

Policy Title: High Risk Clients		
Policy Category: Mental Health		
Applies To: Pathways of Idaho		
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1. Purpose

- 1.1. To identify high risk clients and provide guidelines for monitoring and providing increased oversight of those clients.
- 1.2. To identify procedures specific to Pathways of Idaho that supplement the national Pathways Suicide Risk Policy QAx-CLN-1003.01.

2. Policy

- 2.1. This policy establishes a method of identifying, referring, assessing, treating and tracking those clients who are at higher risk because of one or more of the following factors, including, but not limited to:
 - Psychiatric hospitalizations within the past three months
 - Self-destructive and/or aggressive behavior within the past three months
 - Suicidal or homicidal ideation and/or attempts
 - Active/current psychotic behavior
 - Medication non-compliance (clients with a psychotic disorder or a schizoaffective or bipolar disorder with psychotic features)
 - High utilization clients (therapy twice per week etc.)
 - Recent major life changes such as death in the family, separation/divorce, loss of primary support, childbirth, discharged from medical hospital, or TBI within the past three months.
 - Clients who are not participating in their treatment (no session attended w/in 30 days- excluding MM clients)
 - Clients identified by their primary therapist as being high risk
- 2.2. Pathways of Idaho shall create and maintain a referral and tracking system for high-risk clients that includes assignment by provider expertise, frequent supervision, status updates, and EHR flags.

3. Definitions

3.1. **High Risk** is briefly defined as:

Client has—

- Mental Illness
- Multiple Risk Factors, such as:
 - Substance use
 - Family history of suicide
 - Mental illness
 - Impulsiveness
 - History of aggression
 - Self-harming behaviors
 - Command Hallucinations
- No Protective Factors
- Persistent Ideation
- Suicide Plan
- Access to Means
- Intent to follow through OR Rehearsal/Preparation

3.2. **Moderate Risk** is briefly defined as:

Client has—

- Mental Illness
- Multiple Risk Factors
- Few Protective Factors
- Suicidal Ideation
- Suicide Plan
- No Access to Lethal Means
- No Intent/Rehearsal/Preparations

3.3. **Low Risk** is briefly defined as:

Client has—

- Risk Factors (2 or less)
- No Plan/Mean/Intent
- Identifies Multiple Protective Factors
- Thoughts of Death
- No Plan
- No Means
- No Intent

3.4. No Known Risk:

CI has—

- No history of Suicide Thoughts or Attempts
- No current Thoughts of Death
- No High-Risk Factors

4. Procedure

4.1. All Pathways of Idaho employees and contractors who provide direct care to clients must complete an initial training on suicide prevention within 30 days of hire and annually thereafter.

4.2. Suicide risk shall be screened at intake.

4.2.1. All clients shall receive a PHQ-9 during their initial and annual Comprehensive Diagnostic Assessment.

4.2.2. All clients shall receive a C-SSRS Screener during their initial and annual Comprehensive Diagnostic Assessment.

4.2.3. Any client presenting with moderate risk on the PHQ-9/PHQ-A or Columbia screening tool will be administered the Columbia Suicide Severity Rating Scale (C-SSRS).

4.2.3.1. Moderate risk will be determined by clients scoring a 5 or above on the PHQ-9 or answering yes to any question on the C-SSRS Screener. [Suicide Thoughts section item #4 (Have you had these thoughts and had some intention of acting on them?) or item #5 (Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?); Suicide Behavior section item #6 (Have you ever done anything, started to do anything, or prepared anything to end your life?).]

4.2.3.2. High Risk will be determined by the C-SSRS score, collaboration with clinical supervisor, and evidence of a plan for suicide.

4.2.4. The C-SSRS will continue to be administered during meetings with the client until two Low Risk outcomes in a row are documented.

4.2.5. Assessment and clinical interventions for suicide and self-harm risk are provided by staff who are appropriately trained and qualified.

