

# A whole person approach to working with individuals who are living with serious mental illnesses

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**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Disclaimer

- This webinar was developed [in part] under contract number HHSS283201200021I/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

# The case for integrated care to support people who are living with SMI

- Lack of access to Social Determinants of Health (Basic resources: food insecurity, stable housing, healthcare, transportation, etc.) has been correlated with increased use of avoidable Emergency Department care
- Social Service systems are often siloed and complex to navigate, with individuals needing to access multiple systems to meet basic needs – this is particularly difficult for those who are coping with serious mental illnesses, who may not trust systems or who may need additional support to coordinate disconnected care systems such as health care and social services.
- Many community systems rely on the user to be the carrier of their own social service history – such as referrals to basic need providers, etc.
- A lack of a single social service record results in fractured care that can be confusing and discouraging for clients to access- increases equity gaps for many – those who have families or other informal supports who are “system savvy” often can access care, while those without formal or informal navigation support often find themselves in the Emergency System or Law enforcement systems which are unfortunately always open and always accepting new referrals

# A “Maximum Diversion” Approach requires multiple components

Important components to avoiding Criminal Justice or Unnecessary Emergency Department Admissions:

- 24/7 Access to alternative support options (diversion beds, referrals to SDoH resources, next day or walk in appointments for care)
- Peer Supports – to increase the buy-in/ trust in system of care; to create pathways to give back; create opportunities to incorporate peer voices in system level improvements and care model re-design efforts – WARM Line and peer support specialists on Crisis Lines or in care navigator roles
- Reduced complexity in system navigation, increases the likelihood that individuals who need the services the most will be able to access these services and systems without having to enter through criminal justice or emergency department systems
- Importance of protecting privacy while also creating interconnected systems that can link individuals to SDoH and Health resources
- Must take a network adequacy lens to the work to ensure adequate options for SDoH resources – system-wide dashboards can create actionable information to communities to identify opportunities for targeted investments that will improve access and use of systems

# How Does Crisis Connections meet these needs?

Component:	Program(s):	“Staffed” by:
24/7 Access to alternative support options	OneCall, Crisis Triage, Next Day Appointments	Volunteers supervised by clinical staff
Peer Supports	WARM Line, Teen Link, WA Recovery Help Line	Peer Support specialists; Teen Peers supervised by clinicians; SUD trained staff with SUDP supervision
Individual level community record of care and SDoH referrals	211 Care Record; Extended Client Look-up System for BH systems; EDIE System in Emergency Departments	Volunteers supervised by clinical staff
Ensures Privacy while also connecting people to longitudinal record of referrals	Consent and option to use alias in 211, Crisis, Teen Link, WARM, WA Recovery Help Lines	n/a
Informs Network Adequacy efforts	We use Geo- Access Mapping to plot resource availability by Zip Code	

# Geo Access Mapping of Resources WA Recovery Health Line

The screenshot displays the WA Recovery Health Line website's search interface. The browser address bar shows the URL [warecoveryhelpline.org/moud-locator/](http://warecoveryhelpline.org/moud-locator/). The website header includes the phone number 1.866.789.1511 and navigation links: HOME, ABOUT, MEDICATIONS FOR OPIOID USE DISORDER, RESOURCES, GET INVOLVED, COMMUNITY JOB BOARD, and CONTACT.

The search interface includes three input fields: "Enter City or Zip" (containing "seattle"), "Enter County (optional)" (containing "King"), and "Select Search Radius" (set to "50 miles"). A "Search" button and a green button labeled "Check your eligibility and narrow your search" are present. Below the search fields, a "Sort By" dropdown is set to "Geographic".

The search results list two locations:

- Polyclinic - Madison Center**  
904 7TH AVENUE SEATTLE, WA 98104 (Get Directions)  
Options: What's Next, Details, Hours & Location  
Links: Visit their website or Call 206-860-4424 to get more information.
- Downtown Emergency Service Center (DESC)**  
216 JAMES STREET SEATTLE, WA 98104 (Get Directions)  
Options: What's Next, Details, Hours & Location

The right side of the page features a map of the Seattle area with 11 numbered green circular markers indicating resource locations. The markers are distributed across various neighborhoods including Ballard, Fremont, White Center, and Renton.

At the bottom of the page, there is a footer with copyright information: "Copyright © 2020 - All Rights Reserved - Crisis Connections". Logos for "crisis connections", "King County", "Washington State Department of Health", and "Washington State Health Care Authority" are displayed. A note states "Partially funded by:" followed by the logos for King County, Washington State Department of Health, and Washington State Health Care Authority.


# Geo Access Mapping of Resources King County 211

wa211.communityos.org/guidedsearchresults?localHistory=zOGt\_O2e5NyU9ErPNmSDSw

Use this search tool to find help. You can search by category as well as agency or program name. Results will be more helpful if you add a ZIP code for your location. If you can't find what you are looking for, call 2-1-1 for assistance.

