Southeast Florida Behavioral Health Network

ZERO SUICIDE INITIATIVE

Leadership commitment

- Organizational Self-Study
- Use of evidence-based assessments and treatment modalities
- Setting expectation of culture shift for all staff

Trainings

- QPR (Question, Persuade, Refer) Gatekeeper
- QPRT (Question, Persuade, Refer and Treat) Advanced Practitioner
- Care Coordination
- CALM (Counseling on Access to Lethal Means)

Standardized Screening and Risk Assessment

- Level 1 Screeners (PHQ-9 or PHQ-2 - Patient Health Questionnaires)
- Level 2 Screener (C-SSRS - Columbia Suicide Severity Rating Scale, Screener)
- Risk Assessment (C-SSRS - Columbia Suicide Severity Rating Scale, Risk Assessment)
- SAFE-T with C-SSRS (Suicide Assessment 5-Step Evaluation and Triage)

Suicide Care Management Plan

- Stanley Brown Safety Plan (Crisis Planning)
- Lethal Means Restriction

Data

- Establishing baseline
- Reviewing and reporting significant and sentinel events

Quality Assurance and Improvement

- Quality Assurance Validation tool
- Ongoing and Continuous Quality Improvement

Southeast Florida BEHAVIORAL HEALTH NETWORK

ZERO SUICIDE INITIATIVE

Establishing a Zero Suicide Implementation Team

Identifying and creating a Zero Suicide implementation team is the first step in implementing Zero Suicide at your agency. A Zero Suicide Implementation Team consists of individuals who can create and modify policies and procedures, as well as monitor continuous quality improvement. Implementation Teams should always include not only agency staff, but also community members with direct, lived experience. For ideas on how to engage people with lived experience, please SPRC's Engaging People with Lived Experience: A Toolkit for Organizations.

Once an Implementation Team is assembled, the first step to becoming a Zero Suicide Agency is to complete a Zero Suicide Organizational Self-Study and uses the results to set organizational goals on the Zero Suicide Work Plan Template. The Implementation Team should meet regularly to monitor progress on the Work Plan Template and discuss both successes and barriers to fully implementing Zero Suicide within an agency.

Implementing the Zero Suicide Initiative and Suicide Care Pathway

In order to implement the above Core Concepts and Zero Suicide Work Plan Template, the Zero Suicide Initiative has identified key elements of best-practice suicide care. These evidence-based tools, when delivered consistently by behavioral health organizations, have been shown to greatly reduce suicide risk and deaths among at-risk persons. The key components of the Suicide Care Pathway are:

1. "Level 1" Screeners for depression, anxiety and other mental health issues
2. "Level 2" Screeners for suicidal thoughts, plans and intentions
3. Clinical suicide risk assessments to triage immediate risk
4. Comprehensive safety and crisis planning to reduce suicide attempts
5. Workforce suicide prevention and intervention training for both clinical and non-clinical staff delivering services

Zero Suicide Initiative Recommendations and Assessment Tools

Level 1 Screener

In a Zero Suicide agency, all clients are screened for suicide risk on their first contact and at every subsequent contact. All staff members use the same tool and procedures to ensure that clients with suicide risk are identified.

When standardized procedures are in place to assess for suicide risk, staff can use the same language, which is understood by all, to discuss a client's status and make plans for appropriate care.

Why is it important to screen for feelings of depression and hopelessness instead of **just** suicidal ideation? Suicidal ideation, by itself, is not a valid predictor of suicide attempts. Research has found that

it is equally important to assess for feelings of hopelessness, despair, and emotional pain (Zero Suicide Toolkit & Centers for Disease Control, 2018).

Zero Suicide Recommended Level 1 Screeners:

Patient Health Questionnaires (PHQ-9 & PHQ-2)

- The training and PHQ-9 tools are free-to-use and access: https://www.phqscreeners.com/

PHQ-9 (Patient Health Questionnaire 9) is validated for use in screening Major Depressive Disorder and suicidal ideation. A score of 15 or higher on the PHQ-9 should trigger a Level 2 Screener (as this score indicates moderate-to-high depression)

PHQ-2 (Patient Health Questionnaire 2) is validated for use in screening for Major Depressive Disorder. It includes the first 2 questions of the PHQ-9.

