



***SAMHSA-HRSA
Center for Integrated
Health Solutions***

Suicide Prevention Tools for Primary Care

March 28, 2013

Co-sponsored by the

*SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)
and the Suicide Prevention Resource Center (SPRC)*



NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE



www.integration.samhsa.gov

About the Center

In partnership with Health & Human Services (HHS)/Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA).

Goal:

To promote the planning, and development and of integration of primary and behavioral health care for those with serious mental illness and/or substance use disorders and physical health conditions, whether seen in specialty mental health or primary care safety net provider settings across the country.

Purpose:

- To serve as a national training and technical assistance center on the bidirectional integration of primary and behavioral health care and related workforce development
- To provide technical assistance to SAMHSA PBHCI grantees and entities funded through HRSA to address the health care needs of individuals with mental illnesses, substance use and co-occurring disorders





SAMHSA-HRSA Center for Integrated Health Solutions

The statements, findings, conclusions, and recommendations in this presentation are those of the presenter(s) and may not necessarily reflect the view of SAMHSA, HRSA, or the U.S. Department of Health and Human Services.





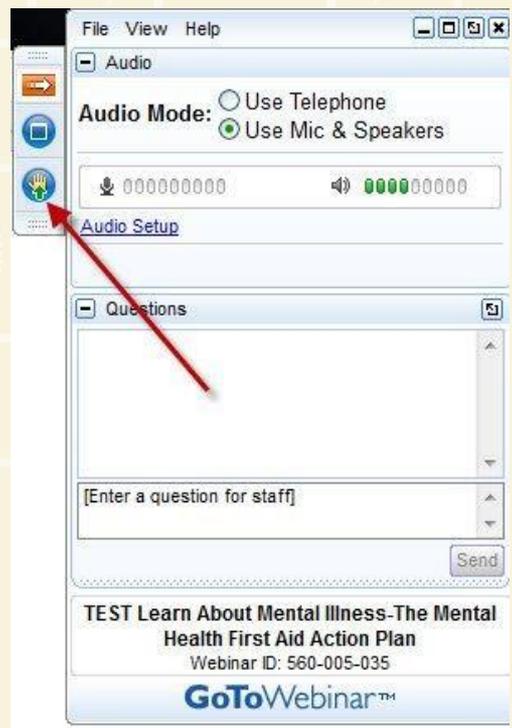
SAMHSA-HRSA Center for Integrated Health Solutions

**Slides for today's webinar are
available on the CIHS website at:**

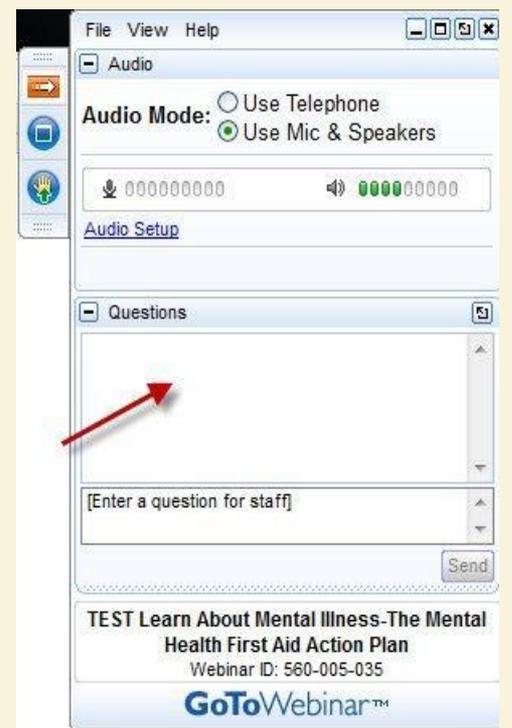
<http://www.integration.samhsa.gov/about-us/webinars>



How to ask a question during the webinar



If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. **(left)**



If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. **(right)**



Today's Presenters



Peggy West, PhD, MSW, Senior Advisor, Suicide Prevention Resource Center



Mimi McFaul, Psy.D., Director, WICHE Mental Health Program



Virna Little, PsyD, LCSW-R, SAP, VP for Psychosocial Services/Community Affairs, The Institute for Family Health



Webinar Goals

- Introduce the *Suicide Prevention Toolkit for Rural Primary Care* and its use with providers in primary care
- Learn how CHCs trained in suicide prevention are improving their knowledge, skills, and competency
- Lessons learned on how one Community Health Center implemented suicide prevention protocols in their agency





Suicide Prevention Resource Center

Suicide Prevention Tools for Primary Care Providers

**Peggy West PhD MSW
March 28, 2013**

Overview of Presentation

- Share information about and resources available from the Suicide Prevention Resource Center (SPRC)
- Introduce the *Suicide Prevention Toolkit for Rural Primary Care*
- Review ways resources in the Toolkit can be used in a primary care setting

Who We Are

What is the Suicide Prevention Resource Center (SPRC)?

- Established in 2002
- Funded through a cooperative agreement by the Substance Abuse and Mental Health Services Administration (SAMHSA)
- SPRC serves individuals, groups, and organizations that play important roles in suicide prevention.
- Increase knowledge, build capacity, and promote collaboration.
- Nation's only federally supported resource center devoted to advancing the *National Strategy for Suicide Prevention*.

Who We Serve

- Suicide prevention grantees: Garrett Lee Smith Suicide Prevention Grantees funded by SAMHSA to support suicide prevention work in Campus, State, and Tribal communities.
- State suicide prevention coordinators and initiatives
- College and university staff involved in suicide prevention efforts on campus.
- American Indian/ Alaska Native communities: Individuals working with native populations to support suicide prevention and mental health promotion.
- Health and behavioral health care providers who play a role in identifying and helping individuals at risk of suicide.
- Professionals in their community and organizations who can help reduce suicide rates among the populations they serve.
- Anyone with an interest in suicide prevention: Researchers, policymakers, public health professionals, suicide loss survivors, mental health consumer groups, and national and federal agencies and organizations

Services and Resources

Technical Assistance

Training <http://training.sprc.org>

- CALM (Counseling on Access to Lethal Means)
- AMSR (Assessing and Managing Suicide Risk)
- Webinars (Self-Injury, Alcohol Use, Bullying)

Publications

- Weekly SPARK
- Customized Information Sheets (Foster parents, First Responders, Teachers)
- Toolkits/Resources (Seniors, LGBT Youth, Juvenile Justice, ED Poster)

Best Practices Registry

- Evidence-based suicide prevention programs and practices

National Action Alliance for Suicide Prevention

- Public-Private Partnership
- National Strategy for Suicide Prevention

<http://actionallianceforsuicideprevention.org/nssp>

The Weekly Spark



SPRC
SUICIDE PREVENTION RESOURCE CENTER

The Weekly Spark

March 29, 2012

[Read this newsletter on the web](#)

Announcements	Research
<p>SAMHSA and the MacArthur Foundation collaborate to improve juvenile justice system response to youth behavioral health needs</p> <p>SAMHSA and the MacArthur Foundation are collaborating on a \$1 million effort targeting the behavioral health needs of youth in contact with the juvenile justice system. Youth with mental, substance use, and co-occurring disorders often end up in the juvenile justice system rather than getting the proper help they need. This initiative will support state efforts to develop and implement policies and</p>	<p>Suicide Screening in Emergency Departments</p> <p>A study by investigators affiliated with the Emergency Department Safety Assessment and Follow-Up Evaluation (ED-SAFE) project found that emergency departments (EDs) are failing to conduct suicide screenings for many patients who exhibit characteristics associated with a high risk of suicide (such as psychiatric complaints or a history of substance abuse). The research also revealed that many patients who screen positive for suicidal ideation or behavior are not provided with appropriate follow-up care.</p> <p>This research summary is based on information in: Ting, S. A., Sullivan, A. F., Millar, I., Espinola, J. A., Allen, M. H., Camargo, C. A., & Boudraux, E. D. (2012). Multicenter study of predictors of suicide screening in emergency departments. <i>Academic Emergency Medicine</i>, 19, 239-243.</p>
	<p>National News</p> <p>Army reviewing traumatic stress diagnostic practices</p> <p>Reuters The Army surgeon general has initiated a review to make sure that all Army psychiatrists follow standardized</p>

Sign up for The Weekly Spark at:
<http://go.edc.org/0ooq>

Examples of SPRC Products and Services

SUICIDE PREVENTION RESOURCE CENTER

This Month Don't Miss...

