

STRIVING FOR ZERO **EXCELLENCE AWARDS**

Striving Zero

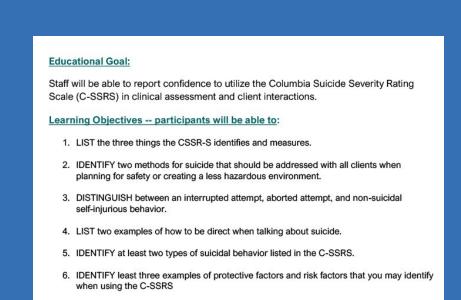


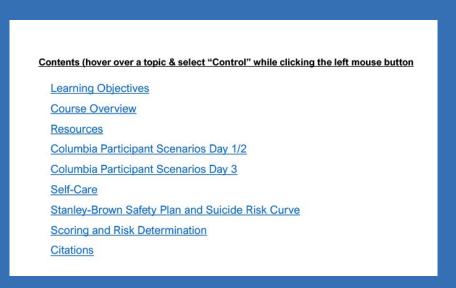
COMPREHENSIVE SUICIDE RELATED CARE

Systemwide Implementation of the Columbia: Pilot, Policy, Foundational Training, Coaching, and Health Records

Monterey County

Monterey County Behavioral Health has implemented the systemwide use of the Columbia Suicide Severity Rating Scale (C-SSRS). A thoughtful rollout was implemented by a pilot group of behavioral health leadership and staff, in consultation with Applied Crisis Training and Consulting, Inc. (ACT). The pilot group developed the policy for use, guidelines on workflow, triage, and follow-up, and develop the Electronic Health Record integration for the tool and related safety planning or intervention documentation. MCBH established a sole source contract with ACT to create and provide an interactive 9-hour (over 3 sessions) Columbia Foundations Training, conducted with small groups (<25) of incumbent behavioral health clinical and administrative staff, as well as contracted providers, all of whom are eligible for 6 CEUs. Additionally, ACT provides on demand skill-building and clinical coaching and consultation for individual clinicians and behavioral health teams as they incorporate these skills into their workflow, team communications, and client interactions. MCBH and ACT worked collaboratively to craft the syllabus, learning objectives, exam questions, participant toolkit, and feedback, as well as a customized paper and pencil version of the tool (in English and Spanish, to be used in field and office settings).