4.3. Clients meeting the above factors indicating moderate or high-risk will be identified in Pathways of Idaho Avatar system, and documentation regarding their monitoring will be saved in the Supervision tab of the Documents folder.

4.3.1. The Avatar system will flag High Risk Clients on each page of their electronic record.

4.3.1.1. Provider must identify high-risk notes and Avatar immediately routes the notes to direct supervisors and the clinical supervisor of the region.

4.3.1.2. Supervisors are alerted by Avatar when high-risk notes are written.

4.4. Assigned clinicians will staff their client case to their supervisor to determine the extent of the risk as well as next clinical steps.

4.4.1.1. Clinicians will staff pertinent information with their Regional Clinical Supervisor, document details on Pathways staffing forms, and ensure the information is entered into the clients' Avatar EHR file on the day the information is obtained.

4.4.1.2. Low risk clients will continue to be staffed as needed on a weekly basis.

4.4.1.3. Moderate Risk clients will be staffed within 24 hours and all treatment team members will be notified by email during that time period. The treating clinician will provide this communication.

4.4.1.3.1. Ensure that the client has a valid safety plan and it has been updated.

4.4.1.3.2. Schedule a follow-up session with client within 3 days of appointment to re-assess for severity of risk.

4.4.1.3.3. Clients will be notified that staff will be monitoring their well-being at a higher level and if staff are unable to contact the client by phone for the time of the scheduled session, then treating clinician must have police conduct a well-check within 24 hours.

4.4.1.4. High-risk clients will be staffed same day and all treatment team members will be notified by phone during that time period. The treating clinician shall be responsible for initiating this communication but Regional Supervisors may also provide this notification.

4.4.1.4.1. Ensure that the client has an active safety plan and that it is updated. The client's environment should be continually reassessed to the extent practical to detect and decrease risk factors, for example, guns and lethal medications.

4.4.1.4.2. A plan of action for high-risk clients must be discussed with the treatment team at the end of every business day for that evening, for over the weekend, or during holiday closures.

4.4.1.4.3. Any clients who are hospitalized must be seen for a follow-up appointment within 24 hours of the clinician being notified of release from the hospital.

- 4.4.1.4.3.1. If the client declines, no shows, or cancels the appointment, it must be documented in the record along with immediate attempts to follow-up with the client. These attempts must be documented in the client's file.
- 4.4.1.4.4. Clients will be notified that staff will be monitoring their well-being at a higher level. If staff are unable to contact the client by phone at designated times, then the treating clinician must have police conduct a well-check within 24 hours.
- 4.5. Suicide risk shall be reassessed using the PHQ-9 during each therapy treatment plan update, regardless of previous assessments and shall include those clients who do not present with acute risk signs.
- 4.5.1. Assessment and clinical interventions for suicide and self-harm risk is provided by staff who are appropriately trained and qualified.
- 4.6. Provider expertise will be taken into account when assigning previously identified high-risk clients.
 - 4.6.1. The level of clinical maturity of the clinician.
 - 4.6.2. The clinical expertise of the clinician.
 - 4.6.3. The current caseload of the clinician (including the number of high-risk participants currently on their caseload).
- 4.7. All Pathways employees will be provided with the national Pathways Suicide Risk Policy QAx-CLN-1003.01 and the Idaho High-Risk Client Policy.

5. Overview of Process

5.1. A **C-SSRS Screener** is done if:

- CI scores 5 or higher on the PHQ-9 or answers yes to question 9
- When there is any indication of:
 - Preparatory or suicidal behavior
 - Increased suicidal ideation
 - Noticeable shift in a client's presentation
 - Significant loss, change or psychosocial stressor
- When a Plan is updated (Treatment, Crisis, Discharge)
- When a client is first diagnosed with MDD, PTSD and/or reassessed with MDD, PTSD
- At every contact for individuals last rated at Medium or High on the CSSRS screening tool
- When an individual is seen on an urgent or emergent basis