NEW! SPRC is hiring. The Suicide Prevention Resource Center (SPRC) has two immediate openings in our 9-person Prevention Support Team, which provides technical assistance to Garrett Lee Smith Memorial Act sites, tribal and campus grantees, statewide suicide prevention coalitions, and other constituents doing suicide prevention work in the field. [Read more](#)

NEW! SPRC and AAS release Continuity of Care for Suicide Prevention and Research, a comprehensive report offering recommendations for the ongoing care of patients at risk for suicide who have been treated in emergency departments and hospitals. Based on an encyclopedic review and analysis of existing research, this 150-page report was authored by David Innesper, M.D., Department of Psychiatry, University of Michigan, and is the first review of continuity of care as a means to prevent suicide. [Read more](#)

NEW! AAS sponsors Facilitating Suicide Bereavement Support Groups training - May 20-21, 2011, Seattle WA

This two-day, hands-on training program combines lecture, interactive discussion and role-playing to help survivors of suicide loss and interested others learn the "how-to's" of creating and facilitating a suicide bereavement support group for adults. It is appropriate for survivors, mental health professionals, and others who would like to start a new group, as well as those who currently facilitate a group and would like to increase their knowledge and skills. Registration deadline is April 26. [Read more](#)

SUICIDE PREVENTION TOOLKIT

for **RURAL PRIMARY CARE PRACTICES**

A GUIDE FOR PRIMARY CARE PROVIDERS AND RURAL MEDICAL PRACTICE MANAGERS

WORLD HEALTH ORGANIZATION

BPR Overview | **Advice on Using the BPR** | **Search All Listings**

Best Practices Registry

Section I: Evidence-Based Programs | **Section II: Expert/Consensus Statements** | **Section III: Adherence to Standards**

FAQ | **How to Apply** | **Help** | **Marketing Materials**

NATIONAL Action Alliance FOR SUICIDE PREVENTION

Is Your Patient Suicidal?

1 in 10 suicides are by people seen in an ED within 2 months of dying. Many were never assessed for suicide risk. Look for evidence of risk in all patients.

Signs of Acute Suicide Risk

- Talking about suicide
- Seeking lethal means
- Purposless
- Anxiety or agitation
- Insomnia
- Substance abuse
- Hopelessness
- Social withdrawal
- Anger
- Recklessness
- Mood changes

Other factors:

- Past suicide attempt increases risk for a subsequent attempt or suicide; multiple prior attempts dramatically increase risk.
- Triggering events leading to humiliation, shame, or despair elevate risk. These may include loss of relationship, financial or health status—and/or anticipated.
- Firearms accessible to a person in acute risk magnifies that risk. Inquire and act to reduce access.

Patients may not spontaneously report suicidal ideation, but 70% communicate their intentions to significant others. Ask patients directly and seek collateral information from family members, friends, EMS personnel, police, and others.

Ask if You See Signs or Suspect Acute Risk—Regardless of Chief Complaint

- Have you ever thought about death or dying?
- Have you ever thought that life was not worth living?
- Have you ever thought about ending your life?
- Have you ever attempted suicide?
- Are you currently thinking about ending your life?
- What are your reasons for wanting to die and your reasons for wanting to live?

These questions represent an effective approach to detecting suicidal ideation and average history. They are not a formal screening protocol.

National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

10% of all ED patients are thinking of suicide, but most don't tell you. Ask questions—save a life.

SPRC SUICIDE PREVENTION RESOURCE CENTER

SUICIDE PREVENTION ONLINE TRAINING

Welcome to SPRC's online training site. Our mission is to train service providers, educators, health profession community-based coalitions to develop effective suicide prevention programs and policies.

SPRC's online courses are listed below. All courses are available free of charge and can be completed at any time.

The Enhanced Course is new and includes multimedia features. The Legacy Courses are scheduled to be updated by September 2011.

ENHANCED COURSES

CHOOSING AND IMPLEMENTING A SUICIDE PREVENTION GATEKEEPER TRAINING

One of the most commonly used suicide prevention activities is gatekeeper training. This course will help participants understand the role of gatekeeper training, decide if a gatekeeper training program is right for their school, organization, or community, involve stakeholders, choose, implement, and evaluate a gatekeeper training program, and provide ongoing support to sustain the program.

The Weekly Spark

April 1, 2011

Announcements

AFSP sponsors Facilitating Suicide Bereavement Support Groups training - May 20-21, 2011, Seattle WA

This two-day training program combines lecture, interactive discussion and role-playing to help survivors of suicide loss, mental health professionals and others learn the "how-to's" of creating and facilitating a suicide bereavement support group for adults. Registration deadline is April 26. [For more information](#)

Association for American Indian Physicians (AAIP) issues call for abstracts

The AAIP has issued a call for abstracts for the 40th annual AAIP meeting, "Shared Visions: Blending Tradition, Culture, and Health Care for Our Native Communities." The AAIP seeks presentations that address

Research

Preventing Suicide among LGBT People

A panel convened by the American Found Suicide Prevention, the Suicide Prevention Center, and the Gay and Lesbian Medical Association released the results of a pre- and post-panel discussion and a panel conducted a thorough review of the literature and concluded that while there is strong evidence that rates of suicide attempts and suicide are significantly higher among LGBT people, their heterosexual peers, the absence of data makes it impossible to accurately compare LGBT suicide rate with that of heterosexual peers. The panel identified a consensus among researchers that "at least part of the explanation for elevated rates of suicide attempts and mental disorders found in LGBT (lesbian, gay and people in the social stigma, prejudice, and discrimination associated with minority sexual orientation)." The panel also made recommendations to increase the understanding and more effectively prevent suicidal thoughts among LGBT people.

This Research Summary is based on: Hae Eliason, M., Mays, V. M., Mathy, R. M., Cocchiarella, A. R., et al. (2011). Suicide and

Help at hand

Supporting survivors of suicide loss

a guide for **FUNERAL DIRECTORS**

Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration

The Best Practices Registry (BPR)



The screenshot shows the website for the Best Practices Registry (BPR) on the SPRC website. The page has a blue header with the SPRC logo and navigation links: "About SPRC", "Contact Us", "FAQ", "Search this site", and "Login". Below the header is a navigation bar with links for "Suicide Prevention Basics", "News & Events", "Training Institute", "Best Practices Registry", "Library & Resources", and "Who We Serve".

The main content area is titled "Best Practices Registry" and includes a sidebar on the left with a list of links: "Using the BPR", "Section I: Evidence-Based Programs", "Section II: Expert/Consensus Statements", "Section III: Adherence to Standards", "All Listings", "BPR FAQs", "How to Apply", "Marketing Materials", and "BPR Search". Below the sidebar is a section for "For More Information" with text encouraging program developers to contact Philip Rodgers for assistance and the American Foundation for Suicide Prevention logo.

The main content area features a central grid of buttons: "BPR Overview", "Advice on Using the BPR", "Search All Listings", "SECTION I: Evidence-Based Programs", "SECTION II: Expert/Consensus Statements", "SECTION III: Adherence to Standards", "FAQ", "How to Apply", "Help", and "Marketing Materials".

Below the grid is a paragraph explaining the purpose of the BPR: "The purpose of the Best Practices Registry (BPR) is to identify, review, and disseminate information about best practices that address specific objectives of the National Strategy for Suicide Prevention. The BPR is a collaborative project of the Suicide Prevention Resource Center (SPRC) and the American Foundation for Suicide Prevention (AFSP). It is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)."

Below this paragraph is a section titled "BPR Structure" with text explaining that the BPR is organized into three sections, each with different types of best practices. It states: "The BPR is organized into three sections, each with different types of best practices. In essence, the BPR is three registries in one. The three sections do not represent levels, but rather they include different types of programs and practices reviewed according to specific criteria for that section." It then says: "Click on the section name below for section-specific criteria and listings:"

At the bottom of the page, there is a bullet point: "• Section I: Evidence-Based Programs lists interventions that have undergone evaluation and demonstrated positive outcomes."

BPR: How to Ask the Question

ASIST/safeTALK

Jerry Swanner

Living Works

910-867-8822

usa@livingworks.net

www.livingworks.net

QPR

Kathy White

The QPR Institute, Inc.

888-726-7926

qinstitute@qwest.net

www.qprinstitute.com

Operation S.A.V.E.: VA Suicide Prevention Gatekeeper Training

Janet Kemp, RN, Ph.D.

