

## Crisis and Suicide Prevention Procedures Protocol

### Purpose

To establish a consistent, evidence-based process for identifying, assessing, managing, and responding to individuals at risk for suicide or in crisis, ensuring client safety through timely intervention, coordination, and follow-up care.

### Scope

This protocol applies to all staff, including medical providers, behavioral health clinicians, case managers, and support personnel involved in the care of individuals within the integrated primary care and behavioral health program.

### Policy Statement

The organization is committed to the prevention of suicide and the provision of immediate, compassionate crisis intervention. All staff are responsible for recognizing warning signs of crisis, taking appropriate action to ensure safety, and engaging in follow-up procedures that promote stabilization and recovery. The organization will provide referrals to the local crisis line, integrate suicide risk screening into routine care, and ensure coordination across all service levels and external emergency resources.

### Procedure

#### 1. Universal Screening and Identification

- All clients will be screened for suicide risk at intake and as clinically indicated using the Columbia Suicide Severity Rating Scale (C-SSRS) or equivalent evidence-based tool.
- Screening will also occur:
  - At each behavioral health assessment and follow-up visit
  - During primary care encounters when symptoms of depression, hopelessness, or major stressors are reported
- Positive screens trigger an immediate suicide risk assessment by a qualified clinician.

#### 2. Suicide Risk Assessment

- When a client reports suicidal thoughts or behaviors, the clinician conducts a comprehensive risk assessment, documenting:
  - Suicidal ideation, intent, plan, and access to means
  - Protective factors (family, faith, support systems, reasons for living)
  - Risk factors (psychiatric symptoms, substance use, trauma, chronic illness, social isolation)
- Assessment tools may include:
  - C-SSRS (detailed form)
  - PHQ-9 Question 9 review

- Clinical interview and collateral input (when appropriate)
- Based on the findings, the clinician determines the level of risk (low, moderate, or high) and initiates the corresponding intervention plan.

### 3. Risk Stratification and Response

Low Risk – Passive thoughts of death, no plan or intent

- Develop a safety plan, provide crisis resources, schedule close follow-up (within 7 days)

Moderate Risk – Active thoughts, limited plan but no immediate intent or means

- Develop or update safety plan, notify supervisor, increase treatment intensity, and coordinate with behavioral health provider

High Risk – Active suicidal intent, plan, or access to means

- Maintain constant supervision, initiate emergency intervention (911 or local crisis response), and arrange immediate transfer to higher level of care

### 4. Crisis Intervention Procedures

- If a client presents in crisis or expresses imminent risk:
  - The clinician remains with the client at all times until safety is secured.
  - If in-person:
    - Remove potential means of self-harm (medications, sharps, weapons).
    - Engage in calm, empathetic de-escalation.
    - Notify on-site leadership and crisis response personnel.
  - If remote (telehealth or phone):
    - Maintain active communication until emergency services arrive.
    - Request client location and contact 911 or local crisis team.
- Staff will coordinate with local law enforcement or mobile crisis teams as necessary to ensure client safety.
- Once the immediate crisis is stabilized, the clinician ensures transition to a safe setting and documents all actions taken.

### 5. Safety Planning

- Every individual identified as at-risk will have a personalized safety plan, collaboratively developed with the client and documented in the health record.
- Safety plans include:
  - Warning signs and personal triggers
  - Internal coping strategies
  - Support contacts (family, friends, sponsors)
  - Professional resources and the 24/7 after-hours crisis line
  - Steps to make the environment safe (e.g., remove firearms or medications)
- Safety plans must be reviewed and updated:
  - After each crisis or hospitalization
  - During treatment plan reviews

- Whenever risk status changes

#### 6. Communication and Coordination

- All staff are responsible for timely communication regarding risk concerns:
  - Behavioral and medical providers must coordinate on all suicide-risk cases.
  - External providers or family may be contacted with consent or under HIPAA exceptions when necessary to prevent harm.
- The care coordinator will facilitate follow-up after emergency department discharge or inpatient treatment.

#### 7. Post-Crisis Follow-Up

- Following a crisis event or suicidal behavior:
  - The client must receive follow-up contact within 24–72 hours of discharge or stabilization.
  - A follow-up appointment must be scheduled within 7 days.
  - The clinician documents re-assessment of risk, treatment engagement, and review of the safety plan.
- Missed appointments for high-risk clients will trigger immediate outreach attempts (phone, letter, or welfare check if indicated).

#### 8. Staff Training and Competency

- All staff shall receive:
  - Suicide prevention and crisis management training at hire and annually thereafter.
  - De-escalation and trauma-informed care training.
  - Instruction on use of standardized tools (C-SSRS, PHQ-9, etc.).
- Clinical staff must demonstrate competency in crisis response and documentation through supervision and quality audits.

#### 9. Documentation Requirements

- All screenings, assessments, and interventions must be documented in the electronic health record (EHR).
- Documentation includes:
  - Date, time, and results of screening or assessment
  - Risk level and rationale
  - Actions taken, including safety plan and referrals
  - Notifications and coordination with others
  - Follow-up contacts and outcomes
- Records must be reviewed by supervisors to ensure compliance and quality.

#### 10. Quality Improvement and Review

- The Quality Improvement (QI) Committee will review all suicide-related incidents quarterly, including:
  - Number of identified at-risk clients

- Timeliness of follow-up
- Completeness of documentation
- Outcomes and patterns requiring systemic improvement
- Findings will inform staff training, policy revision, and risk management strategies.

#### Performance Indicators

- 100% of clients screened for suicide risk at intake
- Documentation of safety plan for all clients with identified risk
- Timely follow-up contact within 72 hours post-crisis
- Annual completion of suicide prevention training for staff
- Reduction in repeat crisis episodes and hospitalizations

#### Emergency Contact Information

- National Suicide and Crisis Lifeline: 988
- Local Mobile Crisis Response Team: 988
- Emergency Services: 911

#### Review and Revision

This protocol shall be reviewed annually as part of the organization's Quality Improvement and Risk Management activities and updated as national suicide prevention standards evolve.