

Suicide Care Pathway for Certified Community Behavioral Health Clinics



Initial Healthcare Visit at CCBHC with Triage (2.b.1)
includes suicide screening

Routine Need:
schedule clinical services
and initial evaluation
within 10 days

Urgent Need:
schedule clinical services
and initial evaluation
within 24 hrs

Emergency/Crisis (4.c.1):
arrange for appropriate
crisis response services
through CCBHC or DCOs

- Mobile Crisis
- Emergency Crisis Intervention
- Crisis Stabilization

Follow with full evaluation
when the individual is no
longer in crisis

Complete Suicide Assessment as part of full evaluation
Includes a suicide-specific risk formulation and clinical judgement

Determine plan for care

Suicide Care Pathway

Collaborative Safety Planning Lethal Means Safety Counseling

Treatment

- Suicide-specific
- Person-centered
- Family-centered
- Least restrictive setting

• Provide education about the Care Pathway

• Use shared decision-making to identify services, supports and frequency of contacts

• Engage the individual's identified care network in treatment and support

• Follow-up on missed appointments (4.E & 4.F)

Patient is taken off Suicide Care Pathway

Continue to screen at every contact

Care coordination activities support the implementation of Zero Suicide Care Transitions including targeted case management services, caring contacts and follow-up strategies.



ZERO Suicide



Care Pathway Companion Guide for *Certified Community Behavioral Health Clinics*

A key component of Zero Suicide is the creation of the Suicide Care Pathway which includes four elements: [Identify](#), [Engage](#), [Treat](#), and [Transition](#). Grounded in organizational policies and protocols and in alignment with regulatory requirements for Certified Community Behavioral Health Clinics (CCBHCs), the care pathway guides healthcare's response to individuals with suicide and outlines the care they can expect to receive. Each organization's Suicide Care Pathway will look different based on the setting, services provided, and available resources both internally and externally. The accompanying graphic provides a visual representation of the care pathway for CCBHCs. Screening, assessment and other services and be delivered in-person or via telehealth.

How does the Suicide Care Pathway comply with CCBHC regulatory requirement?

- **Continuous Quality Improvement:** Zero Suicide is a continuous quality improvement (CQI) framework. On-going data collection and analysis, and fidelity monitoring of key points along the care pathway will support CCBHCs in developing, implementing and maintaining an effective data-driven CQI plan for services provided.
- **Screening and Assessment:** All individuals new to receiving services are screened for suicide risk. Positive screens are followed by a risk assessment to determine the acuity of needs. The Suicide Care Pathway provides a care plan for individuals with a certain level of risk, as determined by the CCBHC. This plan should be codified in the organization's policies and procedures and should include 1) guidance for on-going screening and assessment to inform treatment services and 2) determination of when a person is ready to exit the care pathway.
- **Patient Education:** When individuals enter onto the Suicide Care Pathway, it is important to provide them with information, resources, available supports and services, and what they can expect from the provider, such as how the provider will respond to missed appointments. In addition, providers should engage families and support persons, identified by the individual, as part of collaborative safety planning and lethal means safety, and by providing psychoeducation, resources and information about how they can best support the individual with suicide risk.

- *Crisis Planning:* The Suicide Care Pathway provides CCBHCs with guidance on supporting individuals with suicide risk following a behavioral health crisis, such as engaging them in collaborative safety planning and counseling on lethal means safety. This is consistent with the requirement to create a crisis plan to prevent and de-escalate future crisis situations.
- *Emergency Services:* Collaboration with community partners, including emergency services, is fundamental to creating and supporting care pathways for individuals with suicide risk. Establishing protocols to address the needs of CCBHC consumers when they are in psychiatric crisis in the community, in an emergency department, or when they access 988 services promotes safer suicide care.
- *Treatment:* Individuals on the care pathway receive suicide-specific, evidence-based treatment that is person-centered and family-centered, and provided in the least restrictive setting. Treatment can be provided at the CCBHC or the individual can be connected to a care provider in the community, such as a Designated Collaborating Organization (DCO). Formal agreements such as Memorandums of Understanding (MOUs) help to enhance timely service delivery and support safer suicide care. Treatment services include the full continuum of crisis services delivered in-person or via telehealth and coordinating with 988 crisis call centers.