There is also the PHQ (Public Health Questionnaire - Full) and the PHQ-A (Public Health Questionnaire – Adolescent). The PHQ-A is specifically designed for children and adolescents ages 8 and above. Training and resources for the PHQ and the PHQ-A can also be accessed at the link above.

** Once it is established that a person is experiencing feelings of depression, hopelessness and/or despair, a complete assessment of suicidal thinking and behavior, including the nature and extent of the risk, should be done immediately. This would be the Level 2 Screener.

Level 2 Screener

The second step in effective suicide prevention is to identify who is at-risk for a suicide attempt. Using a validated screening tool that assesses for previous suicide attempts and current ideation is essential to any suicide intervention.

Zero Suicide Recommended Screeners:

Columbia Suicide Severity Rating Scale (C-SSRS) (SCREENER)

- The training and C-SSRS tools are free-to-use and access: http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/

The Columbia-Suicide Severity Rating Scale (C-SSRS) is a 6-item tool that can be used in many settings, including medical, inpatient, residential and outpatient behavioral health.

The C-SSRS looks at identified suicide attempts and assesses the full range of suicidal thoughts and behaviors. It can be used in initial screenings or as part of a full assessment. It is a widely used screening tool that is free, culturally competent (translated in over 100 languages) and evidence based.

Suicide Risk Assessments

Once someone has been identified as being at-risk for depression and suicidal thoughts/behaviors, then the next step in the process is to complete a Suicide Risk Assessment. These are formalized assessments

of a person's risk and are to be completed by mental health clinicians (Master's Level and Licensed). Risk assessments help triage a person for risk – what is their risk level for harm at this moment?

Zero Suicide Recommended Risk Assessments:

Columbia Suicide Severity Rating Scale (C-SSRS) (RISK ASSESSMENT)

- Free training: http://c-ssrs.trainingcampus.net/
- Free tool: https://suicidepreventionlifeline.org/wp-content/uploads/2016/09/Suicide-Risk-Assessment-C-SSRS-Lifeline-Version-2014.pdf

The full risk assessment version of the Columbia Suicide Severity Rating Scale (C-SSRS) is three pages long, with the initial page focusing on a checklist of all risk and protective factors that may apply. The C-SSRS Risk Assessment is intended to help establish a person's immediate risk of suicide and is often used in acute care, residential and outpatient settings.

Safety Planning

All individuals identified as at-risk of suicide should have a safety plan. Collaborative safety planning is becoming standard practice in many behavioral health organizations and health systems. A safety plan is a prioritized written list of coping strategies and sources of support developed by a clinician in collaboration with clients who are at high risk for suicide.

A safety plan should:

- Be brief, in the client's own words, and easy to read
- Involve family members as full partners in the collaborative process, especially to establish their role in responding to a crisis
- Include a plan to restrict access to lethal means
- Be updated on a consistent basis
- Be in the client's possession when she or he is released from care

Zero Suicide Recommended Risk Assessments:

The Stanley Brown Safety Plan

- Free training: http://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/sp/course.htm
- Free training manual & tools: http://suicidesafetyplan.com/Home_Page.html
- On the App Store: https://apps.apple.com/us/app/stanley-brown-safety-plan/id695122998
    - Can be used by clients to create a safety plan and store on their phone. They can then e-mail to other people (family, friends).

The Stanley Brown Safety Plan is the standard for safety planning. It has been shown to be effective, culturally competent and is a validated, evidence-based tool.

Lethal Means Restriction

** If using the Stanley Brown Safety Plan, lethal means restriction is already present.

Every safety plan should address reduction to access to any lethal means that are available to the client. Limiting access to medications and chemicals and removing or locking up firearms and other weapons are important actions to keep people safe.

Reducing access to possible methods of suicide may be one of the most challenging tasks a clinician faces with a client. The Counseling on Access to Lethal Means (CALM) online training is offered free of charge by the Suicide Prevention Resource Center. It is recommended that it be required of all clinical—and in some cases non-clinical—staff members.

