Youth (under age 18) Suicide Pathway

I. Initial Screening and Assessment

A. When possible, screen youth without parents/guardians present.

B. All new patients should be asked about access to firearms.

1. When possible, ask the patient and parents separately about access to firearms.

C. Set expectations for confidentiality.

D. Identify and document name/contact information of legal guardian(s) in Salesforce.

Youth ages **16-17**	All new patients 16+ receive the *CSSRS Screener* (Behavioral Care Manager. All questions must be an
Youth ages **10-15**	Universal screening with ASQ age 10-15 *If ASQ is positive*, proceed to BSSA.
Youth ages **6-9**	New patients ages 6-9 screening with ASQ when cl of any of the following risk factors: ● History of suicidal thoughts or behavior ● Expressing suicidal thoughts or exhibiting su ● Expressing thoughts about wanting to be wi ● Giving away treasured toys or possessions ● Non-suicidal self-injury ● Family history of suicide ● Significant trauma history ● Significant loss ● Impulsive aggression *If ASQ is positive,* proceed to BSSA.

II. Initial Flagging

Youth High Risk	CSSRS Screener ("Ever"): Yes to Q2 or Q3
	ASQ: Yes to Q3, 4, or 5
Youth At Risk	PHQ-9: non-zero answer on Q9.
	CSSRS Screener ("Ever"): Yes to Q1, but NOT 2 or
	ASQ: Yes to Q1 or Q2, but NOT 3,4, or 5.

Youth Antidepressant Monitoring	All youth under age 18 started on an antidepressan will be flagged as "Youth Antidepressant Monitoring BCM will need to manually activate this flag.

III. Manually Changing Risk Flags

A. Upgrading a risk flag

1. Any team member can manually upgrade a risk flag.

B. Downgrading a risk flag

1. To downgrade a risk flag from Youth High Risk to Youth At Risk, care managers must discuss the patient with their psychiatric consultant. Psych consultants can manually downgrade a flag.

   a) Factors to consider prior to downgrading a risk flag:
      - (1) Care transition in previous 30 days
      - (2) Major life transition (parental divorce, changing schools, etc.)
      - (3) Psychosis
      - (4) Change in medications
      - (5) ETOH or substance use affecting risk
      - (6) Length of time since last suicidal thoughts or behaviors as indicated on PHQ Q-9, C-SSRS, or ASQ
      - (7) Non-suicidal intentional self-injury
      - (8) Duration of time since suicide attempt(s), method/lethality of prior suicide attempt(s), context of prior attempt(s).
      - (9) Current distress tolerance, coping skills, and impulsivity.

   b) Maintain Youth High Risk flag:
      - (1) Within 6 months of suicide attempt.
      - (2) Within 6 months of psychiatric hospitalization.
      - (3) Within 3 months of medication start or dose change (while on Medication Monitoring Pathway)
      - (4) Within 3 months of yes to C-SSRS "Since Last Visit" questions 2 or 3 OR within 3 months of yes to Q3 or 5 on ASQ

   c) Maintain Youth At Risk flag:
      - (1) Within 12 months of suicide attempt
      - (2) Within 6 months of yes to C-SSRS "Since Last Visit" questions 2 or 3 OR within 6 months of yes to Q3 or 5 on ASQ

   d) Youth Historical Risk flag:
      - (1) If suicidal ideation occurs during the course of treatment, discuss downgrading flag to historical at time of Relapse Prevention Planning.
      - (2) If more than one year has elapsed without active suicidal ideation/attempt, conduct case review with clinical supervisor and PC to discuss downgrading risk flag to Youth Historical.

IV. Clinical Recommendations for Ongoing Treatment

Clinical Recommendations	**Category 1-** Youth At Risk	**Category 2-** Youth High Risk

Survey to Monitor Symptoms ● **Depression -> PHQ** ● **Anxiety -> GAD7** ● **Other Diagnoses -> Skip**	CoCM and Psychotherapy Episodes as part of treatment routinely (min 2 times monthly)	
Minimum Frequency of Contact with Patient	Every 14 days	Every 7 days
CSSRS/ASQ Screener	● When risk is first identified ● Every contact thereafter (Screener "Since Last Visit" or ASQ*)*	
Stanley/Brown Safety Plan and Reducing Access to Lethal Means	● Created when risk is first identified ● Reviewed/updated at every contact thereafter ● Patient provided with copy when plan is created and at every update ● Plan and all updates documented in EMR and Salesforce ● Family or caregiver involvement, if possible	
Psychiatric Consultation	● Within 1 week of initial risk identification ● Monthly	● Within 1 week of initial risk identification ● Weekly
Clinical Supervision	Non-Independently Licensed staff (Individual Supervision): ● Within 1 week of initial risk identification ● Twice monthly Independently Licensed Staff (Group Supervision or ad hoc Individual Supervision): ● As indicated ongoing	Non-Independently Licensed staff (Individual S ● Within 1 week of initial risk identification ● Weekly Independently Licensed Staff (Group Supervis Individual Supervision): ● Within 1 month of initial risk identificati ● Monthly
Primary Care Notification	● Message to provider indicating risk level and asking them to review clinical note when risk is identified ● Message to provider if/when risk raised from historical to at-risk	● Message to provider indicating risk level a to review clinical note when risk is identifie ● Message to provider if/when risk raised fro risk
Outreach for Disengaged Patients	● Call patient/parent/guardian twice day of missed appointment ● Email/message patient/parent/guardian during scheduled appointment time ● Notify PCP office and ask them to assist with coordinated outreach ● Receive clinical supervision within 48 hours.	● Call patient/parent/guardian three time appointment ● Email/message patient/parent/guardiar scheduled appointment time ● Same day case conference with clinica PC. ● Notify PCP office and ask them to assi coordinated outreach

