



Strengthening Suicide Prevention to Save Lives

The Problem

There is no single cause for suicide. This tragic event often occurs when the combination of stressors from life events and health problems come together creating feelings of hopelessness and despair. Social isolation, financial problems, job issues or loss, and other social drivers of health are known suicide risk factors.¹ However, assessment and intervention remain inconsistent, negatively impacting the rate of prevention. More than 80% of individuals see a behavioral health or primary care provider (PCP) within a year before their death,² and almost 50% of individuals who die by suicide have seen their PCP in the prior 30 days.³ Numerous studies confirm lack of mental health knowledge and confidence among healthcare professionals in addressing suicidal tendencies is a significant roadblock to risk identification and linkage to early intervention.⁴

While suicide affects all racial, ethnic and socioeconomic groups, certain individuals are at higher risk for this tragic, avoidable event. Research suggests rising rates of suicide among certain groups may be attributed to higher rates of discrimination, racism, stigma and limited access to mental and physical healthcare.⁵

These barriers create increased need and higher risk among groups such as tribal populations, people of color, rural communities and gender minorities.⁶ Decreasing disparities in accessing healthcare and leveraging integrated care practices provide opportunity to proactively address many of the negative risk factors that influence suicide.

In youth, adverse childhood events (ACE) such as household instability, violence, neglect and substance use in the home can increase the likelihood of suicide or attempted suicide.⁷ Childhood trauma is known to lead to additional health challenges in adulthood including a number of chronic diseases, mental illness and substance misuse.⁸ For those in the child welfare system, there is further increased risk. Children in foster care are almost three times more likely to contemplate suicide than their peers who have not been in foster care.⁹ Of the growing 400,000 youth in the foster care system, nearly 80% experience a mental health issue.¹⁰ Mental health concerns such as anxiety, depression and ACEs when identified and treated early can decrease condition severity and positively influence recovery. Nearly 60% of young people ages 10-24 who died by suicide had no previously diagnosed mental health condition.¹¹ Routine screenings that assess behavioral health symptoms, suicide risk, sleep problems, interpersonal violence and social needs can aid in early identification and intervention.

Those who struggle with thoughts of suicide often do not have access to interventions that could save their lives. Centene's Choose Tomorrow™ suicide prevention program is dedicated to strengthening access to suicide care, delivering evidence-based interventions and harnessing the power of innovative technology to help individuals live their lives to their fullest.

Why It Matters

- Suicide is the 11th leading cause of death in the United States, resulting in more than 49,000 deaths each year.¹²
- 50% of adults who have serious thoughts of suicide do not engage in treatment from a mental health professional.¹³
- The average cost of suicide and emergency room visits for nonfatal self-harm injuries was \$510 billion per year in 2015-2020.¹⁴
- Research shows follow-up care and support could decrease suicides across the country by 20%.¹⁵
- 46% of people who died by suicide had a known mental health condition.¹⁶

Barriers to Progress

- Erratic screening practices
- Lack of access to mental health care
- Underused preventive support
- Inconsistency in physical and mental care coordination
- Absence of safety planning
- Deficient culturally competent interventions

How Choose Tomorrow Solves for Barriers

EARLY IDENTIFICATION

The Choose Tomorrow risk model embraces innovative technology to predict and stratify those at risk to help prevent suicide attempts and behaviors. Leveraging data and machine learning, an individual risk profile is generated based on multifaceted parameters developed by a team of clinical experts and data scientists based on current research in suicidology, behavioral health, social drivers of health and data science. The comprehensive report influences care management outreach for early screening, support, referral, access to resources, and provider engagement resulting in quick, effective intervention for those at high-risk. For members who are identified as moderate risk, the addition of a digital app-based intervention helps extend the reach of the program by engaging more members through self-guided, digital journeys and enables care management teams to monitor risk status on a broader scale.