SUICIDAL IDEATION				57	
Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.		Lifetime: Time He/She/They Felt Most Suicidal		Past 1 month	
1. Wish to be Dead		- 541	Clust		
Person endorses thoughts about a wish to be dead or not alive anymo Have you wished you were dead or wished you could go to sleep an		Yes	No	Yes	No.
If yes, describe:					
2. Non-Specific Active Suicidal Thoughts General non-specific thoughts of wanting to end one's life die by suicide (e.g., "Tve thought about killing myzelf") without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period. Have you actually had any thoughts of killing yourself?		Yes	No	Yes	No.
If yes, describe:					
A. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act Person endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "I thought about unking on overdoes but I never made a specific plan as to when, where or how I would actually do itand I would never go through with it." Here you been thinking about how you might do this? If yes, describe:		Yes	No	Yes	Ne
n yes, describe.					
4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan Active suicidal thoughts of killing oneself and person reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them." Have you had these thoughts and had some intention of acting on them? If yes, describe:		Yes	No	Yes	Ni
5. Active Suicidal Ideation with Specific Plan and Intent Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. Here you started to work out or worked out the details of how to kild yourself? Did you intend to carry out this plan?		Yes	No	Yes	N
If yes, describe:		_	_		
a july accessor.					
INTENSITY OF IDEATION					
	ost severe type of ideation (i.e., 1-5 from above, with 1 being				
The following features should be rated with respect to the mo	ost severe type of ideation (i.e., 1-5 from above, with 1 being he/she/they were feeling the most suicidal.				
The following features should be rated with respect to the mo the least severe and 5 being the most severe). Ask about time	ost severe type of ideation (i.e., 1-5 from above, with 1 being he/she/they were feeling the most suicidal.	м	loet	м	net
	oot severe type of ideation (i.e., 1-5 from above, with 1 being he/she/they were feeling the most suicidal. Description of Ideation		lost vere		ost vere
The following features should be rated with respect to the mo the least severe and 5 being the most severe). Ask about time Lifetime - Most Severe Ideation: Type # (1-5) Recent - Most Severe Ideation:	he/she/they were feeling the most suicidal. Description of Ideation				
The following features should be rated with respect to the mothe least severe and 5 being the most severe). Ask about time Lifetime - Most Severe Ideation: Type # (1-5) Recent - Most Severe Ideation: Type # (1-5)	he/she/they were feeling the most suicidal.				
The following features should be rated with respect to the mothe least severe and 5 being the most severe). Ask about time Lifetime - Most Severe Ideation: Type#(1-5) Recent - Most Severe Ideation: Type#(1-5) Frequency How many times have you had these thoughts?	he/she/they were feeling the most suicidal. Description of Ideation Description of Ideation				
The following features should be rated with respect to the mothe least sewere and 5 being the most sewere). Ask about time Lifetime - Most Sewere Ideation: Type # (I-5) Recent - Most Sewere Ideation: Type # (I-5) Frequency How many times have you had these thoughts? (1) Less than once a week (2) Once a week (3) 2-5 times in Duration	he/she/they were feeling the most suicidal. Description of Ideation Description of Ideation				
The following features should be rated with respect to the me the least severe and 5 being the most severe). Ask about time Lifetime - Most Severe Ideation: Type # (I-5) Recent - Most Severe Ideation: Type # (I-5) Frequency How many times have you had these thoughts? (I) Less than once a week: (2) Once a week: (3) 2-5 times in Duration When you have the thoughts how long do they last?	he/she/they were feeling the most suicidal. Description of Ideation Description of Ideation week (4) Daily or almost daily (5) Many times each day				
The following features should be rated with respect to the me the least severe and 5 being the most severe). Ask about time Lifetime - Most Severe Ideation: Type # (1-5) Recent - Most Severe Ideation: Type # (1-5) Frequency How many times have you had these thoughts? (1) Less than once a week (2) Once a week (3) 2-5 times in Duration When you have the thoughts how long do they last? (1) Fleeting - few seconds or minutes (2) Less than 1 hour/some of the time	he/she/they were feeling the most suicidal. Description of Ideation Description of Ideation				
The following features should be rated with respect to the mothe least severe and 5 being the most severe). Ask about time Lifetime - Most Severe Ideation: Type # (1-5) Recent - Most Severe Ideation: Type # (1-5) Frequency How many times have you had these thoughts? (1) Less than once a week (2) Once a week (3) 2-5 times in Duration When you have the thoughts how long do they last? (1) Freeing - few seconds or minutes (2) Less than 1 hour/some of the time (3) 1-4 hours lot of time	he/she/they were feeling the most suicidal. Description of Ideation Description of Ideation week (4) Daily or almost daily (5) Many times each day (4) 4-8 hours/most of day				
The following features should be rated with respect to the me the least severe and 5 being the most severe). Ask about time Lifetime - Most Severe Ideation: Type # (I-5) Recent - Most Severe Ideation: Type # (I-5) Frequency How many times have you had these thoughts? (1) Less than once a week (2) Once a week (3) 2-5 times in Duration When you have the thoughts how long do they last? (1) Fleeting - few seconds or minutes (2) Less than 1 hour/some of the time (3) 1-4 hours's lot of time Controllability Controllability Controllability Controllability Controllability Ask about killing yourself or water the least of the controllability (1) Easily able to control thoughs	the/she/they were feeling the most suicidal. Description of Ideation Description of Ideation (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous Inting to die if you want to? (4) Can control thoughts with a lot of difficulty				