VA National Suicide Prevention Coordinator

585-393-7939

jan.kemp@va.gov

Assessing and Managing Suicide Risk (AMSR)

Isaiah Branton

SPRC

202-572-3789

ibranton@edc.org

www.sprc.org

Recognizing and Responding to Suicide Risk in Primary Care (RRSR—PC)

Alan L. Berman

American Association of Suicidology

202-237-2280

berman@suicidology.org

www.suicidology.org

AT-RISK in PRIMARY CARE

Ron Goldman

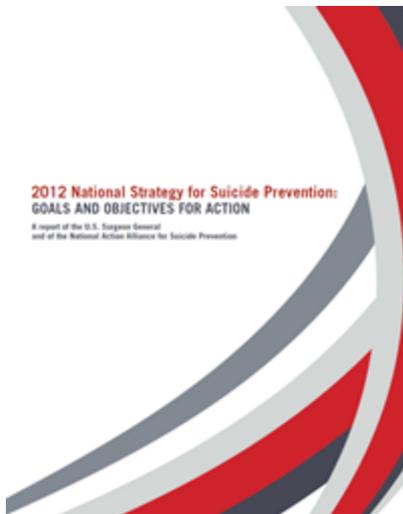
Kognito

212- 675-9234

ron@kognito.com

www.kognito.com

Why Primary Care?





PCSSmentor.org

Physician Clinical Support System -
An Educational Resource for Those Addressing Su

<p>PCSS-P HOME</p> <p>ABOUT PCSS-P</p> <p>PCSS-P MEDICAL DIRECTORS & CLINICAL ADVISORS</p> <p>RESOURCES</p> <p>ADMIN LOGIN</p> <p>MENTOR LOGIN</p>	<h3>What is the Physician Clinical Support System (PCSS-P)?</h3> <p>The Physician Clinical Support System is a supported program that brings you current information on alcohol, tobacco, and drug screening, in primary care settings. It is a system of emails to put physicians in touch with mentors. When you sign up with PCSS-P you are able to contact for assistance directly by email a group of mentors with expertise in primary care.</p> <p>There are similar systems for physician assistants and for physicians using methadone to manage chronic pain (PCSS-Methadone).</p>
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Recognizing and Responding to Suicide Risk in Primary Care

Information Brochure



20% of those who died by suicide visited their PCP within 24 hours prior to their death.

You could be the last medical professional seen by a patient on the brink of a life or death decision.

Sponsored by




Making It

SAMHSA-HRSA Center for Integrated Health Solutions







THE PRESIDENT'S NEW FREEDOM
COMMISSION ON MENTAL HEALTH

Achieving the Promise:

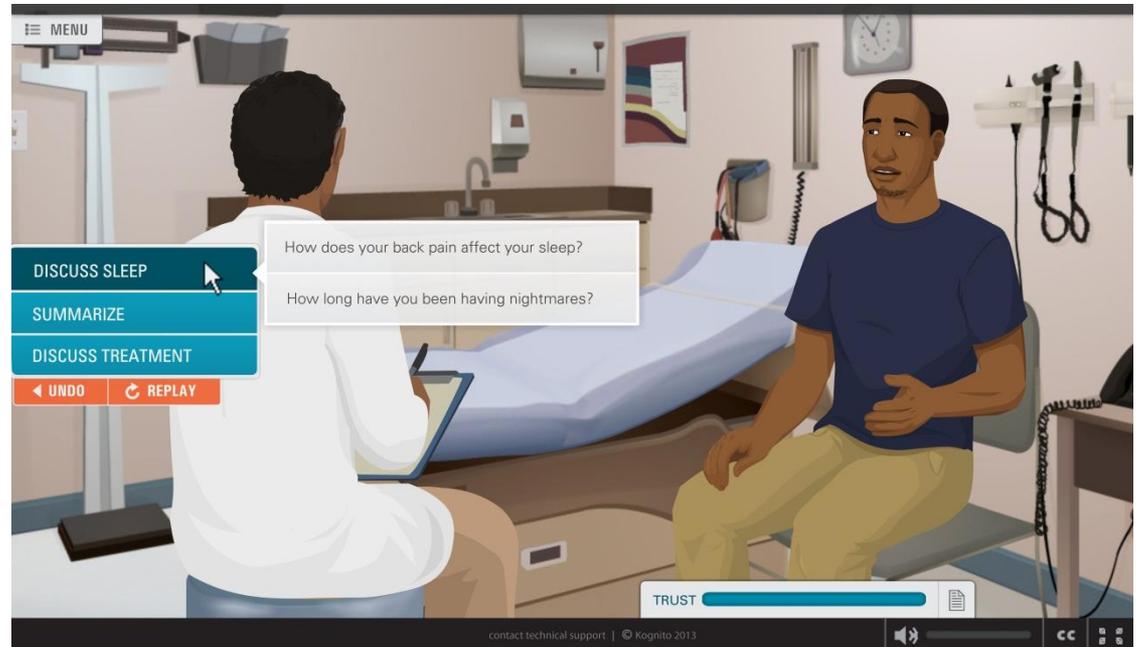
TRANSFORMING MENTAL HEALTH CARE IN AMERICA

EXECUTIVE SUMMARY

FINAL REPORT
JULY 2003

AT-RISK in PRIMARY CARE

- Launched January 2013
- An online, interactive simulation
- Provides 1.50 CME & CNE
- Learn to screen and manage the treatment of patients with trauma-related mental health disorders
- Users engage in simulated conversations with virtual patient avatars



Developed by NYC Dept. of Health in collaboration with Kognito Interactive. Freely available to all NYC primary care providers.

View Demo: www.kognito.com/pcp

Risk Factors/Roles for Primary Care

Salient Risk Factors

- Depression
- Substance use disorders
- PTSD/anxiety disorders
- Chronic pain
- Physical illnesses, especially CNS disorders (TBI)

Roles

- Detection and treatment/referral
- Screening for suicide risk when indicated
- Surveillance for warning signs of suicide

Contact with Primary Care and Mental Health Prior to Suicide

All Ages	Month Prior	Year Prior
Mental Health	19%	32%
Primary Care	45% (up to 76%)	77% (up to 90%)

Age <36	Month Prior
Mental Health	15%
Primary Care	23%

Age >54	Month Prior
Mental Health	11%
Primary Care	58%

- Luoma J, Martin C, Pearson J. Contact with Mental Health and Primary Care Providers Before Suicide: A Review of the Evidence Am J.Psychiatry 159:6 (2002) 909-916.

Primary Care in Rural

- More than 65% of rural Americans get their mental health care from their primary care provider
- Primary care providers are central to mental health delivery system in rural
- Why?
 - May be the only providers there
 - Less stigma in seeking care in a doctor's office
 - May not self-identify with mental health symptoms but seeking care for physical symptoms with underlying mental health issues

Military/Veterans and Suicide: A population that may be at risk

- “Many young veterans come home from war and begin abusing drugs or alcohol, hoping to numb their feelings or feel alive again after coming down from the adrenaline rush of combat. They often have trouble reintegrating with their families and the civilian world, especially if they leave the service with its camaraderie and steady paycheck.” *The San Diego Union-Tribune 2013*
- “...physicians should be prepared to ask questions and screen these patients for depression and anxiety...These are illnesses or symptoms that are not always that apparent on the surface...It is not only important to have the opportunity to talk with veterans or patients on active duty, but also have an opportunity to talk with their families.” *AMA President Jeremy Lazarus, JAMA 2013*
- Recommend at well visits or intake asking about:
 - ✓ Veteran status (ask everyone!)
 - ✓ Injuries including head trauma
 - ✓ Relationships
 - ✓ Depression and Anxiety

Suicide and Special Populations

For Facts, Statistics, and Information on these special populations:

