



# Suicide Prevention Project

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# Description and Scope of Project

- Two main goals:
  - Universal screening for suicide risk using the Columbia Suicide Severity Rating Scale (C-SSRS) – **INDICATOR 1**
  - Same day safety planning using the Stanley Brown safety plan for those identified as at-risk – **INDICATOR 2**
- Three year time period (January 1, 2015 – December 31, 2017)
  - 2015 – Baseline measurement period
  - 2016 – Remeasurement year 1
  - 2017 – Remeasurement year 2



## Baseline Measurement Period (2015)

- Only the crisis team was using the C-SSRS at this time (and this was not consistent)
- No standardized safety plan – varied immensely across programs
- No standardized criteria for when a safety plan is indicated
- End of year results:
  - 286 clients screened out of 3601 total served (7.9%)
  - 149 clients received a same day safety plan out of 188 identified as at-risk (79.3%)



## Remeasurement Year 1 (2016)

### *Initial Interventions*

- Provided training to all clinical staff on the project, the C-SSRS, and the Stanley Brown safety plan
- Embedded the C-SSRS into the initial evaluation service
- Created a “Columbia” service in order to assess for suicidal risk at any point in treatment
- Created a “Safety Plan” service (Stanley Brown)
- Response to OQ/YOQ question on suicidal ideation required in the therapy notes



## Remeasurement Year 1 (2016)

### *What We Noticed*

- Immediate increase in number of clients screened (186 in January 2016 alone versus 286 for all of 2015)
- Despite the increase, there was still a low overall rate of screening
  - Clients receiving medication services only were being missed
- Clinicians were not completing the C-SSRS section of the evaluation
- Low rates of same day safety plans (41.5% for first half of year)



## Remeasurement Year 1 (2016)

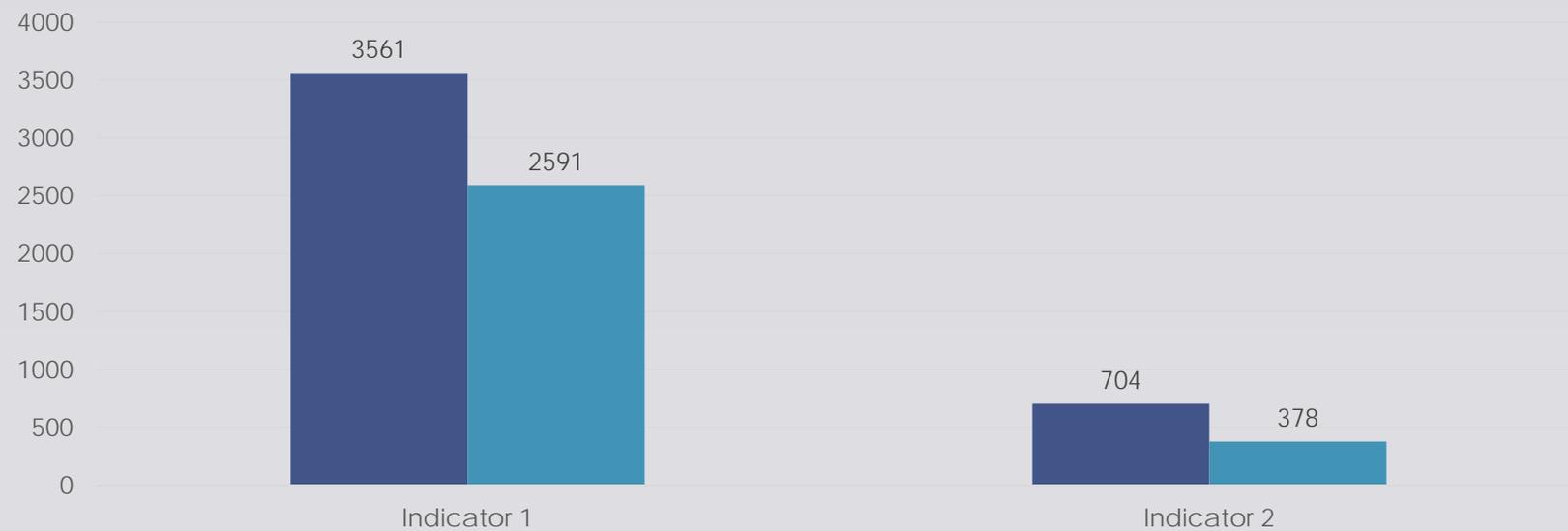
### *What We Did About It*

- Solicited feedback from staff
- Implemented C-SSRS screener questions into medical services
- Made the C-SSRS a mandatory section of the evaluation
- Made the “Columbia” and “Safety Plan” services billable
- Use of peers
- Training, training, training and reminders, reminders, reminders



