ENSURING EQUAL ACCESS TO RISK ASSESSMENT: A ZERO SUICIDE IMPLEMENTATION

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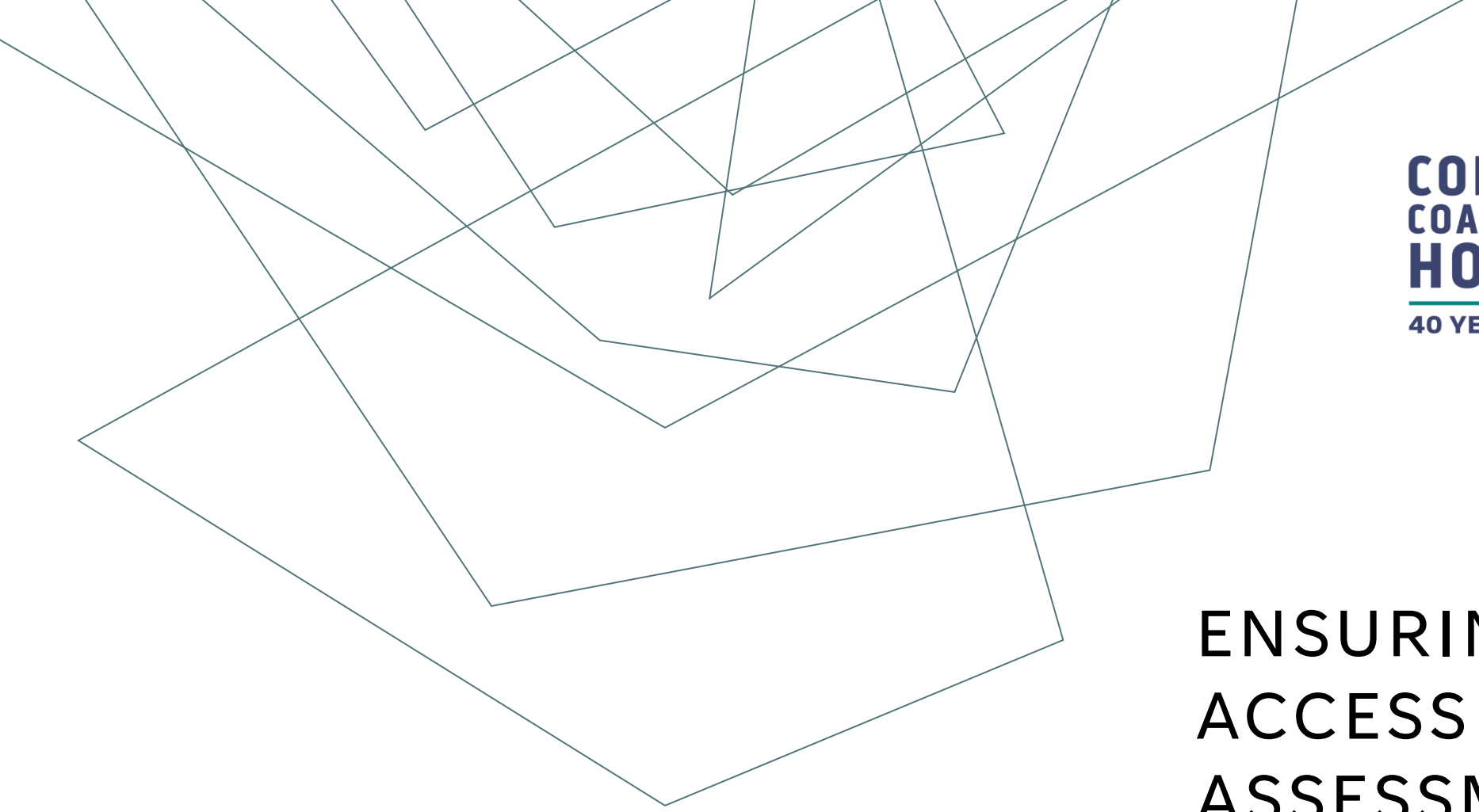

COLORADO COALITION for the HOMELESS

40 YEARS of Homes, Health, & Hope

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The Colorado Coalition of the Homeless recognizes that we are situated on the ancestral lands of the Apache, Arapaho, Cheyenne, Comanche, Kiowa, Northern Ute, Nuche (Also known as Ute), and Ute Mountain Ute Nations. We honor and celebrate the enduring traditions and cultures of Indigenous Peoples connected to this region. With deep respect, we acknowledge the ancestors, elders, and youth of these nations, appreciating their stewardship of the land and the legacy that enriches our community.

ABOUT THE COLORADO COALITION FOR THE HOMELESS

The Mission of the Colorado Coalition for the Homeless is to work collaboratively toward the prevention of homelessness and the creation of lasting solutions for families, children, and individuals who are experiencing or at-risk of homelessness throughout Colorado. CCH advocates for and provides a continuum of housing and a variety of services to improve the health, well-being and stability of those it serves.

The Colorado Coalition for the Homeless believes that stable housing is the foundation to living a healthy, meaningful life. We also believe that housing is healthcare, and that health and housing are inextricably linked. We believe everyone deserves a safe home, access to healthcare, and opportunities to thrive.

- Served 21,322 people in 2022; 762 were families
- We operate 23 high-quality housing properties that provide supportive, affordable, and transitional housing. These are managed by the CCH Property Management with more than 2,300 vouchers, supporting 4,470 households in an increasingly unaffordable state.
- 14,747 patients received healthcare services in 2022
- 96% who receive integrated services stay stably housed for one year or longer

COLORADO COALITION for the HOMELESS

40 YEARS of Homes, Health, & Hope

And so
I kept living

LET'S TAKE A MOMENT...

In the English language, the semicolon indicates that the writer could have ended the story or thought with a period and called it finished. But they didn't.

The semicolon tattoo is symbolic of the fact that there may have been a time when you thought of ending your life, but you chose to push forward.

If you (or anyone you know) are thinking about attempting suicide, please call the toll-free, 24/7 National Suicide Prevention Lifeline at 1-800-273-8255 or 988.

A WORD ABOUT WORDS...

Avoid use of:

Commit/Committed

Failed

Successful

Completed

Suicide gesture

Suicide threat

Try to focus on:

Accurate terms

Descriptive & factual terminology

Person first terminology

OBJECTIVES

1. Identify a path for equitable access to risk assessment screenings

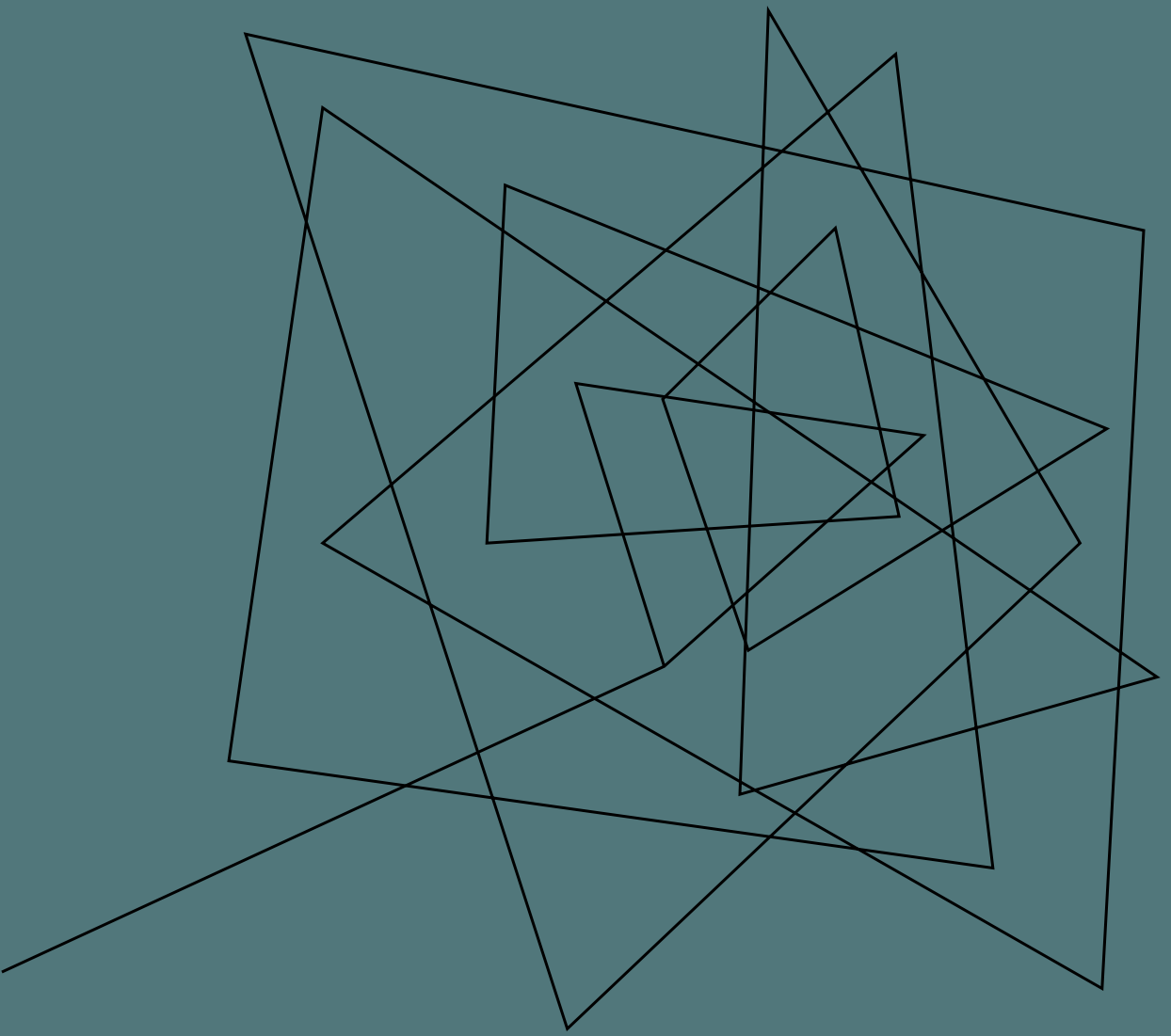
2. Formulate a process to evaluate the delivery of services

3. Design a workforce survey to assess workforce needs

4. Define a data dictionary that aids in analyzing reporting

Oops, let's start again & retitle our presentation-

Ensuring EQUITABLE access to MEANINGFUL risk assessment: a Zero Suicide implementation for PEH



BUILD A PATH

EQUALITY:
Everyone gets the same – regardless if it's needed or right for them.

EQUITY:
Everyone gets what they need – understanding the barriers, circumstances, and conditions.

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TARGETED UNIVERSALISM & UNDERSTANDING GROUP-BASED FACTORS

Understanding our barriers, circumstances & conditions:

- PEH considerations: housing status, trust, safety, transportation, language, hunger, childcare, weather, pet care, immigration status, literacy, systemic oppression, violence, fear, pain...
- Workforce considerations: varied roles, educations, expertise, expectations & sub populations.
- Staff types: BH, medical, nurses, MA's, case management, peer specialists, navigators, etc., & let's not forget impact of turnover, vacancies, burnout, moral injury...
- How & where people work: street, tent, shelter, mobile outreach, home, office, clinic
- Targeted interventions & targeted training desperately needed.