- African American
- Hispanic
- Elderly
- Youth
- LGBTQ
- Military and Veterans

Please see the links below

<http://www.suicidology.org/resources/suicide-fact-sheets>

<http://deploymentpsych.org/topics-disorders/suicide>

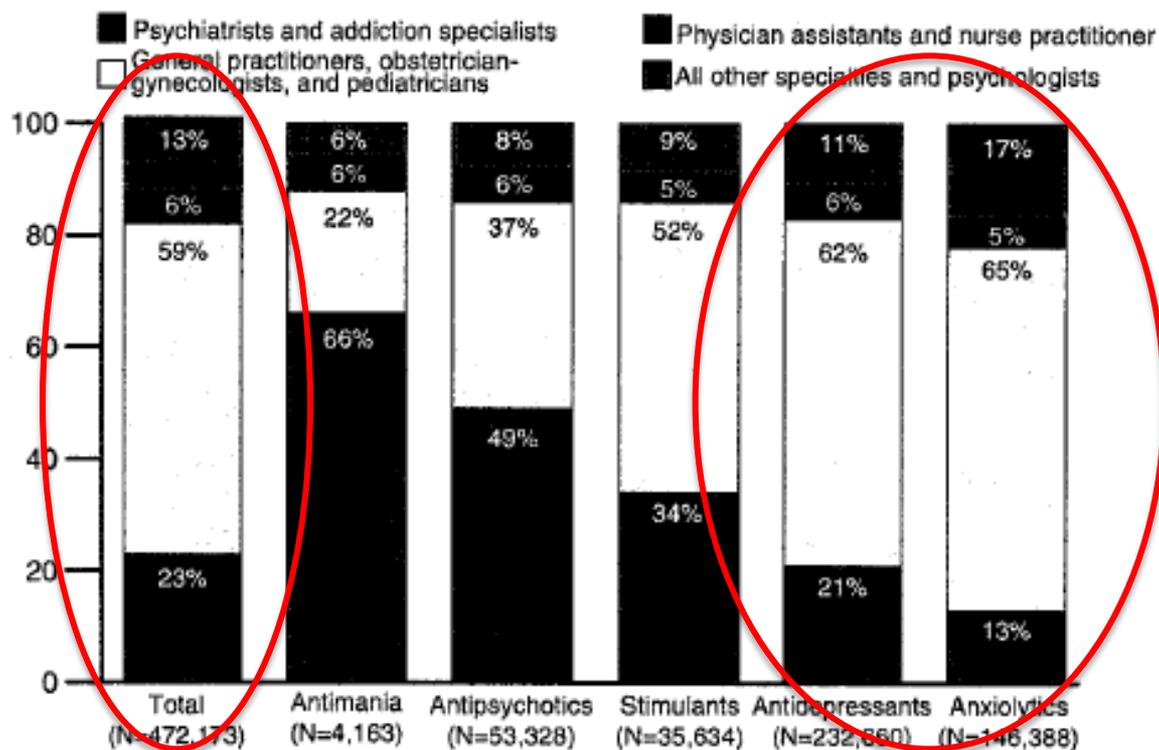
<http://www.realwarriors.net/>

<http://www.thetrevorproject.org/>

<http://www.nimh.nih.gov/health/publications/older-adults-depression-and-suicide-facts-fact-sheet/index.shtml>

Why Primary Care?

Percentage of U.S. retail psychotropic prescriptions written from August 2006 to July 2007, by type of provider^a



^a Ns represent prescriptions in thousands

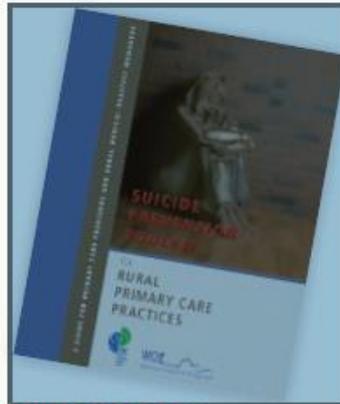
(Mark, et al. Psychiatric Services. 2009)



1 month*

*Up to 76% of Americans who die by suicide had contact with their primary care provider in the MONTH PRIOR to their death.

REFERENCE: Luoma JB, Martin CE, Pearson JL. Contact with mental health and primary care providers before a suicide: a review of the evidence. *Am J Psychiatry*. 2002;159:909-916.



DOWNLOAD A TOOLKIT NOW

Complete Toolkit is available for download at no cost at: <http://www.sprc.org/pctoolkit/index.asp>. Or you can order a hard copy of the Toolkit for \$25.00 through WICHE Mental Health Program. For more information, please contact Tamara DeHay at tdehay@wiche.edu (preferred option) or 303-541-0254.



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SUICIDE PREVENTION IN RURAL PRIMARY CARE

Suicide Prevention

that easily integrates into

RURAL
PRIMARY CARE



A GUIDE FOR PRIMARY CARE PROVIDERS
AND RURAL MEDICAL PRACTICE MANAGERS



Overall Layout

- ✓ The Toolkit is available in 2 forms
 - Hard copy (ordered through WICHE)
 - Electronic copy (<http://www.sprc.org/for-providers/primary-care-tool-kit>)
- ✓ Includes 6 sections
 - Getting Started
 - Educating Clinicians and Office Staff
 - Developing Mental Health Partnerships
 - Patient Management Tools
 - State Resources, Policy, and Billing
 - Patient Education Tools/Other Resources

How to Get a Copy of the Toolkit

Free Online: <http://www.sprc.org/for-providers/primary-care-tool-kit>

To order a Hard Copy: Hard copies of the toolkit are available for \$25.00 through WICHE Mental Health Program. For more information, please contact Tamara DeHay at tdehay@wiche.edu (preferred option) or 303-541-0254

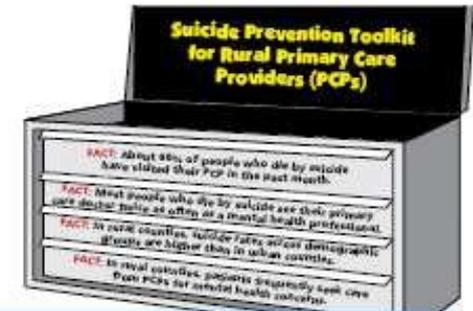
Using the Toolkit

- Quick Start Guide
- Office Protocol Development Guide
 - *Office Practice Approach
 - *Select materials that can be implemented in current practice
 - *Determine roles for members of staff/care team
- Primary Care Suicide Prevention Model

Getting Started

QUICK START GUIDE

How to use the Suicide Prevention Toolkit



STEP

1

Communicate with staff about the new Suicide Prevention Initiative in your office. Determine who will be the lead coordinator in your office. That individual should familiarize himself/herself with the entire contents of the Toolkit.

STEP

2

Meet to develop the “Office Protocol” for potentially suicidal patients. See the “Office Protocol Development Guide” instruction sheet in the Toolkit.

STEP

3

Schedule necessary trainings for staff members according to the individual suicide prevention responsibilities determined in Step 2.

STEP

4

Develop a referral network to facilitate the collaborative care of suicidal patients. Use the “Developing Mental Health Partnerships” materials in

Protocol Template & Instructions

Protocol for Suicidal Patients - Office Template
Post in a visible or accessible place for key office staff.

To be used with instruction sheet to create an office protocol that may be referred to when a potentially suicidal patient presents

If a patient presents with suicidal ideation or suicidal ideation is suspected...

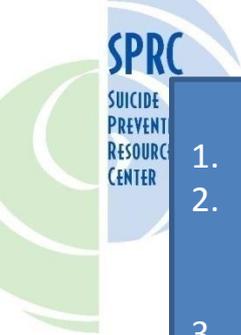
- ✓ _____ should be called/paged to assist with evaluation of risk (e.g., physician, mental health professional, telemedicine consult etc.).
- ✓ Identify and call emergency support person in the community (e.g., family member, pastor, mental health provider, other support person).

If a patient requires hospitalization...

- ✓ Our nearest Emergency Department or psychiatric emergency center is _____ Phone # _____.
- ✓ _____ will call _____ to arrange transport.
(Name of individual or job title) (Means of transport [ambulance, police, etc] and phone #)
- Backup transportation plan: Call _____.
- ✓ _____ will wait with patient for transport.

Documentation and Follow-Up...

