



Monterey County Behavioral Health Policies and Procedures

Policy Number	338
Policy Title	Risk Assessment, Safety Planning, & Subsequent Services
Avatar Form	Columbia Suicide Severity Risk Scale Stanley Brown Safety Plan
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Policy

Monterey County Behavioral Health (MCBH) and its Contracted Providers will implement the use of the Columbia Suicide Severity Risk Scale (C-SSRS) and Stanley Brown Safety Plan and will provide necessary follow-up services for all beneficiaries. The purpose of this policy is to provide general procedures and delivery guidelines for the implementation of this process.

To begin, MCBH Training Department has developed foundational trainings that demystify the topic of suicide and increase the knowledge, skills and confidence for staff working with beneficiaries with complex needs such as suicidal ideation and behavior thus ensuring welcoming and hopeful services to our community, their feeling supported and trained on the sensitive topic of suicide is essential.

Once training has been completed, staff will use the C-SSRS, which is a structured tool that was created to distinguish the domains of suicidal ideation and suicidal behavior and provide standard definitions to guide an assessment. This tool is also one of the most evidenced supported and has a proven ability to predict short-term risk of suicidal behavior, sensitivity to population-specific predictors of suicidal behavior, and accuracy in identifying those who will engage in suicidal behaviors. Following the completion of the C-SSRS, staff will proceed with safety planning and MCBH has selected the Stanley Brown Safety Plan, a brief clinical intervention that combines evidence-based strategies to reduce suicidal behavior through a prioritized list of coping skills and strategies. As a final step to this process, staff will provide follow-up services to beneficiaries during designated timeframes (see procedure below for more detailed information).

Background

Worldwide, nearly 1 million people die by suicide each year — equal to one life lost every 40 seconds. Suicide is the No. 1 killer of adolescent girls and the second-leading cause of death among people ages 15–29, according to the World Health Organization. Reports from the Centers for Disease Control and Prevention show that in the U.S. alone, more than 12 million adults seriously considered suicide in 2019 and more than 45,000 people took their own lives; that's more than the number of people who die each year in car accidents. These tragedies are preventable if, as a critical first step, we can identify people who are most at risk for dying by suicide and direct them to the help they need.

Research shows behavioral health staff often report a need for an increase in their knowledge, confidence, and skills when working with beneficiaries with complex needs such as suicidal ideation and behavior. Longer and more skills-focused continuing education programs have demonstrated the ability to increase staffs' knowledge and confidence in risk assessment and crisis intervention for such beneficiaries. Ensuring staff have the necessary skills and confidence is critical for the implementation of the C-SSRS.

Just as important as staff being confident and knowledgeable, a structured assessment tool that uniformly and accurately identifies suicidal behaviors is essential. Research has shown the ambiguity in characterizing suicide-related phenomena and inconsistency in suicide terminology were among the largest obstacles to understanding and preventing suicide. For example, the conceptualizing of suicidal ideation and behavior have historically overlapped, which is problematic given they do not always co-occur and have distinctive patterns depending on other factors. Thus, the use of the C-SSRS tool will aid staff with administering a risk assessment in a consistent manner.

Beyond a structured suicide assessment, it is also vital for behavioral health staff and beneficiaries to collaboratively plan next steps, whatever the outcome of the assessment may be and, in this case, through the use of the Stanley Brown Safety Plan. Research has shown this form of safety planning resulted in fewer suicide attempts, lower suicidal ideation, and greater treatment engagement. Following the initial identification and safety planning for suicidal individuals, it is promising to then provide active outreach to beneficiaries. This active outreach is a set of low-burden strategies such as calling beneficiaries within a certain timeframe to conduct a brief risk assessment/mood check, review/revise the safety plan, and facilitate treatment engagement.

Procedure

As part of Monterey County Behavioral Health's commitment to improving care, the Quality Improvement Department and Training Department have developed and implemented a risk assessment screening and subsequent services procedure using the Columbia Suicide Severity Risk Scale (C-SSRS) and the Stanley Brown Safety Plan. This procedure also outlines follow up contact guidelines dependent on the risk level indicated from the C-SSRS.

Training

Prior to the use of the C-SSRS the following foundational trainings are either recommended or required:

1. Recommended – Columbia: Brief Introduction
2. Required – Columbia: Foundations [three, 3-hour sessions]
3. Required – Columbia: Documentation
4. Recommended – Columbia: Coaching (*Available to MCBH Programs and Contracted Providers upon request*)

Please contact the Training Department at 415-Training@co.monterey.ca.us for information on how to register. In efforts to support raising awareness and understanding around suicide, trainings are open to ALL staff, including staff who are not required to complete the C-SSRS.

