

PORTAGE PATH BEHAVIORAL HEALTH (PPBH)

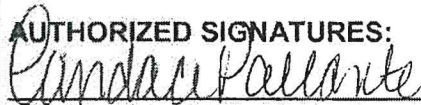
TITLE: SUICIDE RISK SCREENING & ASSESSMENT

DEPT.: CLINICAL POLICIES AND PROCEDURES

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EFFECTIVE DATE: 10/22/2021

AUTHORIZED SIGNATURES:



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PURPOSE:

PPBH is committed to using an evidence-based approach to assess each client for suicide risk.

POLICY:

Portage Path Behavioral Health's approach to suicide risk assessment for clients involves the use and the adaptation of the SAFE-T Assessment Tool for continuous improvement of the care and outcomes for clients at risk for suicide. All professional clinical staff are trained and are competent in assessing clients for risk of suicide.

PROCEDURE:

I. ADMISSION/DIAGNOSTIC ASSESSMENT

- A. Suicide Risk Assessment.
 1. A suicide risk assessment is done for every client.
 2. Use of the SAFE-T assessment provided by SAMHSA.
 3. Rationalization of risk level, to include the following documentation:
 - a. Clinical justification of low, moderate, or high risk.
 - b. Actions taken to address/reduce current risk.
 - c. Outcome of consultations with staff regarding a safety plan, follow-up appointments, or the need for involuntary hospitalization.
- B. Clients who are documented as a no-show for the admission/diagnostic assessment are mailed a letter with the With Help Comes Hope handout.
- C. Clients considered to be a moderate or high suicide risk are scheduled an appointment with treatment staff as soon as possible or within one week. All clients considered to be a suicide risk are provided information on Portage Path Psychiatric Emergency Services and are provided crisis support phone numbers.

Treatment staff may include a therapist, a prescriber, and/or outpatient Day Treatment. The procedures outlined in “G. Emergency/Crisis Situations” in the “Diagnostic Assessment: The Clinical Intake Process and Report” policy are followed when clients need immediate intervention for suicidal ideation.

- D. Outpatient Day Treatment will be strongly encouraged for all suicide risk clients who may be introduced to group treatment staff on the same day as their admission/diagnostic assessment (intake).
- E. Clients considered a suicide risk will be assigned an “internal clinical alert” in the EHR. This alert will trigger a pop-up to appear whenever that EHR is accessed.
- F. As indicated by clinical judgment, a safety plan may be created with the client which will assist them by providing resources and safe contacts for when they are overwhelmed and thinking about suicide.
 - The safety plan will contain 24 hour contacts and the client’s telephone or text addresses such as the Support Hotline (330-434-9144 or 888-434-8878), Lifeline at 1-800-273-TALK (8255), and text "4HOPE" to 741741.
 - The safety plan may also contain the names and numbers for any family or friends that the client has indicated they feel comfortable calling when they need support.
 - The original safety plan is given to the client and a copy is filed in the EHR.

II. OUTPATIENT TREATMENT

- A. Reassessment of clients considered a suicide risk is done utilizing the SAFE-T Suicide Risk Assessment.
 - 1. When a PPBH OP Risk Assessment is done in the EHR or a PPBH Crisis Risk Assessment: Imminent Harm to Self or Others form is completed, if the client is suicidal, the SAFE-T Suicide Risk Assessment is also completed.
 - 2. Otherwise, reassessment of clients considered to be a suicide risk is determined by the clinical judgement of treatment staff.
- B. Suicide Risk Assessment.
 - 1. Use of the SAFE-T assessment provided by SAMHSA.
 - 2. The paper version of the SAFE-T Assessment (SAFE-T Suicide Risk Assessment) is completed and filed in the EHR.
 - 3. Staff record SAFE-T results in a system template in their service progress note.
 - a. Rationalization of risk level to include:
 - 1. Clinical justification of low, moderate, or high risk.
 - 2. Actions taken to address/reduce current risk.
 - 3. If relevant, follow-up plan.
- C. Clients considered to be a moderate to high suicide risk will be scheduled an appointment with treatment staff as soon as possible or within one week.

Treatment staff may include a therapist, a prescriber, and/or outpatient Day Treatment.

- D. Outpatient Day Treatment will be strongly encouraged for all suicide risk clients who may be introduced to group treatment staff on the same day the SAFE-T Suicide Risk Assessment was completed.
- E. Clients considered a suicide risk will be assigned an “internal clinical alert” in the electronic medical record (EHR). This alert will trigger a pop-up to appear whenever that EHR is accessed.
- F. As indicated by clinical judgment, a safety plan may be created with the client which will provide the client with resources and safe contacts for when they are overwhelmed and thinking about suicide.
 - The safety plan will contain 24 hour contacts and their telephone or text addresses such as the Support Hotline (330-434-9144 or 888-434-8878), Lifeline at 1-800-273-TALK (8255), and text "4HOPE" to 741741.
 - The safety plan may also contain the names and numbers for any family or friends that the client has indicated they feel comfortable calling when they need support.
 - The original safety plan is given to the client and a copy is filed in the EHR.