Section 3: Precipitating Factors

Check all current precipitating factors:

☐ Change in mental health status ☐ Command hallucinations to hurt self or others ☐ Change in cognitive functioning ☐ Change in BH treatment
☐ Change in medications ☐ Actively intoxicated ☐ Returned to use ☐ In withdrawal ☐ Lack of adequate shelter in extreme weather
☐ Housing status change ☐ Pending eviction ☐ Receipt of housing demand ☐ Recent dx of/decline due to medical illness or chronic pain
☐ Post-partum depression ☐ Significant loss or change of life circumstances ☐ Anniversary of significant loss ☐ Pending incarceration
☐ Increased Hopelessness ☐ Unable to agree to crisis plan ☐ Other

If other:

Section 6: Risk & Protective Factors

Select all risk and protective factors that apply:

Risk factors--Check all that apply:

☐ Serious and persistent mental illness ☐ Prior attempts ☐ Preparatory behaviors ☐ Ongoing substance use ☐ Impulsive/reckless/aggressive behaviors
☐ Deficits in cognitive functioning ☐ Trauma history ☐ History of domestic violence ☐ Health problems/chronic pain ☐ Gender dysphoria
☐ Unstable BH treatment history ☐ Perceived burden on family or others ☐ Chronic Hopelessness ☐ Family history of suicide ☐ Access to lethal means
☐ Financial/legal/interpersonal problems ☐ Unstable/chaotic/unsafe living environment ☐ History of family violence ☐ History of systemic oppression
☐ Barriers to accessing care ☐ Other

If other:

Protective factors--Check all that apply:

☐ Responsible for family or others ☐ Responsible for children under 18 ☐ Pregnancy ☐ Supportive care network
☐ Engaged in work, school or other meaningful activities ☐ Spiritual beliefs that renounce suicide/homicide ☐ Has and is able to implement coping skills
☐ Hope/plans for the future ☐ Identifies reason for living/sense of purpose ☐ Other

If other:

Risk screening ... ask everyone:

establish baseline with risk id question or PHQ9 #9

Risk assessment ... when needed:

If + risk screening or changing circumstance, condition, trigger > CSSRS

Risk formulation ... help with decision making:

synthesize, document & communicate > AMSR

Safety planning ... constantly:

Stanley & Brown

Section 7: Formulation

Use your training to determine your client's risk level for today or in general; document your formulation in the appropriate text field.

CSSRS past 1 month score: **CSSRS ideation intensity score:**

Rate the current and overall risk levels using these definitions.

Minimal--No current thoughts of harm to self or others ; no history of attempts; modifiable risk factors; strong protective factors

Low--No current thoughts of harm to self or others; history of attempts; modifiable risk factors; strong protective factors

Medium--Current thoughts of harm, but no plan; with or without history of attempts; multiple risk factors; few protective factors

High--Current thoughts of harm with plan; acute precipitating event; multiple risk factors; few protective factors

Imminent--Current thoughts of harm with plan; lethal means, acute precipitating event; multiple risk factors; protective factors not relevant; gravely disabled

Current Risk:

- ○ Minimal
- ○ Low
- ○ Medium
- ○ High
- ○ Imminent

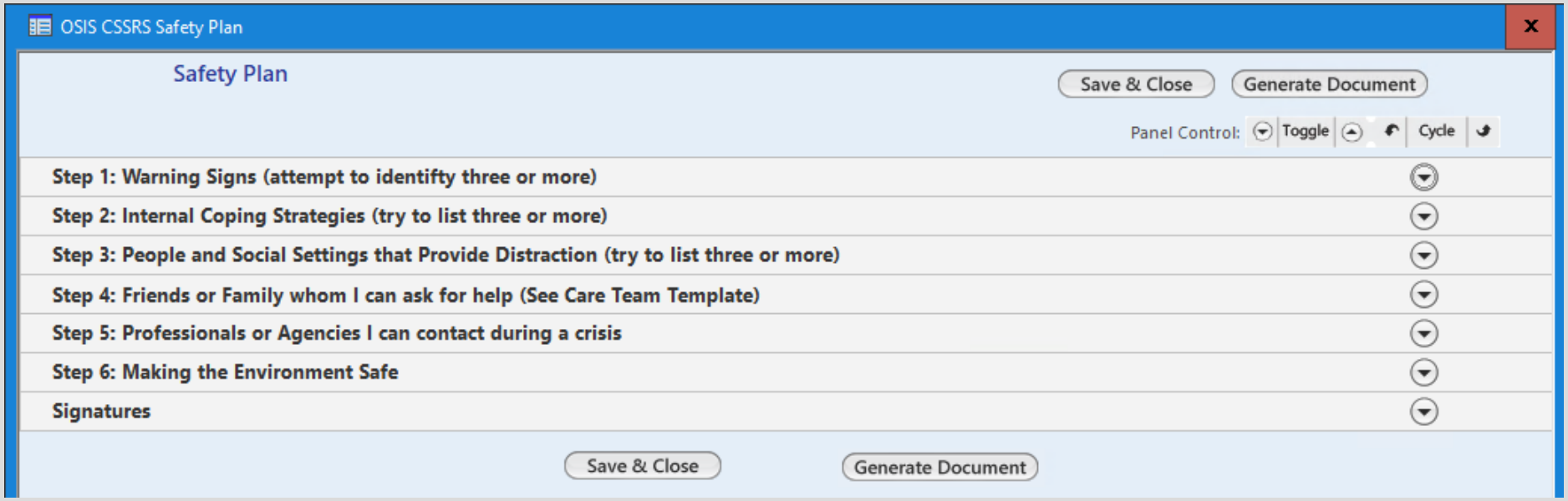
Formulation of current risk:

Overall Risk:

- ○ Minimal
- ○ Low
- ○ Medium
- ○ High

Formulation of overall risk:

STANLEY & BROWN SAFETY PLAN



Step 5: Professionals or Agencies I can contact during a crisis

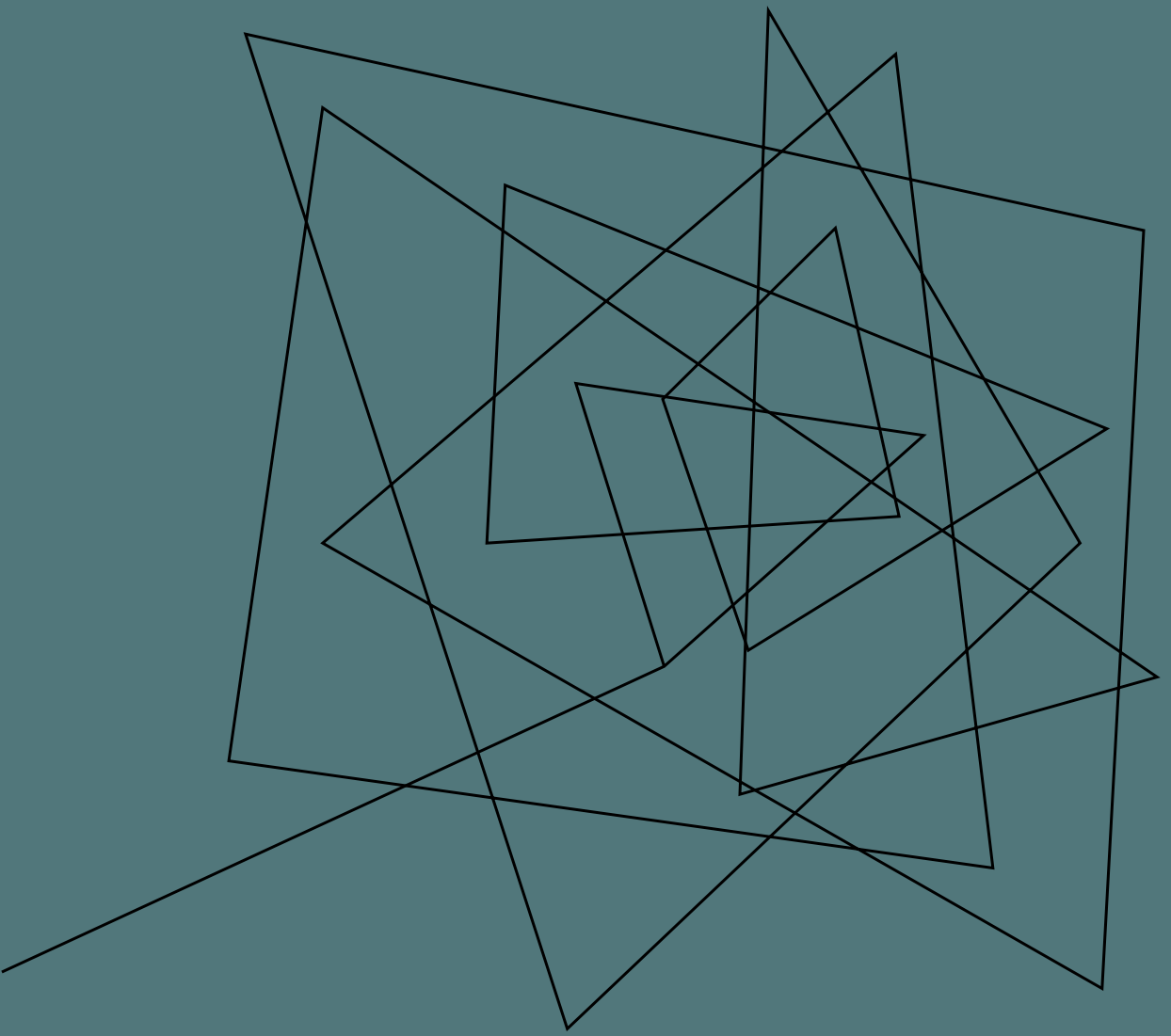
Care Team

Role	Name	Program	Phone	Fax	Email
Case Manager	Baquero, Daniel	FSS			

GRAB A PARTNER & DISCUSS

What is a targeted intervention for risk screening, risk assessment, or safety planning in your organization?

f;ghter



PROGRAM EVALUATION

DELIVERING MEANINGFUL EVALUATIONS

What is Program Evaluation? Why is it important?

- "Program Evaluation is the systematic assessment of programs designed to improve social conditions and our individual and collective well-being"
- Evaluation helps programs identify strengths, weaknesses, inconsistencies in the services they are providing.

Grant requirements within Program Evaluation

- Balancing key performance questions that are important to funders vs. improving the outcomes of the target population.

Goals of the program

- Evaluation should be grounded in monitoring a program's effectiveness in achieving their intended goals AND provide tools for continuous improvement.
- To provide an equitable delivery of services within a program, evaluations ought to look beyond the scope of what is required by funders.

OUTPUTS VS. OUTCOMES....