- _____ will call ED to provide patient information.
- ✓ _____ will document incident in _____.
(Name of individual or job title) (e.g. medical chart, suicide tracking chart, etc.)
- ✓ Necessary forms are located _____.
- ✓ _____ will follow-up with ED to determine disposition of patient.
(Name of individual or job title)
- ✓ _____ will follow up with patient within _____.
(Name of individual or job title) (Time frame)



Primary Care Suicide Prevention Practice Model

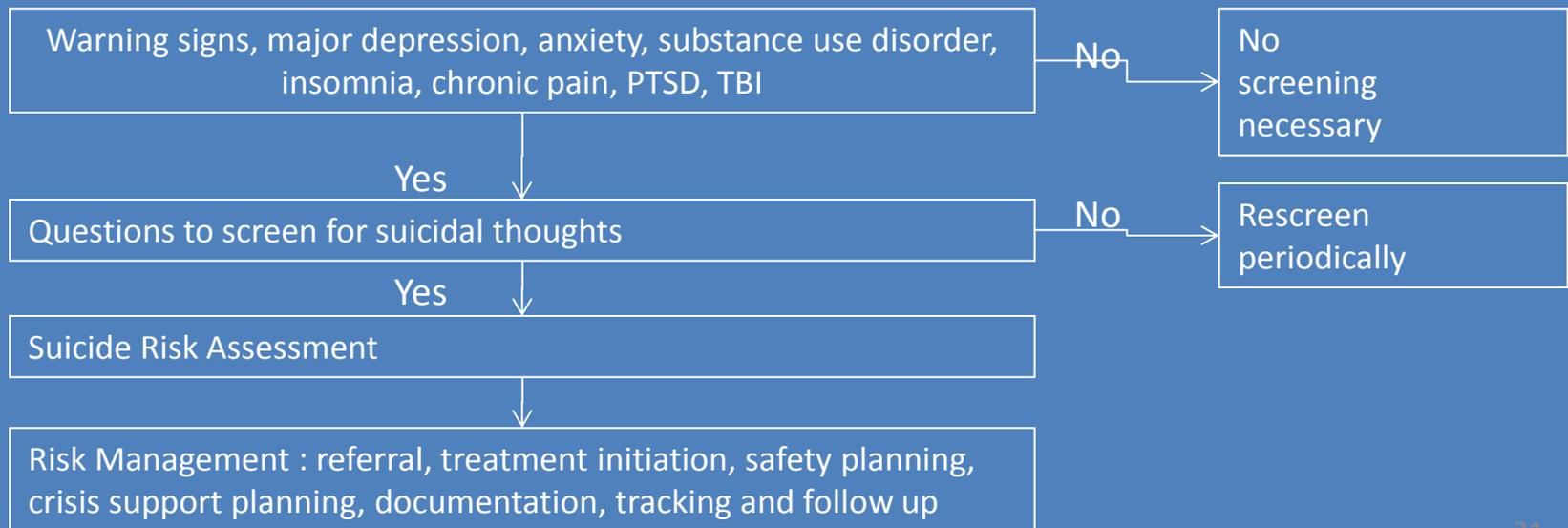
Preparation Phase

1. Develop office policies and protocols
2. Staff Education
All staff- warning signs, risk factors, protective factors, response
Clinicians – suicide risk assessment; depression screening and tx
3. Strengthen communication with mental health partners

Prevention Practices

1. Staff vigilance for warning signs & key risk factors
2. Depression screening for adults and adolescents
3. Patient education:
Safe firearm storage
Suicide warning signs & 1-800-273-TALK (8255)

Intervention



Educating Clinicians and Office Staff

- A Primer for Primary Care Providers
 - 5 brief learning modules
 - Module 1- Prevalence & Comorbidity
 - Module 2- Epidemiology
 - Module 3- Prevention Practices
 - Module 4- Suicide Risk Assessment
 - Warning Signs, Risk Factors, Suicide Inquiry, Protective Factors
 - Module 5- Intervention
 - Referral, PCP Intervention, Documentation & Follow-up

Developing Mental Health Partnerships

SAFE-T

Suicide Assessment Five-step Evaluation and Triage

for Mental Health Professionals

1

IDENTIFY RISK FACTORS
Note those that can be
modified to reduce risk

2

IDENTIFY PROTECTIVE FACTORS
Note those that can be enhanced

3

CONDUCT SUICIDE INQUIRY
Suicidal thoughts, plans
behavior and intent

4

DETERMINE RISK LEVEL/INTERVENTION
Determine risk. Choose appropriate
intervention to address and reduce risk

5

DOCUMENT
Assessment of risk, rationale,
intervention and follow-up

NATIONAL SUICIDE PREVENTION LIFELINE
1.800.273.TALK (8255)

- Mental Health Outreach Letter
 - Template letter for reaching out to mental health providers for collaboration
- SAFE-T Pocket Card
 - Designed by SPRC to be used by mental health experts
 - May be included with letter

Developing Mental Health Partners

Letter of introduction to potential referral resources template

- Increasing vigilance for patients at risk for suicide
- Referring more patients
- SAFE-T card for Mental Health Providers
- Invitation to meet to discuss collaborative management of patients
- NISSP recommends training for health care professionals
- Nationally disseminated trainings for MHPs

Patient Management Tools

- Pocket Guide for Primary Care Professionals
 - Designed for PCP's specifically
- Safety Planning Guide
 - Used to guide the development of a safety plan
- Safety Plan Template for use with/by a potentially suicidal patient
- Crisis Support Plan for use with/by the family members/friends of potentially suicidal patients
- Patient Tracking Log for at-risk patients

Patient Management Pocket Card

Assessment and Interventions with Potentially Suicidal Patients

*A Pocket Guide
for Primary Care
Professionals*



RHRC
Rural Health Research
& Policy Centers
funding by HRSA & other federal agencies
www.rhrc2009.org

WICHE
Western Interstate Commission for
Higher Education

Suicide Risk and Protective Factors¹

RISK FACTORS

- ▶ **Current/past psychiatric disorders:** especially mood disorders, psychotic disorders, alcohol/substance abuse, TBI, PTSD, personality disorders (such as Borderline PD, Antisocial PD, and Obsessive-Compulsive PD).
Co-morbidity with other psychiatric and/or substance abuse disorders and recent onset of illness increase risk.
- ▶ **Key symptoms:** anhedonia, impulsivity, hopelessness, anxiety/panic, insomnia, command hallucinations, intoxication. For children and adolescents: also oppositionality and conduct problems.
- ▶ **Suicidal behavior:** history of prior suicide attempts, aborted suicide attempts or self-injurious behavior.
- ▶ **Family history:** of suicide, attempts, or psychiatric diagnoses, especially those requiring hospitalization.
- ▶ **Precipitants/stressors:** triggering events leading to humiliation, shame or despair (i.e., loss of relationship, financial, or health status – real or anticipated).
- ▶ **Chronic medical illness (esp. CNS disorders, pain).**
- ▶ **History of or current abuse or neglect.**

PROTECTIVE FACTORS

Protective factors, even if present, may not counteract significant acute risk.

- ▶ **Internal:** ability to cope with stress, religious beliefs, frustration tolerance.
- ▶ **External:** responsibility to children or beloved pets, positive therapeutic relationships, social supports.

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Screening: uncovering suicidality¹

- ▶ Other people with similar problems sometimes lose hope; have you?
- ▶ With this much stress, have you thought of hurting yourself?
- ▶ Have you ever thought about killing yourself?
- ▶ Have you ever tried to kill yourself or attempted suicide?

Assess suicide ideation and plans²

- ▶ Assess suicidal ideation – frequency, duration, and intensity
 - When did you begin having suicidal thoughts?
 - Did any event (stressor) precipitate the suicidal thoughts?
 - How often do you have thoughts of suicide? How long do they last?
 - How strong are the thoughts of suicide?
 - What is the worst they have ever been?
 - What do you do when you have suicidal thoughts?
 - What did you do when they were the strongest ever?
- ▶ Assess suicide plans
 - Do you have a plan or have you been planning to end your life? If so, how would you do it? Where would you do it?
 - Do you have the (drugs, gun, rope) that you would use? Where is it right now?
 - Do you have a timeline in mind for ending your life? Is there something (an event) that would trigger the plan?

Assess suicide intent

- ▶ What would it accomplish if you were to end your life?
- ▶ Do you feel as if you're a burden to others?
- ▶ How confident are you that your plan would actually end your life?
- ▶ What have you done to begin to carry out the plan? For instance, have you rehearsed what you would do (e.g., held pills or gun, tied the rope)?
- ▶ Have you made other preparations (e.g., updated life insurance, made arrangements for pets)?
- ▶ What makes you feel better (e.g., contact with family, use of substances)?
- ▶ What makes you feel worse (e.g., being alone, thinking about a situation)?
- ▶ How likely do you think you are to carry out your plan?
- ▶ What stops you from killing yourself?

Endnotes:

¹ SAFE-T pocket card. Suicide Prevention Resource Center & Mental Health Screening. (n/d).