### Search Results

Map Satellite



Map data ©2020 Google. Report a map error

Previous 10 Results Page 1 of 1875 Next 10 Results

#### ECEAP offered at Childhaven's Brigadoon Branch

**Address:** 3601 Southwest 338th Street Federal Way WA, 98023, US **Phone Number:** 206-957-4841

**Website:** <https://childhaven.org/what-we-do/early-learning/> **Hours:** M-F, 8:35am-3:05pm

*Located 0.3 miles from selected ZIP code.*  
Provides comprehensive early childhood education, health, nutrition and parent involvement services to low-income children and their families.

**COVID-19 Update:**

[Agency Details](#) [Service Details](#)

#### Category Search

**Search Categories**  
Add or remove options to adjust your search

Includes all

#### Sort Results by ZIP Code

**Zip**  
Sort by closest

#### Narrow Your Results

**Enter an Agency Name or Program Name**  
Is Like

**Show Only Programs that Serve Your Area**  
Serves Part Of

#### Languages Other than English

- Interpreter services (8965)
- Spanish (2529)
- American Sign Language (439)
- Russian (256)
- Vietnamese (232)
- Korean (157)
- Mandarin (157)
- Multi-lingual materials (142)
- Somali (127)
- Cantonese (121)

#### Days of the Week

- Wednesday (13820)
- Thursday (13783)
- Tuesday (13777)

Emergency Human Services offered at St. Vincent De

# 211 San Diego/Community Information Exchange



## 2-1-1 San Diego / Imperial

- Free, 24/7 service, 3-digit dialing code
- Access to community, health, social and disaster services
- Tailored programs take the client beyond just a referral—movement towards Navigation

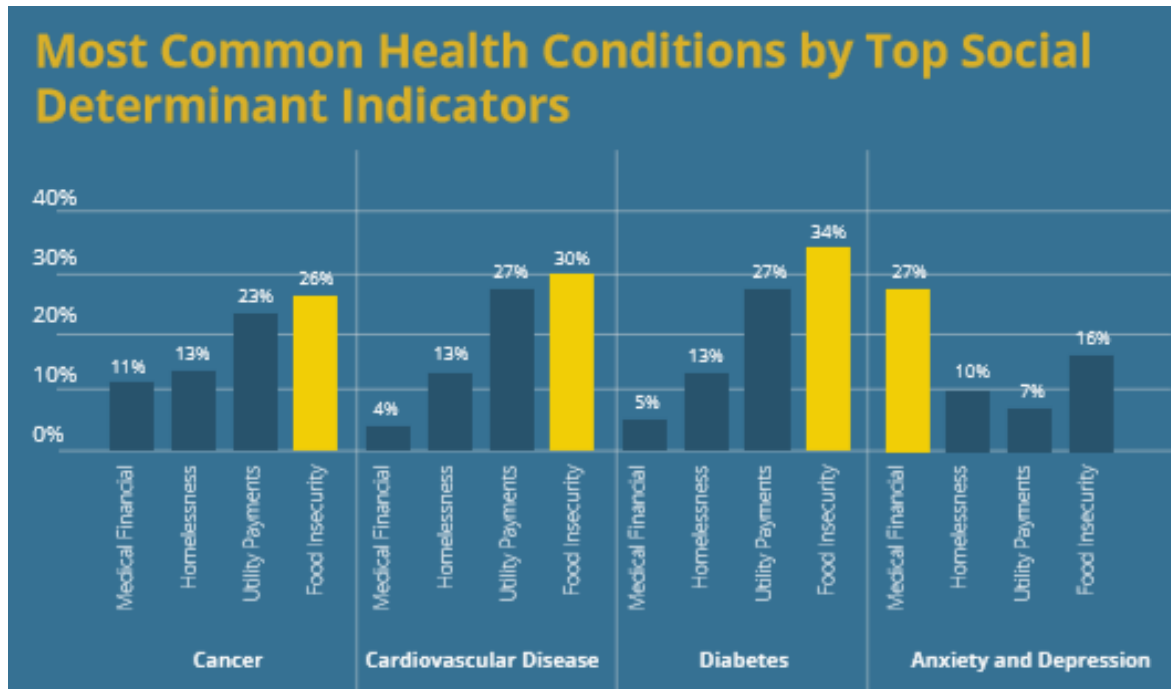
## Community Information Exchange

- Systems change that fosters true collaboration across networks
- Moving towards person-centered interventions and interactions across healthcare and human services
- Goal is to improve health and wellness for individuals and populations



# Impact of Social and Health Needs

- Common Associations for Health and Social Needs:
  - Financial Concerns
  - Homelessness
  - Food Insecurity



# Community Supports: SMI

- Partnership with medics to make referrals for non-emergency needs with consent for 211 navigator to follow-up on social needs
  - behavioral/mental health & senior supports

