



DATA MONITORING AND SUICIDE RISK

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Nurture development. Foster resilience. Cultivate well-being.

DATA MONITORING AND SUICIDE RISK

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 - Donna Smith, MA, LLP, Director
 - Jessica Collins, MA, LPC, Manager
 - Tiffany Hillen, LMSW, Supervisor

THE ROAD TO ZERO SUICIDE

PHQ-9 data for February 2017-January 2018:

- Question #9: “Thoughts that you would be better off dead or of hurting yourself in some way.”
- 362 clients indicated they had these thoughts several days per week
- 83 said they had them more than half of the time
- 62 said they had these thoughts nearly every day
- At that time, TGC was not using an evidence-based suicide risk assessment but was assessing suicide risk using an internally developed tool called the Lethality Assessment
- Additionally, some procedures related to initiating a crisis screening/pre-admission review for possible psychiatric hospitalization needed to be revised

THE ROAD TO ZERO SUICIDE

In response to 2017-18 data findings:

- Formed a Suicide Prevention Workgroup, which has since evolved into our Zero Suicide Committee
- Adopted the C-SSRS, first with Central Access staff who began scheduling same or next day intakes for urgent calls
- Fall 2018 - trained all clinical staff in use of C-SSRS and continue to provide quarterly training for new hires and staff in need of a refresher
- During 2019 rolled out remaining elements of the 7-component Zero Suicide framework
- No suicides among our service recipients since January 2020
- Summer 2020 rolled out Power BI Suicide Risk Dashboard developed by Blue Margin, Inc. with our CCBHC Implementation Team

Administer at
Intake:
PHQ-9
C-SSRS

High Risk:

- Suicidal ideation in the **last 24hrs**
- Suicidal behavior in the **last 24hrs**
- **Score of 20+** on PHQ-9
- Endorsement of **questions 4 or 5** among the 1st 5 questions of the C-SSRS
- History of 1 or more prior suicide attempts

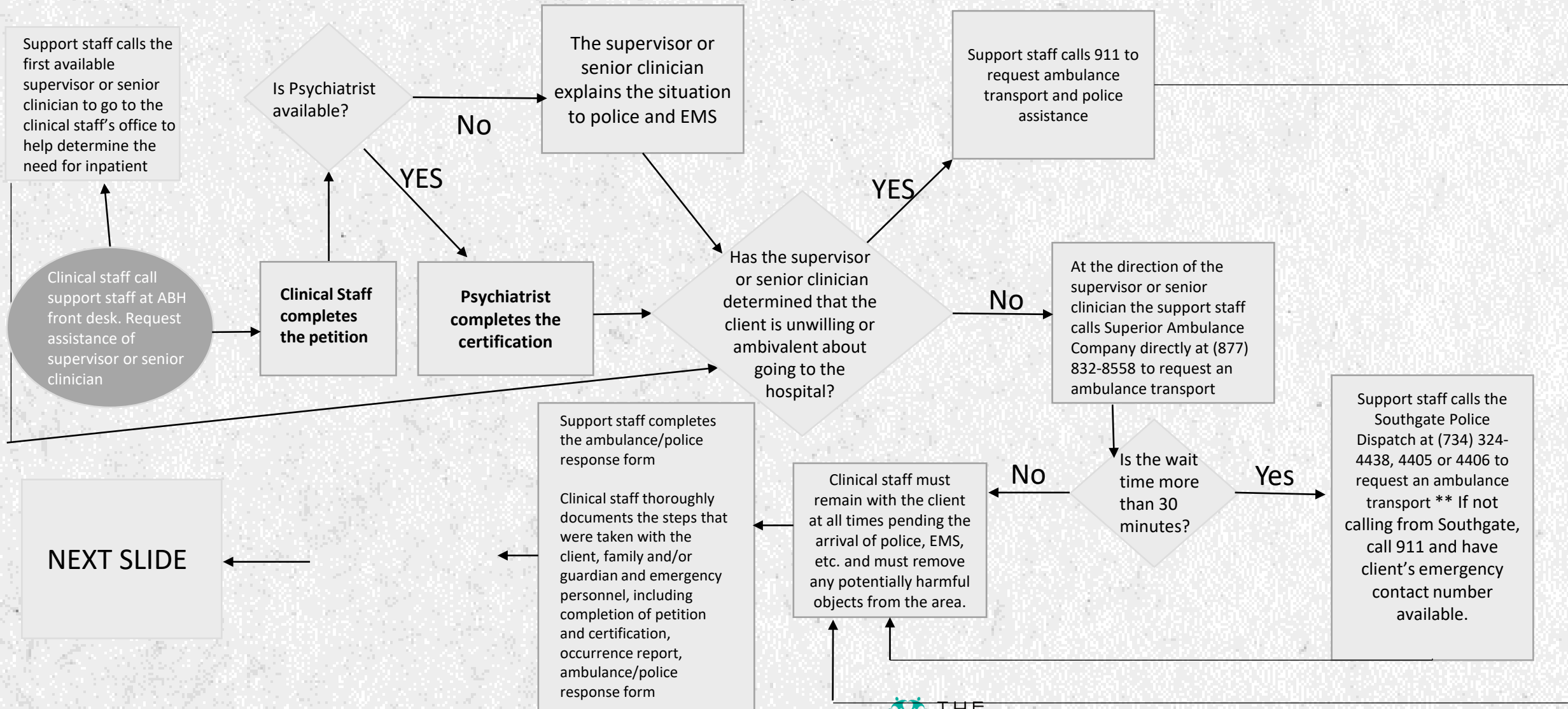
Moderate Risk:

- Suicidal ideation with intent or intent with plan within the past **2 weeks**
- Suicidal behavior (that has not already been disclosed, assessed and/or treated) within the **past 2 weeks**
- Recent discharge (within the past 30 days) from higher level of care due to suicidal intent with plan or behavior
- Change in life circumstances (e.g. loss of job, relationship breakup, suicide of a loved one, loss or separation)
- PHQ-9 endorsement of Item #9, "Thoughts that you would be better off dead or of hurting yourself in some way"

Low Risk:

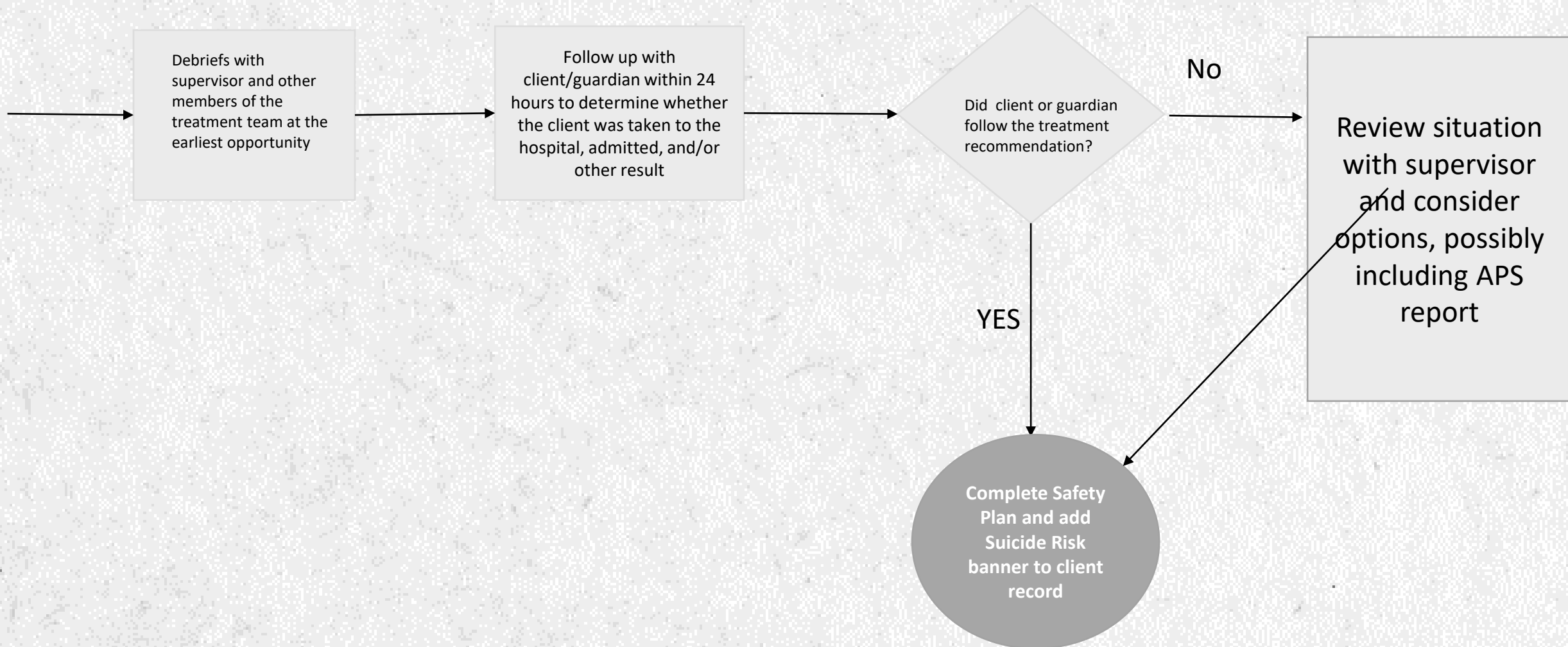
- PHQ-9 may indicate depression, but did not endorse question 9
- Did not endorse questions 4 or 5 among the 1st 5 questions of the C-SSRS
- No history of prior suicide attempts

