

Centerstone Standard Operating Procedure: Suicide Risk Assessment

This document outlines the standard operating procedure for suicide risk assessment at Centerstone of Tennessee. The document supports Centerstone's policy that all individuals be screened for suicide risk at every service contact during the course of treatment.

CENTERSTONE

Standard Operating Procedure: Suicide Risk Assessment

Consistent with Centerstone policy all service recipients shall be screened for suicide risk at intake and every subsequent service contact with Centerstone providers during the course of treatment.

Points of Contact:

Intake:

During the course of an intake appointment every service recipient will be screened for suicidal risk with the following steps:

- During the course of the recipient's intake a Master's level clinician will perform the Columbia Suicide Severity Rating Scale (C-SSRS) to screen for suicidal risk:
- If the answer to both C-SSRS "Lifetime or Recent" questions is "no", there is no further need to continue with the tool and the intake will continue.
- If there is a "yes" response to either the "Lifetime or Recent" screening questions the clinician will proceed with administering the rest of the C-SSRS assessment tool.
- The clinician will then be prompted by the C-SSRS tool and CenterNet for proceeding with completion of the assessment and enrollment in the Suicide Prevention Pathway.

Therapy Appointment:

During the course of a routine therapy appointment every service recipient will be screened for suicidal risk with the following steps:

- At the service point, with the client present a Master's level clinician will administer the C-SSRS assessment tool.
- If the answer to both C-SSRS "Since Last Visit" questions is "no", there is no further need to continue with administering the tool and the routine appointment will continue.
- If there is a "yes" response to either "Since Last Visit" screening questions the clinician will proceed with administering the rest of the C-SSRS assessment tool.
- The clinician will then be prompted by the C-SSRS tool and CenterNet for proceeding with completion of the assessment and enrollment in the Suicide Prevention Pathway.
- Enrollment proceedings are required to be adequately documented within the progress note: Please refer to **The Source-Documents-Forms-Suicide Pathway Documentation Reminders** for recommended documentation standards.

Standard Operating Procedure: Suicide Risk Assessment

Consistent with Centerstone policy all service recipients shall be screened for suicide risk at intake and every subsequent service contact with Centerstone providers during the course of treatment.

Points of Contact:

Intake:

During the course of an intake appointment every service recipient will be screened for suicidal risk with the following steps:

- During the course of the recipient's intake a Master's level clinician will perform the Columbia Suicide Severity Rating Scale (C-SSRS) to screen for suicidal risk:
- If the answer to both C-SSRS "Lifetime or Recent" questions is "no", there is no further need to continue with the tool and the intake will continue.
- If there is a "yes" response to either the "Lifetime or Recent" screening questions the clinician will proceed with administering the rest of the C-SSRS assessment tool.
- The clinician will then be prompted by the C-SSRS tool and CenterNet for proceeding with completion of the assessment and enrollment in the Suicide Prevention Pathway.

Therapy Appointment:

During the course of a routine therapy appointment every service recipient will be screened for suicidal risk with the following steps:

- At the service point, with the client present a Master's level clinician will administer the C-SSRS assessment tool.
- If the answer to both C-SSRS "Since Last Visit" questions is "no", there is no further need to continue with administering the tool and the routine appointment will continue.
- If there is a "yes" response to either "Since Last Visit" screening questions the clinician will proceed with administering the rest of the C-SSRS assessment tool.
- The clinician will then be prompted by the C-SSRS tool and CenterNet for proceeding with completion of the assessment and enrollment in the Suicide Prevention Pathway.
- Enrollment proceedings are required to be adequately documented within the progress note: Please refer to **The Source-Documents-Forms-Suicide Pathway Documentation Reminders** for recommended documentation standards.

Case Management Appointment:

During the course of a case management visit every service recipient will be screened for suicidal risk with the following steps:

- At the service point, with the client present the Case Manager will administer the C-SSRS assessment tool.
- If the answer to both C-SSRS “Since Last Visit” questions is “no”, there is no further need to continue with administering the tool and the routine appointment will continue.
- If there is a “yes” response to either “Since Last Visit” screening questions the clinician will proceed with administering the rest of the C-SSRS assessment tool.
- The clinician will then be prompted by the C-SSRS tool and CenterNet for proceeding with completion of the assessment and enrollment in the Suicide Prevention Pathway.
- If the recommendation by the C-SSRS assessment tool is to enroll the service recipient into the Suicide Prevention Pathway then the case manager is required to comply with the recommendation provided.
- Enrollment proceedings are required to be adequately documented within the progress note: Please refer to **The Source-Documents-Forms-Suicide Pathway Documentation Reminders** for recommended documentation standards.

Medical Provider:

During the course of an appointment with a medical provider the following steps will be taken to screen for suicidal risk:

- At the service point the service recipient will be asked by the provider about current or recent suicidal ideation. The response from the service recipient will be notated in the providers progress note.
- Should the response to the question be “no”, the appointment will continue.
- Should the response to the question be “yes”, the provider will assess thoroughly the nature of reported suicidal ideation and proceed accordingly with the completion of the appointment or appropriate treatment recommendations: To include the medical provider identifying an available therapist or clinic manager to perform C-SSRS.
- Should enrollment in the Suicide Prevention Pathway be appropriate this will be achieved by 1) the identified provider or clinic manager enrolling and providing education to service recipient along with a required referral to therapy services and completion of crisis management plan.