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III. DISCHARGE

- A. The majority of clients who attend PPBH outpatient treatment self-discharge.
- B. When a client designated a suicide risk does not attend sessions either by a no-show or cancellation, treatment staff make a concerted effort to contact that client by telephone, when the phone number is known/current, or by outreach letter.
- C. Attempts may also be made to outreach any contacts listed, by whatever method has been indicated on a valid release of information in the client EHR. i.e., such as telephone or by letter in order to ascertain the client’s current status and willingness to resume treatment.
- D. A planned discharge of a suicide risk client will prompt the treatment staff to ask the client for the name of medical or mental health providers they will be seeing for continued treatment. If known, they will request the client to sign releases of information for those providers so that they can be contacted by the PPBH staff to communicate the risk for suicide of the client and facilitate the transition of care.
- E. When a suicide risk client is discharged, staff provide and review a safety plan with the client and provide the client with available resources. The safety plan will contain 24 hour contacts and their telephone or text addresses such as the Support Hotline (330-434-9144 or 888-434-8878), Lifeline at 1-800-273-TALK (8255), and text “4HOPE” to 74171. The safety plan may also contain the names and numbers for any family or friends that the client has indicated they feel comfortable calling when they need support. The original safety plan is given to the client and a copy is filed in the EHR.

IV. PSYCHIATRIC EMERGENCY SERVICES (P.E.S.) EMERGENCY EVALUATIONS (E.E.)

Full implementation will occur when all staff are trained.

- A. A suicide risk assessment is done for every E.E. client on admission to E.E. utilizing the SAFE-T Suicide Risk Assessment. If a SAFE-T Suicide Risk Assessment cannot be done on admission to E.E., it is the responsibility of the R.N. or the Emergency Clinician to complete a SAFE-T Suicide Risk Assessment before the client is assessed by the Physician or APRN. If this is not possible due to clinical care reasons, it is the responsibility of the R.N. or the Emergency Clinician to complete a SAFE-T Suicide Risk Assessment before the client is discharged and discuss the results of the SAFE-T Suicide Risk Assessment with the Physician.
- B. Suicide Risk Assessment.
 - 1. Use of the SAFE-T assessment provided by SAMHSA.
 - 2. The paper version of the SAFE-T Suicide Assessment (SAFE-T Suicide Risk Assessment) is completed and filed in the EHR.
 - 3. Staff record SAFE-T results in a system template in their assessment or appropriate progress note.
 - i. Rationalization of risk level to include:
 - 1. Clinical justification of low, moderate, or high risk.
 - 2. Actions taken to address/reduce current risk.
 - 3. If relevant, follow-up plan.
 - 4. The Physician or APRN reviews each client's SAFE-T Suicide Risk Assessment and determines actions that need to be taken to address/reduce current risk and the Physician or APRN determines, as needed, the follow-up plan for the client.
- C. If a client is considered to be a suicide risk after the SAFE-T Suicide Risk Assessment is administered, clinical staff may place the client in the E.E. Observation Area on a voluntary or involuntary status, the client is searched, valuables are removed and documented, and the client is monitored by staff every 15 minutes. After the initial psychiatric evaluation, the Physician or APRN can order a 23 Hour Observation, admission to the P.E.S. Crisis Stabilization Unit, inpatient psychiatric admission, or discharge the client. After a 23 Hour Observation the Physician or APRN can order admission to the P.E.S. Crisis Stabilization Unit, inpatient psychiatric admission, or discharge the client.
- D. When a suicide risk client is discharged to the community, clinical staff provide and review a safety plan with the client as well as Physician or APRN ordered resources for community treatment. The safety plan will contain 24 hour contacts and their telephone or text addresses such as the Support Hotline (330-434-9144 or 888-434-8878), Lifeline at 1-800-273-TALK (8255), and text "4HOPE" to 74171. The safety plan may also contain the names and numbers for any family or friends that the client has indicated they feel comfortable calling when they need support. The original safety plan is given to the client and a copy is filed in the EHR.

V. PSYCHIATRIC EMERGENCY SERVICES (P.E.S.) CRISIS STABILIZATION UNIT (C.S.U.)

Full implementation will occur when all staff are trained.

- A. A suicide risk assessment is done for every C.S.U. client utilizing the SAFE-T Suicide Risk Assessment.
- B. Suicide Risk Assessment.
 - a. Use of the SAFE-T assessment provided by SAMHSA.
 - b. The paper version of the SAFE-T Suicide Risk Assessment is completed and filed in the EHR.
 - c. Staff record SAFE-T Suicide Risk Assessment results in a system template in their assessment or appropriate progress note.
 - i. Rationalization of risk level to include:
 - 1. Clinical justification of low, moderate, or high risk.
 - 2. Actions taken to address/reduce current risk.
 - 3. If relevant, follow-up plan.
- C. If a client is considered to be a suicide risk after the SAFE-T Suicide Risk Assessment is administered, a Physician or APRN is notified. The Physician or APRN determines if further assessment for suicidality is needed. The Physician or APRN determines if the client is discharged from the C.S.U. and is sent to P.E.S. E.E. on an involuntary basis for further evaluation and monitoring or is permitted to stay on the C.S.U. If the client is permitted to stay on the C.S.U., the Physician or APRN, as needed, determines the follow-up plan for the client.

VI. TRAINING

- A. Current clinical staff who require training on the use of the SAFE-T Suicide Risk Assessment are provided SAFE-T Suicide Risk Assessment training.
- B. New clinical staff are provided training on the use of the SAFE-T Suicide Risk Assessment.