

Policy Title: High Risk Clients 3.0		
Policy Category: <b>Mental Health</b>		
Applies To: <b>Pathways of Idaho</b>		
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## 1. Purpose

11. To identify high risk clients and provide guidelines for evaluating and providing increased oversight of those clients.
12. To identify procedures specific to Pathways of Idaho that supplement the national Pathways Suicide Risk Policy QAx-CLN-1003.02.

## 2. Policy

21. Pathways of Idaho will use approved screening tools to identify at risk 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
22. Pathways of Idaho will create and maintain a referral and tracking system for high-risk clients.

### 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

### 34. No Known Risk:

CI has—

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

## 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. Depression shall be screened at intake using the PHQ-9 and suicidal tendencies shall be screened using the C-SSRS.
  - 4.2.1. Clients diagnosed with Bipolar or Major Depressive Disorder and those scoring moderate or high on the PHQ-9 shall complete a C-SSRS Screener during their Comprehensive Diagnostic Assessment.
  - 4.2.2. Clients scoring moderate or high on the CSSRS Screener shall complete the C-SSRS Full or Since Last Contact, whichever is appropriate.
    - 4.2.2.1. Moderate risk will be determined by clients scoring a 5-14 on the PHQ-9 or answering yes to question 9 on the PHQ-9 or to any question on the C-SSRS Screener.
    - 4.2.2.2. High Risk will be determined by clients scoring 15+ on the PHQ-9, the C-SSRS score, or evidence of a plan with intent for suicide. Collaboration with supervisor to evaluate suicide risk and determine appropriate clinical management will occur.
  - 4.2.3. Assessment and clinical interventions for suicide and self-harm risk are provided by staff who are appropriately trained and qualified and who use evidenced-based assessment practices.
    - 4.2.3.1. Provider must identify notes as at-risk or high-risk and immediately route the note to direct supervisors and the clinical supervisor of the region.
    - 4.2.3.2. Supervisors are alerted by Avatar when at risk or high-risk notes are routed.
- 4.3. Assigned clinicians will staff clients with moderate to high suicide risk with their supervisor to determine the extent of the risk as well as next clinical steps.
  - 4.3.1.1. 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.

- 4.3.1.2. Low risk (based on definition) clients will continue to be staffed as needed on a weekly basis.
- 4.3.1.3. Moderate Risk (based on definition) clients will be staffed as needed and all treatment team members will be notified by email as needed. The person completing the C-SSRS will provide necessary communication.
- 4.3.1.3.1. Ensure that the client has a valid safety plan and it has been updated.
- 4.3.1.3.2. Schedule a follow-up phone call with client within 3 days of appointment to re-assess for severity of risk is outside of client's baseline.
- 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 at least by phone for the time of the scheduled phone call, then treating clinician must have police conduct a well-check within 24 hours.
- 4.3.1.4. High-risk (based on definition) clients will be staffed same day with supervisor to evaluate suicide risk and determine appropriate clinical management. All treatment team members will be notified by email or phone within 24 hours. The person administering the C-SSRS shall be responsible for initiating this communication but Direct or Regional Supervisors may also provide this notification.
- 4.3.1.4.1. 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.
- 4.3.1.4.2. A plan of action for high-risk clients must be staffed (with their direct and clinical supervisors) at the end of every business day for that evening, for over the weekend, or during holiday closures as long as the client is considered "High Risk".
- 4.3.1.4.3. 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.
- 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.
- 4.3.1.4.4. 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.
- 4.4. Suicide risk shall be reassessed using the PHQ-9 during each client assessment and at discharge, regardless of previous assessments and shall include those clients who do not present with acute risk signs. The C-SSRS Screener will be also be completed for all clients with Bipolar and Major Depressive disorder diagnoses during assessment and at discharge.

- 4.4.1. Assessment and clinical interventions for suicide and self-harm risk is provided by staff who are appropriately trained and qualified.
- 4.4.2. If a client does not have therapy assigned at Pathways or elsewhere, a recommendation to begin therapy should be made to the client and we may need to consider requiring a therapist if a client continues to struggle with SI.
- 4.5. Provider expertise will be taken into account when assigning previously identified high-risk clients.
  - 4.5.1. The level of clinical maturity of the clinician.
  - 4.5.2. The clinical expertise of the clinician.
  - 4.5.3. The current caseload of the clinician (including the number of high-risk participants currently on their caseload).
- 4.6. Pathways of Idaho will create and maintain a referral and tracking system for high-risk clients.
  - 4.6.1. High Risk clients will be assessed, tracked, and monitored through the use of the Comprehensive Diagnostic Assessment, PHQ-9 and CSSR-S scores, At-Risk and High-Risk notes, Critical Incident Reports, and supervisory documents.
- 4.7. Assessment tools are designed to assist in providing optimal and safe client care. Clinician discretion and experience is of the utmost importance in maintaining client safety and security.
- 4.8. All Pathways employees will be provided with the national Pathways Suicide Risk Policy QAx-CLN-1003.02 and the Idaho High-Risk Client Policy 3.0.

## **5. Policy Non-Compliance**

- 5.1. The employee agrees to perform his/her duties as outlined in this policy and procedure document through an attestation statement or signed acknowledgment of his/her review of the procedure.
- 5.2. All non-compliances will be immediately reported to an immediate supervisor.
- 5.3. Pathways of Idaho employee disciplinary policy will be followed.

### 3. Change History

Author	Date	Change Description	Reason for Change
Bev Nicholson	12/23/21	Re-alignment with National Suicide Risk policy.	Simplification
Bev Nicholson	3/1/21	Added wording regarding clinician discretion, clarified risk levels.	Clarification

### 4. Approval

Name

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Name

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