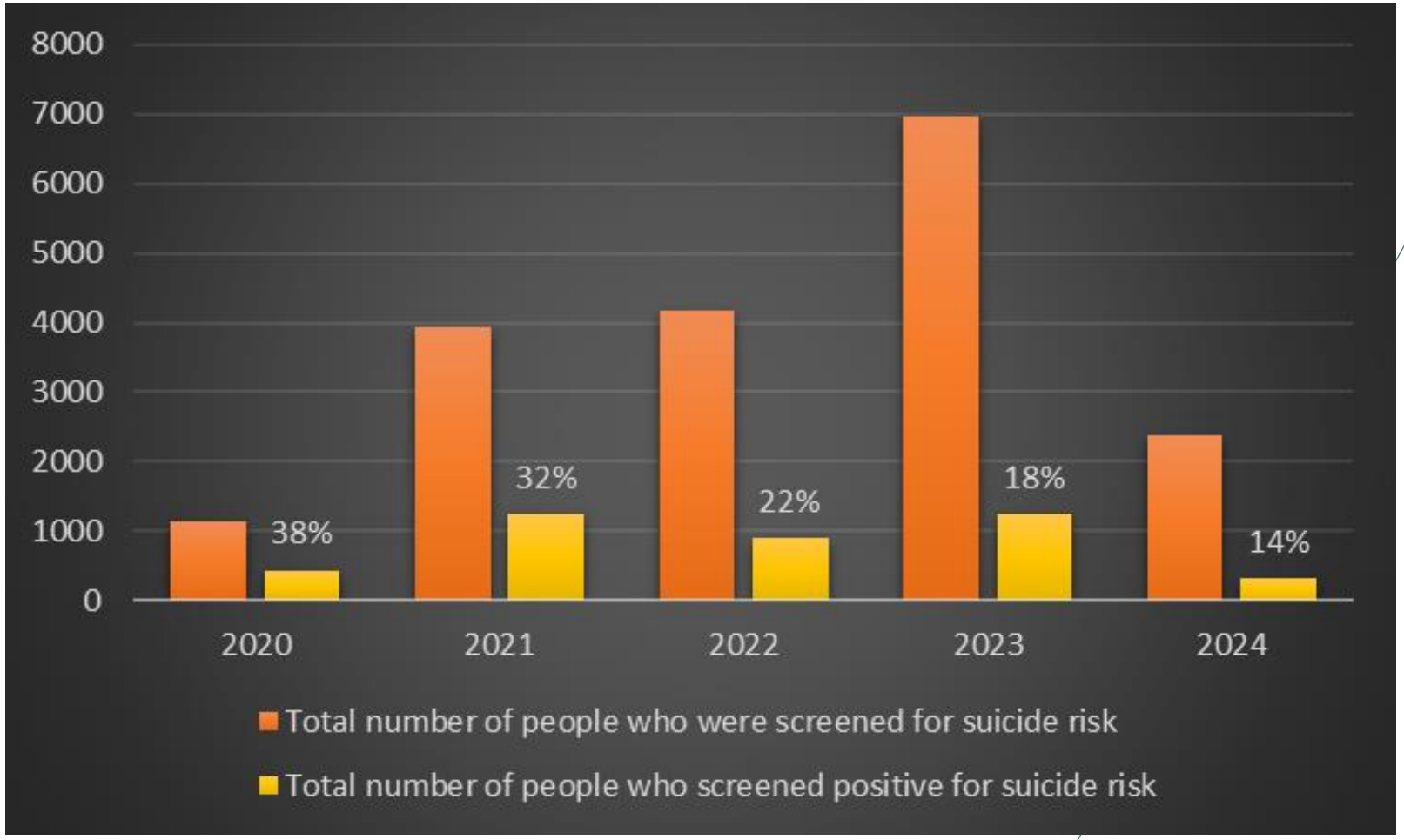
Reporting Numbers

- It's easy to fall into a cycle of informal assessment
- Tracking data alone will not lead to meaningful analysis nor does it effectively assess the outcomes of a program.

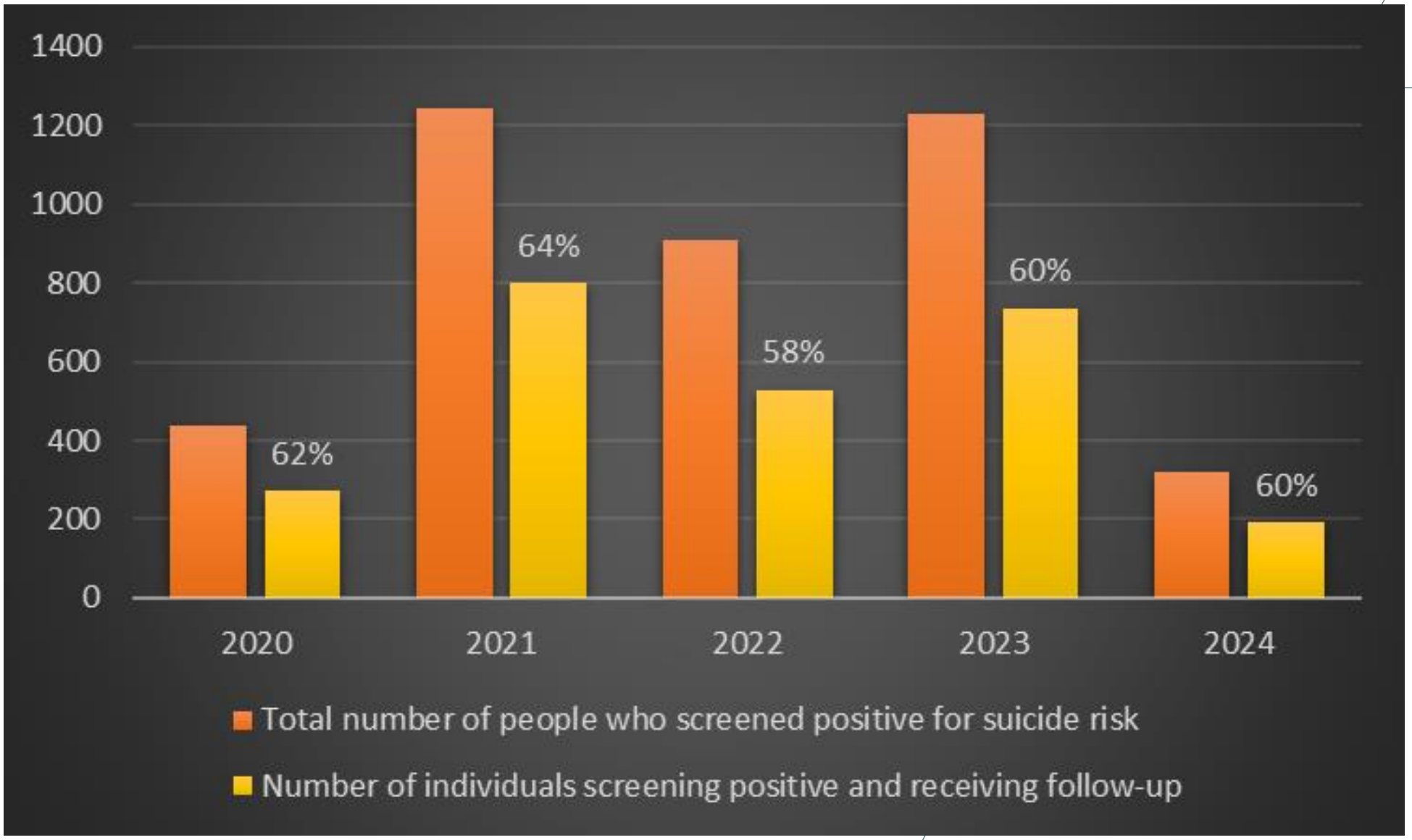
Do grant requirements hinder opportunities for more equitable evaluations?

- What we are obligated to report may take time & resources away from evaluating the outcomes of our programs through the lens of equity & inclusion.
- We need to hold ourselves accountable to who we are defining as our stakeholder group when evaluating programs (it should never just be the funder).

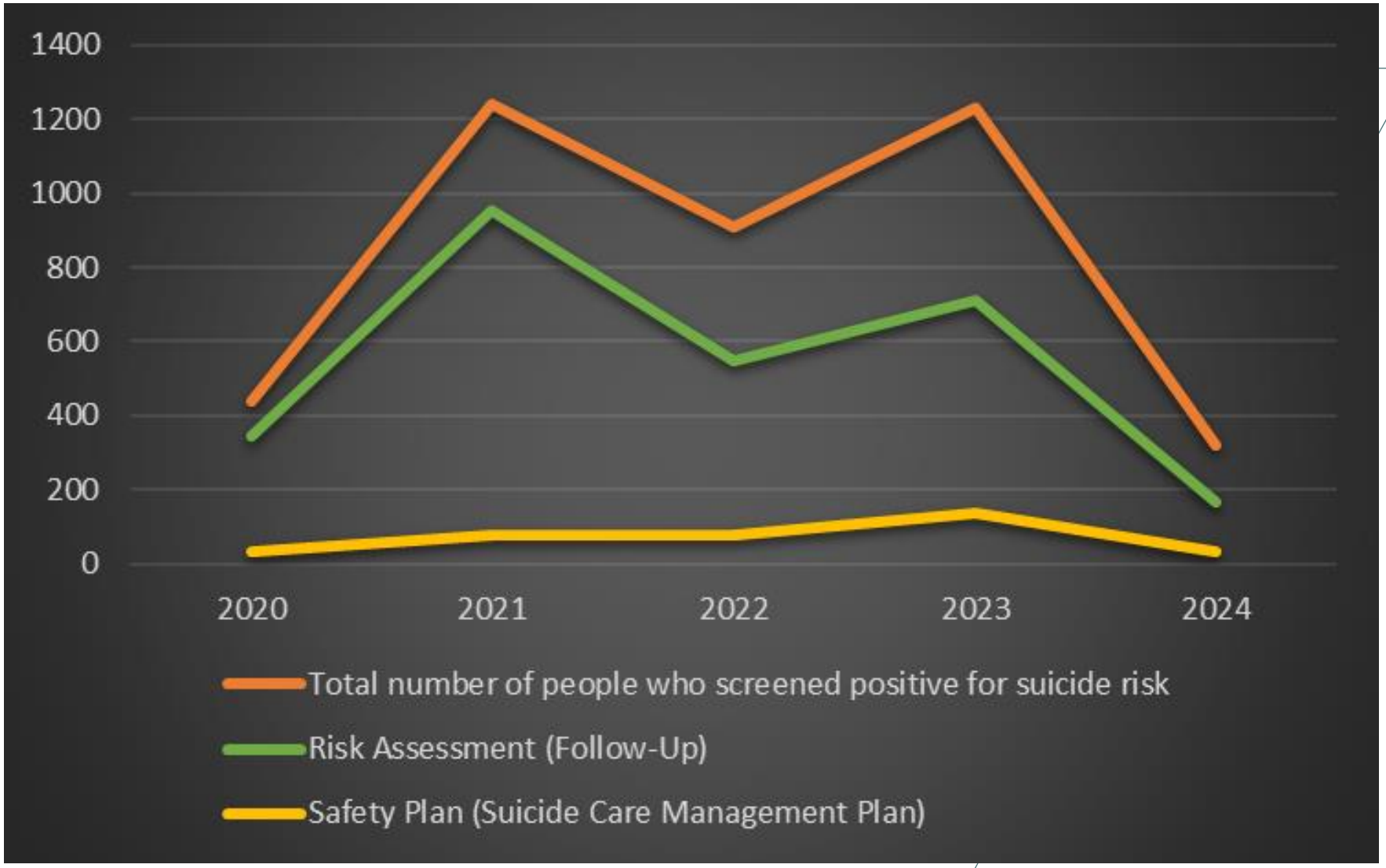
TOTAL NUMBER OF PEOPLE SCREENED FOR SUICIDE RISK VS. NUMBER OF PEOPLE WHO SCREENED POSITIVE FOR SUICIDE RISK



POSITIVE SUICIDE SCREENS VS. FOLLOW-UP



WHAT'S WRONG WITH THIS PICTURE?