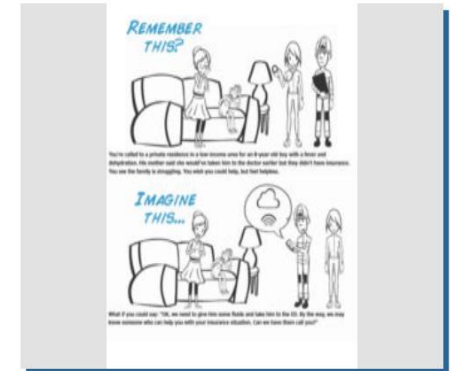
Administration and Leadership, Documentation & Patient Care Reporting, Mobile Integrated Healthcare

## How San Diego EMS Integrated System-Wide Conditional Social Referrals in ePCRs

Issue 2 and Volume 41.

By Karis Grounds, MPH and Anne Marie Jensen, EMT-P | 1.15.16

f t in



- Whole Person Care/Health Homes
  - Comprehensive community care which includes housing and case management services



# Elements of Community Information Exchange



## Network Partners

Collective approach with standard Participation Agreement, Business Associates Agreement and participant consent with shared partner governance, ongoing engagement, and support.



## Shared Language (SDoH)

Setting a Framework of shared measures and outcomes through 14 Social Determinants of Health Assessments and a Risk Rating Scale: Crisis, Critical, Vulnerable, Stable, Safe Thriving



## Bidirectional Closed Loop Referrals

Updated resource database of community, health, and social service providers. Ability to accept/return referrals and to provide outcomes and program enrollment.



## Technology Platform and Data Integration

Technology software that integrates with other platforms to populate an individual record and shapes the care plan. Partners access the system. System features include care team communication feeds, status change alerts, data source auto-history and predictive analytics.



## Community Care Planning

Longitudinal record with a unified community care plan that promotes cross-sector collaboration and a holistic approach.



[www.ciesandiego.org](http://www.ciesandiego.org)

# Contact Information

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211 San Diego/Community Information Exchange

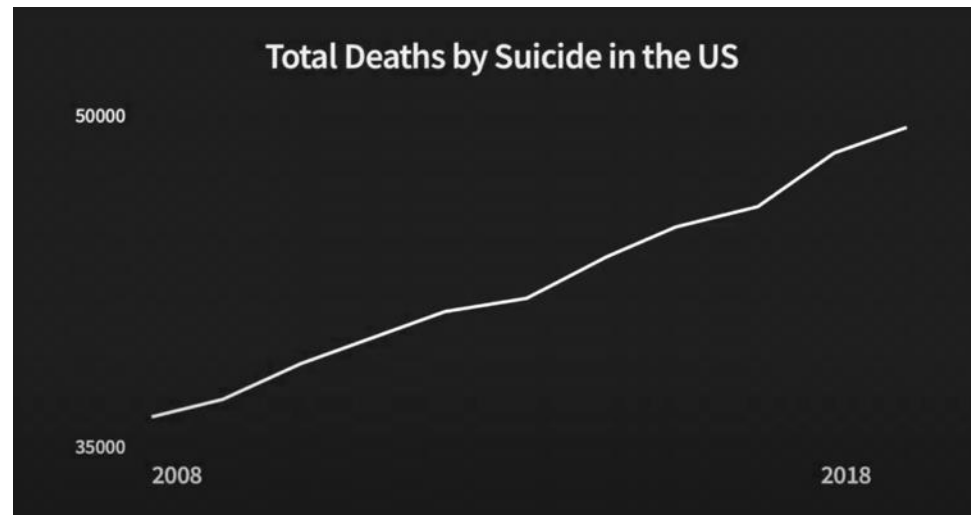
# Public Health Epidemic

## 48,344 Lives Taken by Suicide in 2018



Annually

- 10.7M seriously CONTEMPLATE suicide annually
  - 3.3 M make a suicide PLAN
  - 1.4M make an ATTEMPT
- ...and the numbers keep growing







# Best Practices For ED Suicide Prevention

- Suicide Safety Planning
- Lethal means counseling
- Suicide assessment and crisis stabilization
- Psychoeducation & Skills Training
- Insights and wisdom from PLEs
- Caring Contacts

# Benefits of Digital Technology

- Enable reliable delivery of evidence-based care – anywhere!
- Don't drift like people or "wake up on wrong side of the bed"
- Can be programmed as compassionate and kind master clinician
- Enables delivery of powerful peer support messages of hope, recovery and guidance
- People are more honest when "talking" to a computer
- AI super-powers personalization of content
- Internet-delivered self-help is wildly effective



# Meet Brian Jack and "Nurse Louise"

## BU's Virtual Patient Advocate

The screenshot shows a web browser window displaying the Project RED website. The browser's address bar shows the URL 'BU Project RED (Re-Engine...'. The website header includes the Project RED logo, 'A Research Group at Boston University Medical Center', the Boston Medical Center logo, and the Boston University School of Medicine logo. The main content area is titled 'Meet Louise...' and features a photograph of Dr. Brian Jack. Below the photo is a paragraph describing Louise as a Virtual Patient Advocate. There are two links for PDF documents: 'About Louise and Virtual Patient Advocates (PDF - 830 KB)' and 'Project RED Fact Sheet (PDF - 368 KB)'. A 'Videos' section follows, with instructions to play Flash videos. Two video thumbnails are shown: 'Louise with After Hospitalization Care Packet' and 'Patient's Medications'. The video thumbnails show a character named Louise holding a document with the Project RED logo.