HIGH RISK: ADULT CLIENTS IN THE OFFICE



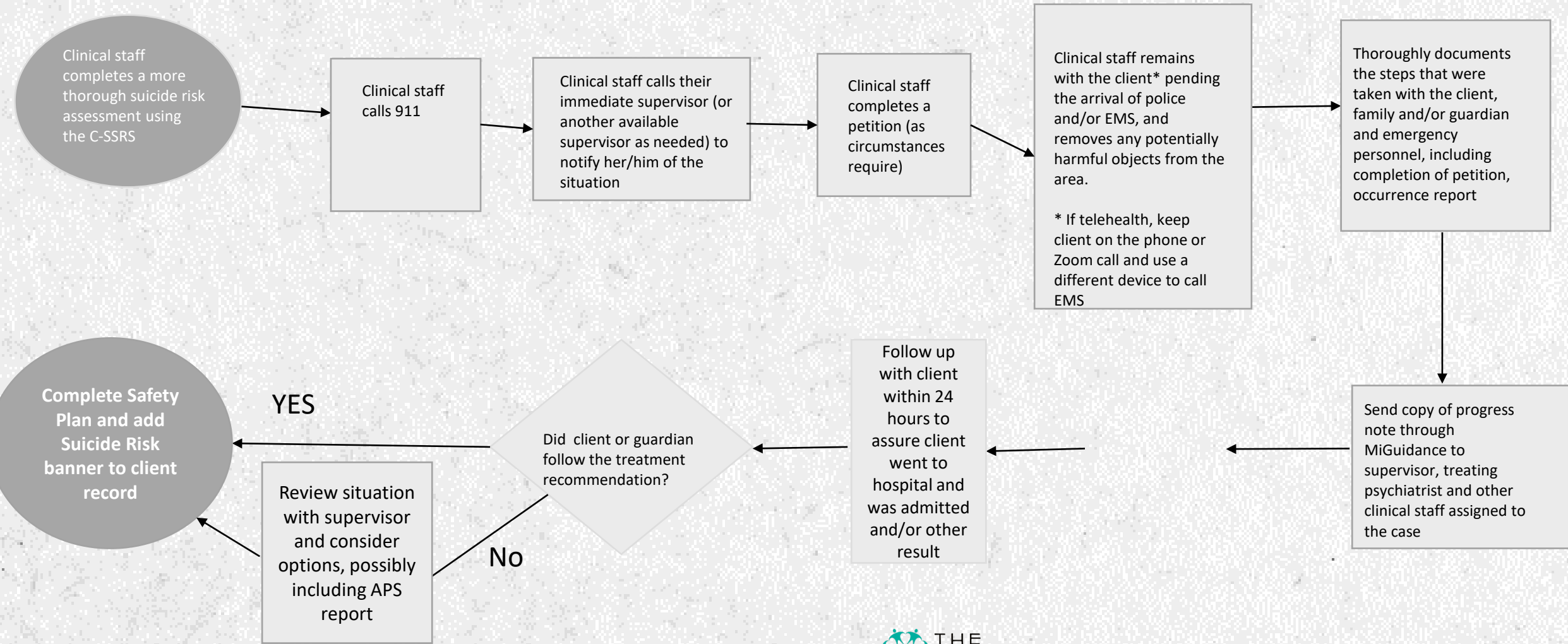
* Note: Petition and certification forms are located in the ABH reception area, the ABH mailroom, Medical Records, and the Psychiatric Services reception area