The following features should be rated with respect to the me the least severe and 5 being the most severe). Ask about time Lifetime - Most Severe Ideation: Type # (I-5) Recent - Most Severe Ideation: Type # (I-5) Frequency How many times have you had these thoughts? (1) Less than once a week (2) Once a week (3) 2-5 times in Duration When you have the thoughts how long do they last? (1) Fleeting - few seconds or minutes (2) Less than 1 hour/some of the time (3) 1-4 hours/a lot of time Controllability Controllability Controllability Controllability (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty (3) Can control thoughts with some difficulty (3) Can control thoughts with some difficulty	he/she/they were feeling the most suicidal. Description of Ideation Description of Ideation (a) Week (4) Daily or almost daily (5) Many times each day (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous Inting to die if you want to?				
The following features should be rated with respect to the me the least severe and 5 being the most severe). Ask about time Lifetime - Most Severe Ideation: Type # (I-5) Recent - Most Severe Ideation: Type # (I-5) Frequency How many times have you had these thoughts? (1) Less than once a week (2) Once a week (3) 2-5 times in Duration When you have the thoughts how long do they last? (1) Fleeting - few seconds or minutes (2) Less than blow/conse of the time (3) 1-4 hours/a lot of time Controllability Controllability Controllability (1) Easily able to control thoughts with little difficulty (3) Can control thoughts with some difficulty Deterrents	the/she/they were feeling the most suicidal. Description of Ideation Description of Ideation Description of Ideation (4) 4-8 hours/most of day (5) Many times each day (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous Inting to die if you want to? (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts				
The following features should be rated with respect to the me the least severe and 5 being the most severe). Ask about time Lifetime - Most Severe Ideation: Type # (I-5)	the/she/they were feeling the most suicidal. Description of Ideation Description of Ideation Description of Ideation (4) 4-8 hours/most of day (5) Many times each day (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous Inting to die if you want to? (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts				
The following features should be rated with respect to the me the least severe and 5 being the most severe). Ask about time Lifetime - Most Severe Ideation: Type # (I-5)	the/she/they were feeling the most suicidal. Description of Ideation Description of Ideation Description of Ideation (4) 4-8 hours/most of day (5) Many times each day (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous Inting to die if you want to? (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts				
The following features should be rated with respect to the met the least severe and 5 being the most severe). Ask about time Lifetime - Most Severe Ideation: Type # (1-5) Recent - Most Severe Ideation: Type # (1-5) Frequency How many times have you had these thoughts? (1) Less than once a week (2) Once a week (3) 2-5 times in Duration When you have the thoughts how long do they last? (1) Fleeting - few seconds or minutes (2) Less than bour/some of the time (3) 1-4 hours a lot of time (3) 1-4 hours a lot of time (3) 1-4 hours a lot of time (3) Can control thoughts with inte difficulty (3) Can control thoughts with sine difficulty (3) Can control thoughts with some difficulty Deterrents Are there things - anyone or anything (e.g., family, relig die or acting on thoughts of suicide? (1) Deterrents definitely stopped you from attempting suicide (2) Deterrents probably isopped you from attempting suicide	the/she/they were feeling the most suicidal. Description of Ideation Description of Ideation Description of Ideation (4) 4-5 hours/most of day (5) Many times each day (4) 4-5 hours/most of day (7) More than 5 hours/persistent or continuous Inting to die if you want to? (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (7) Does not attempt to control thoughts (8) Does not attempt to control thoughts (9) Desterrents most likely did not stop you (5) Deterrents most likely did not stop you (5) Deterrents definitely did not stop you				
The following features should be rated with respect to the me the least severe and 5 being the most severe). Ask about time Lifetime - Most Severe Ideation: Type # (I-5)	the/she/they were feeling the most suicidal. Description of Ideation Description of Ideation Description of Ideation (4) Description of Ideation week (4) Daily or almost daily (5) Many times each day (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous unting to die if you want to? (4) Can control thoughts (5) Unable to control thoughts (0) Does not attempt to control thoughts ion, pain of death) - that stopped you from wanting to (4) Deterrents most likely did not stop you				
The following features should be rated with respect to the met the least severe and 5 being the most severe). Ask about time Lifetime - Most Severe Ideation: Type # (1-5) Recent - Most Severe Ideation: Type # (1-5) Frequency How many times have you had these thoughts? (1) Less than once a week (2) Once a week (3) 2-5 times in Duration When you have the thoughts how long do they last? (1) Fleeting - few seconds or minutes (2) Less than bour/some of the time (3) 1-4 hours a lot of time (3) 1-4 hours a lot of time (3) 1-4 hours a lot of time (3) Can control thoughts with inte difficulty (3) Can control thoughts with sine difficulty (3) Can control thoughts with some difficulty Deterrents Are there things - anyone or anything (e.g., family, relig die or acting on thoughts of suicide? (1) Deterrents definitely stopped you from attempting suicide (2) Deterrents probably isopped you from attempting suicide	the/she/they were feeling the most suicidal. Description of Ideation Description of Ideation Description of Ideation Description of Ideation (4) 4-8 hours/most of day (5) Many times each day (4) 4-8 hours/most of day (5) More than 8 hours/persistent or continuous Inting to die if you want to? (4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts (6) Does not attempt to control thoughts (7) Deterrents most likely did not stop you (8) Deterrents definitely add not stop you (9) Does not apply Inting to die or killing yourself? Was it to end the pain Iddn't go on living with this pain or how you were from others? 97 both?				