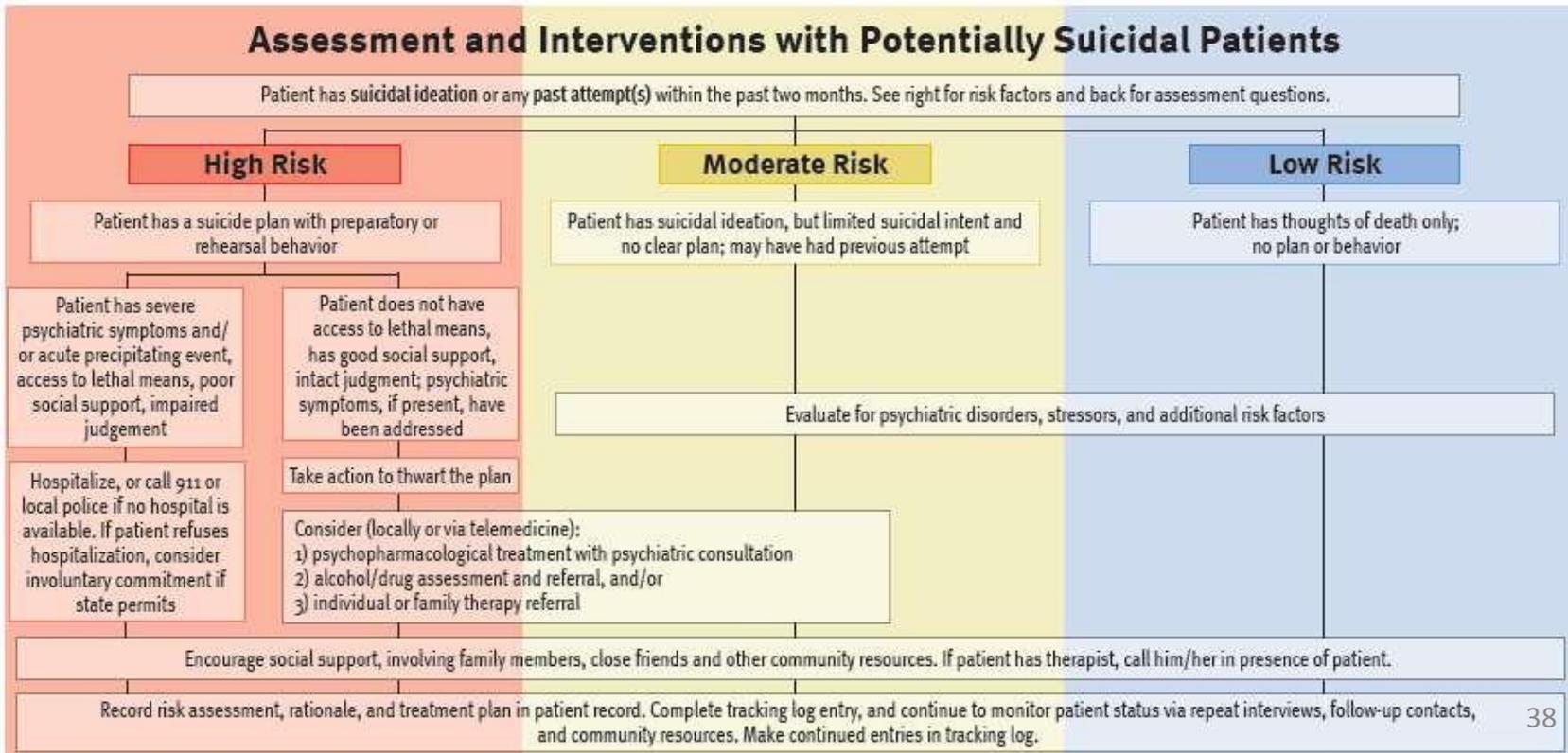
² Stovall, J., & Domino, F.J. Approaching the suicidal patient. *American Family Physician*, 68 (2003), 1814-1818.

³ Gliatto, M.F., & Rai, K.A. Evaluation and treatment of patients with suicidal ideation. *American Family Physician*, 59 (1999), 1500-1506.

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Patient Management

- “Safety Plan”
 - Collaboratively developed with patient
 - Template that is filled out and posted
 - Includes lists of warning signs, coping strategies, distracting people/places, support network with phone numbers
- “Crisis Support Plan”
 - Provider collaborates with Pt and support person
 - Contract to help- includes reminders for ensuring a safe environment & contacting professionals when needed



Patient Management

Safety Planning Guide

*A Quick Guide for Clinicians
may be used in conjunction with the "Safety Plan Template"*

Safety Plan FAQs?

WHAT IS A SAFETY PLAN?

A Safety Plan is a prioritized written list of coping strategies and sources of support patients can use who have been deemed to be at high risk for suicide. Patients can use these strategies before or during a suicidal crisis. The plan is **brief**, is in the **patient's own words**, and is **easy to read**.

WHO SHOULD HAVE A SAFETY PLAN?

Any patient who has a suicidal crisis should have a comprehensive suicide risk assessment. Clinicians should then collaborate with the patient on developing a safety plan.

HOW SHOULD A SAFETY PLAN BE DONE?

Safety Planning is a clinical process. Listening to, empathizing with, and engaging the patient in the process can promote the development of the Safety Plan and the likelihood of its use.

IMPLEMENTING THE SAFETY PLAN

There are 6 Steps involved in the development of a Safety Plan.



SAMPLE SAFETY PLAN	
Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:	
1.	_____
2.	_____
3.	_____
Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):	
1.	_____
2.	_____
3.	_____
Step 3: People and social settings that provide distraction:	
1.	Name _____ Phone _____
2.	Name _____ Phone _____
3.	Place _____
4.	Place _____
Step 4: People whom I can ask for help:	
1.	Name _____ Phone _____
2.	Name _____ Phone _____
3.	Name _____ Phone _____
Step 5: Professionals or agencies I can contact during a crisis:	
1.	Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
2.	Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
3.	Local Urgent Care Services _____ Urgent Care Services Address _____ Urgent Care Services Phone _____
4.	Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)
Step 6: Making the environment safe:	
1.	_____
2.	_____

Safety Plan Treatment Manual to Reduce Suicide Risk/Veerman Version (Sanley & Brown, 2008).

The one thing that is most important to me and worth living for is:

Patient Management

CRISIS SUPPORT PLAN

FOR: _____

DATE: _____

I understand that suicidal risk is to be taken very seriously. I want to help _____ find new ways of managing stress in times of crisis. I realize there are no guarantees about how crises resolve, and that we are all making reasonable efforts to maintain safety for everyone. In some cases inpatient hospitalization may be necessary.

Things I can do:

- Provide encouragement and support
 - _____
 - _____
- Help _____ follow his/her Crisis Action Plan
- Ensure a safe environment:
 1. Remove all firearms & ammunition
 2. Remove or lock up:
 - knives, razors, & other sharp objects
 - prescriptions & over-the-counter drugs (including vitamins & aspirin)
 - alcohol, illegal drugs & related paraphernalia
 3. Make sure someone is available to provide personal support and monitor him/her at all times during a crisis and afterwards as needed.
 4. Pay attention to his/her stated method of suicide/self-injury and restrict

Patient Management Tracking Log

- Log & Instruction sheet
- Provider uses:
 - Update PCP on suicide status of a patient
 - Remind provider of recent interventions or problems with regard to the patient's treatment

Patient Education

Firearm Locking Devices



Which one is right for you?



Suicide Warning Signs

Seek help as soon as possible by contacting a mental health professional or by calling the National Suicide Prevention Lifeline at 1-800-273-TALK if you or someone you know exhibits any of the following signs:

- Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
- Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
- Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
- Feeling hopeless
- Feeling rage or uncontrolled anger or seeking revenge
- Acting reckless or engaging in risky activities—seemingly without thinking
- Feeling trapped—like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, and society
- Feeling anxious, agitated, or unable to sleep or sleeping all the time
- Experiencing dramatic mood changes
- Seeing no reason for living or having no sense of purpose in life



Suicide Prevention for Primary Care – Training & Data

Screening: uncovering suicidality²

- ▶ Other people with similar problems sometimes lose hope; have you?
- ▶ With this much stress, have you thought [are you thinking] of hurting yourself?
- ▶ Have you ever thought [are you thinking] about killing yourself?
- ▶ Have you ever tried to kill yourself or attempted suicide?

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- ▶ How likely do you think you are to carry out your plan?
- ▶ What stops you from killing yourself?

