

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
OFFICE OF THE MEDICAL DIRECTOR

August 11, 2016

TO: Department of Mental Health Clinical Staff

FROM: Roderick Shaner, M.D. 

SUBJECT: **INTERIM MODIFICATION TO LACDMH POLICY 302.13 SUICIDE RISK ASSESSMENT AND MITIGATION**

The Department is suspending elements of DMH Policy 302.13 Suicide Risk Assessment and Mitigation pending further steps to address significant challenges in implementation. Effective immediately, sections 3.1 and 4.1, 4.2, 4.3, and 4.4 are replaced by the following interim procedures:

All potential and current clients over the age of 6 shall be screened for risk of suicide using the Columbia Suicide Severity Rating Scale (C-SSRS) Screener at least one time each day he or she receives services (whether by phone or face-to-face) by a practitioner.

Further evaluation and the use of additional Columbia versions (including the Lifetime/Full version or Since Last Visit/Full version) shall be utilized based upon clinician judgment.

Note: The above policy removes the requirement for multiple screenings on a single day as well as the requirement to complete the C-SSRS Lifetime version for all clients.

This memo regarding the modifications will serve as the first step towards full implementation of the C-SSRS while developing adequate training, infrastructure and technical support. DMH Policy 302.13 will be revised upon full implementation.

Please see the attachment for the specific screening questions and where they can be found within IBHIS.

If you have any questions please contact Mary Ann O'Donnell at (213) 637-4585 or Jennifer Hallman at (213) 251-6533.

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Attachment

Interim modification to LACDMH Policy 302.13 Suicide Risk Assessment and Mitigation
COLUMBIA SUICIDE SEVERITY RATING SCALE SCREENER
 (LACDMH VERSION)

The following questions will be available within IBHIS on the progress notes. For potential clients where a progress note is not completed, a new form, Columbia Suicide Screener, will be available with these questions.

	YES	NO
Ask Questions 1 and 2.		
1) Wish to be Dead: <i>Within the past 30 days <u>or</u> Since your last visit, have you wished you were dead or wished you could go to sleep and not wake up?</i>		
2) Suicidal Thoughts: <i>Within the past 30 days <u>or</u> Since your last visit, have you actually had any thoughts of killing yourself?</i>		
<i>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.</i>		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): <i>Within the past 30 days <u>or</u> Since your last visit, have you been thinking about how you might kill yourself?</i>		
4) Suicidal Intent (without Specific Plan): <i>Within the past 30 days <u>or</u> Since your last visit, have you had these thoughts and had some intention of acting on them?</i>		
5) Suicide Intent with Specific Plan: <i>Within the past 30 days <u>or</u> Since your last visit, have you started to work out or worked out the details of how to kill yourself and do you intend to carry out this plan?</i>		
6) Suicide Behavior <i>Have you ever <u>or</u> Since your last visit, have you done anything, started to do anything, or prepared to do anything to end your life?</i>		

Further screeners as indicated by clinical judgment:

1. Columbia Suicide Severity Rating Scale -Lifetime Full Version: English, Spanish
2. Columbia Suicide Severity Rating Scale -Since Last Visit Full Version: English, Spanish