High Risk: Adult Clients in the OFFICE (continued)

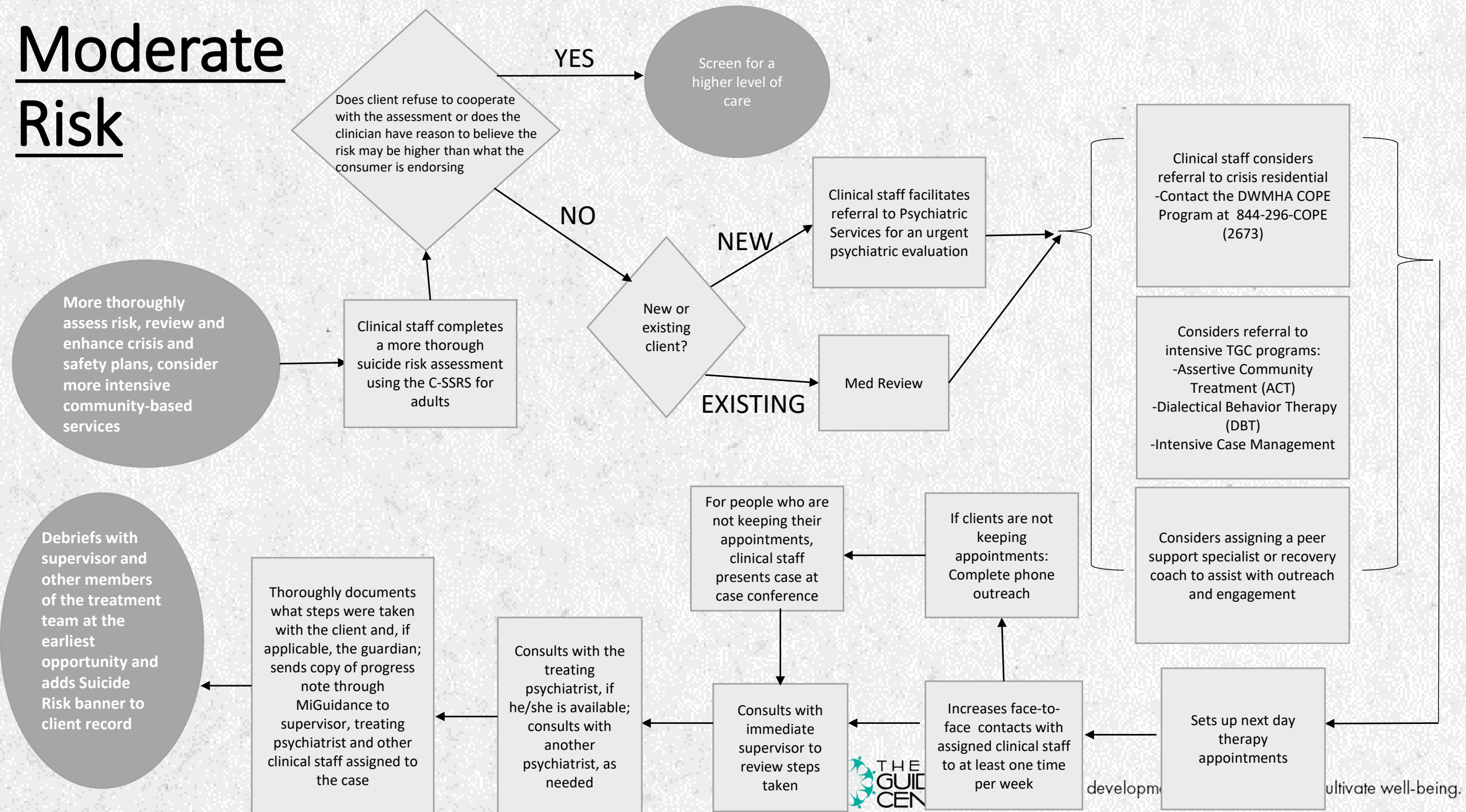


HIGH RISK: ADULT CLIENTS IN THE FIELD OR TELEHEALTH

*Please keep in mind that, while client safety is always of great importance, **your own safety is equally important**, and you should **remove yourself from a dangerous situation prior to calling 911**



Moderate Risk



development... cultivate well-being.

Low Risk

- Review safety and crisis plan with family (if invited)
- Confirm that upcoming appointments are in place and follow up if not kept



