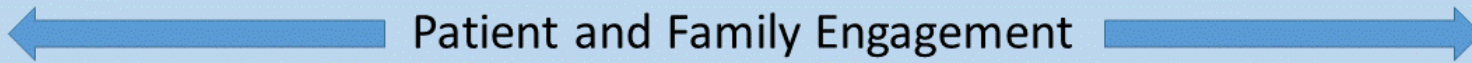
- **Assess:** Universal Screening, Suicide-Specific Risk Assessment
- **Intervene:** Universal Precautions, Suicide-Specific Interventions and Treatment Planning
- **Monitor:** Increased follow up and monitoring (e.g. following discharge)



ASSESS

INTERVENE

MONITOR



Suicide Care Management Plan

UNIVERSAL SUICIDE SCREENING
All patients screened with the C-SSRS SCREEN version



COMPREHENSIVE SUICIDE RISK ASSESSMENT
Including risk & protective factors and access to lethal means

CLINICAL FORMULATION & TRIAGE

RISK LEVEL DETERMINATION
High – Moderate – Low

UNIVERSAL PRECAUTIONS
Psychoeducation about fluidity of suicide risk; Lifeline & Crisis Text Line numbers

Stanley-Brown **SAFETY PLAN**
With lethal means reduction counseling

PLAN FOR TWO FORESEEABLE CHANGES

TREATMENT PLAN
With goals and objectives that specifically target suicide, including a plan for the identified foreseeable changes

REGULAR SUICIDE SCREENING

STRUCTURED FOLLOW-UP PHONE CALL
Within 24-72 hours of discharge from inpatient or CPEP

OUTPATIENT APPOINTMENT
Scheduled within 5 days of discharge

WARM HAND-OFF OF RECORDS
Forward records prior to first visit, including discharge summary, Safety Plan, and 2 foreseeable changes

CARING CONTACTS
Send within 2 weeks and 3 months of inpatient discharge

Note: Items in **BLUE** represent procedures for all patients, and items in **PINK** for those assessed to be at higher risk

Training the Workforce

Training	Mode
AIM for Zero – Intro of suicide care management	Webinar
Safety Planning	Module
Two Foreseeable Changes	Module
Family & Patient engagement	Module
Structured Phone Follow Up	Module
Risk Assessment (optional)	Module
Suicide Prevention for healthcare providers	Gatekeeper module
Clinical Gaps (optional)	Module
Means Reduction Counseling	Module
Implementation Support	Learning Collaborative



BronxCare Health Systems

- Successes and Challenges with Spanish speaking patients and the impact culture plays
- Difficulties faced with follow up upon discharge when working with the homeless, undocumented, and individuals with low or no family support
- Navigating Intimate Partner Violence situations with undocumented monolingual speaking patients



Q & A??



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