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Zero Suicide		Policy	Embed in EHR	Trained / Completed	1st Measure	Target Completion	Score	Out of	% Complete	Status/Comments
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Domain	2. IDENTIFYING AND ASSESSING SUICIDE RISK									
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Goal	a. Systematically and Universally Screen for suicide risk.									
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6	Universal application of C-SSRS and screening process - all new clients; every visit for those in OP, every week for those in IOP and Residential						0	4	0%	
	All licensed staff trained									
	All Non-licensed staff complete QPR training						0	4	0%	
	Routine, consistent documentation of suicide risk screenings.						0	4	0%	
SUB-TOTAL							0	12	0%	

Goal	b. Systematically assess and formulate suicide risk among people receiving care									
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Strategies	Standardized, valid suicide risk assessment and formulation. Elements :long and short term risk factors, impulsivity/self-control, substance use, protective factors, stressors and precipitants, warning signs, plan, lethal means risk state, risk status, client engagement and reliability						0	4	0%	
	Risk assessment conducted in same visit in all cases that a client screens positive for suicide risk						0	4	0%	
	SUB-TOTAL							0	8	0%

Domain	3. ENGAGING CLIENTS IN SUICIDE CARE AND SAFETY PLANNING									
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Goal	a. Every at-risk client has a Suicide Care Management Plan (SCMP) that is timely and adequate to meet their needs.									
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Strategies	Standardized, suicide care management plan based on risk formulation						0	4	0%	
	Elements: coordination care among all providers, including when at-risk client will be discussed in team meetings; engagement of significant others; alternatives for urgent care; Scheduled and conditional updates of assessment and risk formulation, level of care changes and discharge. All licensed						0	4	0%	
	SCMP for clients served at inpatient or ED for suicide related event						0	4	0%	
	Protocols for when clients go on and off a SCMP.						0	4	0%	
	Protocols to alert all staff of suicide risk and when client is no longer suicidal						0	4	0%	
SUB-TOTAL							0	16	0%	

Goal	b. Every at-risk client has a collaboratively developed safety plan, including restriction of lethal means.									
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Strategies	Standardized, valid Safety Plan process and template: Elements: risks, triggers, reduction of access to lethal means, engagement of significant others, coping strategies (prioritized from most natural to most formal or restrictive) ; Stanely-Brown Safety Plan elements incorporated. All licensed staff trained, including GMM						0	4	0%	
	Protocol for sharing safety plans with significant others						0	3	0%	Dave O idea: group or something for families when we have ct on s - plan
	Protocol for confirming removal of lethal means, including						0	4	0%	

Southwest Behavioral Health Center: Zero Suicide Assessment and Plan

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	prompted reviews						0	4	0%	
	Protocol assures committed clients are in compliance with Utah law restricting access to firearms						0	4	0%	
SUB-TOTAL							0	15	0%	

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Domain	4. TREATING SUICIDALITY and IMPACT OF SUICIDE									
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Goal	a. Use effective, evidence-based treatments that directly target suicidality.									
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Strategies	When suicide concerns are present, ensure patient treatment plan explicitly focuses on reducing suicidality and treating						0	4	0%		
	All licensed staff trained in the Collaborative Assessment and Management of Suicidality (CAMS) framework						0	4	0%		
	At risk clients are provided with CAMS and/or DBT treatment focusing directly on suicidality						0	4	0%		
	Protocols for outreach for missed appointments for SCMP clients						0	4	0%		
	Protocols for rapid access for SCMP clients						0	3	0%		
	Protocols for notification when client has accessed ER for suicidality						0	4	0%		
	Protocol for in-home or virtual visit of high risk clients						0	4	0%		
	Protocol for assertive engagement after hospitalization						0	4	0%		
	Protocol and mechanism for follow-up and supportive contact with SCMP clients						0	3	0%		
	Protocol and Mechanisms for ongoing monitoring SCMP clients						0	3	0%		
	SUB-TOTAL							0	37	0%	

Goal	b. Post-Ventio: Support and nurture staff who experience loss of a client to suicide									
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Strategies	Resources for staff support identified/developed						0	2	0%	
	Systematic process for compassionately offering support						0	2	0%	
	Follow-up mechanism to assure staff recovery						0	2	0%	
SUB-TOTAL							0	6	0%	

Goal	c. Post-Ventio: Support and nurture family members/significant others/organizations who experience loss due to suicide									
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Strategies	Resources for support identified/developed						0	2	0%	
	Systematic process for compassionately offering support						0	2	0%	
	Follow-up mechanism to support recovery						0	2	0%	
SUB-TOTAL							0	6	0%	

Domain	5. MANAGING TRANSITIONS CARE									
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Goal	a. Provide continuous contact and support, especially after acute care.									
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Strategies	Protocols for engagement of clients who are hard to reach.						0	4	0%	
	Protocols for 'safe' transitions of clients between levels of care and providers						0	4	0%	
	Train staff on patient and family engagement and transitions in						0	3	0%	

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	care. (Use and document linking and bridging strategies and follow-up tools (e.g., caring letters, tele health, text messages).						0	3	0%	
SUB-TOTAL							0	11	0%	

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Domain	6. IMPROVING SUICIDE CARE									
Goal	a. Apply a data-driven quality improvement approach to inform system changes that will lead to improved patient outcomes and better care for those at risk									
Strategies	Design an evaluation plan to assess impact.						0	2	0%	
	Annual comparison of client list against state vital statistics data to determine the number of deaths for those enrolled in						0	3	0%	
	Establish measurement and review of client suicide rates						0	3	0%	
	Protocol for review of suicides of current and past clients (6 months since dc) and those scheduled, but not seen yet, focusing on root causes						0	3	0%	
	Protocol for review of suicide attempts requiring medical attention						0	3	0%	
	Assess patient satisfaction.						0	3	0%	
	Reassess workforce satisfaction and understanding of Zero Suicide philosophy						0	3	0%	
	Reassessment of workforce for skills and confidence in providing suicide care (every 3 years)						0	4	0%	
	Have fidelity review conducted by external party.						0	3	0%	
	Implementation team reviews adherence to suicide policies						0	3	0%	
	Update work plan to reflect results of evaluation and other data outputs						0	3	0%	
	Share and review all results with leadership and staff.						0	2	0%	
	Address patient safety within residential environments (e.g., break-away rods, door alarms)						0	3	0%	Measure with audit tool
							0	38	0%	
							0	174	0%	