At-Risk Suicide Monitoring



At-Risk Suicide Monitoring

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High Risk

Needs Follow Up: 28

Total: 104

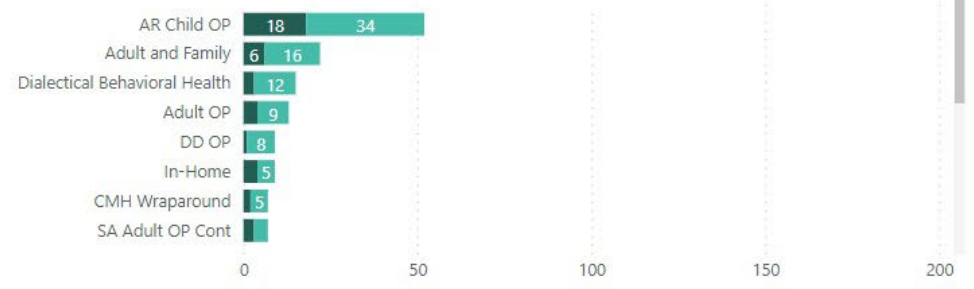
Medium Risk

Needs Follow Up: 51

Total: 201

At-Risk by Program

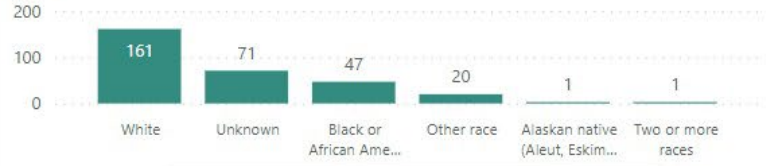
● High ● Medium



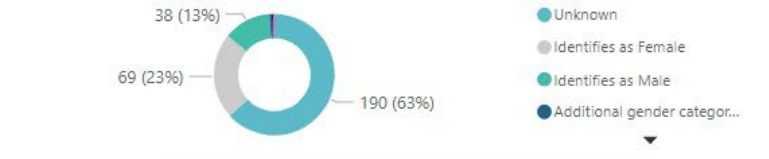
Avg Days to Follow Up



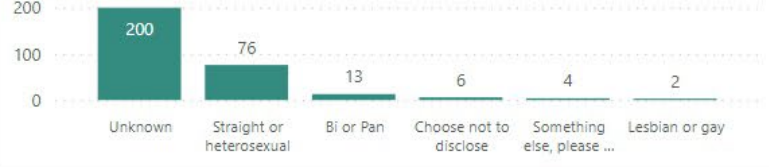
Race



Gender Identity



Sexual Orientation



Supervisor / Provider / Program	High Risk Total	High Risk Needs Follow Up	Medium Risk Total	Medium Risk Needs Follow Up	Avg Days to Follow Up
Andrews, Karen	2	1	5	3	6
Brooks, Tamyra	16	2	22	6	14
Burton Jr, Michael	12	7	12	4	13
Carleton, Kevin	2	0	5	0	7
Carlisle, Porsche	0	0	2	0	8
Carlisle, Porsche	0	0	2	0	5
Davey, Danielle	0	0	2	1	9
Forsythe, Renee	0	0	5	2	15
Genden, Steve	0	0	2	0	10
Hillen, Tiffany	1	0	0	0	15
Total	106	30	195	48	13

Filters

Search

Filters on this page

- Program is (All)
- Supervisor is (All)
- Provider is (All)
- Race is (All)
- Gender Identity is (All)
- Sexual Orientation is (All)
- Client ID is (All)
- Client Name is (All)
- Physician is (All)

Go back





At-Risk Suicide Monitoring

At-Risk Suicide Monitoring

Summary

Client Detail



At-Risk Suicide Monitoring

