

# Crisis Needs Assessment

We are interested in understanding the barriers and solutions to improving continuity of care for youth identified as at risk for suicide in our communities. Specifically, we want to better understand how procedures and policies are managed within the Crisis program and how well other service systems interact with your team to support youth at risk for suicide. We are interested in your honest opinion of the current policies, procedures and working status of your program and your relationships with other systems in the management of youth at risk for suicide. Your responses will be considered along with the responses of other Crisis teams and groups that work with youths at risk for suicide to inform county priorities for action planning. Sections of this questionnaire will be repeated at a later date to understand changes over time.

What efforts has your organization made to reduce suicide and provide safer suicide care?

*This is in reference to:*

- Workforce training
- Suicide screening
- Suicide risk assessment and risk formulation
- Safety planning
- Reducing access to lethal means
- Evidence-based interventions or treatment for youth
- Parent/caregiver engagement of youth at risk for suicide
- Contact with youth with known suicide risk who don't show up for appointments
- Collaborating with schools, mental health agencies, and/or other systems providing services to students
- Reentry or aftercare following discharge from an emergency room or hospital.
- Postvention activities after a death by suicide.

The agency has **no formal procedures** specific to suicide prevention and care, other than what to do when a youth mentions suicide during a screening or assessment.

The agency has **formal procedures specific to 1-2 components** of suicide prevention and care from the list above.

The agency has **formal procedures specific to at least 3 components** of suicide prevention and care from the list above.

The agency has **formal procedures specific to at least 5 components** of suicide prevention and care from the list above. Crisis staff receive training on procedures as part of orientation or when new procedures are developed. Procedures are reviewed and/or modified at least annually.

The agency has **formal procedures that address all components of suicide prevention applicable to your agency** from the list above. Crisis staff receive annual training on procedures and when new procedures are developed. Procedures are reviewed and modified annually and as needed.

Please consider whether you have established, written policies as well as staff training in the following areas:

	Do you have policies regarding any of the below? (Click for Yes)	Do you document this in the electronic health record or paper records? (Click for Yes)	Do you provide Crisis staff training for these activities? (Click for Yes)
Prevention Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing Access to Lethal Means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagement or communication with parents/caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postvention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any comments on the above information that may feel relevant.

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What commitment has your agency made to suicide prevention through designated staff members and teaming?

- The agency **does not have dedicated staff** to build and manage suicide intervention and response.
- The agency has **one leadership or supervisory individual responsible for developing suicide-related processes and care expectations**, but the individual does not have the authority to change policies.
- The agency has assembled **an implementation team that discusses suicide care** on an as-needed basis. The team has authority to identify and recommend changes to suicide care practices.
- The agency has a **formal team that meets regularly to discuss suicide care**. The team has authority to identify and recommend changes to suicide care practices.
- The agency has a **multidisciplinary team that meets regularly regarding suicide care practices**. The team is responsible for developing guidelines and/or modifying procedures and sharing with Crisis staff.

What advanced training on identifying youth at risk for suicide, suicide assessment, and risk formulation has been provided to Crisis staff?

- There is no organization-supported training on identification of people at risk for suicide, suicide assessment, risk formulation, and ongoing management, and no requirement for crisis staff to complete training on suicide.
- Training is available on identification of people at risk for suicide, suicide assessment, risk formulation, and ongoing management through the organization, but it is not required of crisis staff.
- Training is required of select staff and is available throughout the organization.
- Training on identification of people at risk for suicide, suicide assessment, risk formulation, and ongoing management is required of all clinical staff. The training used is considered a best practice and was not internally developed.
- Training on identification of people at risk for suicide, suicide assessment, risk formulation, and ongoing management is required of all clinical staff. The training used is considered a best practice. Staff repeat training at regular intervals.

Please indicate the training approach or curriculum the agency uses to train Crisis clinical staff on advanced suicide prevention skills:

- AMSR (Assessing Managing Suicide Risk)
- CASE Approach (Chronological Assessment of Suicide Events)
- Commitment to Living
- QPRT Suicide Risk Assessment and Training
- RRSR (Recognizing Responding to Suicide Risk)
- Suicide to Hope
- Other \_\_\_\_\_

Please indicate the minimum number of hours of training required annually for Crisis staff in suicide risk identification and care.