QUALITATIVE EVALUATIONS

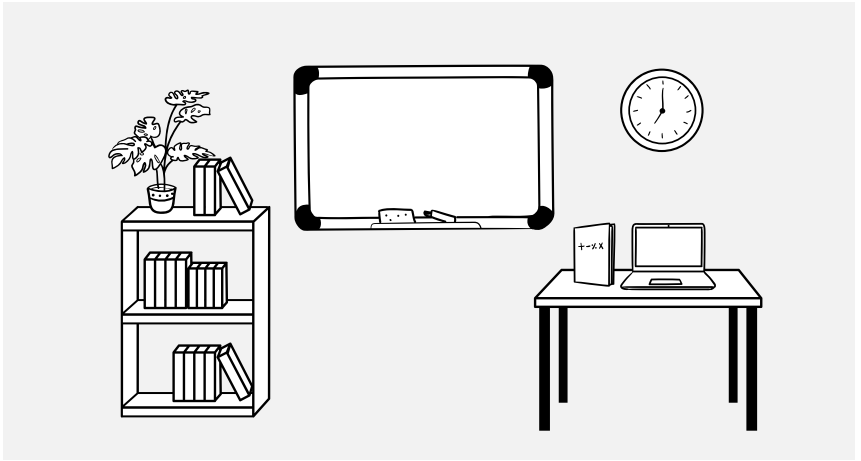


Chart reviews/audits > what do these reveal?

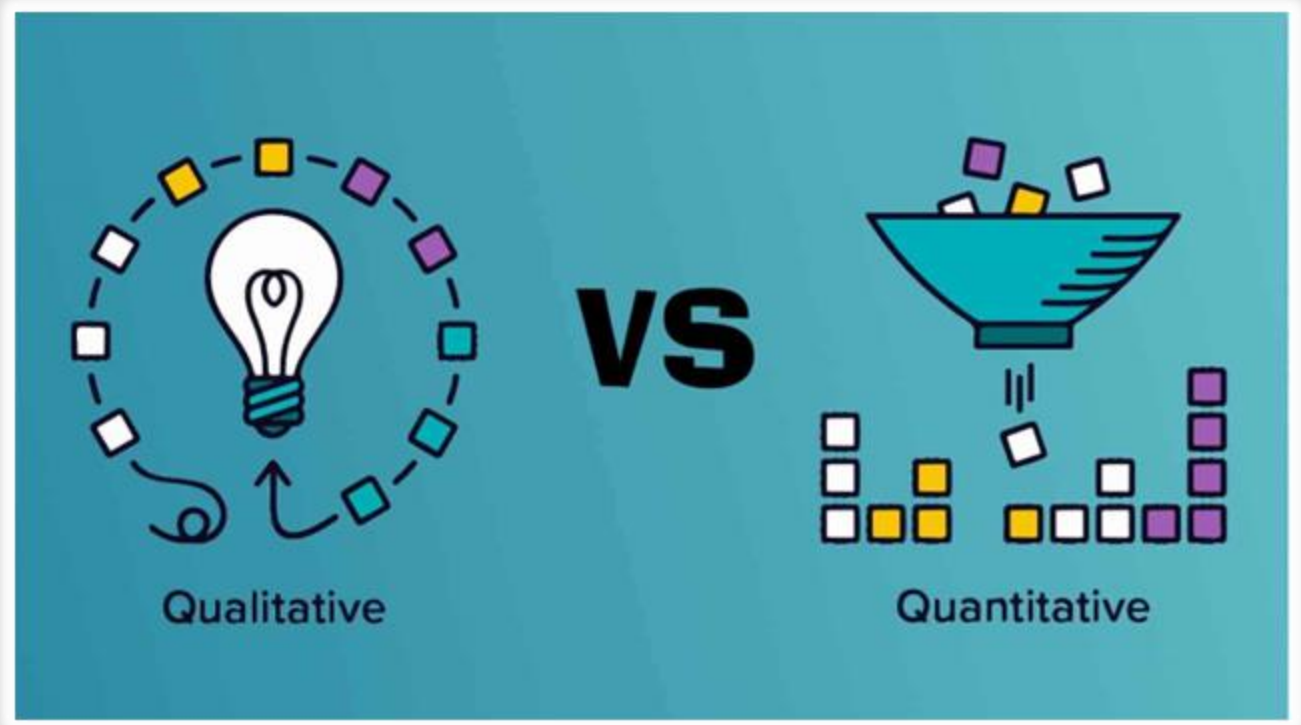
Safety plan problems...

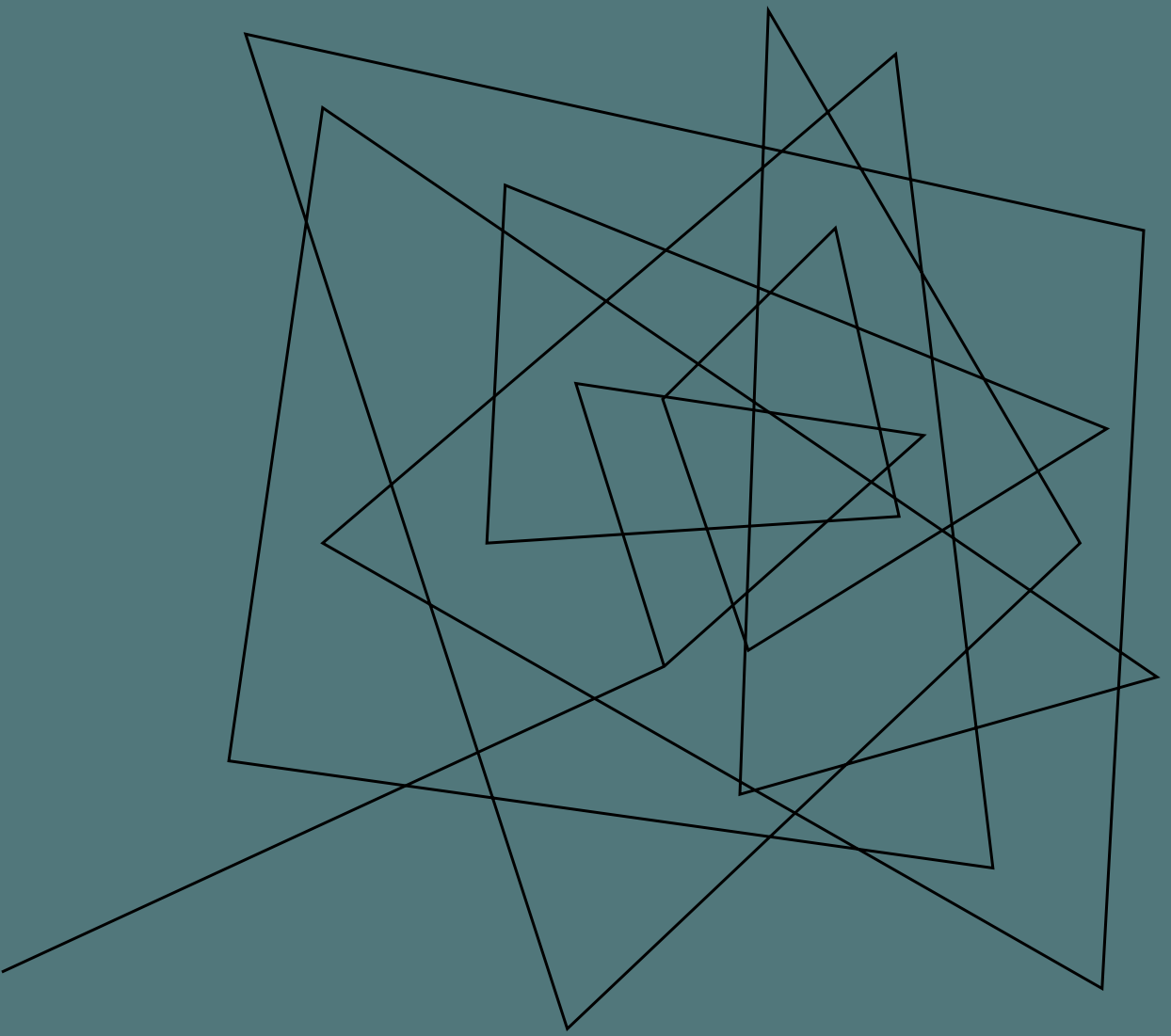
Targeted training needs

Refresher training despite reluctance?

How to apply to who needs it?

BRIDGING QUALITATIVE & QUANTITATIVE: MAKE MEANING OF ANALYSIS & OPINION WHILE STAYING GROUNDED IN TECHNIQUE





WORKFORCE SURVEY

"A CORE COMPONENT OF THE ZERO SUICIDE FRAMEWORK IS A COMPETENT, CONFIDENT, AND WELL-TRAINED WORKFORCE, REGARDLESS OF ROLE OR RESPONSIBILITY. THE ZERO SUICIDE WORKFORCE SURVEY IS A TOOL TO ASSESS STAFF SELF-PERCEPTION OF THEIR KNOWLEDGE AND COMFORT INTERACTING WITH PATIENTS WHO MAY BE AT RISK FOR SUICIDE, INCLUDING PROVIDING SPECIFIC ELEMENTS OF CARE SUCH AS SCREENING, TREATMENT, AND SUPPORT DURING CARE TRANSITIONS. IT CAN ALSO ASSIST YOUR IMPLEMENTATION TEAM IN DESIGNING AND PRIORITIZING TRAINING NEEDS." WORKFORCE SURVEY | ZERO SUICIDE (EDC.ORG)

EDC Education Development Center | ZEROSuicide INSTITUTE | SPRC | NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION

Section 1. Your Work Environment

Thank you for participating in this survey. In the first series of questions, we would like to learn more about your work environment and your role within that environment.

1. In which of the following settings do you work? [Required Item – used later for branching]
   ☐ Inpatient setting ☐ Outpatient setting ☐ Both

2. Please indicate your Department/Unit from the following list. [Customized to each organization]

2a. Is this your first time taking part in the Zero Suicide Workforce Survey at your current organization? (choose one)
   ☐ No ☐ Yes

3. Please choose the one category below that *best* describes your primary professional role. (choose one)
   ☐ Management (Administrators, Supervisors, Managers, Coordinators)
   ☐ Business, Administrative, and Clerical (Accounting, Reception, Human Resources, Billing, Records, Information Technology)
   ☐ Facility Operations (Dietary, Housekeeping, Maintenance, Security, Transportation)
   ☐ Behavioral Health Clinician (Counselor, Social Worker, Substance Abuse Counselor, Therapist, Psychologist)
   ☐ Adjunct Therapist (Activity, Occupational, Physical, Rehabilitation)
   ☐ Case Management
   ☐ Crisis Services
   ☐ Physical Health Care/Medication Management (Physician, Nurse Practitioner, Physician's Assistant)
   ☐ Nursing (Nurse, Registered Nurse)
   ☐ Psychiatry (Psychiatrist, Psychiatric Nurse Practitioner)

Please indicate how much you disagree or agree with each of the following statements. [Only if Yes to #17]

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
19. I felt supported by this organization the last time a suicide occurred.	☐	☐	☐	☐	☐
20. I felt blamed the last time an individual died by suicide.	☐	☐	☐	☐	☐
21. This organization has practices in place to support staff when a suicide occurs.	☐	☐	☐	☐	☐

Section 3. Recognizing When Individuals May Be at Risk for Suicide

We are interested in learning about your knowledge and comfort related to recognizing when an individual may be at elevated risk for suicide.