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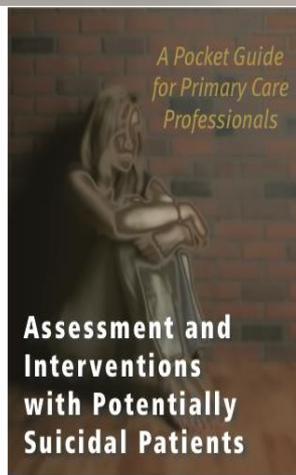
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Assessment and Interventions with Potentially Suicidal Patients



SUICIDE PREVENTION TOOLKIT

for
RURAL
PRIMARY CARE
PRACTICES



Operationalize the Objectives

- Toolkit located in strategic location within the clinic
- Providers carry Pocket Card with them
- Use screening tools to identify at-risk patients
- Inquire about Suicide with all patients at-risk or demonstrating warning signs
- Utilize safety planning guide as an intervention strategy

Addressing the Realities of Suicide Prevention in Primary Care



Time

Reimbursement



Fear

Trainings

- Trainings in 8 States + Guam (CO, TX, CA, ID, NM, AR, SD) and Webinars
- Flexible formats: 1 hour, 3-4 hours, 6 hours
- Total Trained = 463
- In person or via distance
- Audiences: Small rural clinics, FQHCs, Family Medicine Residency Programs, Rural Track Medical School Students, Physician's Assistant Students, Behavioral Health Providers

Training Structure

- Pre-Test
- Modules in Toolkit
- Adapt to unique needs of practice/audience
- Ancillary Components: Joiner's Model, Video, Case Vignettes, Suicide Assessment
- Post-Test

Survey Data

- Pre- and Post-Test Competencies Survey (Knowledge, Skills and Perceptions of Competence) n = 283
- 17 multiple choice questions
- Survey questions in 3 areas of interest:
 - **preparedness** to screen for suicidal risk
 - **knowledge** of suicidal behavior
 - **opinions** about working with suicidal patients

Pre-test Practice Survey (past 3 months)

- 79% believed a patient's behavior might indicate significant distress or depression
- 58% believed a patient's behavior might indicate suicidality
- 55% had asked a patient whether s/he was considering suicide
- 20% had asked 6 or more patients whether s/he was considering suicide

Pre-test Practice Survey (past 3 months)

- 65% did not believe they had adequate knowledge of referral resource
- 44% referred at least one patient to mental health outpatient care due to a suicidal concern & 23% referred more than one
- 30% referred at least one patient for an immediate psychiatric evaluation due to a suicidal concern

Preparedness

- 40% more prepared after training
- Providers reported the most gain on performing a suicide risk assessment after training
- The increase in feeling prepared is statistically significant
- Meaningful gain with a medium effect size

Knowledge

- Increased from 68% to 79% of correct responses
- The increase in knowledge of 11% is statistically significant
- Meaningful gain with a small/medium effect size

Opinions

- Providers leaned toward the positive end of the scale at pre-test
- Prior to training respondents were least positive about having sufficient training and showed the most change with a 33% increase
- 20% gain in positive opinions is statistically significant
- The gain is meaningful with a small to medium effect size

Ideas for Next Development Stage

- Web-based Training
- Self-Guided Train the Trainer Manual
- Video – Role Plays in Primary Care Settings
- Ancillary materials for suicide prevention coalitions, state offices of primary care, public health, etc.



SAMHSA-HRSA Center for Integrated Health Solutions

Suicide Identification and Prevention in a Community Health Setting

Virna Little, PsyD, LCSW-r, SAP
The Institute for Family Health



The Institute for Family Health

- Largest health center network in New York- all FQHC
- Health care services: medical, dental, and mental health
 - Special Populations
- Education and training programs
- Community outreach and advocacy
- Health information technology



Our Patients



- Diverse economic and social backgrounds
- Latino, African-American, Caribbean-American, or recent immigrants

Roughly 85,000 patients make about 400,000 visits per year



Our Service Area



- 18 full time and 8 part time centers
- Manhattan and the Bronx in New York City
- Mid Hudson Valley



Why

Research on patients who touched primary care and had completed suicide

Several patients who completed suicide in 2010

Desire to train family practice residents

Organizational interest in addressing public health issues

Organizational interest in using technology to advance public and patient health



Interventions

Mandatory training for ALL agency staff
Provided free for our staff through
community training initiatives



- safeTALK – 3 hour suicide alertness training for all non-clinical staff including front desk staff, administration, nursing, facilities
- ASIST – 16 hour suicide first aid intervention training for all clinical staff
- Improve comfort, knowledge and skill level of staff to identify and address patients at risk



Training

safeTALK – “Suicide Alertness for Everyone”

- Teach staff how to move beyond tendency to miss, dismiss or avoid suicide risk signs
- Apply “TALK” steps to connect persons with thoughts of suicide to first aid resources

ASIST – “Applied Suicide Intervention Skills Training”

- Teach professional mental health staff to provide suicide first aid interventions
- 2 day intensive training
- Role play heavy



Technology

Electronic health record implementation in 2003

EPIC electronic health record system

Decided to use technology to help in identification and prevention of suicide in primary care patients throughout system



PHQ9 Tool

Used consistently throughout health centers
Speak the same language
Attention to question 9

 Please complete a PHQ-9 for this patient. Patient has a diagnosis of depression or patient's last PHQ-9 was abnormal, and patient has not had a PHQ-9 completed in the past 30 days.

 Complete PHQ-9



PHQ-9: Over the the past two weeks, how often have you been bothered by the following...?

1. Little interest or pleasure doing things

0=Not at all

1=Several days

2=More than half the days

3=Nearly every day



Last Filed Value:

No data filed

2. Feeling down, depressed, or hopeless

0=Not at all

1=Several days

2=More than half the days

3=Nearly every day



Last Filed Value:

No data filed

3. Trouble falling or staying asleep, or sleeping too much

0=Not at all

1=Several days

2=More than half the days

3=Nearly every day



Last Filed Value:

No data filed

4. Feeling tired or having little energy

0=Not at all

1=Several days

2=More than half the days

3=Nearly every day



Last Filed Value:

No data filed

5. Poor appetite or overeating

0=Not at all

1=Several days

2=More than half the days

3=Nearly every day



Last Filed Value:

No data filed

6. Feeling bad about yourself- or that you are a failure or have let yourself or your family down

0=Not at all

1=Several days

2=More than half the days

3=Nearly every day



2=More than half the days

Last Filed Value:

No data filed

7. Trouble concentrating on things such as reading



Suicide on the Problem List

“Blows” into all encounters

Readily seen by providers of all disciplines

Able to be reported on (number of patients)



Zz Test, George

EpicCare

Zz Test, George |
 Age: 69 year old |
 Sex: M |
 DOB: 1/2/1944 |
 MRN: 1307981 |
 Allergies: **Penicillin V Potassium** |
 PCP: DHALLA, MINAKSHI |
 Language: Greek [9] |
 Insurance: MEDICAID NY |
 MyChart: Code Exp |
 No AD |
 HIE

Snapshot |
 Care Plan |
 Treatment Plan |
 Report: Snapshot

Demographics

George Zz Test
69 year old male
1520 Grand Concourse Apt. 3G
BRONX NY 10452
718-999-9999 (H)

Comm Pref:
None

Problem List Chronic

Suicidal ideation

DIABETES MELLITUS TYPE II UNCONTR UNCOMPL

HIV disease

Health Maintenance Late Due Soon Hold

Topic	Due	Most Recent Outreach
Flu Shot	9/13/2013	

Reminders and Results

None

Care Team and Communications

PCPs	Type
Dhalla, Minakshi	General

Other Patient Care Team Members: Relationship

None

Recipients of Past Communications

None

Preferred Pharmacies

Documents Filed to Patient

Power of Attorney	Not on File
Living Will	Not on File
Code Status	Not on File
MyChartMyHealth Status	Code Exp

Allergies Mark as Reviewed

PENICILLIN V POTASSIUM Rash

Medications Long-Term

Amoxicillin 400 MG/5ML OR SUSR

Naproxen 375 MG OR TBEC

Aspirin 325 MG OR TBEC

Aspirin 325 MG OR TBEC

Acetaminophen (TYLENOL JUNIOR) 160 MG OR CHEW

Immunizations/Injections

None

Significant History/Details

Smoking: Passive Smoker

Smokeless Tobacco: Unknown

Alcohol: Not Asked

Language: Greek

1 open order

Specialty Comments Report Show All

No comments regarding your specialty

Decision Support

Reminder to providers

Allows quick access to needed tools or resources

Can be “hard stop”

Ability to report on providers who “ignore” decision supports



 BestPractice Advisories

click to open

▼ Critical (1 Advisory)

 Patient expresses suicidal ideation as indicated by most recent PHQ-9 or problem list diagnosis . Please open smarset and assess patient's ideation.