**Project RED**  
Re-Engineered Discharge

A Research Group at  
Boston University Medical Center

BOSTON MEDICAL CENTER  
EXCEPTIONAL CARE, WITHOUT EXCEPTION.

BU  
Boston University School of Medicine

Funded by the Agency for Healthcare Research and Quality & National Heart, Lung and Blood Institute

**Meet Louise...**

Louise is one of our Virtual Patient Advocates. In concert with the After Hospital Care Plan, Louise assists the Discharge Advocates with components of their care, such as their prescribed medications, follow-up appointments and diagnoses. Louise was created based on the communication styles of nurses, which patients are receptive to. Her dialogue is tailored for each patient based on the information entered into the workstation. Currently, the effectiveness of Louise is being tested as part of the RED-lit project. You may click on any of the video files below to see a demonstration of how Louise helps patients become better prepared to leave the hospital. The articles and fact sheets below also provide a more detailed overview of how Louise was created and what her capabilities are.

[About Louise and Virtual Patient Advocates \(PDF - 830 KB\)](#)

[Project RED Fact Sheet \(PDF - 368 KB\)](#)

**Videos**

To play the following Flash videos, roll your mouse over a video and click the play button located on the bottom left corner of each video screen.

**Louise with After Hospitalization Care Packet**

**Patient's Medications**

**RED: Reengineering Patient Discharge**



# Problem



Patient discharge process is non-standardized and frequently poor.

1 in 5 patients readmitted in first 30 days.

## Solution

- Hospital readmit rates were cut in half.
- Patients **LOVED** "Louise"
  - Because she seemed to REALLY understand their problems.
  - Because she helped them.
  - Because she had the time.
- "Louise" saved money -- \$412 per patient.



Could a “Nurse Louise” help  
people in Crisis Setting in  
midst of suicide crisis?



# ...that helps flatten the curve

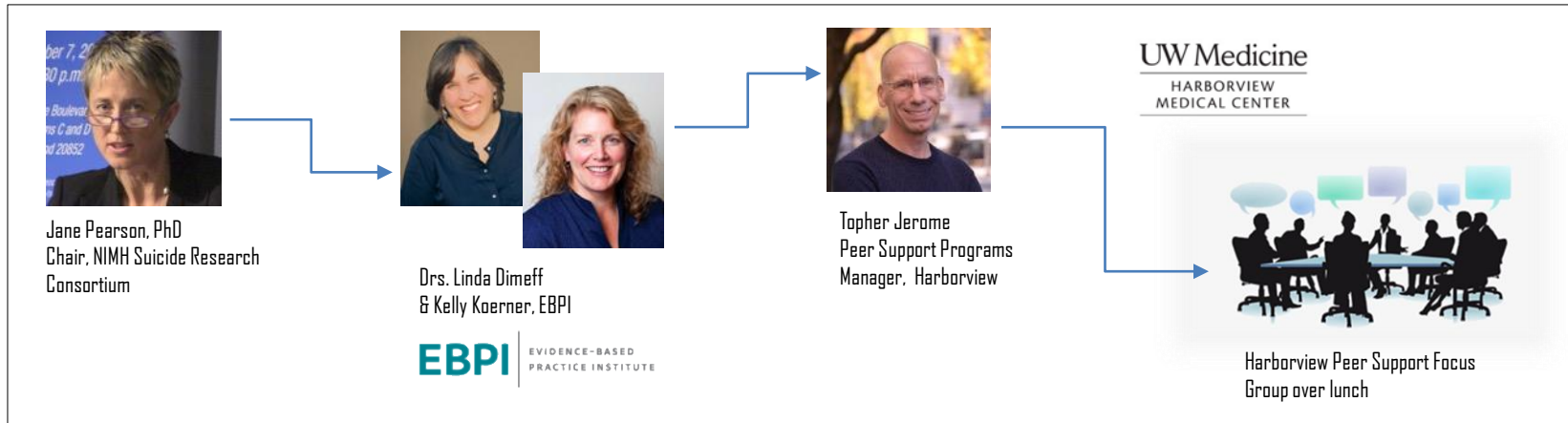
Enabling the delivery of suicide prevention best practices at the point of need to:

- Create a stability plan
- Gain commitment to reduce lethal means
- Teach behavioral skills for distress and negative emotions
- Increase hope and impart stories of people with lived