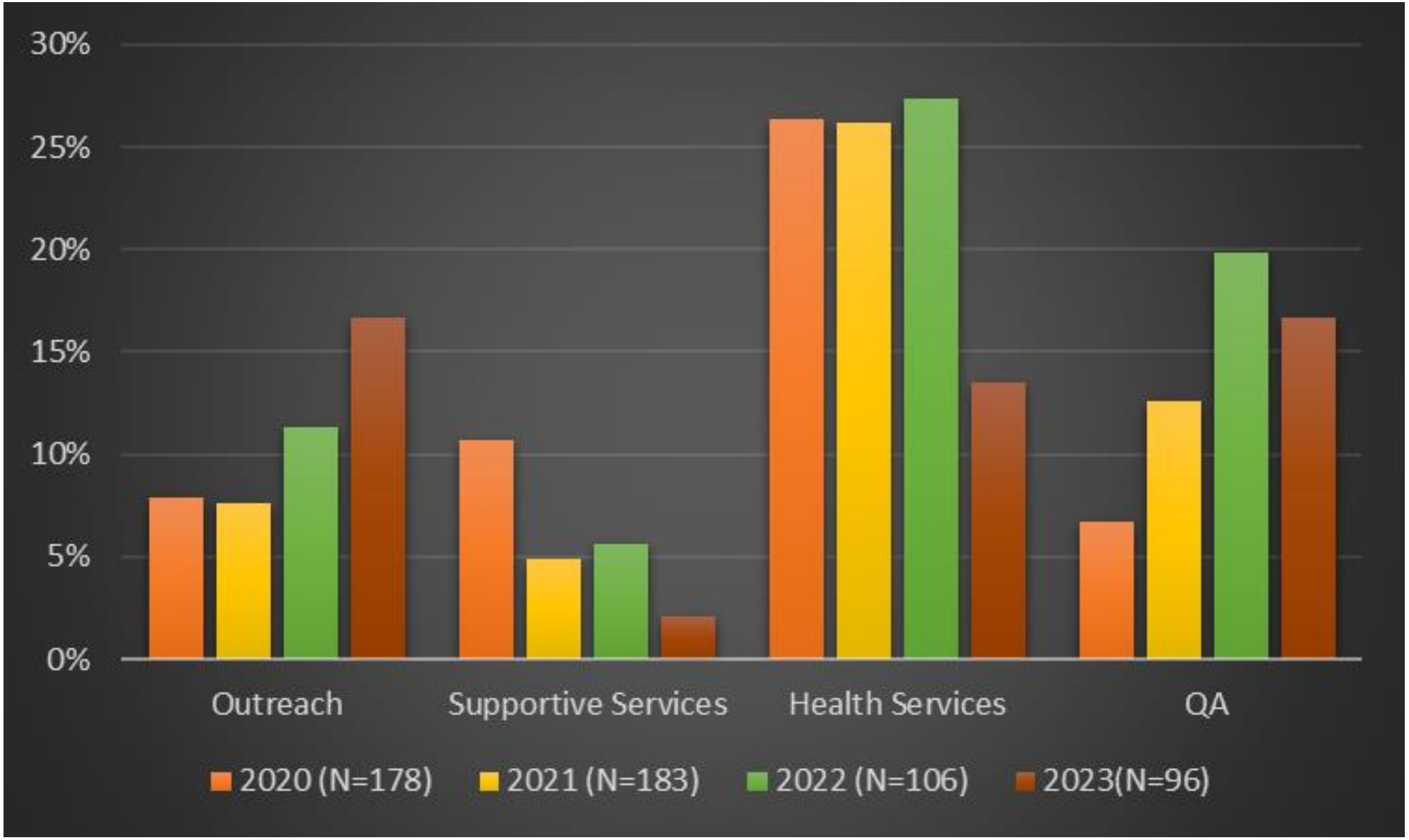
Please indicate how much you disagree or agree with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
22. I have the knowledge and training needed to *recognize* when an individual may be at elevated risk for suicide.	☐	☐	☐	☐	☐
23. I am knowledgeable about warning signs for suicide.	☐	☐	☐	☐	☐
24. I know what organizational procedures to follow when I suspect that an individual may be at elevated risk for suicide.	☐	☐	☐	☐	☐
25. I am confident in my ability to respond when I suspect an individual may be at elevated risk for suicide.	☐	☐	☐	☐	☐
26. I am comfortable asking individuals direct and open questions about suicidal thoughts and behaviors.	☐	☐	☐	☐	☐

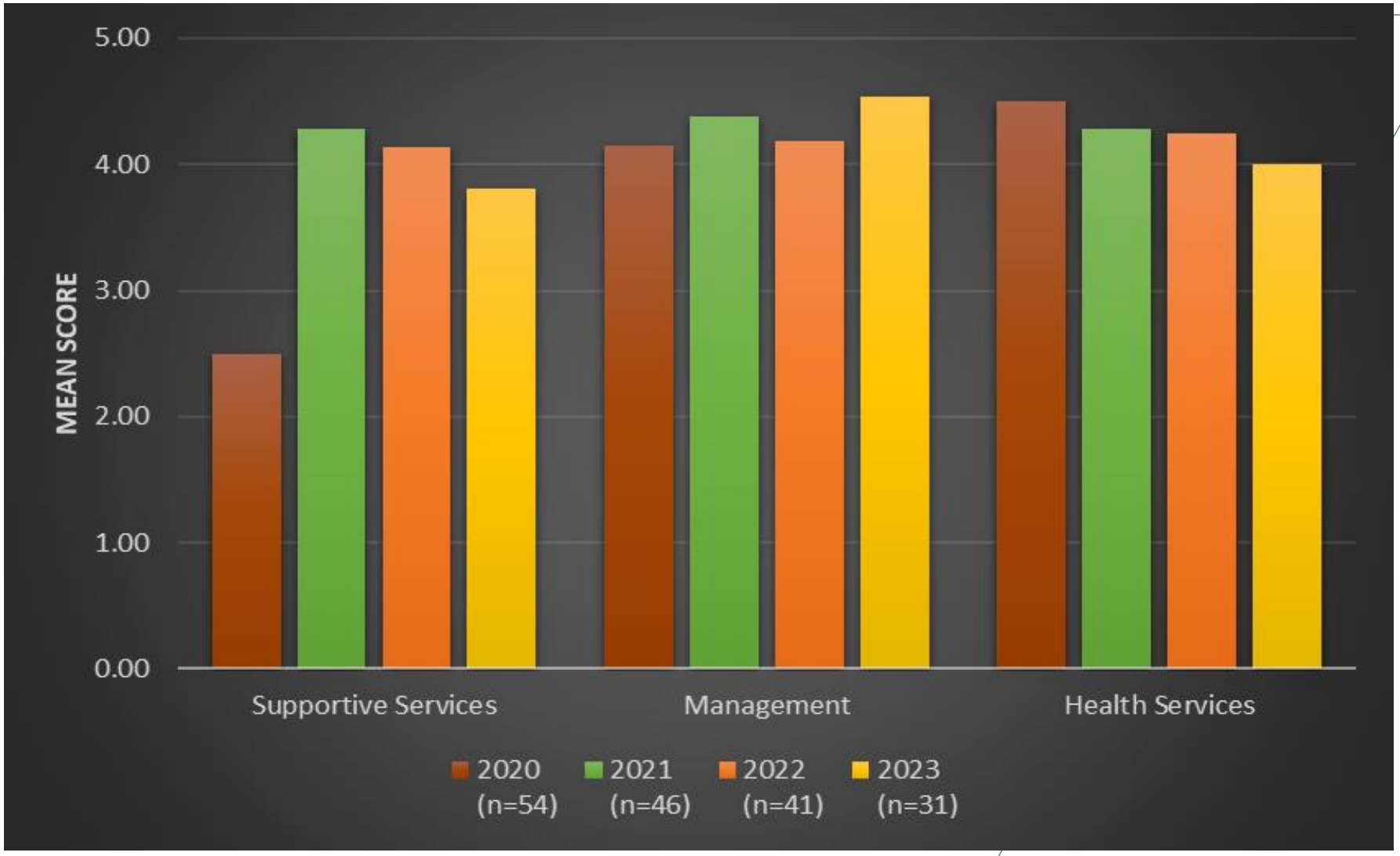
27. Have you ever received training on how to *recognize* the warning signs that an individual may be at elevated risk for suicide?..... ☐ No [sent to #29] ☐ Yes [sent to #28] [Required Item]

28. Has your current organization provided you with training on how to *recognize* the warning signs that an individual may be at elevated risk for suicide?..... ☐ No ☐ Yes