General Requirements for C-SSRS, Stanley Brown Safety Plan, and Follow-up Contact

1. Effective 1/1/2024
2. Identified staff to administer the C-SSRS, Stanley Brown Safety Plan, and follow-up contact include SWIII, MHRS, and Licensed/Licensed Eligible (PSW, Psychologists, MDs)
3. **Required for all new and existing beneficiaries ages 6+ and as clinically indicated for beneficiaries under the age of 6**
 - a. Note: If completing the C-SSRS for younger children and/or beneficiaries with cognitive impairments, there is a version of the C-SSRS with language that aids in communicating the questions. This version has not been added to MyAVATAR but is available as a separate document. If you are completing this version, all questions in the AVATAR form are equivalent/interchangeable aside from questions 8 – 11 which are not required.

C-SSRS Procedure

1. The C-SSRS may be administered in person, over the phone, or telehealth
2. Form name in AVATAR: "Columbia Suicide Severity Risk Scale"
3. The C-SSRS contains two assessment types:
 - a. Full - select this option if this is the first time the C-SSRS is completed OR if the C-SSRS is being completed during annual review; when selecting this option; the Recent and Full fields will be available
 - b. Recent - select this option if beneficiary is in a crisis OR if clinically indicated (i.e. care transition, recent suicide attempt, self-injurious behavior, etc.)
4. The C-SSRS shall be administered at the following intervals:
 - a. Initial assessment (includes C-SSRS Recent and Full fields)
 - i. For existing beneficiaries, the initial assessment shall be completed at the time of the next annual review
 - ii. For new beneficiaries, the initial assessment shall be completed during the intake process
 - b. Annual assessment update (includes C-SSRS Recent and Full)
 - i. Shall be completed annually during the annual update anniversary and only after the initial assessment has been completed
 - c. And/or as often as clinically indicated by completing the C-SSRS Recent fields only (i.e. care transition, recent suicide attempt, self-injurious behavior, etc.)
5. When completing the C-SSRS some program workflows may require multiple staff to complete the form, therefore, there are two Staff Signature options, however, most program workflows will enter the same staff name:
 - a. Staff Initializing Assessment - person completing the Recent and/or Full columns
 - b. Staff Finalizing Assessment - person affirming both the Recent and Full information has been reviewed and is accurate
6. Complete C-SSRS by finalizing and submitting
7. Proceed to then administer the Safety Plan

Safety Plan Procedure

1. The Stanley Brown Safety Plan may be administered in person, over the phone, or telehealth subsequent to administration of the C-SSRS
2. Form name in AVATAR: "Stanley Brown Safety Plan"

3. The Stanley Brown Safety Plan shall be administered despite the risk outcome at the following intervals:
 - a. Initial - select this option if this is the first time the Safety Plan is completed for the beneficiary
 - b. Annual - select this option if the Safety Plan is being completed as part of the annual assessment update
 - c. Update - select this option if an initial Safety Plan is on file for beneficiary and needs updated (i.e. when clinically indicated such as care transition, recent suicide attempt, self-injurious behavior, etc.)
4. Complete Safety Plan by finalizing and submitting
 - a. Note: If the Safety Plan has been completed on paper, enter the from and select "Yes" indicating the Safety Plan has been scanned and the Staff's Name that completed
5. Run and Print 169 Report "Safety Plan Beneficiary Report" to provide a copy of the Safety Plan to the Beneficiary

Follow Up Contact Procedure

1. The Follow-Up Contact subsequent to the administration of the C-SSRS and the Stanley Brown Safety Plan may be conducted in person, over the phone, or telehealth
2. Follow-up Contact shall be documented in a Progress Note and staff have the option to use the right click note template "CSSRS Follow Up" to support documentation
3. Follow Up Contact will be determined by the C-SSRS risk outcome and shall occur at the following intervals for all beneficiaries that have been administered the C-SSRS and Safety Plan:
 - a. High Risk (does not require ED visit and/or hospitalization) - At minimum follow up shall occur up to 72-hours or the next business day, for example if 72-hours falls on a weekend or holiday, after administration of C-SSRS and Safety Plan, and the Treatment Team shall ensure the beneficiary is provided the Community Crisis Line of Monterey County phone number: 1-866-615-1060
 - b. Moderate Risk - At minimum follow up shall occur up to 7-days after administration of C-SSRS and Safety Plan
 - c. Low Risk - At minimum follow up shall occur up to 30-days after administration of C-SSRS and Safety Plan

Compliance:

MCBH will monitor compliance of this policy via annual utilization reviews, as outlined in Policy 422. If MCBH determines a Program has not maintained compliance, the Program will be required to submit a Corrective Action Plan (CAP) to MCBH demonstrating steps the Program will take to come into compliance as outlined above.