\_\_\_\_\_

Do you perform evaluation of suicide prevention or risk management trainings delivered to Crisis staff?

- Yes
- No

Do you use evaluations to inform Crisis staff needs or plan future trainings?

- Yes
- No

How does the organization screen for suicide risk in the people it serves?

- The agency relies on the clinical judgment of its staff regarding suicide risk.
- The agency has its own suicide screening tool (either locally-developed or validated) but not all staff are required to use it.
- The agency developed its own suicide screening tool that all staff are required to use.
- The agency uses a validated screening tool that all staff are required to use.
- The agency uses a validated screening tool and staff are trained in its use and required to use it.
- Mobile crisis does not conduct screenings.

How does the organization assess suicide risk among those who screened positive?

- There is no routine procedure for risk assessments that follow the use of a suicide screen.
- Risk assessment is required after screening, but the process is up to the judgment of individual clinicians.
- Providers use a standardized risk assessment tool, which may have been developed in-house.
- All youth that screen positive for suicide are assessed by clinicians who use validated measures or established protocols which include consistent documentation.
- All youth that screen positive for suicide are assessed by clinicians who use validated measures or established protocols which include consistent documentation. Clinicians are trained on risk assessment tools and approach as documented in organization policies and procedures.

What tool(s) does your staff use for suicide risk assessment and/or screening? Select all that are used:

- We don't use one
- One developed by our agency or locally
- Columbia Suicide Severity Rating Scale (CSSRS)
- Behavioral Health Screen (BHS)
- Personal Health Questionnaire-9 (PHQ-9)
- Child and Adolescent Needs Survey (CANS)
- Ask Suicide Screening Questions (ASQ)
- Other \_\_\_\_\_

What is the agency's approach to quality improvement activities related to suicide prevention?

- The agency has no specific procedures related to suicide data, other than documentation as usual. Individual client data collection and/or documentation are left to the judgement of the crisis worker.
- Documentation of suicide risk is required for crisis workers and discussed as part of employee training/supervision. Data are gathered for individuals and not aggregated.
- Technology is currently used by the agency to track at least one component of suicide care (e.g., screening, assessment). These data are typically reviewed internally yet may not be aggregated or examined for trends.
- Suicide care is partially embedded in an electronic agency file (e.g., electronic health record) or paper record. The agency tracks suicide-related data related to at least one component of suicide care (e.g., screening, assessment). Suicide-related data are aggregated and reviewed at least annually for trends but may not be utilized for decision-making purposes (e.g., policy changes, training needs).
- Suicide care is entirely embedded in an electronic agency file (e.g., electronic health record). Suicide-related data are routinely examined by a designated team for quality improvement efforts related to suicide prevention. Aggregate data are examined for trends and to inform decision-making related to policies and procedures.

If the crisis worker creates a safety plan, what is the format?

- General conversation
- Written on a blank sheet of paper
- Use of a written standardized template
- Use a safety planning phone app
- Other \_\_\_\_\_
- We don't use safety plans

With whom is the safety plan shared? Check all that apply.

- Youth
- Parents/Caregivers
- School professionals (counselors, social workers, psychologists, etc.)
- Outpatient mental health providers
- Copy placed in agency file or records
- Other \_\_\_\_\_

As a supervisor, how easy is it to see if a safety plan was created for a youth presented with suicide risk?

- Very Easy
- Easy
- Difficult
- Very Difficult
- Unable to Check

What is the organization's approach to reducing access to lethal means?