Service Recipient Initiates Contact in Crisis:

If a service recipient contacts Centerstone endorsing suicidal ideation the following will occur:

Phone Contact:

Crisis Call Center:

- If service recipient initiates contact by phone through Centerstone Crisis Call Center the call will be appropriately resolved via telephone contact, referred to Centerstone Outpatient Clinic, referred to appropriate Crisis Services Team, or other appropriate dispositions rendered including emergency personnel, if needed.
- Once phone contact has made and disposition rendered the service recipient will be added to the high risk follow up report and follow up of call will be made within 24 hours or follow up to appropriate entity will be conducted.

Outpatient Clinic:

- If service recipient contacts a Centerstone clinic indicating suicidal crisis and a NON DEGREED PROVIDER handles the call, the service recipient will be instructed to present at the nearest Centerstone location. If the nearest location is not the clinic to which telephonic contact was made the provider will inform the nearest Centerstone location and apprise them of the situation.
- If service recipient contacts a Centerstone clinic and is indicating a suicidal crisis and a DEGREED PROVIDER handles the call, the provider will take appropriate clinical steps to ensure safety and provide most appropriate service.

Walk-In Contact:

- Anytime a service recipient presents at a Centerstone location in a suicidal crisis (whether directed or presenting on their own), they will receive an appropriate assessment from a Master's level clinician to determine appropriate action to be taken.

Alert and Monitoring System

Clinical Pathway for Suicide Prevention:

As part of Centerstone's "Zero Suicide" initiative the Clinical Pathway for Suicide Prevention was adopted as the alert and monitoring system for client's who present as at-risk or demonstrate to be a high risk for suicide.

The Clinical Pathway for Suicide Prevention utilizes the evidenced informed risk assessment tool, the Columbia Suicide Severity Rating Scale (C-SSRS) to administer a suicide risk screening and when indicated an assessment on every service recipient at time of intake, therapy, and/or case management appointment.

A positive response from the C-SSRS screening and assessment tool requires the service provider to indicate if enrollment in the Clinical Pathway for Suicide Prevention is appropriate. The Clinical Pathway for Suicide Prevention is clinical decision support designed to identify the most at-risk or high risk clients and engage them in wrap around services until the risk has subsided or been eliminated. This is to be achieved through enrollment in the Clinical Pathway,

education surrounding what enrollment means and the steps that will be taken to mitigate the risk. This will also include collaborative crisis management planning that requires thorough means restriction counseling with the client and the support system identified, and the enhancement of the frequency of services received.

To ensure service recipients who are indicated to have a significant level of suicide risk and who are enrolled as part of the Clinical Pathway to Suicide Prevention are easily identifiable, their names are automatically displayed using a color coded system once they have been enrolled as part of the Clinical Pathway. Once enrollment has taken place the service recipients name will appear in red in the EHR and in yellow in the service provider's daily schedule.

The EHR is designed to alert service providers when service recipients who are under their care are enrolled or un-enrolled from the Clinical Pathway for Suicide Prevention. All service providers who have provided a service to the client within the past 90 days will receive a high alert email once enrollment or un-enrollment has taken place. Adequate documentation will be placed in the client record recording the justification for enrollment or un-enrollment that can be referred to by the treatment team.

Frequency of Contact:

For service recipients enrolled in the Clinical Pathway for Suicide Prevention protocol indicates that they are to be seen at a minimum of once weekly for a therapy appointment at which time the C-SSRS is again administered at each contact. Should the service recipient not show for scheduled appointment while enrolled in the Clinical Pathway for Suicide Prevention the service provider is required to make a telephonic attempt to contact client within 2 hours of the missed appointment and document this call and its outcome in the client record.

Within the Clinical Pathway for Suicide Prevention an electronic alert system has been embedded for follow up purposes in the event that service providers are unable to make telephonic contact. At the time the service provider indicates a Do Not Show (DNS) for the service recipient that is enrolled in the Clinical Pathway for Suicide Prevention their name automatically populates to the Suicide Pathway Referral Follow-Up Report, housed in the Crisis Call Center. This report is monitored daily by the Suicide Pathway Follow-Up Specialist and follow-up attempts are made to each client who has not shown for their regularly scheduled therapy appointments.

The Follow-Up Specialist will attempt to reach the client for three consecutive days and complete a brief telephonic risk assessment to determine level of risk and render an appropriate disposition based on the results of that assessment. At time of telephonic contact service recipients are encouraged and recommended to engage in services and appointments are offered/scheduled at time of contact by Follow-Up Specialist. If service recipient is unable to be reached after three consecutive attempts the Follow Up Specialist will draft a "Caring Letter" that outlines concern for the status of service recipient and offers available

appointment and contact information for Centerstone location where services are received. Upon draft of the “Caring Letter” the Follow-Up Specialist will send the letter to the service providers for review and/or to be appropriately revised and sent to available mailing address located in EHR. These actions are also noted in the EHR via a “Memo to Chart”.