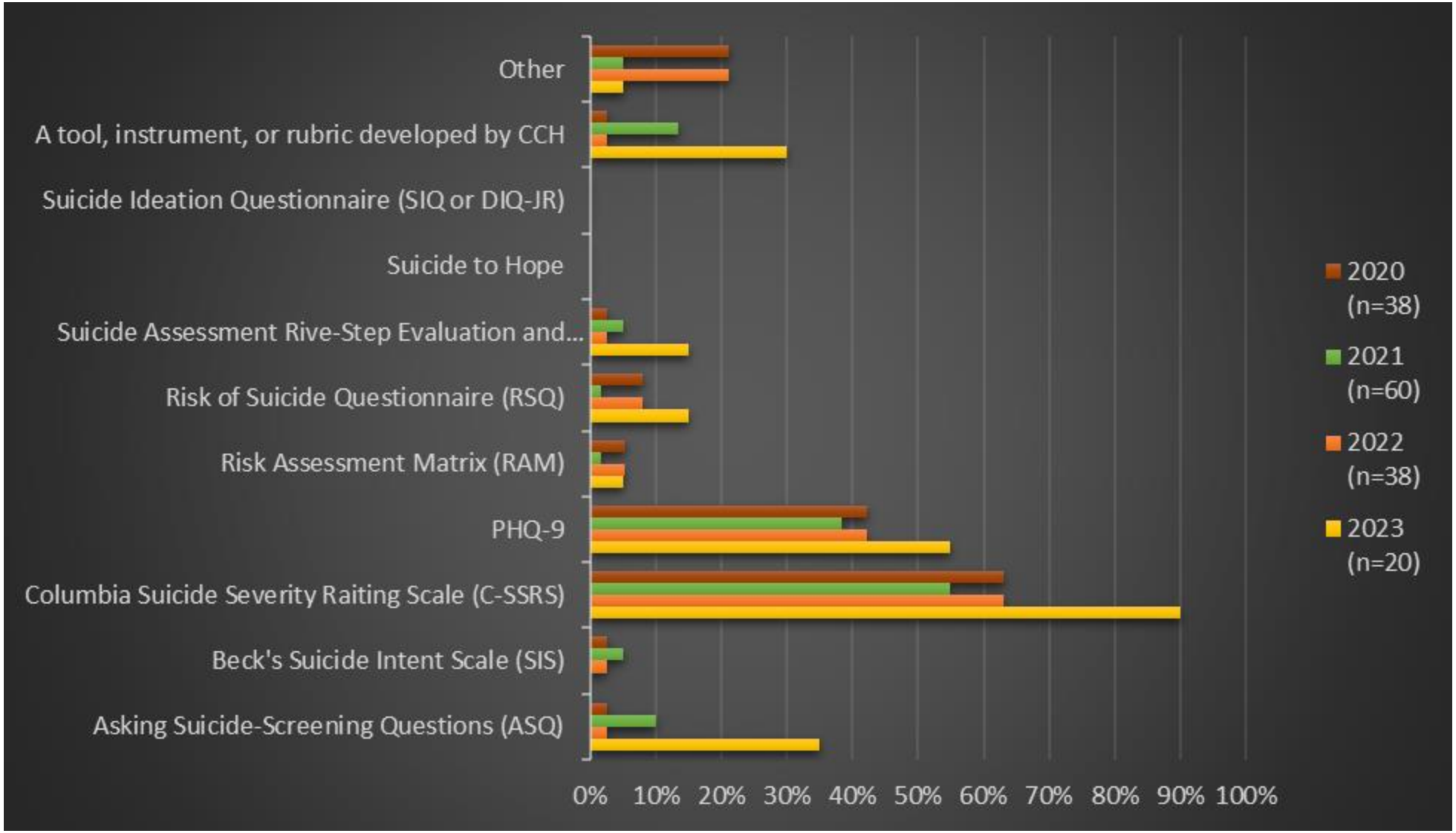
RESPONDENTS BY DEPARTMENT



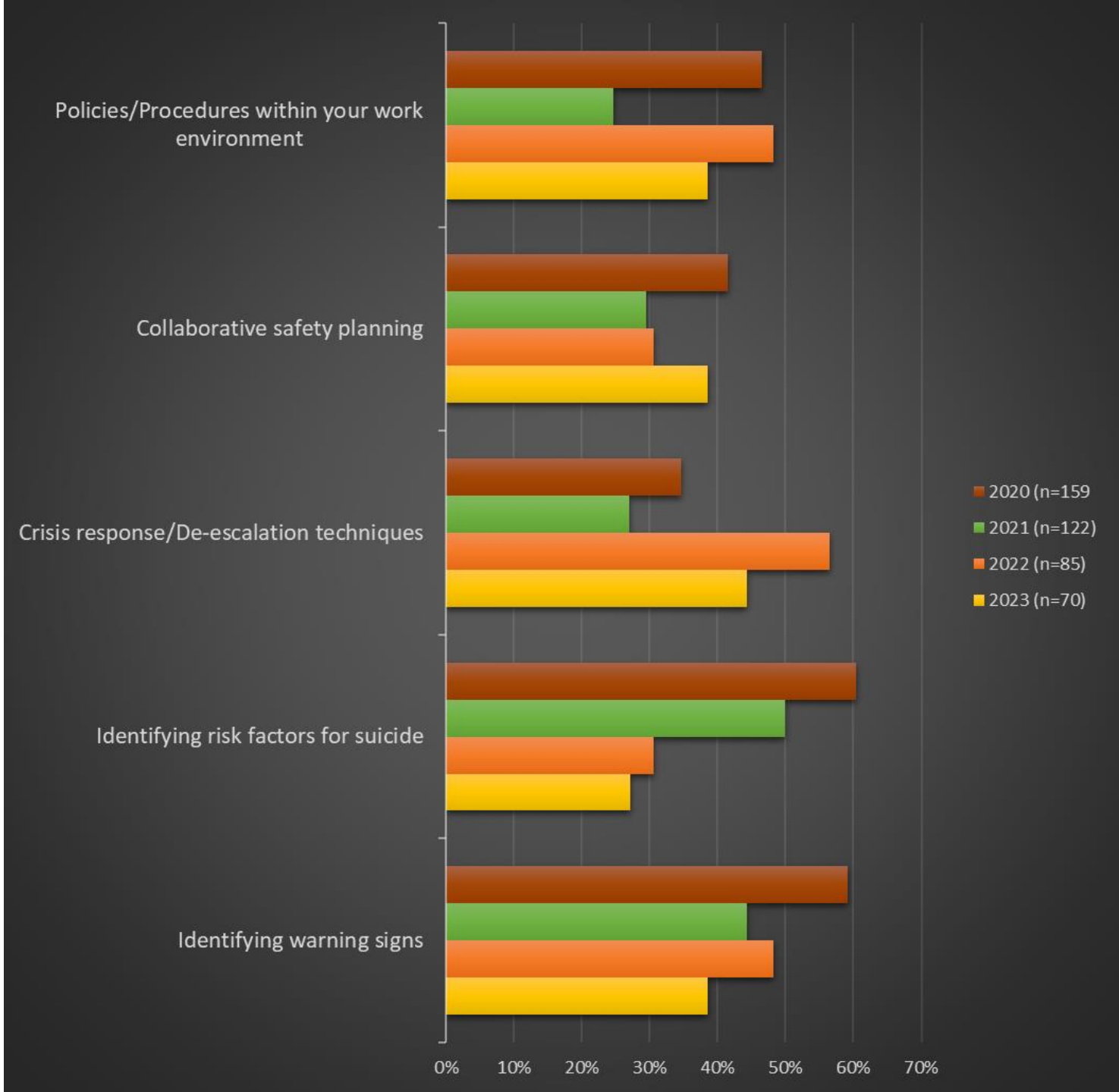
KNOWLEDGEABLE/COMFORTABLE CONDUCTING RISK SCREENINGS MEAN SCORE BY POSITION TYPE