# Remeasurement Year 1 (2016)

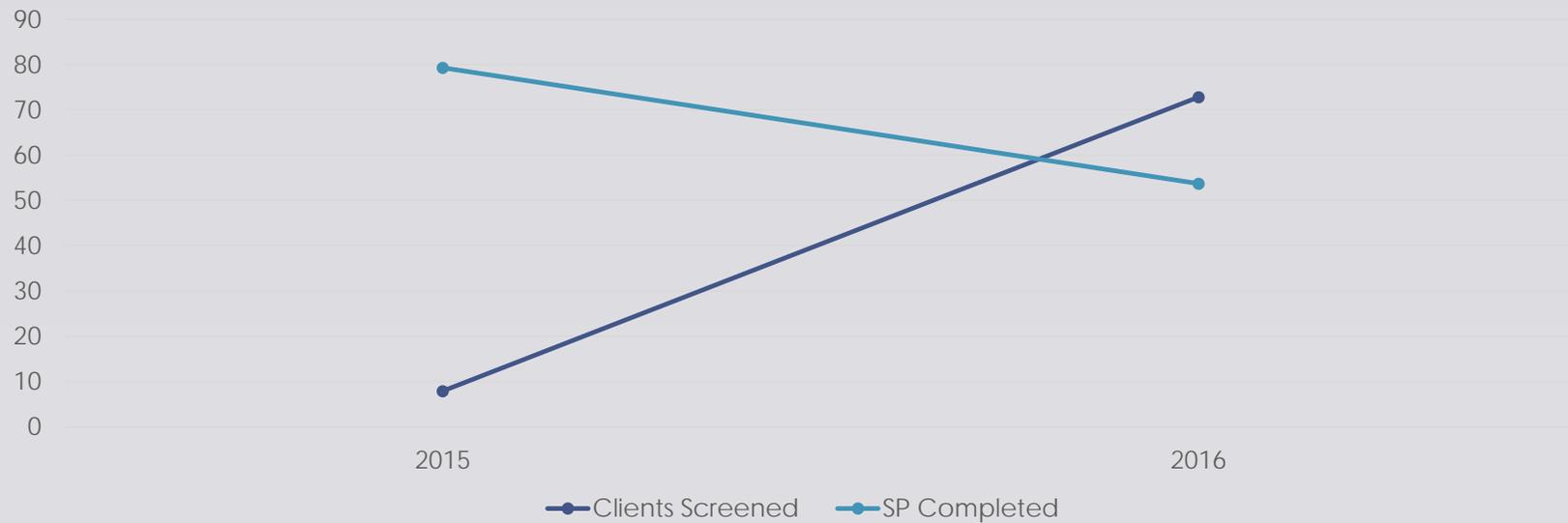
*Final Results*



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# Remeasurement Year 1 (2016)

*Final Results*





## Remeasurement Year 1 (2016)

### *Final Results – What Happened??*

- Low rates of same day safety planning within crisis services and medical services
- Staff turnover
- Continued issues with not completing C-SSRS (relatively small barrier)
- Misinformation regarding when a safety plan is indicated
- Significant push back from staff – variety of issues including:
  - Not clinically meaningful
  - Time consuming
  - Not helpful for clients with chronic SI
  - Technical barriers



## Remeasurement Year 2 (2017)

### *Interventions*

- Change in crisis procedures for short-term residential admits
  - Screened using C-SRRS at admission and discharge
  - Safety plans completed at admission and discharge if indicated
- Change in medical procedures for clients at-risk
- C-SSRS made a mandatory portion of evaluation
- Training for new employees
- Monthly data to supervisors
- Use of regularly scheduled consultation groups