Agency policies should clearly state what clinicians should do regarding lethal means, including the protocol to follow in the event a client identifies having access to lethal means and being assessed as at-risk for suicide.

Suicide Care Management Plans

Agencies should consider designing policies and procedures for engaging a client in a Suicide Care Management Plan. Oftentimes, this can be completed in treatment planning or care coordination planning.

A Suicide Care Management Plan should specify the following:

- Screening tools and risk assessments which indicate that the client has been assessed to be at-risk for suicide
- Resources and referrals provided to the client to help reduce their risk for suicide (example: referrals for outpatient therapy or intensive case management)
- Evidence of collaborative safety planning, crisis support planning, and lethal means reduction
- Actions to be taken when the client misses appointments or drops out of care
- Documented discharge planning and planning for continued contact and support for the client, especially during transitions in care
- Criteria and protocols for closing out a client's Suicide Care Management Plan

Other Information on Screening / Assessments

For more information on which evidence-based tools are endorsed by Zero Suicide, and how to implement these tools at your agency, please see the following resources created by Southeast Florida Behavioral Health Network:

1. Zero Suicide Initiative Recommendations and Assessment Tools (PDF)
2. Evidence-Based Tools for Zero Suicide Behavioral Health Providers (PowerPoint)

The Suicide Prevention Resource Center's (SPRC) Zero Suicide Toolkit site also provides the following resources for getting started with Zero Suicide:

1. Quick Guide to Getting Started With Zero Suicide (PDF)
2. SPRC's Zero Suicide Toolkit (PDF)

Workforce Training for Suicide Care

It has been well documented in numerous studies that clinicians from a wide range of professions routinely encounter individuals at risk for suicide. These professions include nurses, social workers, physicians, mental health professionals, and others. Studies have also shown that many of these individuals do not have a level of confidence in dealing with suicidal individuals due to a lack of training. Having a competent and confident clinical workforce is critical to reducing the rate of suicide.

The Zero Suicide Initiative endorses workforce training for all staff who work directly with clients or patients. To achieve this, Southeast Florida Behavioral Health has partnered with the Florida Linking Individuals Needing Care (FL LINC) Project to ensure that qualified trainers are available to train network providers in evidence-based suicide prevention, intervention and risk-assessment formulation.

Southeast Florida Behavioral Health Network currently provides the following trainings for network providers and community members:

QPR "Question, Persuade, Refer" Gatekeeper Suicide Prevention Training

Basic suicide prevention training that shares suicide statistics, myths and facts, risk factors and warning signs, and creates community gatekeepers able to identify suicide risk, talk with suicidal people, and enlist help and resources. Approximately 1-3 hours.

QPR-T "Question, Persuade, Refer and Treat" Suicide Risk Assessment Roleplay Training

Evidence-based advanced suicide risk assessment training for mental health stakeholders, including screening, assessment, safety planning and referral. Approximately 7 hours.

Care Coordination and Suicide Care Management Training

Builds community safety net for youth at-risk for suicide by enhancing knowledge and skills of care coordinators, case managers, and wraparound specialists. Training topics include alliance and engagement, suicide risk assessment/formulation of needs, safety planning, and care coordination (which includes resource utilization, care management and monitoring, partnership building and networking, and family engagement). Approximately 8 hours.

Postvention Suicide Crisis Training

Outlines state of the art strategies aimed to develop or enhance crisis response protocols and plans for schools and communities, including the eight "pillars of postvention"; how to establish, develop, and implement the use of crisis response teams and protocols; strategies and types of support personnel can provide to help people heal in the aftermath of a suicide; and key actions school personnel and

community members can take as part of a System-wide Suicide Prevention Plan. Approximately 3-4 hours.

Since 2014, Southeast Florida Behavioral Health Care has trained over 1500 community members and mental health professionals in QPR (basic suicide prevention training). Southeast Florida Behavioral Health Care has also made a continuous commitment to training clinicians, case managers and providers in the region in advanced suicide risk assessment training and suicide care management training.