- Reducing access to lethal means discussions and who to ask about lethal means are up to individual's clinical judgment.
- Discussion about reducing access to lethal means is up to the individual's judgment. The agency does not provide any training on counseling on access to lethal means.
- Reducing access to lethal means is expected for all youth determined to be at risk of suicide. Discussion with youth and/or parent/caregivers about means reduction is up to the individual clinician's judgment.
- Reducing access to lethal means is expected for all youth determined to be at risk of suicide, and parents/caregivers are included in means reduction planning. The agency provides training on counseling on access to lethal means.
- Reducing access to lethal means is expected to be included for all youth determined to be at risk of suicide. Contacting parents/caregivers to confirm removal of lethal means is the required, standard practice. The agency provides training and policies on counseling on access to lethal means.

How often does your staff do a follow-up call **specifically** to see if a youth received mental health or other support services?

- Never
- Rarely
- Often
- Always
- Don't Know

How often are parents/caregivers present for a screening or assessment for children (ages 5 to 12) that may be at risk of suicide?

- Never
- Rarely
- Often
- Always
- Don't Know

How often are parents/caregivers present for the screening or assessment for adolescents (ages 12 to 18) that may be at risk of suicide?

- Never
- Rarely
- Often
- Always
- Don't Know

Sometimes the crisis team is called to a school only to find that the student does not really need a crisis evaluation but merely behavioral management. How often does that happen to your team?

- Never
- Rarely
- Often
- Always
- Don't Know

What is the agency's approach to quality improvement activities related to suicide prevention?

- The agency has no specific procedures related to suicide data, other than documentation as usual.
- Documentation of suicide risk is required for clinicians and discussed as part of employee training/supervision. Data are gathered for individuals and not aggregated.
- Technology is currently used by the agency to track at least one component of suicide care (e.g., screening, assessment, crisis, postvention). However, these data are not typically reviewed or utilized beyond reporting purposes.
- Suicide care is partially embedded in an electronic health record (EHR) or paper record. The agency tracks and aggregates suicide-related data related to at least two of the following areas: prevention, intervention (e.g., screening/assessment), crisis, or postvention activities. Data are reviewed but may not be utilized to inform prevention efforts or for decision-making purposes.
- Suicide care is entirely embedded in an electronic health record (EHR). The agency tracks suicide-related data related to prevention, intervention, crisis, and postvention activities. Data are reviewed annually and as needed, and are used to identify suicide-related trends, as well as decision-making related to suicide prevention efforts.

To what extent do your staff participate in postvention activity in the community or schools?

- Not at all
- Minimally
- Moderately
- Extensively
- Don't Know

To what extent do your staff participate in prevention projects (e.g. educational events about suicide) in the community or schools?

- Not at all
- Minimally
- Moderately
- Extensively
- Don't Know

Please indicate to what extent you feel that Crisis Staff need further training in the following areas:

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#### Gatekeeper Training

- Not Needed At All
  - Slightly Needed
  - Somewhat Needed
  - Highly Needed
- 

#### Policy and Procedures

- Not Needed At All
  - Slightly Needed
  - Somewhat Needed
  - Highly Needed
- 

#### Suicide Screening and Risk Assessment

- Not Needed At All
  - Slightly Needed
  - Somewhat Needed
  - Highly Needed
-

### Safety Planning

- Not Needed At All
  - Slightly Needed
  - Somewhat Needed
  - Highly Needed
- 

### Suicide-Specific Treatments and Therapies

- Not Needed At All
  - Slightly Needed
  - Somewhat Needed
  - Highly Needed
- 

### Suicide Data Collection and Documentation

- Not Needed At All
  - Slightly Needed
  - Somewhat Needed
  - Highly Needed
-

Reducing Access to Lethal Means

- Not Needed At All
  - Slightly Needed
  - Somewhat Needed
  - Highly Needed
- 

Parent/Caregiver Engagement

- Not Needed At All
  - Slightly Needed
  - Somewhat Needed
  - Highly Needed
- 

Reentry

- Not Needed At All
  - Slightly Needed
  - Somewhat Needed
  - Highly Needed
-

Postvention

- Not Needed At All
  - Slightly Needed
  - Somewhat Needed
  - Highly Needed
- 

Ethics

- Not Needed At All
- Slightly Needed
- Somewhat Needed
- Highly Needed