# Remeasurement Year 2 (2017)

## *Unexpected Surprise*

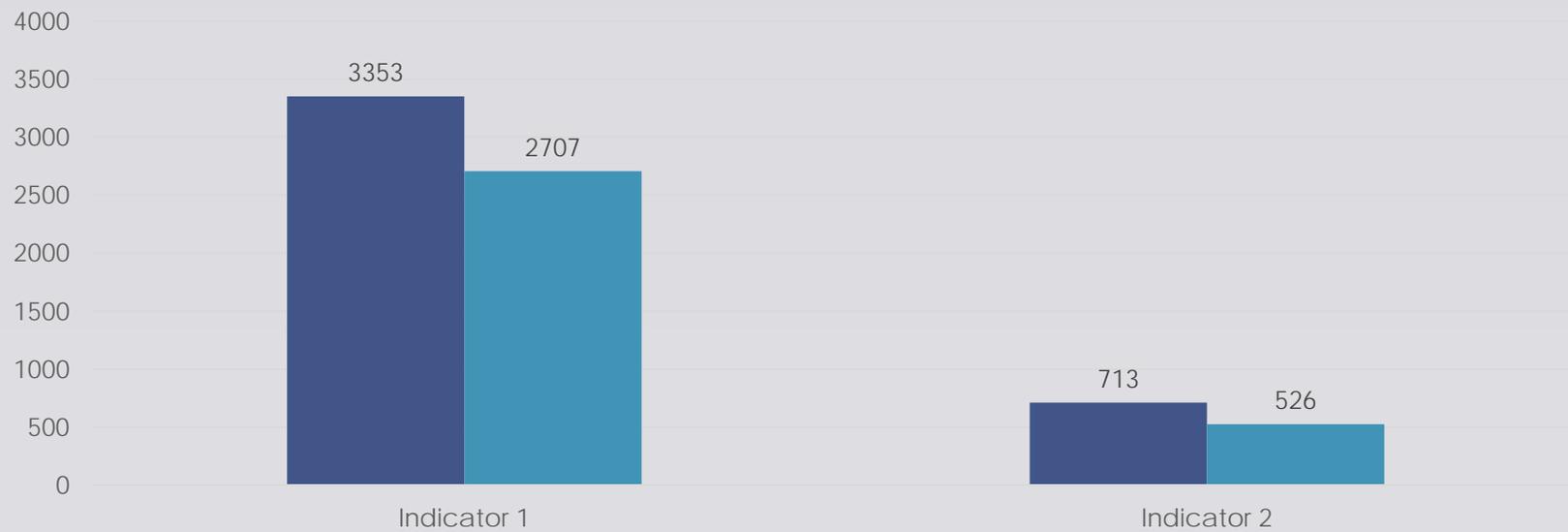
- Cumbersome data collection process
- Added a checkbox in the evaluation and "Columbia" services
- Checked if a same day safety plan is indicated
- Purpose was to allow for more efficient data gathering





# Remeasurement Year 2 (2017)

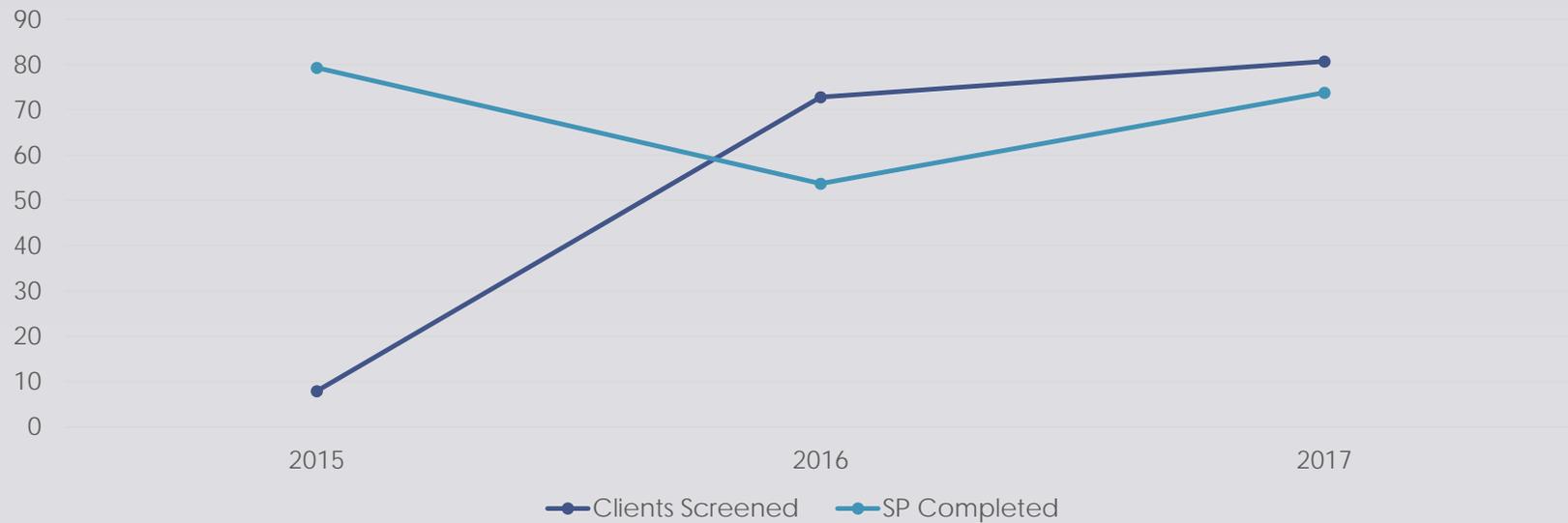
## *Final Results*



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# Remeasurement Year 2 (2017)

*Final Results*





## **Key Takeaways** *And What We Still Struggle With*

- Biggest challenges: pushback from staff
- Averse to “crisis work”
- Often perceived mental barriers rather than actual ones
- Evaluate data often and on several levels (programs/teams)
- Share the data (administration/supervisors/direct staff)
- Incorporate into the use of clinical programs
- Ongoing training is key
- Reminders are needed for even the most well-intentioned