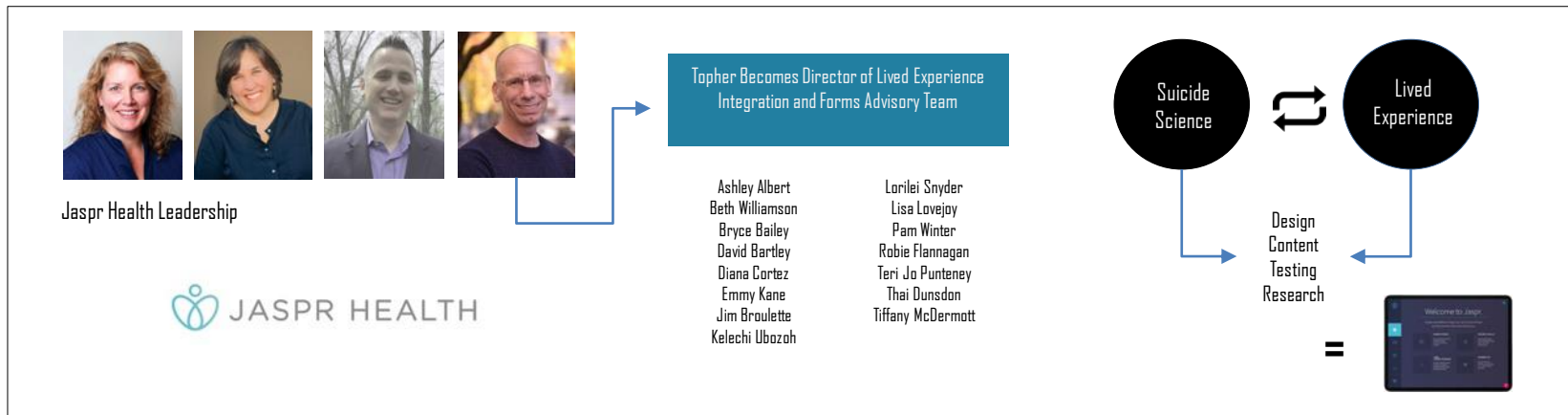


# Lived Experience Integration

## Phase 1 – Call for PLE Inclusion



## Phase 2 – PLE Integration Becomes Company Value

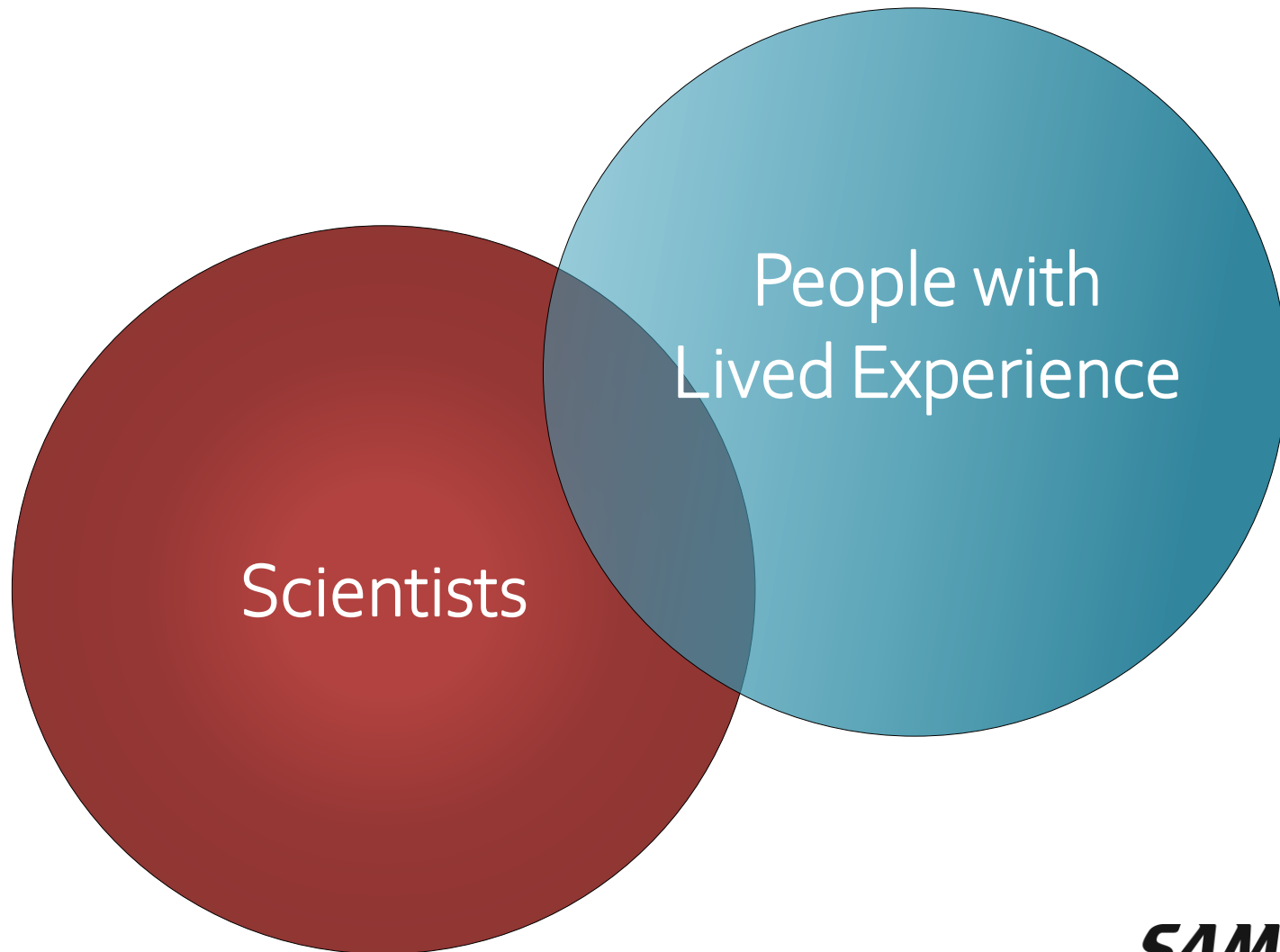


# Lived Experience – Integral to Everything

- Hire key person to sit “at the table” and ensure process
- Organization’s leaders fully committed to equal
- Develop and review all content and design
- Review and critique all research methods and measures
- Serve as researchers in EDs and conducting follow-up calls



# Integrated Model: Science + Lived Experience

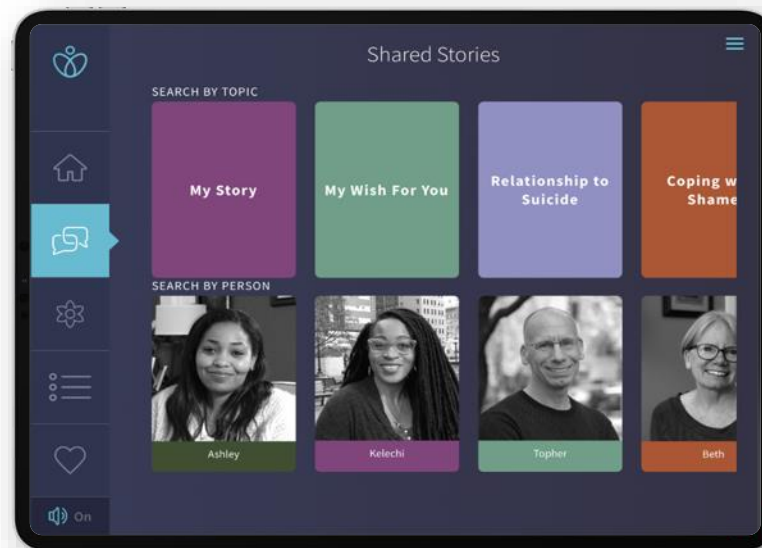


# The Jaspr Health Difference

TRANSFORMING CARE TO MEET THE NEEDS OF PATIENTS AND HEALTH SYSTEMS

Science +  
Lived Experience

Co-designed with  
health system partners



Geisinger







# Welcome to Jaspr Health

Let's have a look...



**David Jobes, PhD**

Suicide Prevention Expert

**Diana Cortez Yanez**

Suicide Attempt Survivor


▶ 🔊 0:00 / 2:44



Skip this ›



# Clinical Decision Support for Providers



JASPR HEALTH

## SUMMARY FOR COLLABORATIVE DECISION MAKING

Jaspr SSID: 329  
Start Time: 20190612, 21:56  
Last Modified: 20190623, 10:30

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### PRELIMINARY RISK STRATIFICATION

Risk level category assigned based on highest level category endorsed on any row.

MILD

MODERATE

HIGH

0 - 2  
No current attempt  
No suicide plan or intent

3 - 4  
No current attempt  
Suicide plan or intent

5 - 6  
**Current attempt**  
Suicide plan and intent

---

### SELF REPORT SUICIDE STATUS INTERVIEW KEY FINDINGS

**History Substance Abuse:** [-]  
Describe: [-]

**History Attempts (0, 1, 2+):** 1  
Describe: "Last night took overdose"

**History Insomnia:** YES  
Describe: "Not sleeping last week, only 4 hours a night"

**Access to Means:** NO  
Describe: "I took them all, there aren't anymore"

### Self-Reported Overall Risk of Suicide

WILL NOT KILL SELF
WILL KILL SELF

1
2
3
4
5

Higher scores indicate higher acute suicidality and longer treatment response moderated by self-hate and hopelessness.<sup>3</sup>