Treatment services include the individual with suicide risk and their identified support persons, such as family or caregivers. In addition, interventions are developmentally appropriate and provide all individuals, including children and youth, with the opportunity to make decisions about their care, such as establishing goals, choosing services, and identifying support persons.

- *Care Coordination:* In a Zero Suicide approach, care transition strategies support client engagement in treatment and promote safety when individuals move across levels of care and are more vulnerable to risk. Establishing protocols and formal agreements with DCOs and other community providers helps to coordinate care during these critical times, especially when the individual is in crisis (see top right box of the image).
- *Discharge Follow-up:* When people receiving CCBHC services are hospitalized for a behavioral health crisis, reasonable attempts will be made to contact them within 24 hours of discharge. This is an example of a Care Transition strategy referenced above.
- *Lived Experience and Peer Support:* The Suicide Care Pathway includes an array of care transition supports and services provided by the organization or through community partnerships. These services provide a meaningful opportunity for individuals with lived experience to contribute to the design and delivery of services, such as collaborative safety planning, peer support groups, discharge follow-up, targeted case management for individuals with high risk, and care coordination, including caregiver/family supports.

Additional Considerations for Creating a Suicide Care Pathway for CCBHCs

<p>Suicide Risk Screening</p>	<ul style="list-style-type: none"> • What prompts a screening (i.e. intake, every appointment, awareness of elevated risk)? • Who is trained to do the screening (i.e. nurse, case manager)? • What evidence-based tool is used? How do we define a positive screen? • How is it documented and are all providers able to see the results?
<p>Risk Assessment & Formulation</p>	<ul style="list-style-type: none"> • When an individual screens positive, what is the process for getting them a suicide risk assessment? • Who is trained to do the assessment (i.e. nurse, licensed therapist)? • What evidence-based tool is used? • How is risk formulated and how does it inform plan of care? • How is it documented and are all providers able to see the results?
<p>Safety Planning & Lethal Means Counseling</p>	<ul style="list-style-type: none"> • What safety plan template is used? • Who completes the safety plan and who provides lethal means safety? • Who follows up and when? What if the plan for lethal means safety cannot be confirmed? • How will we train staff to facilitate safety planning and lethal means safety in a way that is collaborative and involves chosen support persons? • How often is the safety plan and lethal means safety reviewed?
<p>Care Pathway</p>	<ul style="list-style-type: none"> • What makes a person eligible for the care pathway? • How are individuals informed about the care pathway (i.e. What information is provided? How is it shared?) • How will the individual's experiences and preferences be considered when developing their suicide care pathway? • How do we identify individuals on the care pathway in the EHR? • How are individuals on the care pathway reviewed? • What determines when an individual leaves the care pathway?
<p>Treat</p>	<ul style="list-style-type: none"> • What evidence-based, suicide-specific treatments are available and how are individuals referred/transitioned to those treatments? • How do we deliver treatment in the least restrictive setting? • Besides suicide-specific treatment, what other clinical interventions are available either in your organization or through a community partner?
<p>Transition</p>	<ul style="list-style-type: none"> • What are examples of care transitions in our system and between systems? • What care strategies already exist to support safety during transitions? • What more can we do? • How can we involve peer support in the delivery of care transition services?

Each organization's Suicide Care Pathway will look different based on the setting, services provided, and available resources both internally and externally.

Data Collection and Quality Improvement

- How is data collected? Can data collection be integrated into the EHR?
- How is the data shared with staff and other interested parties?
- How is data used to inform the improvement process?
- How do we know we are doing what we intend to do?

Documentation

- Are there ways to integrate workflow into the electronic health record (EHR)?
- How will we document each part of the care pathway – screening and assessment, safety planning and lethal means safety, treatment and care transitions?

Collaboration

- How will we engage individuals with lived experience in the design/delivery of the care pathway?
- What community partnerships are needed to support safety and treatment of individuals with suicide risk? Would a Memorandum of Understanding be helpful?

Training

- Who needs to be trained to deliver each practice or intervention?
- How will we support training through practice, observation, supervision, and other on-going opportunities for learning?

For more information visit ZeroSuicide.edc.org