

CHAPTER Service Delivery	CHAPTER 02	SECTION 004	SUBJECT 210
SECTION Clinical and Support Services		DESCRIPTION Suicide and Homicide Assessments	
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input checked="" type="checkbox"/> Provider Network	<input type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) staff identifies, assess and assures the safety of persons served with potential suicide or homicide risk.

STANDARDS:

- A. All persons served are given a standardized suicide or homicide risk assessment when clinically indicated.
- B. Clinical staff are trained in the use of the suicide and homicide assessments.

PROCEDURES:

- A. If a person served answers “yes” to the question in the Biopsychosocial (BPS) Assessment about having recent (within 30 days) thought of wanting to be dead, the clinician completes the Suicide Assessment Five-step Evaluation and Triage (SAFE-T) with Columbia Suicide Severity Rating Scale (C-SSRS) found in the electronic health record.

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- B. If a person served answers “yes” to the question in the BPS about having recent (within 30 days) thoughts of harming or killing others, the clinician completes the Homicidal Lethality Assessment and SAFE-T with C-SSRS
- C. If a person served indicates or references thoughts of hurting self or wanting to be dead at any time outside of the annual BPS, the clinician completes the SAFE-T with C-SSRS.
- D. If a person served indicates or references thoughts of harming or killing others at any time outside of the annual BPS, the clinician completes the Lethality Assessment found in the electronic medical record and SAFE-T with C-SSRS.
- E. If person served completes a Patient Health Questionnaire (PHQ-9) with a score of 15 or higher, additional screening by staff must be completed.
 - 1. Prescriber provides additional assessment during scheduled Medications Reviews and Psychiatric Evaluations. Prescribers request additional assistance from Triage or case holder. Triage staff or case holder completes SAFE-T with C-SSRS.
 - 2. A PHQ-9 completed at any other time, the primary case holder completes SAFE-T with C-SSRS.
- F. If a person served is found to be in crisis after completion of either assessment, the staff notify the Triage Department to facilitate immediate intervention and follow appropriate next steps to ensure safety for the person served.
 - 1. Primary case holders are required to be involved in the pre-admission screening process when applicable. Triage staff may assist primary case-holder on how to proceed as needed. See LCCMH Policy 02.004.20 Pre-Screening Inpatient Hospitalization.
 - 2. Triage Supervisor and/or Chief Clinical Officer make the ultimate determination on medical necessity for hospitalization, as needed.

DEFINITIONS:

Suicide: death caused by self-directed injurious behavior with intent to die because of the behavior.

Suicide attempt: a non-fatal, self-directed potentially injurious behavior with intent to die because of the behavior. A suicide attempt might not result in injury.

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Suicidal ideation: thinking about, considering, or planning suicide.

Homicide: the deliberate and unlawful killing of one person by another.

REFERENCES:

Commission on Accreditation of Rehabilitation Facilities (CARF) Screening and Access to Services Standards.

LCCMH Policy 02.004.20 Pre-Screening Inpatient Hospitalization

Lethality Assessment - Found in the electronic health record.

Patient Health Questionnaire (PHQ-9)

SAFE-T with C-SSRS - Suicide Assessment Five-step Evaluation and Triage (SAFE-T) with Columbia-Suicide Severity Rating Scale (C-SSRS) – found in the electronic health record.

TV:lr