EVIDENCE-BASED INTERVENTION

Choose Tomorrow’s foundation is built on continuous, industry-leading training for care managers so they can confidently engage those at risk with compassion and respect using evidence-based approaches. This strong focus on a suicide prevention culture and best practices ensures we are offering the most valuable resources to increase competence and assurance in assessing suicide risk and behavior. Training for administering assessments and facilitating safety planning is ongoing, constantly evolving to introduce content that supports care managers in learning how to host positive, interactive conversations focused on validity and safety outcomes. Providers can stay up to date on best practices through our customized, no-cost Continuing Medical Education courses about suicide risk assessment and support of individuals at risk of suicide.

POPULATION SUPPORT

The care management team improves member engagement and treatment results by promoting connection to services and supports unique to the member to address the multiple aspects of their lives, including social determinant barriers, stigma and access to care. In building a culture of suicide awareness, our training tools were developed to consider physical, mental, socio-economic and other influencers to address the nuanced risks for specific populations. Our risk model inspires use of culturally competent content for specific populations like foster care and tribal communities to encourage ongoing engagement with the program. This approach encourages positive connections with members and enables appropriate screening and safety planning to prevent suicide.

CONNECTEDNESS & POSTVENTION

Enrollment in Choose Tomorrow strengthens the opportunity to establish trusting relationships built on a foundation of understanding and trust. Weekly touch points deepen connectiveness and cultivates a strong bond for those experiencing feelings of isolation. This reassuring relationship can be lifesaving. Our elevated level of outreach provides the opportunity to reassess risks, review safety plans, identify additional resources needed, confirm provider connections and help problem solve for life challenges. After initial outreach, if a member does not need to enroll in the program, follow-up is still performed after one month as a precaution. This touch point also occurs after members are disenrolled from the program to confirm risks have not increased. Based on Zero Suicide’s Caring Contacts, Choose Tomorrow also employs a postvention communications campaign during care transitions and after interaction with the care management team. Designed to continue the positive support received, further encourage treatment, exude a sense of hope and lessen future risks, the communications can be tailored to best fit individuals.

The Impact of Choose Tomorrow



decrease in total medical & mental healthcare costs⁺⁺⁺



42% reduction in depressive and anxiety symptoms and 33% reduction for general anxiety disorder among members engaged in digital app⁺⁺



8% reduction in suicide claims data in 2023⁺⁺⁺



reduction in staggering loss of human life for families & communities



100% of Centene members enrolled connected to supportive services⁺

1. https://www.cdc.gov/suicide/risk-factors?CDC_AAref_val=https://www.cdc.gov/suicide/factors/index.html
2. https://www.researchgate.net/publication/260378901_Health_Care_Contacts_in_the_Year_Before_Suicide_Death
3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3146379/>
4. <https://www.tandfonline.com/doi/full/10.1080/09281343.2021.1958462>
5. <https://www.cdc.gov/suicide/disparities/index.html>
6. <https://www.cdc.gov/suicide/facts/index.html>
7. <https://www.cdc.gov/aces/about/index.html>
8. <https://www.cdc.gov/vitalsigns/aces/index.html>
9. <https://youth.gov/youth-topics/youth-suicide-prevention/increased-risk-groups>
10. <https://www.apa.org/monitor/2023/03/hope-for-foster-kids>
11. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2821655>
12. <https://www.cdc.gov/nchs/fastats/suicide.htm>
13. <https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FFR3-2015/NSDUH-DR-FFR3-2015.htm>
14. <https://sprc.org/news/economic-cost-of-suicide-and-self-harm/>
15. <https://followupmatters.suicidepreventionlifeline.org/#follow-up>
16. <https://www.nami.org/About-Mental-Illness/Common-with-Mental-Illness/Risk-of-Suicide>

⁺Centene Choose Tomorrow care management outcomes MARS dashboard, August 2024
⁺⁺Digital vendor reporting, all users 2022-2024, August 2024
⁺⁺⁺Centene suicide claims data, all members 2022-2023, August 2024