

## Mount Rogers Community Services Board

- I. Title:** Protocol for Administering the Suicide Risk Assessment Service
- II. Purpose:** To establish a protocol for agency behavioral health services, serving adults and youth, to administer the Columbia Suicide Severity Risk Scale (CSSRS) as a part of the Suicide Risk Assessment Service (SRAS) located within Credible, Mount Rogers Community Services Board's (MRCSB) Electronic Health Record (EHR).
- III. Definitions:**

***Behavioral Health Services***—refers to agency programs that target issues of mental health or addiction and are for individuals who are identified as being At Risk of developing a mental health issue or who have a Serious Emotional Disturbance (SED) or a Serious Mental Illness (SMI). Programs included in this category are Adult Behavioral Health Services (ABHS) and Youth and Family Services (YFS).

***Consult***—refers to the process of staffing a case with another MRCSB staff person, with the purpose of deciding clinically indicated “next steps.”

***Credible Record Manager***—refers to a role within Credible, which is assigned to each individual's record. The staff person assigned to this role is a member of the individual's treatment team and is responsible for ensuring certain activities are completed by a member of the an individual's treatment team.

***Crisis Management Services***—refers to an array of services related to the CSB's response to situations that are deemed emergent or urgent. Such services may be established currently or may be developed in the future as funding and staffing allows. Examples of services in this array may include: Emergency Services; Cornerstone CSU; Youth & Family Services CSU; crisis intervention services; mobile crisis teams; ambulatory crisis stabilization services; or CIT Assessment Center.

***Minimum Necessary Standard***—refers to HIPAA and MRCSB Confidentiality Procedure, No. 1.1.17.1, regarding the use, disclosure, or request of PHI that is relevant to the specific and intended purpose at hand, even when sharing with other MRCSB staff.

***Notify***—refers to providing appropriate MRCSB staff with pertinent information at the time of assessment, via email, telephone, or in person, using the Minimum Necessary Standard.

***Treatment Team Member(s)***—refers to the staff person(s) assigned as primary to an individual from each and every MRCSB program or service,

in which the individual is enrolled, whether behavioral health services or other MRCSB services.

**IV. Protocol:**

The following steps will be utilized to administer the CSSRS as a part of the SRAS and respond according to the level of risk indicated:

1. This scale and protocol is intended to be used by individuals who have received training in administration of the CSSRS, which is the tool used to create the SRAS in Credible, the agency's EHR. The questions contained in the SRAS are suggested probes. Ultimately, the determination of the presence of suicidal ideation or behavior depends on the judgment of the individual completing the SRAS.
2. Designated agency staff will complete the SRAS within Credible upon the initial behavioral health assessment and annually, with individuals who are identified as having a Serious Emotional Disturbance (SED) (any age), a Serious Mental Illness (SMI) or for any individual over the age of 7 years, regardless of having an SED or SMI. Only one SRAS is required per individual (not per program).
3. For individuals currently receiving services, the SRAS must be completed at the annual re-assessment that occurs on or after March 28, 2016. If an individual has a clinician on their team, the clinician will complete the service. If there is no clinician on the team, the Credible Record Manager will complete the SRAS.
4. MRCSB staff who are completing prescreening services (for inpatient treatment) or VICAP services are not required to utilize the SRAS. These staff will continue to adhere to regional and state procedures and laws regarding those specific services.
5. Use of the SRAS is optional for use with individuals with developmental delays or cognitive issues that significantly impact his/her comprehension of the questions contained in the SRAS. This should be based on best clinical judgment.
6. The "Lifetime" option within the "Assessment Type" section of the service will only be utilized at time of initial intake to the agency.
7. The assigned Credible Record Manager for each individual is responsible for ensuring completion of the SRAS annually. If an individual has a clinician on their team, the clinician will complete the service. If there is no clinician on the team, the Credible Record Manager will complete the SRAS.
8. The annual SRAS will be completed by using the "Since last visit" option. Annual anniversary will be calculated from the date of the first

SRAS that has been completed with the individual. Only one SRAS is required per individual (not per program) annually.

9. All questions prompted by the SRAS must be answered to complete the service.
10. If an individual reports Suicidal Ideation (SI), during **any** on-going service, staff will either complete a new SRAS service “Since Last Visit” with the individual immediately OR refer the individual to Crisis Management Services immediately. If staff opt to complete the SRAS in this scenario, staff will proceed with guidance listed below.
11. In administering the “Lifetime” or “Since Last Visit” questionnaires, staff shall take the following steps according to the **last** question answered “Yes”:

Question 1 If last yes:	Notify treatment team members. Instruct individual on how to contact MRCSB Crisis Management Services, if needed, and encourage and assist the individual in making follow-up appointments with appropriate MRCSB treatment team members, then promptly document these efforts.
Question 2 If last yes:	Notify treatment team members. Instruct individual on how to contact MRCSB Crisis Management Services, if needed, and encourage and assist the individual in making follow-up appointments with appropriate MRCSB treatment team members, then promptly document these efforts.
Question 3 If last yes:	<ul style="list-style-type: none"> <li>- If in the last 7 days, consult with Crisis Management Services staff of possible prescreening.</li> <li>- If beyond 7 days, notify treatment team members and instruct individual on how to contact MRCSB Crisis Management Services, if needed, and encourage and assist the individual in making follow-up appointments with appropriate MRCSB treatment team members, then promptly document these efforts.</li> </ul>
Question 4 If last yes:	<ul style="list-style-type: none"> <li>- If in the last 30 days, consult with Crisis Management Services staff for further evaluation and possible prescreening. Notify treatment team members immediately.</li> <li>- If beyond 30 days, notify treatment team members and instruct individual on how to contact MRCSB Crisis Management Services, if needed, and encourage and assist the individual in making follow-up appointments with appropriate MRCSB treatment team members, then promptly document these efforts.</li> </ul>
Question 5 If last yes:	<ul style="list-style-type: none"> <li>- If in the last 30 days, consult with Crisis Management Services staff for further evaluation and possible</li> </ul>

	<p>prescreening. Notify treatment team members immediately.</p> <ul style="list-style-type: none"> <li>- If beyond 30 days, notify treatment team members and instruct individual on how to contact MRCSB Crisis Management Services, if needed, and encourage and assist the individual in making follow-up appointments with appropriate MRCSB treatment team members, then promptly document these efforts.</li> </ul>
<p>Question 6 If last yes:</p>	<ul style="list-style-type: none"> <li>- If in the last 30 days, consult with Crisis Management Services staff for further evaluation and possible prescreening. Notify treatment team members immediately.</li> <li>- If beyond 30 days, notify treatment team members and instruct individual on how to contact MRCSB Crisis Management Services, if needed, and encourage and assist the individual in making follow-up appointments with appropriate MRCSB treatment team members, then promptly document these efforts.</li> </ul>

12. The CSSRS questionnaires within the SRAS will serve to inform clinical staff and aid their clinical evaluation of individuals and their risk of suicide.