5.2. A **Full/Lifetime C-SSRS** is completed if:

- PHQ-9 is 15 or above (Severe Risk)
- Screener indicates a Moderate or High risk
- Already deemed to be at Medium or High Risk and when there is any subsequent indication of:
 - preparatory or suicidal behavior
 - increased suicidal ideation
 - noticeable shift in a client's presentation
 - a significant loss, change or psychosocial stressor

5.3. A **"Since Last Contact"** C-SSRS is completed any time:

- There are changes like those listed above AND a Full/Lifetime C-SSRS has already been completed
 - If a Full/Lifetime has not been completed and a screener indicates moderate to high risk, then a Full/Lifetime C-SSRS is completed.
- Client has had a moderate or high risk C-SSRS previously and/ or 2 consecutive, low-risk outcomes on the "since last contact" C-SSRS have not been successful.

5.4. If **cl scores 5-14** on the PHQ-9, a C-SSRS Screener will be completed (A Full C-SSRS is done if 15+):

5.4.1. If **Moderate Risk** indicated on screener, therapist/ CB staff will:

- Complete Full C-SSRS
 - If Full C-SSRS indicates Moderate Risk, therapist will follow Moderate Risk Protocol (below)

5.4.2. If **High Risk** indicated on screener, therapist/ CB staff will:

- Complete Full C-SSRS
 - If Full C-SSRS indicates High Risk, therapist will follow High Risk Protocol (below)

5.5 If **cl scores 15 or higher** on the PHQ-9, a C-SSRS Full/ Lifetime version will be completed.

6. Protocol for Therapists

6.1. Therapist present with the cl does the screener then, if indicated, (there is a moderate to high risk noted and a full C-SSRS has NOT been done before) they complete the full C-SSRS. (If a full C-SSRS has been done, then a "Since Last Contact" C-SSRS is done.)

6.1.1. If **client at moderate risk** (as indicated by the C-SSRS):

- Update and/or Review the Safety Plan
- Notify team members by email within 24 hours
- Complete an at-risk note—
 - Document steps taken—who notified, etc.
 - Document update/review of Safety Plan

- Send to supervisor
- Send C-SSRS to supervisor
- Complete an IR if SI/HI within last 72 hours
- Make Referral/Linkage to Prescriber (if outside Pathways system)
- Increase Services and Support Activities
- Involve Support System

NOTE: Therapist will do at-risk note until client is no longer scoring at moderate or high risk.

6.1.2. If client at high risk (as indicated by the C-SSRS):

- Take that information to a supervisor for staffing immediately

6.1.2.1. The supervisor then assesses the level of need and directs the provider on follow-up—

- Hospitalization **—OR—**

- Update and/or Review Safety Plan **—AND—**
- Make Therapy appointment in next 24 hours
 - **NOTE** that missed appointment will result in therapist arranging welfare check by police
- Make Referral / Linkage to Prescriber (if outside Pathways system)
- Increase Services and Support Activities
- Involve Support System

- Contact CB supervisor and MM by phone immediately (and document having done so, as noted below)
 - Complete an at-risk note—
 - Document steps taken--who was notified, etc.
 - Document update/ review of Safety Plan
 - Send to supervisor
 - Send C-SSRS to supervisor
 - Complete an IR if SI/HI within last 72 hours or if cl hospitalized
- NOTE:** Therapist will do at-risk note until client is no longer scoring at moderate or high risk.

7. Protocol for Community-Based staff, when client has a therapist within Pathways

7.1. When indicated, community-based staff present with the client does the screener.

7.1.1. If client at moderate risk (as indicated by the C-SSRS):

- Contact supervisor to staff the case
- Update safety plan with client based on feedback from supervisor

- Involve support system
- Increase support activities
- Assess for increase in services, if needed
- Complete an at-risk note that goes to direct supervisor
- Contact team members within 24 hours by email

NOTE: As long as client is scoring moderate risk, therapist and CB staff will do at-risk note. As long as client is scoring moderate risk or higher, therapist will continue to do C-SSRS and CB no longer have to do it after initial time. If there are changes noted, then CB staff will have to redo the full process.