V. Antidepressant Monitoring Pathway

Screening for medication adverse effects

	Month 1	Month 2
Ages 16+	**Weekly:** • CSSRS • Pediatric Antidepressant Monitoring Checklist • Psych consult	**Every 14 days:** • CSSRS • Pediatric Antidepress Monitoring C • Psych consu
Ages 6-15	**Weekly:** • ASQ • Pediatric Antidepressant Monitoring Checklist • Psych consult	**Every 14 days:** • ASQ • Pediatric Antidepress Monitoring C • Psych consu

Pediatric Antidepressant Monitoring Checklist:

Ask patient and parent/guardian:

1. Have you noticed/observed increased restlessness, fidgetiness, or inability to sit still?

2. Have you noticed/observed increased frustration or irritability?

3. Have you noticed/observed increased anger or aggression directed toward self or others?

4. Have you noticed/observed any changes in sleep?

5. Complete ASQ (age 6-15) or CSSRS (age 16-17) to assess for any new or worsening suicidal ideation.

A. Following completion of Month 3 (90 days), the “Antidepressant Monitoring” flag will be automatically removed (no transition to historical flag). Notification sent to the care team when the flag is removed.

B. “Antidepressant Monitoring” Flag should be restored from day 0 if any new medication is initiated or dose is changed. BCM will need to manually activate this flag in SF.

C. If patients are on both “Antidepressant Monitoring” pathway and additional Risk pathway, requirements of both pathways need to be met, and the higher frequency of screening/contact will prevail. I.e. If patient is “Youth At Risk,” then started on “Antidepressant Monitoring” pathway, higher frequency of suicide screening and PC in the first month of “Antidepressant Monitoring” pathway would prevail, though all other requirements of “Youth At Risk” pathway such as Safety Planning and Outreach for disengaged patients would remain the same.

VI. Rating Scales

Columbia Suicide Severity Rating Scale, Screen Version- Recent (e.g. Screener "Ever")

This is the version currently built into Salesforce. It asks about suicidal ideation over the past month and lifetime suicidal behaviors.

	Past Month	
1. Have you wished you were dead or wished you could go to sleep and not wake up?	Yes	No
2. Have you actually had any thoughts of killing yourself?	Yes	No
2.1. Have you been thinking about how you might do this?	Yes	No
2.2. Have you had these thoughts and had some intention of acting on them?	Yes	No
2.3. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	Yes	No
	Lifetime	
3. Have you ever done anything, started to do anything, or prepared to do anything to end your life?	Yes	No
	Past 3 Months	
3.1. Was this in the past 3 months?	Yes	No

Columbia Suicide Severity Rating Scale, Screen Version- Since Last Visit

(e.g. Screener "Since Last Visit")

This is a new version that will be built into Salesforce. It asks about suicidal ideation and suicidal behaviors since their last visit.

	Since Last Visit	
1. Have you wished you were dead or wished you could go to sleep and not wake up?	Yes	No
2. Have you actually had any thoughts of killing yourself?	Yes	No
2.1. Have you been thinking about how you might do this?	Yes	No
2.2. Have you had these thoughts and had some intention of acting on them?	Yes	No
2.3. Have you started to work out or worked out the details of how to kill	Yes	No

yourself? Do you intend to carry out this plan?		
3. Have you done anything, started to do anything, or prepared to do anything to end your life?	Yes	No

Columbia Suicide Severity Rating Scale, Screen Version- Past 3 Months

(e.g. Screener "Past 3 Months")

This is a new version that will be built into Salesforce. It asks about suicidal ideation and suicidal behaviors in the past three months.

	Past 3 Months	
1. Have you wished you were dead or wished you could go to sleep and not wake up?	Yes	No
2. Have you actually had any thoughts of killing yourself?	Yes	No
2.1. Have you been thinking about how you might do this?	Yes	No
2.2. Have you had these thoughts and had some intention of acting on them?	Yes	No
2.3. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	Yes	No
3. Have you done anything, started to do anything, or prepared to do anything to end your life?	Yes	No

Ask Suicide-Screening - Questions

1. In the past few weeks, have you wished you were dead?	Yes	No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?	Yes	No
3. In the past week, have you been having thoughts about killing yourself?	Yes	No
4. Have you ever tried to kill yourself? If yes, how: ______________ When? (Month, Year)	Yes	No
If the patient answers Yes to any of the above, ask the following acuity question:		

5. Are you having thoughts of killing yourself right now? If yes, please describe: ____________________	Yes	No