CDC Comprehensive Suicide Prevention Grant

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Adult Suicide Intervention and Prevention Plan

Agenda

Brief Overview of CDC – CSP Grant

- When Awarded
- Award amount
- Populations that it serves
- Specific Tiers and Activities

PEARLS

- Loneliness
- Introduction to PEARLS
- Delivery sites
- Brief on preliminary results
- Adaptations
- Principles of PEARLS
- Evaluation Methodology / Measures
- Outcomes

ROAM Grants

- Project overview
- Process
- Funded projects
- Map of projects
- Initial evaluation
- Next steps

CDC Comprehensive Suicide Prevention Grant

- Awarded in July of 2022
- 5 Year grant
- 855K Per Year
- Population Focused – populations that are disproportionately affected by suicide (DAP)

Summary of CDC CSP Grant Activities

DAP Populations

- **Rural and Remote geographical areas**
- **Older Adults**
- **Veterans**

Selected Approaches from CDC SP Technical Package

Tier 1. Community-based:

1. **Identify & support people at risk:** QPR & ASIST for firearm & assisted living spaces. Safe storage promotion among DAP/caregivers. Year 3 switching to CALM Conversations instead of QPR
2. **Create protective environments:** (i) PEARLS (ii) ERPO use promotion
3. **Promote healthy connections:** mini grants (ROAM) Rural Older Adult Min-grants for community engagement activities

Tier 2. Healthcare-related:

4. **Improve access & delivery of suicide care:** OR CALM training for rural PC & BH provider.
5. **Create protective environments:** Online firearm safety training for rural providers – Addressing Firearm Safety in Your Suicidal Patient

Tier 3. Upstream:

6. **Create protective environments:** Policies to reduce alcohol use:
   - Partner to increase price of alcohol and reduce outlet density
   - Describe the impact of alcohol and suicide in Oregon
   - Disseminate data to raise awareness

Additional Selected Approaches with Year One Carryover Funds

- **Lesson Harms and Prevent Future Risk:** CONNECT Postvention for SMVF (Service Member, Veterans and Families) - – this is a part of the Governors Challenge to Prevent Suicide
- **Create Protective Environments:** Lock Boxes (medication and gun safes)
- **Create Protective Environments:** Conduct key informant ERPO interviews

Promoting Protective Factors through *PEARLS*, a Program to Encourage Active, Rewarding Lives

Adapting UW's evidence-based individualized intervention to a group format in rural Oregon

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Loneliness vs Social Isolation

The Need:

- An "epidemic of loneliness" among older adults due to higher prevalence of factors such as living alone, the loss of family or friends, chronic illness, and hearing loss
- Exacerbated by the COVID-19 pandemic
- One in three Americans age 50 to 80 reports feeling lonely (AARP)

Definitions:

- Loneliness = the feeling of being alone, regardless of the amount of social contact.
- Social isolation = a lack of social connections.

Social isolation can lead to loneliness in some people, while others can feel lonely without being socially isolated.

***For more information**, see: National Academies of Sciences, Engineering, and Medicine. 2020. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press. https://doi.org/10.17226/25663.*

Health Effects of Loneliness

Health risks from *social isolation* ⇨

- **Premature death** from all causes (risk may rival those of smoking, obesity, and physical inactivity).
- **Dementia** (50% increased risk)

Health risks from *poor social relationships* (characterized by social isolation or loneliness) ⇨

- **Heart disease** (29% increased risk)
- **Stroke** (32% increased risk)

Health risks from *loneliness* ⇨

- Higher rates of **depression, anxiety, and suicide.**
- Among heart failure patients: **Death** (400% increased risk), **Hospitalization** (68% increased risk), **ED visits** (57% increased risk)
- Among older adults:
  - More **vulnerable to abuse** and **less likely to seek or get help**
  - Increased prevalence of **declining mental health and physical well-being, impaired memory and cognition, premature death**
  - Elevated **suicide** risk

***For more information**, see: Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community (2023). Washington (DC): US Department of Health and Human Services; 2023-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK595227/*

What is PEARLS?

- ***The Program to Encourage Active, Rewarding Lives*** (PEARLS) educates older adults about what depression is (and is not) and helps them develop the skills they need for self-sufficiency and more active lives.
- **A 6-session skill-building program that helps manage and reduce feelings of depression and isolation.** Some older adults might also describe those feelings as chronic sadness, loneliness, frustration, being overwhelmed, or losing interest in things they love.
- Sessions with older adults take place in their homes or other community-based settings that are more accessible and comfortable for older adults,
- Added to the National Registry Evidence Based Programs & Practices (NREPP) in May 2007 following an extensive independent review of the evidence.
- Supported by the University of Washington Health Promotion Research Center (UW HPRC), which provides training and consultation.