7.1.2. If client at high risk:

- Contact the clinical sup to staff the case
 - Either therapist will complete the following actions or CB staff will:
 - Aid in hospitalization **OR**
 - **Update Safety Plan AND**
 - **Help schedule cl to see therapist within 24 hours**
- Complete an initial at-risk note that goes to direct and Clinical supervisors
- Contact CB supervisor immediately by phone (Clinical Sup will alert therapist. CB supervisor will alert other CB staff on team.)

NOTE: As long as client is scoring moderate risk, therapist and CB staff will do at-risk note. As long as client is scoring moderate risk or higher, therapist will continue to do C-SSRS and CB no longer have to do it after initial time. If there are changes noted, then CB staff will have to redo the full process.

8. Protocol for Community-Based staff, when cl has no therapist or none within the Pathways system

8.1. Community-Based staff present with the client does the screener—

8.1.1. If client at moderate or high risk on screener:

- Complete the “full/ lifetime” or “since last contact” C-SSRS (follow above procedure and process areas of policy)

8.1.2. If client at moderate risk (on full or last contact C-SSRS):

- Contact direct supervisor immediately.
 - Supervisor can notify the outside therapist or, if none, will aid CB staff in establishing safety plan.
 - Supervisor will advise therapist be established for client due to at-risk state.
 - CB staff initiate client in assistance with setting up therapist either within Pathways or outside the system (at client’s preference).

- CB Supervisor will notify the other team members, if any, by email of client's moderate risk level.
- Complete an at-risk note and route to direct supervisor and clinical supervisor, who will review the plan and make sure it is thorough and appropriate.

8.1.3. If client at high risk (on full or last contact C-SSRS):

- Contact Clinical Supervisor immediately.
 - 8.1.3.1. If cl has **outside** therapist,
 - Clinical Sup will staff with the outside therapist and establish a safety plan in coordination with CB staff and client
 - Clinical Sup will **suggest therapy appointment within 24 hours if possible**
 - **OR can recommend higher level of care**, at which time CB staff and clinical supervisor will coordinate higher level of care admission.

8.1.3.2. If client has **no** therapist:

- Clinical Sup will establish a safety plan in coordination with Clinical Director, CB staff and client. (***Note: CB staff will make arrangements for client to either be immediately referred to crisis center and/or scheduled a therapy appointment within 24 hours.**)
- **OR can recommend higher level of care**, at which time CB staff and clinical supervisor will coordinate higher level of care admission.

8.1.3.2.1. If no other changes, CB staff will just continue to complete at-risk notes until there are two low-risk screens in a row.

8.2. C-SSRS will be completed by CB staff at each meeting with client:

- Until low-risk is noted 2 x in a row **—OR—**
- Until therapist is assigned and begins monitoring client on a regular basis. Once low-risk is noted on C-SSRS 2x consecutively, no at-risk note is needed.

8.3. If client is missing appointments with therapist or there are concerns about safety, the C-SSRS screener is redone and the process starts over.

8.4. If client has ongoing high risk with changes noted in behavior or level of SI/HI or it appears client is not following the Safety Plan, notify Clinical Sup immediately.

Note: If a client does not have therapy assigned somewhere, a recommendation to begin therapy should be made to the client by clinical sup/ regular sup and we may need to look at requiring a therapist if a client has had significant SI in the past or currently.

9. Policy Non-Compliance

- 4.8. All non-compliances will be immediately reported to an immediate supervisor.
- 4.9. Pathways of Idaho employee disciplinary policy will be followed.

5. Change History

Author	Date	Change Description	Reason for Change
Susan Martinelli	8/2/21	Added 5. Overview and 6. Protocol	Need for clarification and step by step process for therapists.

6. Approval

Name

Name

Name

(AS THE POLICY COMMITTEE)