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### SSI Core Assessment

RANK	Item	Score
1	<b>Psychological Pain</b> "breakup with boyfriend"	5/5
2	<b>Hopelessness</b> "never feeling happy"	5/5
3	<b>Self-hate</b> "I just can't feel normal"	5/5
4	<b>Stress</b> "personal relationships"	5/5
5	<b>Agitation</b> "I feel really strong emotions"	4/5

High hopelessness, self-hate, and overall risk suggest chronic suicidality. High agitation, and stress suggests acute suicidality.<sup>2</sup>

### Reasons for Living


RANK	Item
1	"My mom"
2	"My best friends"
3	"my sister"
4	"want to finish my degree"
5	"would not be able to enjoy life"

---

### Patient Reported Readiness for Discharge

**Very ready**

*"I talked everything over with my mom as I worked with the app, I feel a lot better. I am going to go see a counselor. I'm going home with my mom, there are no medications. My mom will remove all medications that I could take as an overdose. I came up with a bunch of ideas I can try on my stability plan like talking to my mom, hanging out with my friends, and do other things to get through it until I feel better."*



High agitation, and stress suggests acute suicidality

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### JASPR USE & POSSIBLE NEXT STEPS

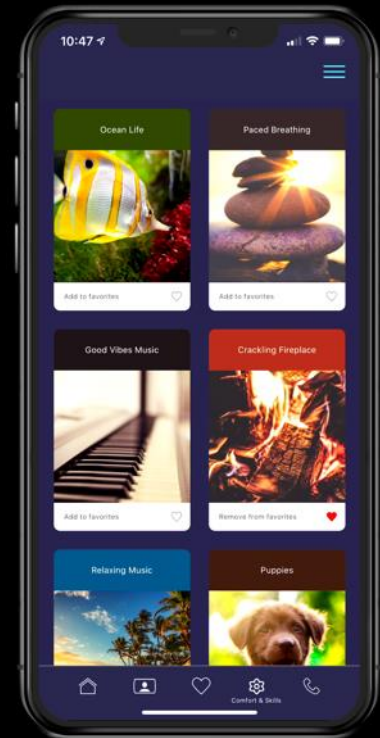
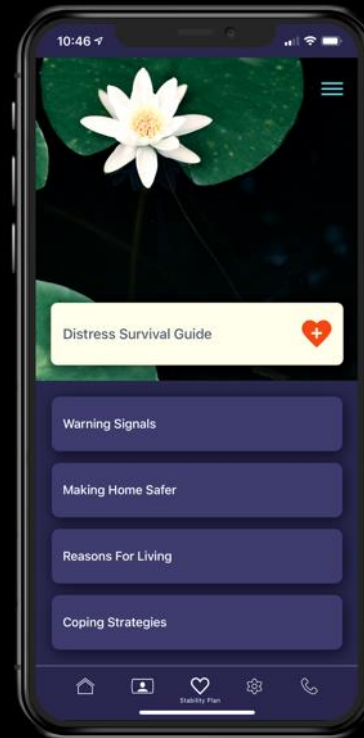
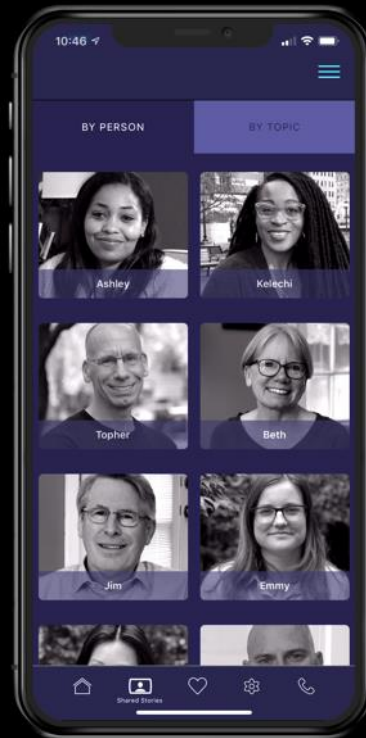
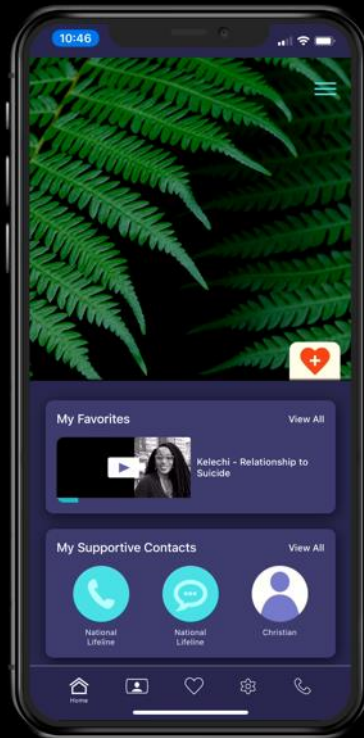
ITEM	STATUS	POSSIBLE NEXT STEP
<b>Making Home Safer</b>	▲ Incomplete	Help needed to remove or restrict lethal means until suicide crisis is over.
<b>Sources of Support</b>	● Ready to Review	Verify adequate support and monitoring including scheduling outpatient appointment ASAP.
<b>Coping Strategies</b>	● Ready to Review	Strengthen plan to use distraction, positive activities, and other specific strategies to cope with return of suicide urges

1. Brown GK, Steer RA, Henriques GR, Beck AT. The internal struggle between the wish to die and the wish to live: A risk factor for suicide. *The American Journal of Psychiatry*. 2005;162(10):1977-1979. doi:10.1176/appi.ajp.162.10.1977.