Older Adult Behavioral Health Specialists = PEARLS Coaches

- The OABHI is an OHA funded Program since 2015. It funds these specialized positions in all 36 counties called Older Adult BH Specialists.
- Older Adult Behavioral Health Specialists serve as PEARLS coaches and are the heart and soul of each local organization's program.
- PEARLS coaches meet with older adults to help them build the skills they need to live happier, healthier, and more independent lives. They are each participant's support, cheerleader, and connection to resources.

Why choose PEARLS?

Hypotheses:

- Depression care is a protective factor for suicide prevention
- Providing evidence-based depression care in settings where older adults naturally meet or congregate will foster connection and build community connections for older adults.
- Community settings are less stigmatizing than behavioral health or primary care offices and provide low barrier access.

Rationale

PEARLS

Promotes Protective Factors

Decreases Suicide Risk

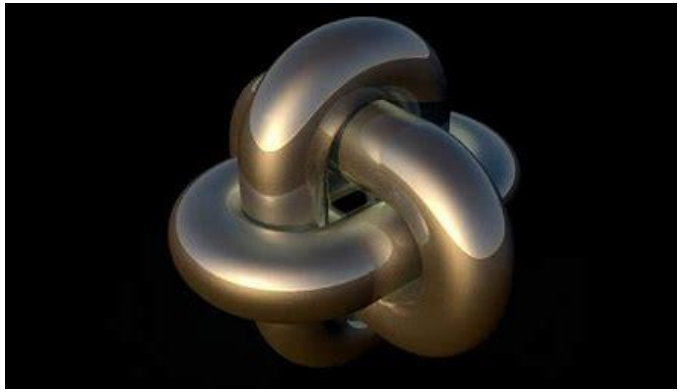
PEARLS Delivery Sites

PEARLS SITE	SETTING
Brookdale ALF	Assisted Living
Central Point Library	Library
First Presbyterian Church	Church
Grants Pass Senior Resource Center	Area Agency on Aging (AAA)
Hillsdale Manor	Senior Public Housing
Hood River Valley Adult Center	Senior Center
John Day Fire Station	Fire Station
Monmouth Senior Center	Senior Center
Port Orford Senior Center	Senior Center
Veterans Home NF	Nursing Home
Newport 60+ Center	Senior Center
Rose Schnitzer Tower	Senior Public Housing
Winston Primary Care	Primary Care

Principles of PEARLS

Symptoms are due to Depression

Depression and Unsolved Problems



Increasing Activity Decreases Depression

Educational Component

The Link between Depression & Unsolved Problems:

- Problems are a normal, predictable part of living. A negative mood is a clue that problems exist.
- Depression is often caused, or made worse, by the problems of living, especially when a person feels overwhelmed by problems in their life.
- Worsening depression interferes with problem solving. The situation becomes a vicious cycle or downward spiral. As more of life's problems pile up, feelings of overwhelm set in, leading to, you guessed it, more symptoms of depression. And so-on, seemingly without end!
- Our PEARLS work is about breaking down life's problems into "bite-sized" pieces.
- We will continue working on the problem so you all can gain some degree of control.
- This process, Problem Solving Therapy (PST), will strengthen your problem-solving skills.
- By taking action to work on & solve problems, your mood has a much better chance of improving.

PST

The 7 Steps of Problem Solving Therapy

1. Clarify & Define
2. Establish Goal
3. Generate Solutions
4. Pros & Cons
5. Choose Solution
6. Implement Solution
7. Evaluate

Adaptations

- Group format
- Longer sessions: 90 minutes
- Lesson plans on a PP slide or a flip chart
- Trained co-coaches or assistance
- LCSW Drop-in Sessions for Coaches
- “Marketing” as health & wellness promotion

Incentives kept participants engaged in all sessions

GIFT CARDS

COFFEE AND TREATS

RAFFLED A GIFT BASKET

Helen gave each graduate a certificate of completion and a handmade pearls keychain to remind them to continue using the skills of PEARLS .

72 Oregonians participated in CDC Grant Year 1 (2022-2024)

Evaluation Methodology/ Measures

Mood Questionnaires embedded into session activities at Sessions 1, 3, & 6:

- Patient Health Questionnaire-9 (PHQ-9) Depression Scale
- UCLA Loneliness Scale

Satisfaction Surveys at end of Session 6

Key Informant Interviews with PEARLS Coaches

Self-Reported Outcomes

At intake:

- 74% (n=54) experienced depression and/or loneliness.