Additionally, the Follow-Up Specialist will notify the service providers via email as well as documentation in the EHR in regards to any contact that is made and information regarding clinical presentation.

Crisis Management Planning:

For service recipients who are enrolled in the Clinical Pathway for Suicide Prevention protocol indicates that a Crisis Management Plan (CMP) is required to be completed for all new service recipients or modified at time of session for all currently active service recipients. The service recipient should be an active participant in the creation of the CMP and a hard copy of this document should be provided to them upon the completion of the session.

As part of Centerstone protocol all Crisis Management Plans completed with service recipients must include discussion and documentation of means restriction protocol. All discussions of means restriction must include the following:

- Identification of all lethal means that have been considered by service recipient and their agreement to limit access.
- Identification of emergency contact (support person) and obtaining correct contact information (phone number and address).
- Signing of a Release of Information for identified support person.
- Support person should be contacted at time of session to establish plan to remove or secure lethal means.
- Obtain agreement of support person to call Centerstone staff the same day to confirm lethal means have been safely secured.
- Centerstone service provider will additionally follow up with identified support person if call confirming lethal means have been secured is not received within agreed upon identified time frame.

In the event that a service recipient does not agree with the means restriction protocol the service provider will consult with their Clinical Supervisor and any considerations for the need for a higher level of care will be discussed and determined at that time. Should the service recipient exit Centerstone without a plan for means restriction Crisis Services should be contacted, as well as the service recipient’s emergency contact.

Provider Training:

The opportunity for training in suicide prevention and risk assessment is of utmost importance in the success of Centerstone's "Zero Suicide" initiative. All providers are required to receive annual training on suicide related matters. All Centerstone service providers are required to complete the following trainings as a component to Centerstone's "Zero Suicide" initiative and the Clinical Pathway for Suicide Prevention:

- **Columbia Suicide Severity Rating Scale (C-SSRS)** - the online course to familiarize staff with administration and interpretation of the C-SSRS. Required within 30 days of hire for those staff who will be required to administer it.
- **Counseling on Access to Lethal Means (CALM)** - online course to explain: a) the purpose of means restriction as a critical component in suicide prevention and b) how to assess for lethal means and provide necessary intervention.
- **Introduction to Centerstone's Zero Suicide Initiative**
- Designated annual **Suicide Prevention** training mandated by the enterprise Suicide Prevention Committee

Monitoring and Evaluation:

The Quality Improvement Department maintains the responsibility to collect data on suicide attempts/completions and to analyze/report, on a monthly basis, this information to the applicable Suicide Prevention Committee in each state.

Tennessee

In Tennessee, when a provider becomes aware of a suicide attempt or a completed suicide of a Centerstone service recipient, they are required to complete an "Adverse Occurrence and Incident Reporting" form and submit to the Quality Improvement Department within 24 hours. The QI Director reviews the case and requests completion of a "Clinical Review" document by the Clinic Manager of the location where the client was receiving services. The Clinical Review requires an evaluation of aspects of the case including but not limited to a) timely access to care, b) review by psychiatric staff of medications, c) accuracy of diagnosis, d) engagement efforts and e) adherence to agency policies and procedures. In addition, in the case of a completed suicide, the Clinic Manager is required to convene a clinic wide Treatment Team Meeting to a) review the details of the case, b) identify opportunities for improvement and c) increase awareness of the treatment team regarding any breakdowns and/or areas of improvement. The results of this meeting are submitted to the QI Director, along with the Clinical review.

The Adverse Occurrence Review Committee chaired by the QI Director is comprised of the Chief Medical Officer, Clinical Nurse Supervisor, Vice President of Quality Improvement, Chief Operating Officer of Clinic Services, Regional Vice Presidents, Vice President for Crisis and

Disaster Management and Director of Crisis Management and Suicide Prevention. This committee meets monthly to review and discuss adverse occurrences. Where there is a case involving a completed suicide, the finding of the Clinical Review must be presented by the applicable Regional Vice President to the Adverse Occurrence Review Committee. The QI Director is responsible for communicating feedback to Clinic Managers, individual staff as well as all Centerstone staff as indicated.

Indiana

In Indiana, when a service provider becomes aware of a suicide attempt or completed suicide of a Centerstone service recipient they are required to complete a “Centerstone Incident Report Form” immediately following the incident or knowledge of the incident and submit to the Quality Improvement Department within 72 hours of the time of the event. The Quality Improvement Department will initiate the appropriate steps to determine the immediacy of the action and the course of action that should be taken in response to the reportable event. All reports must also be communicated to the management or his/her designee who respond appropriately. Actions taken in response to events, along with recommendations to minimize the risk of future events must be documented through the evaluation process. Data from all Incident Reports will be collected and aggregated. Reports will be reviewed quarterly by the Quality Council for purposes of prevention planning. The review shall evaluate causes and trends of events and determine actions to be initiated including but not limited to staff education of performance improvement activities.