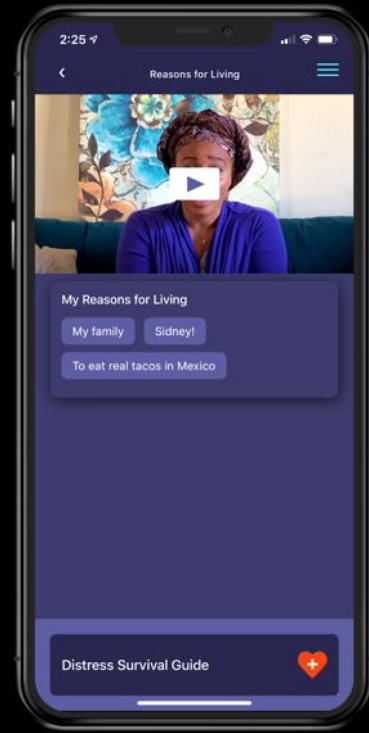
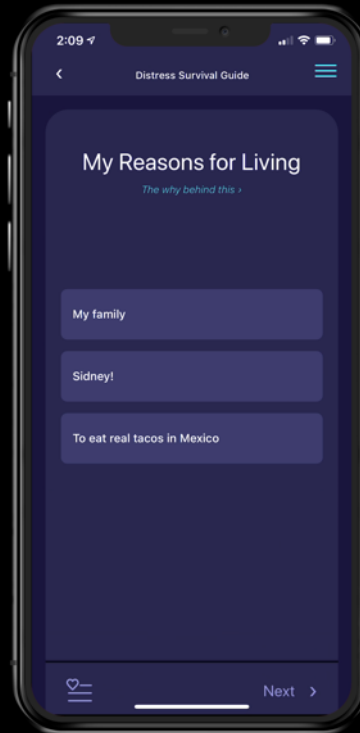
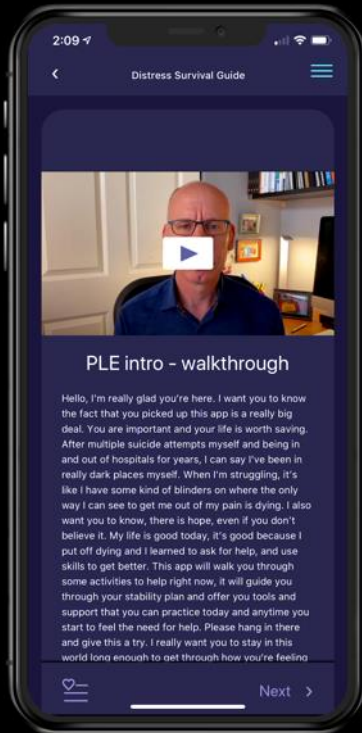
2. Conrad AK, Jacoby AM, Jones DA, et al. A psychometric investigation of the Suicide Status Form-8 with a psychiatric inpatient sample. *Suicide and Life-Threatening Behavior*. 2009;39(5):397-400. doi:10.1521/suli.2009.39.5.397.

3. Jones DA, Kahn-Greene E, Greene JA, Gorkle-Money M. Clinical improvements of suicidal outpatients: Examining suicide status form responses as predictors and moderators. *Archives of Suicide Research*. 2009;13(2):147-159. doi:10.1080/1381110902893080

# Jaspr at Home



# Jaspr at Home



# Testimonial

“It’s crazy that an app makes me feel like I have another person there with me to guide me through ... It’s one of the best experiences that I’ve had ever in a hospital.”

Participant 8019  
Individual seeking psychiatric crisis services  
in the Emergency Department

# Summary Overview of Study 1

## ED- based Outcomes: Comparing Jaspr Health to CAU

- Significant *increase* in the **delivery** of four suicide prevention best practices for suicidal ED patients and the **thoroughness** of their delivery;
- Significant *decrease* in **distress** and **agitation**;
- Significant *increase* in learning to **cope more effectively with** current and future **suicidal thoughts**;
- Significantly **high ratings of overall satisfaction of ED experience**;
- **100% recommended** Jaspr Health for other suicidal ED patients.

# Adaptation for Other Crisis Settings

## Looking Forward: Possibilities beyond the ED

### Adapt Jaspr for:

- Telehealth
- Primary Care
- Youth
- Substance Use Disorder and other conditions
- Military
- Prisons



# Contact Information

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