At exit:

- ⬇ 18% in mean depression score (PHQ-9)
- ⬇ 29% in mean loneliness scores (UCLA)

Satisfaction:

- 98% gained useful tools or strategies
- 100% would recommend program to others

Feedback

Preferred Format:

- Group: 76%
- One-on-one: 11% one-on-one
- No opinion: 14%

More helpful aspects:

- Content and materials (38%)
- Group discussions and interactions (38%)
- Skill building (29%)
- The facilitators (10%)
- Socialization opportunities (7%)

Less helpful aspects:

- Limited frequency
- Number and length of the sessions
- Side conversations
- Getting off-track
- Having some individuals monopolize the conversation

What part of the program helped you the most? *(Selected quotes)*

- *A start in breaking up the log jam that was holding me up.*
- *All of it.*
- *Being able to see where I was at.*
- *Discussing problems and how to solve problems.*
- *Found a way to visit adult children/grandchildren.*
- *Group discussions….the extensive list of possible activities …the problem-solving worksheet.*
- *Group participation, tools (ie) problem solving time, place.*
- *Handout, example and facilitator was awesome.*
- *Helen and her great listening ears.*
- *Interaction with others.*
- *Removing the stumbling blocks to help move forward.*
- *One on one and talking it out in the group.*
- *Socializing, more activity outside my room.*
- *Suggestions on how to move forward with a project.*
- *Take home goals PowerPoint.*
- *Helping each other & a new start of pushing things I didn't want to do.*
- *The teacher's enthusiasm.*
- *Using group as sounding board. Sharing out loud.*

What helped you the least? *(n=27 respondents)*

- *All good.*
- *Lack of public transportation.*
- *Too short-it should be 3 months, 2-hour session each.*
- *Other people left the group. People don't feel they need any help.*
- *Not being able to make every session.*
- *Not enough activities on Sundays.*
- *Occasional side-tracked discussions.*
- *People monopolizing too much time/attention.*
- *Letting some participants to use the time by going on and on about something we know they really don't want to change.*

Lessons learned from PEARLS Coaches (n=14)

MOST HELPFUL ASPECT OF THE LOCATIONS:

- Previous knowledge of and familiarity with them

ATTENDANCE AND PARTICIPATON OF GROUP MEMBERS:

- Participants commonly hesitant to share information or, alternatively, “overshared” with the rest of the group
- A majority of sites experienced attrition in attendance
- A quarter of sites encountered an unexpected event that impacted participation

COMMENTS AND SUGGESTIONS FOR FUTURE GROUPS:

- Group adaptation was preferred to individual session for building social connections and decrease social isolation
- Provide additional adaptations to improve group format

DATA COLLECTION & PEARLS MATERIALS:

- Literacy and cognitive challenges were the biggest barrier to data collection
- Simple materials ⇨ Less is more
- Nearly all coaches reported adapting the materials for their group

Rural Older Adult Mini-Grant

Tim Glascock, MPH

Statewide ASIST Coordinator

Association of Oregon Community Mental Health Programs

Project Overview

- Administer grants to community-based organizations to support social engagement among isolated rural older adults.
- 5-10 grants, ranging from $8,000 - $15,000 each, to be awarded depending upon amounts requested in response to RFP.
  - Total of $84,000 per year.
- Round one process started in July 2023 with funding from Oct. 2023 – Mar. 2024.
- Round two process started in Jan. 2024 with funding from Mar. 2024 – Sept. 2024.
- Round three process started in July 2024 with funding from Oct. 2024 – Sept. 2025.