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High Risk
Needs Follow Up 3
Total 9

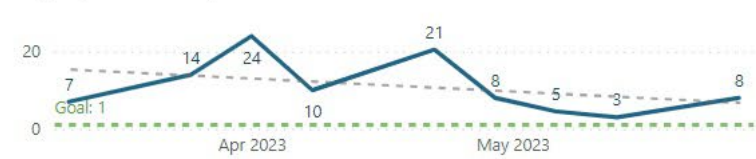
Medium Risk
Needs Follow Up 4
Total 10

At-Risk by Program

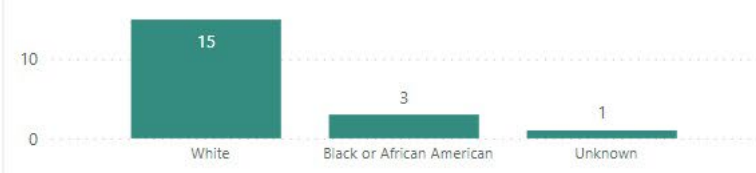
● High ● Medium



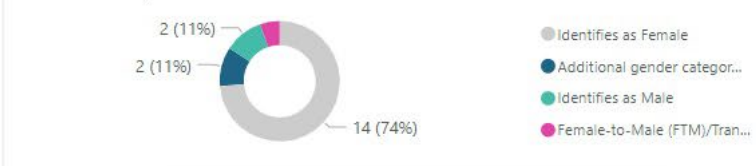
Avg Days to Follow Up



Race



Gender Identity



Sexual Orientation



Supervisor / Provider / Program	High Risk Total	High Risk Needs Follow Up	Medium Risk Total	Medium Risk Needs Follow Up	Avg Days to Follow Up
Andrews, Karen	3		1		14
Brooks, Tamyra			1	1	
Carleton, Kevin	1				7
Lauder, Madison	1				3
Melson, Melissa	2	1	1		5
No Assigned Supervisor			1	1	
Sepe, Maria			3		15
Small, Mark					11
Young, Sarah	2	2	3	2	14
Total	9	3	10	4	11

Filters

Search

Basic filtering

Select all

- Additional gender ca... 6
- Female-to-Male (FT... 1
- Genderfluid 1
- Identifies as Female 59
- Identifies as Male 17
- Male to Female (MT...

Sexual Orientation

is Bi or Pan, Lesbian or gay, or ...

Filter type

Basic filtering

Search

- Bi or Pan 49
- Choose not to dis... 121
- Don't know 137
- Lesbian or gay 30
- Something else, plea... 9
- Straight or hetero... 968
- Unknown 2604

Client ID

Go back




Biweekly reports:
PHQ-9/A
Communicable Disease Risk
At Risk lab orders

Q & A

THANK YOU

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