RESPONDENT USE OF SPECIFIC STANDARDIZED TOOL

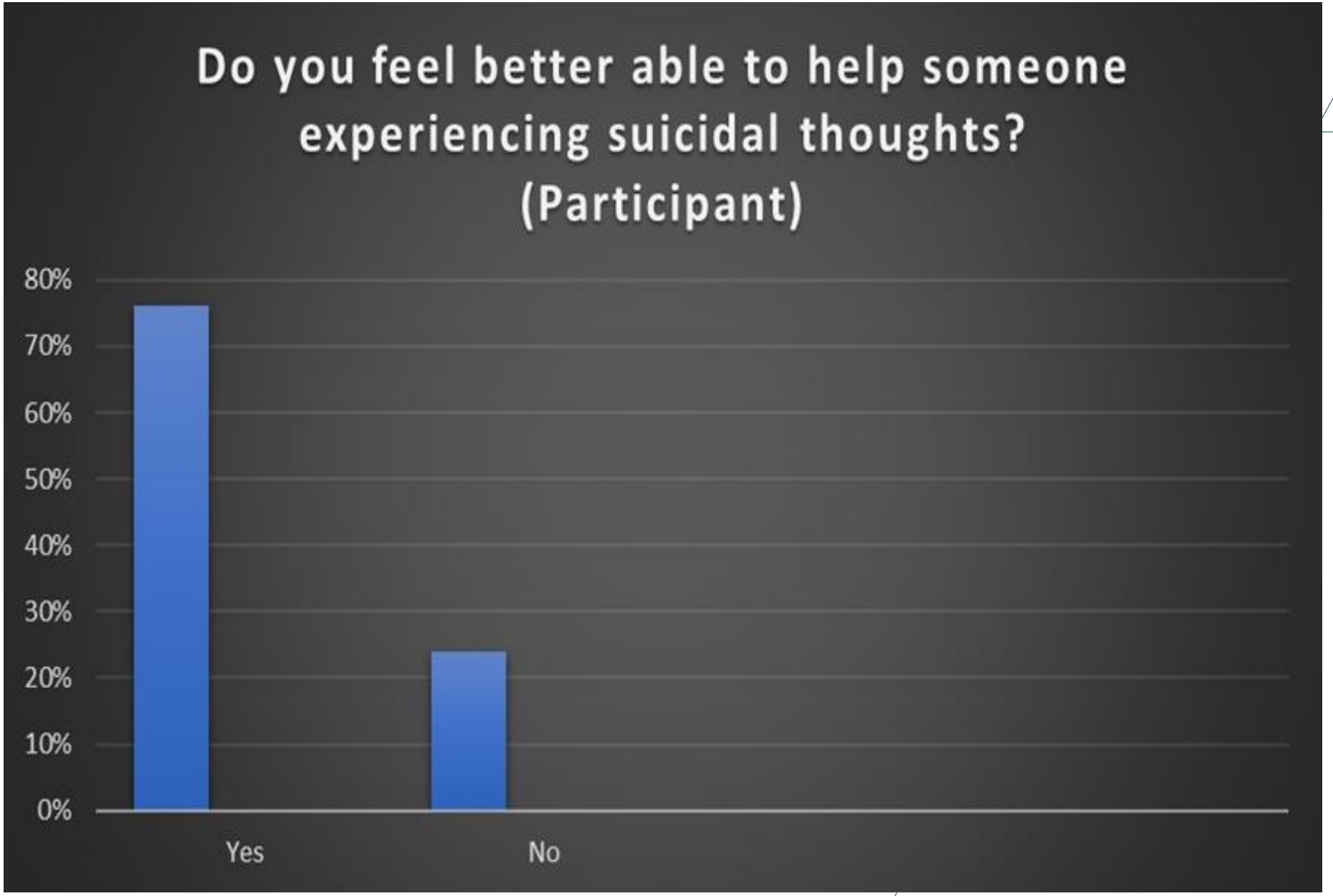


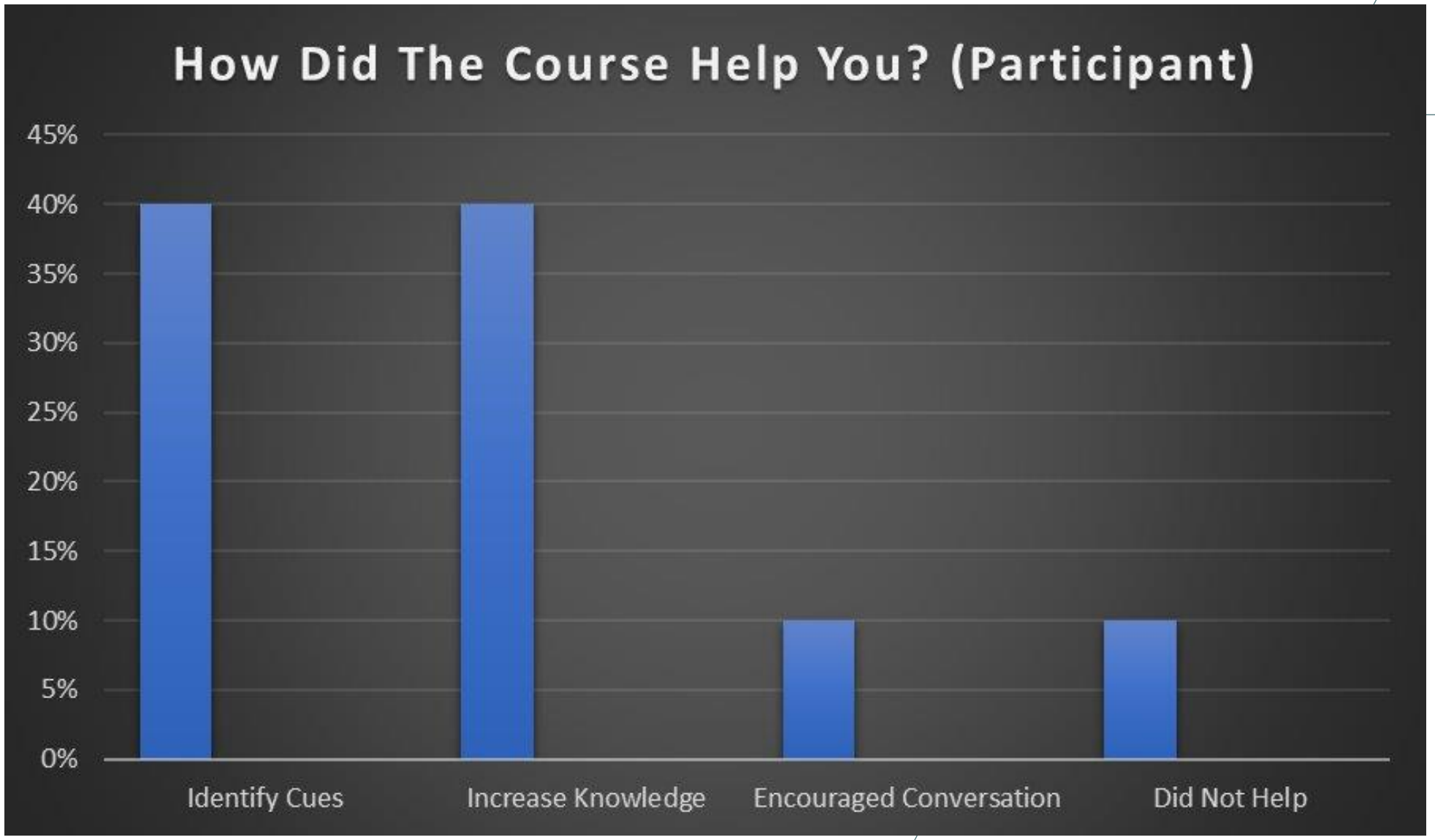
RESPONDENT-REQUESTED TRAININGS, RESOURCES, OR SUPPORTS

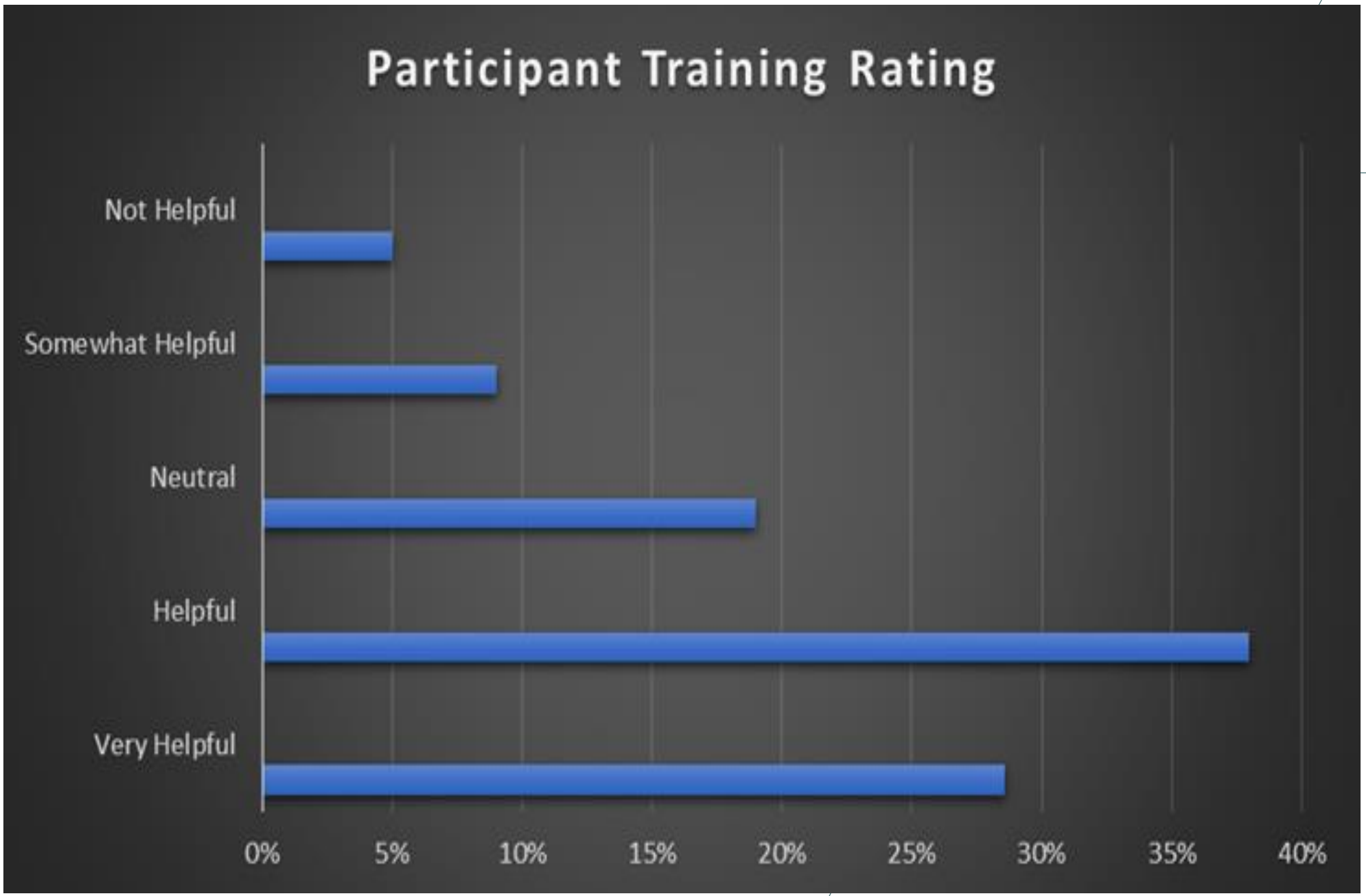


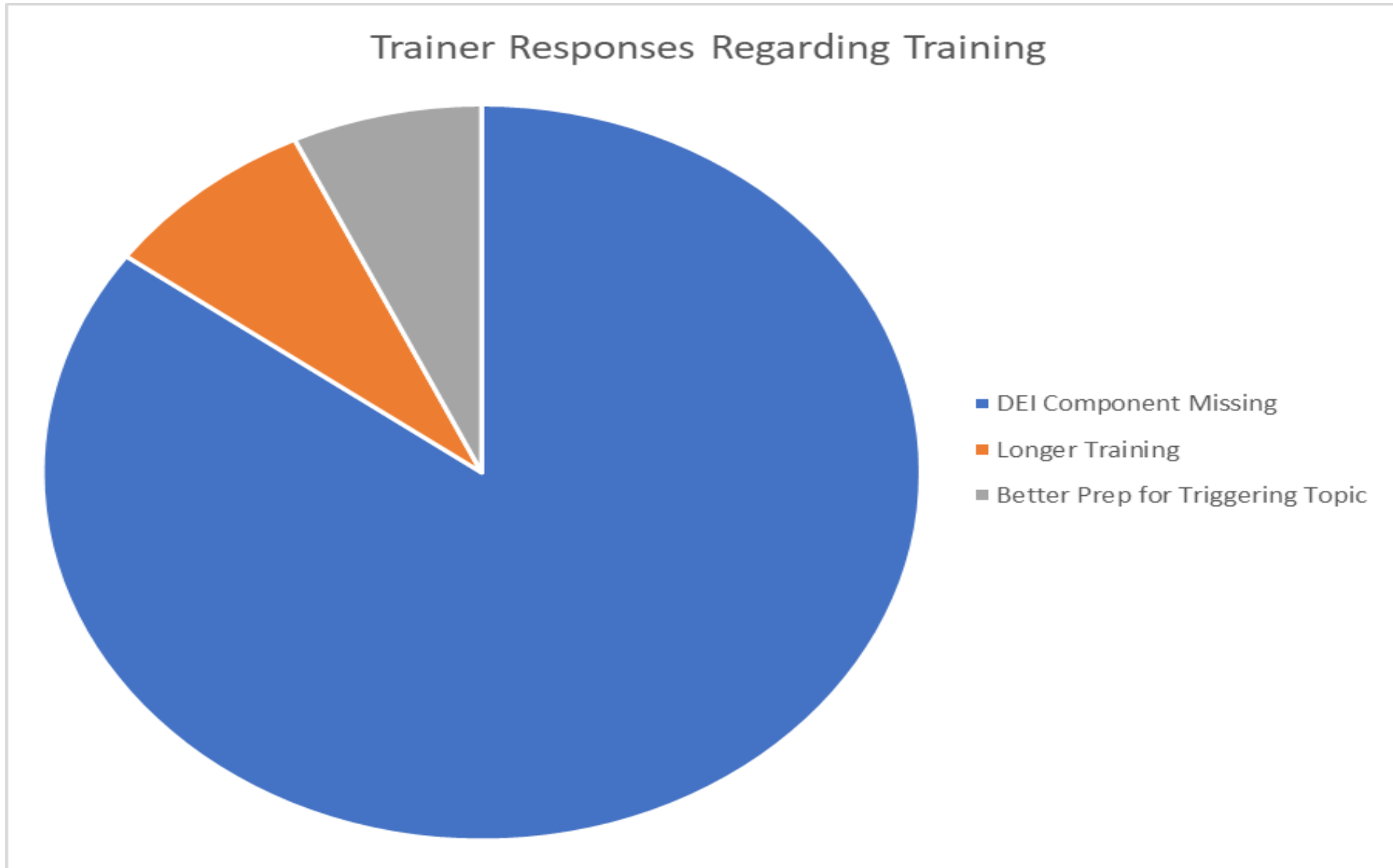
LESSONS LEARNED
CHANGING DIRECTIONS
CULTURAL CONSIDERATIONS

How to be more targeted?


Do you feel better able to help someone experiencing suicidal thoughts? (Participant)
80%
70%
60%
50%
40%
30%
20%
10%
0%
Yes
No


How Did The Course Help You? (Participant)
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
Identify Cues
Increase Knowledge
Encouraged Conversation
Did Not Help


Participant Training Rating
Not Helpful
Somewhat Helpful
Neutral
Helpful
Very Helpful
0%
5%
10%
15%
20%
25%
30%
35%
40%


Trainer Responses Regarding Training
DEI Component Missing
Longer Training
Better Prep for Triggering Topic

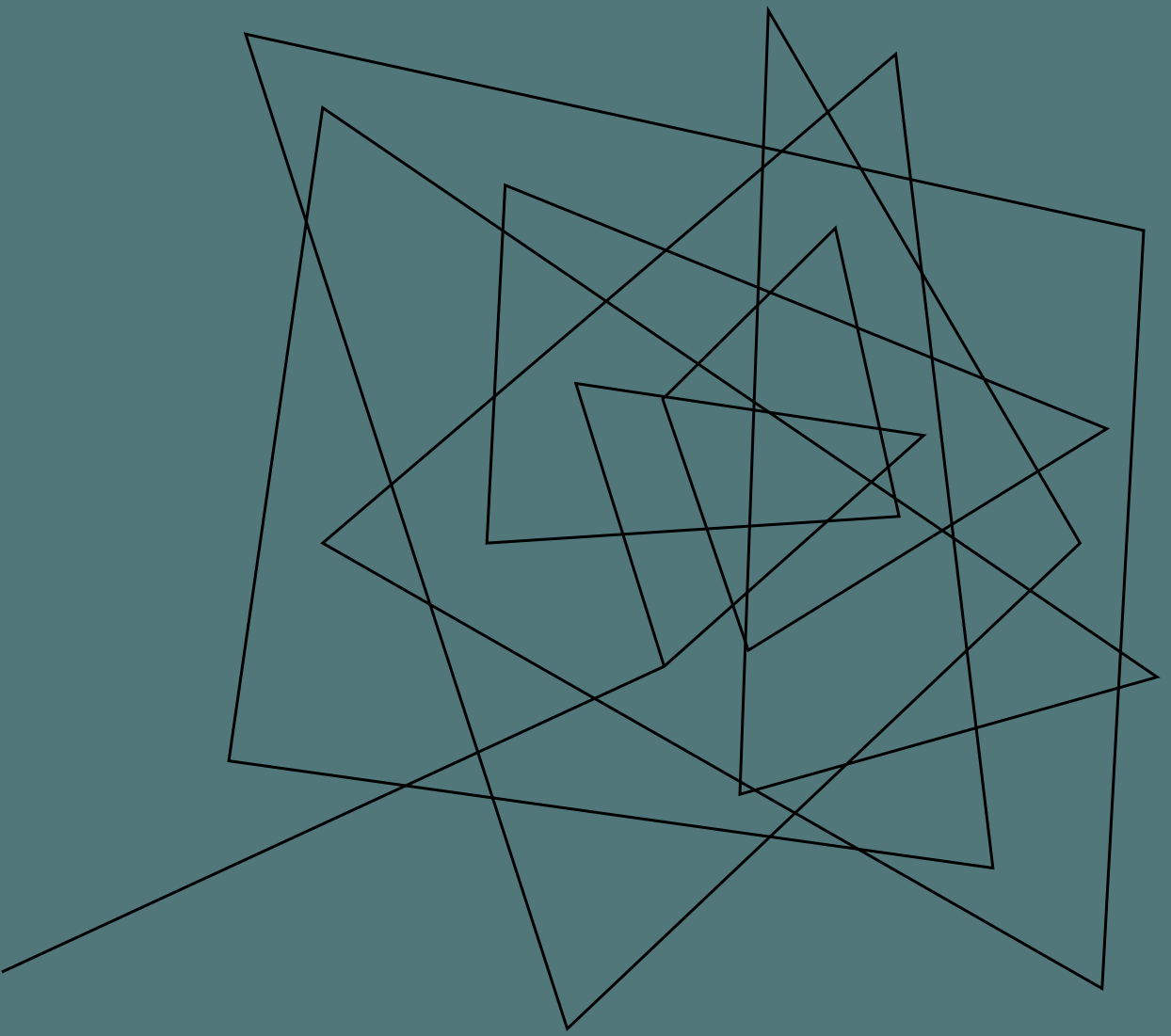
GET IN GROUPS & DISCUSS ONE OF THE FOLLOWING:

How would you analyze & communicate results from the workforce survey?

Discuss a targeted approach to support your workforce with requested trainings, resources & supports.

How could DEI/equity principles be better incorporated into risk training?

; not ended



DATA DICTIONARY

Screening and Assessment	The health system screens everyone in its care for suicide risk at intake and regular intervals. Completed by Evaluator	Total number of people **seen** by the health system	Source: Azara DRVS UDS Table 3a/3b Line 39 - SUM Total Patients by Gender
		Total number of people **screened** for suicide risk	Source: NextGen via PowerBI Risk Screening Unduplicated number of people screened
		Total number of people who screened **positive** for suicide risk	Source: NextGen via PowerBI Unduplicated number of people screened who responded with “Yes.” If a client had multiple screens with both No and Yes reported, the Yes will be included in this count.
	Clinicians create a safety assessment in collaboration with someone who has screened positive for risk of suicide that identifies current risk and protective factors to document and plan for the safety of the person in the system’s care.	Total number of people who received a **safety assessment** after screening positive for suicide risk	Source: NextGen via PowerBI Lara pulls from EHR > risk assessment/crisis plan report > EHR > crystal reports > pull all staff in all locations (encounter risk assessment opened, beyond just the risk id question, section 1 or more) difficulty with following clients from yes on the id question, could have been identified out of current timeframe Link to EHR directions Risk Screening & Crisis Plan-Risk Assessment Reports - 3.27.2023.pdf

Table 2

PROGRESS equity stratifiers by data dictionary

	Place of Residence	Race/ Ethnicity	Occupation	Gender	Religion	Education	Socioeconomic status	Social Capital	Age	Disability	Sexual Orientation
National Data Collections											
Administration of Electro-convulsive Therapy in Approved Centres				✓					✓		
Admissions of Children to Approved Centres				✓					✓		
Cystic Fibrosis Registry of Ireland	✓	✓		✓		✓		✓	✓	✓	
Deaths relating to all residents in Approved Centres				✓					✓		
Hospital In-Patient Enquiry	✓			✓				✓	✓		
Irish National Rare Kidney Disease Registry		✓	✓	✓			✓		✓		
National Cancer Registry Ireland	✓		✓	✓			✓		✓		
National Drug Treatment Reporting System	✓	✓		✓		✓	✓	✓	✓		✓
National Drug-Related Deaths Index	✓	✓	✓	✓			✓		✓		✓
National Intellectual Disability Database	✓			✓					✓	✓	
National Paediatric Mortality Register		✓		✓		✓	✓	✓	✓		
National Perinatal Reporting System	✓	✓	✓	✓			✓	✓	✓		
National Physical and Sensory Disability Database	✓			✓					✓	✓	
National Poisons Information Centre Database				✓					✓		
National Psychiatric Inpatient Reporting System	✓	✓	✓	✓			✓	✓	✓		
National Registry of Deliberate Self Harm Ireland	✓			✓					✓		
Out of Hospital Cardiac Arrest Register	✓			✓					✓		
Use of Seclusion, Mechanical Restraint and Physical Restraint in Approved Centres				✓					✓		
Very Low Birth Weight Infants in the Republic of Ireland		✓		✓					✓		

"BUT THERE ARE PEOPLE LIKE ME WHO, IF SOMEONE HAD SAID 'ARE YOU OKAY,' I WOULD HAVE TOLD THEM EVERYTHING AND I WOULD HAVE HAD A DIFFERENT OUTCOME THAT DAY".

(KEVIN HINES)

(Weller, 2021)

Igualdad

Equidad

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RESOURCES

If you (or anyone you know) are thinking about attempting suicide, please call the toll-free, 24/7 National Suicide Prevention Lifeline at 1-800-273-8255 or 988.

BIPOC Mental Health Resources < Crisis Connections

Call BlackLine—Crisis Call Line

DEQH · DESI LGBTQ+ HELPLINE FOR SOUTH ASIANS - DeQH • LGBTQ Helpline for South Asians

The Lighthouse Project - The Columbia Lighthouse Project

Now Matters Now

https://www.projectsemicolon.com/

Stanley-Brown Safety Plan – Suicide Prevention Resource Center (sprc.org)

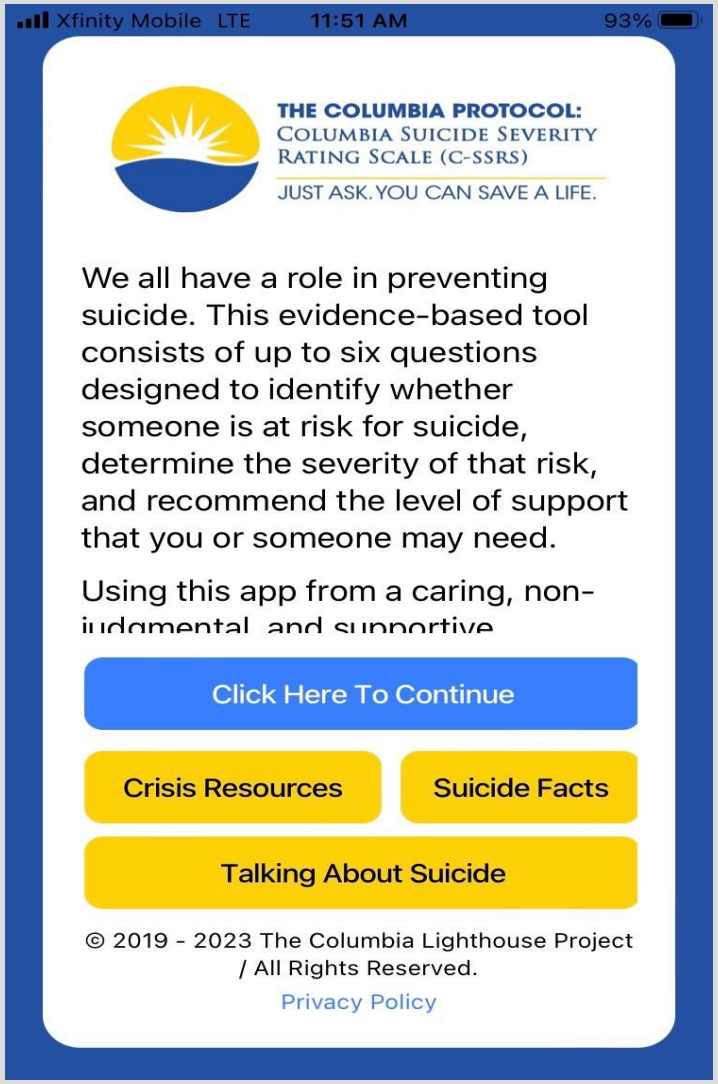
StrongHearts Native Helpline | About (strongheartshelpline.org)

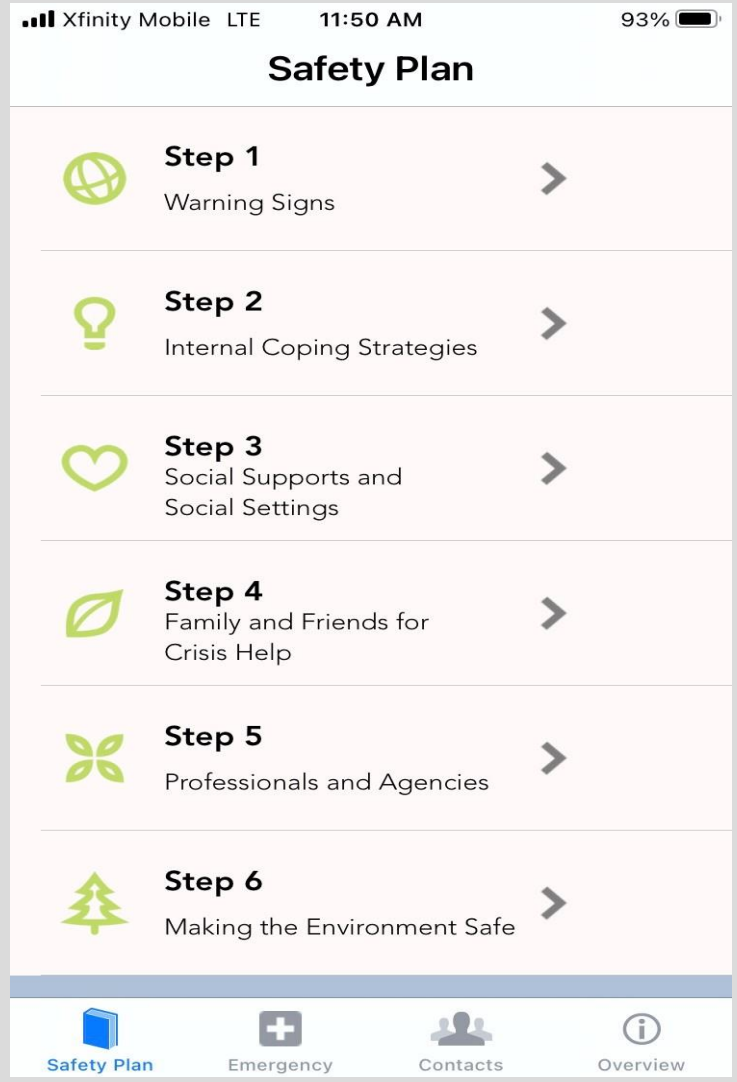
Suicide Is Different

The Trevor Project - Suicide Prevention for LGBTQ+ Young People

https://www.veteranscrisisline.net/ (dial 988 and press 1)

PHONE APPS: CSSRS & SAFETY PLAN





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QUESTIONS?

THANK YOU

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