Process

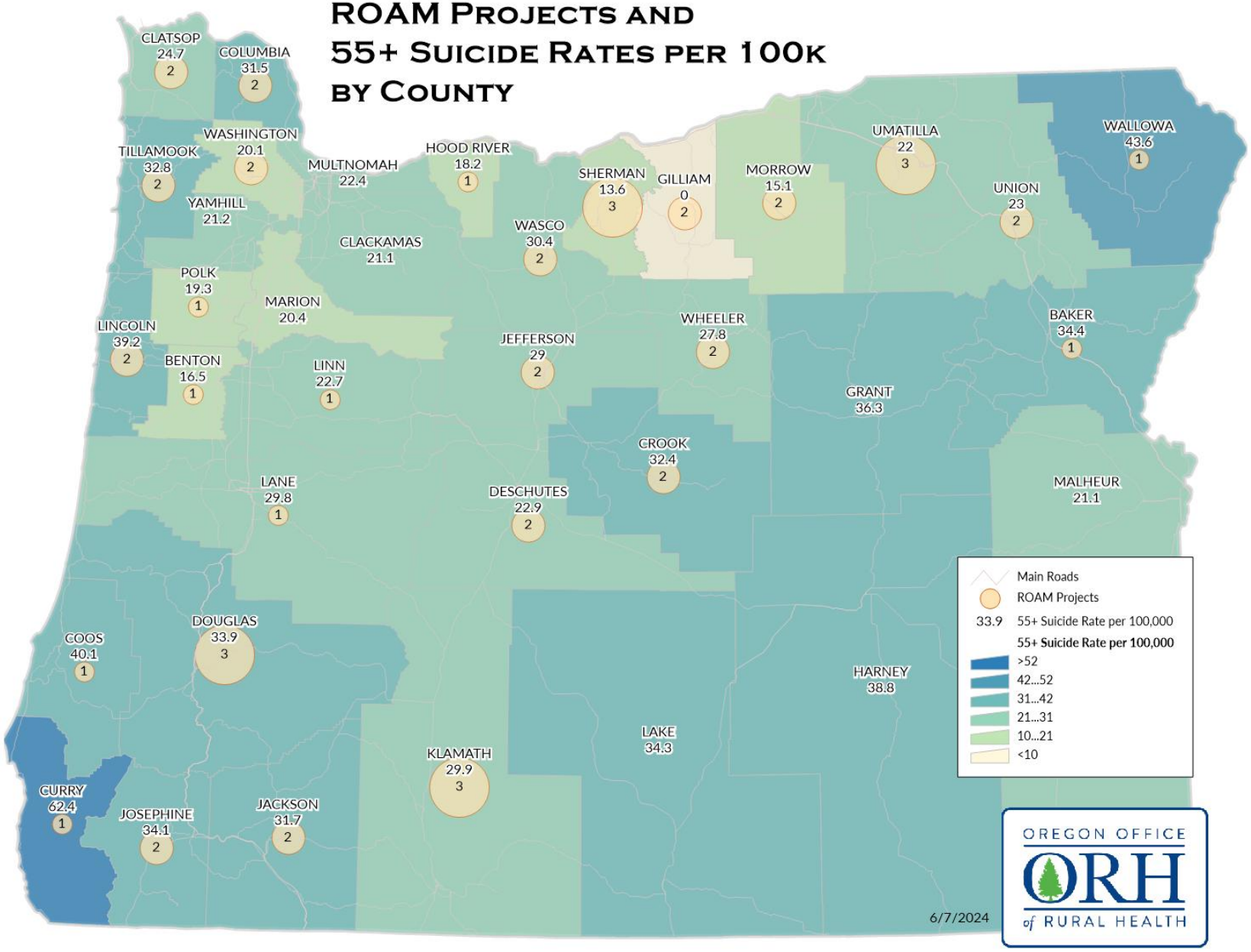
- Process mimicking other mini-grants (LGBTQ+, SP Coalition, Zero Suicide)
- Advisory committee
  - Sixteen statewide partners from nine different organizations
  - Perspectives from older adult, rural health, and SMVF (Service Member, Veterans and their Families)
- Timeline
  - RFP development - two months initially and two weeks to update
  - RFP window – one month
  - Rubric development – during RFP window
  - Review – three weeks with review committee and two weeks with OHA
  - Acceptance letters and checks – two weeks
  - Hosted Kickoff and monthly Community of Practice meetings
  - Advisory committee review and gather feedback

Funded Projects

- Total of 19 projects funded
- 26 Oregon counties reached (78% of counties)
- Projects include:
  - Telephone, virtual, and in-person connections with trained peer volunteers
  - Culturally-relevant activities (i.e. horse therapy, gardening, music, art, etc.)
  - Meals, meal preparation and nutrition education
  - World Café-style Aging, Death, and Memory events
  - Transportation to meals and events (i.e. field trips, fishing, hikes, yoga, etc.)
  - Translate flyers and recruit bilingual staff for Spanish-speaking communities
  - Fall prevention and group exercise programs
  - Wellness and emotional health classes

Map of Project

- Includes two rounds of projects
- First round funded 7 projects
- Second round is funding 12 projects



Evaluation

The evaluation was not started until mid-way though the year when the task was transferred from OHA to PSU due to lack of capacity at OHA.

The evaluation is designed to track self-reported changes in social connectedness among program participants as well as changes in knowledge and confidence related to any trainings conducted using ROAM mini-grant funds.

Data from year 1 is just coming in and has not yet been analyzed.

Year 1 Mini grant recipients are currently being interviewed by PSU to get their feedback on the mini-grant process and its impact.

Questions?

CDC – CSP grant?

PEARLS?

ROAM mini-grants?