Acknowledge reason:



Refused

Open SmartSet: SUICIDE ASSESSMENT [preview](#)

[↩ Problem List](#)



“FYI” and “Flagging”

Patient Highlights

Patient Highlights

Patient has an FYI of type All Clinical - Need to Know

Patient is suicidal. Patient must be evaluated at every visit.



Safety Planning- An interdisciplinary collaborative effort using the electronic record

My Safety Plan document

- Allows safety plan information to be available to all providers during all visits for review and/or modification
- Patients can access the document via patient portal for reference
- Community providers can see patients at risk through physician portals
- Provided in print to patients as part of after visit summary
- Signed by patient and provider



Safety Planning

Unprioritized

- Inability to set boundaries with family members** Edit Notes Unprioritized 11/16/2011 Diluzio, Rebec...
Overview Baseline: A Patient reports stress caused by inability to say "no" as 5 on a scale from 1 to 5 Short term Goals: A Patient to create a list ...
- Substance abuse** Edit Notes Unprioritized 11/16/2011 Diluzio, Rebec...
Overview Patient reports smoking cigarettes and using marijuana that has affected social functioning as well Baseline Symptoms/Behavior: A Patient
- Lack of Heat and Hot Water** Edit Notes Unprioritized 12/16/2011 Diluzio, Rebec...
Overview Goal: Patient will have heat and hot water in his current apartment Objective 1: Patient will call landlord to discuss ddfd
- Depression** Create Notes Unprioritized 10/2/2012 Diluzio, Rebecca
- Suicidal ideation** Create Notes Unprioritized 3/21/2013 Zdfest, Becky C...
Details Code: V62.84 Noted: 3/21/2013 Change Dx Resolve
Create Overview
Ifh Safety Plan
Ifh Ps Suicide Severity
Related Goals
Search for new item Add Unrelated Goals Modify Related Goals Options
None for this problem
Relevant Medications and Unsigned Orders (Past 5 years)
Search for new order New Order Options
None
Rx Click here to select a pharmacy
Mark as Reviewed Never Reviewed
Close F9 Previous F7 Next F8





What is a Patient Portal?

A patient portal is a healthcare related online application that allows patients to interact with their healthcare providers.

MyChart MyHealth

Technical Assistance
mychart@institute2000.org
212.206.5260 • Hablamos Español



THE INSTITUTE FOR FAMILY HEALTH

NEW  **MyChart MyHealth Mobile App Now Available!**  NEW

[Learn More](#)

En Español [- Change Size +](#)

Welcome to... MyChart MyHealth

- Communicate with your doctor
- Access your test results
- Request prescription renewals
- View your recent clinic visits

NUEVO Mi Record Mi Salud En Español!
Your secure, online health connection

Your health is important to you around the clock—

MyChartMyHealth ID

[Forgot MyChartMyHealth ID?](#)

Password

[Forgot Password?](#)

Sign In

MyChart © Epic Systems Corporation

New User?
[Sign Up Now](#)



Physician/Community Portals

- Hospital Emergency Departments
- Community Specialists
- Substance Abuse Programs
- Developmental & Mental Health Residential Programs
- Day Treatment Organizations
- Foster Care Agencies
- Skilled Nursing Facilities
- Health Home Agencies
- Food Pantries



Age: 58 year old DOB: 1/27/1954 Allergies: No Active Allergies INS: CAP GRANT MyChart: Active
 Sex: M MRN: 1251120 PCP: LURIO, JOSEPH Alert:

Patient Snapshot

Patient Care Coordination Note

Lurio, Joseph Thu Feb 2, 2012 3:47 PM

Mr ZZTest is scheduled to see HIV specialist Monday Feb 6 at 9AM and then report to DSS for face to face that afternoon at 1:30 PM

Ambulette arranged by worker to pick patient up at home at 7:30 am.

Demographics

Adam Zztest

58 year old male

16 e 16th
 NEW YORK NY 10003
 212-206-5223 (H)
 347-123-4567 (M)

Comm Pref:

Allergies

No Active Allergies

Last Reviewed by Zztest, Md on 1/19/2011 at 12:00 PM

Medications

Zolpidem Tartrate 10 MG OR TABS

PLAN B 0.75 MG OR TABS

DIOVAN 160 MG OR TABS

CHLORTHALIDONE 25 MG OR TABS

IBU 600 MG OR TABS

CARIMUNE NF 6 GM IV SOLR

CLOZARIL 25 MG OR TABS

CLOZARIL 25 MG OR TABS

LIPITOR 20 MG OR TABS

TAMIFLU 75 MG OR CAPS

METFORMIN HCL 500 MG OR TABS

LIPITOR 10 MG OR TABS

DEXTROSE 5 % IV SOLN

LIPITOR 40 MG OR TABS

ASPIRIN 325 MG OR TBEC

Problem List

Chronic

HEART MURMUR

URINARY FREQUENCY

DIABETES MELLITUS TYPE II UNCONTR UNCOMPL

ABUSE NOS

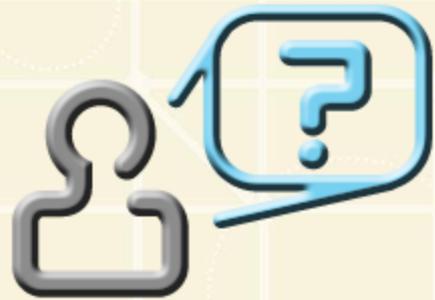
RHEUMATOID ARTHRITIS

INSOMNIA NOS

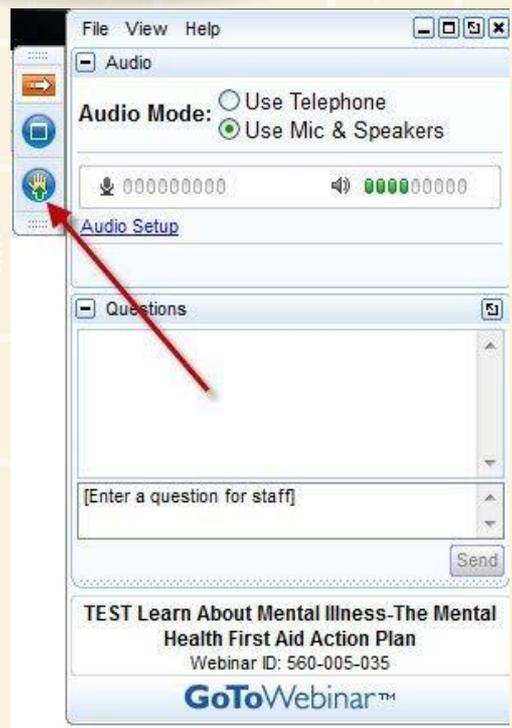
HYPERLIPIDEMIA NEC/NOS

HYPERTENSION NOS

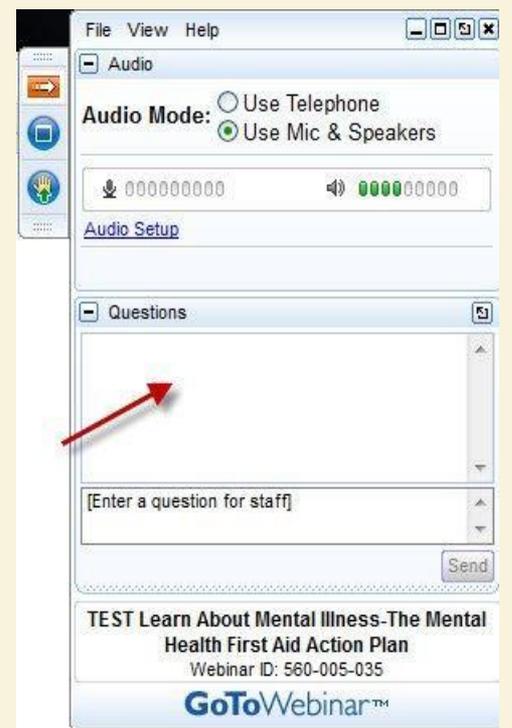
MAJOR DEPR DISORDER, RECURR EPISODE, GEN W/O D



How to Ask a Question



If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. **(left)**



If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. **(right)**





SAMHSA-HRSA Center for Integrated Health Solutions

Thank you for joining us today.

Please take a moment to provide your feedback by completing the survey at the end of today's webinar.



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