Law Enforcement Needs Assessment

We are interested in understanding the barriers and solutions to improving continuity of care for individuals identified as at risk for suicide in our communities. Specifically, we want to better understand how procedures and policies are managed within your police department and how well other service systems interact with your team to support individuals at risk for suicide. When we use the term “Youth” we mean aged 10-17. When we use the term "Adult" we mean aged 18 and older. When filling out this survey, please respond for your organization related to individuals in this age range.

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 individuals at risk for suicide. Your responses will be considered along with the responses of other Crisis teams and groups that work with individuals 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.

NOTE: You cannot return to previous pages on this survey so consider answers carefully before advancing. You can stop the survey and use the same link anytime to come back to the same point as long as you are using the same IP address (i.e. the same computer).

1. What is the name of the organization for which you are completing this survey:

   For example, "Perish Police Department"

   _____

2. In which county is your agency located? _____

3. What is your position in this organization?

   _____

4. Is your organization youth (10-17) serving, adult serving (18+), or in service of both youth and adults?

- ○ Youth
- ○ Adult
- ○ Both

5. How many officers are in your department?

   _____

6. How many officers in your department are veterans?

   _____

7. What is the average length of duty within your department?

   _____

8. What is the average age of officers within your department?

   _____

9. 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
   - Lethal means reduction
   - Evidence-based interventions or treatment for youth
   - Suicide care management plan
   - Follow up with individuals with known suicide risk during care transitions or following discharge

○ The department has **no processes** specific to suicide prevention and care, other than what to do when someone mentions suicide during intake or a session.

○ The department has **1-2 components** of formal processes specific to suicide care.

○ The department has written processes specific to suicide care. They have been developed for at least **3 different components** from this list.

○ The department has processes and protocols specific to suicide care. They address **at least 5 components** from this list. Officers receive training on processes as part of their orientations or when new ones developed. Processes are reviewed and modified at least annually.

○ Processes address **all components** listed above. Officers receive annual training on processes and when new ones are introduced. Processes are reviewed and modified annually as needed.

10. 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 provide staff training for these activities? (Click for Yes)
Screening	☐	☐
Assessment	☐	☐
Reducing Access to Lethal Means	☐	☐
Safety Planning	☐	☐
Engagement or communication with family	☐	☐

11. How often are your officers called to a situation where the youth (10-17) is in a suicidal crisis or has made a suicide attempt?

- ○ Never
- ○ Every 6 months
- ○ Every 3 months
- ○ Every month
- ○ Every week

12. How often are your officers called to a situation where an adult (18+) is in a suicidal crisis or has made a suicide attempt?

- ○ Never
- ○ Every 6 months
- ○ Every 3 months
- ○ Every month
- ○ Every week

13. How often are your officers called to a situation with a non-mental health concern but the problem becomes a mental health concern?

- ○ Never
- ○ Every 6 months
- ○ Every 3 months
- ○ Every month
- ○ Every week

14. How often are your officers called to a situation where a youth must be taken for evaluation due to risk of suicide?

- ○ Never
- ○ Every 6 months
- ○ Every 3 months
- ○ Every month
- ○ Every week

15. How often are your officers called to a situation where an adult must be taken for evaluation due to risk of suicide?

- ○ Never
- ○ Every 6 months
- ○ Every 3 months
- ○ Every month
- ○ Every week

16. What percentage of mental health calls are for individuals that officers have responded to before?

	0 10 20 30 40 50 60 70 80 90 100
Youth (10-17) ()	
Adult (18+) ()	

17. Managing mental health crises in the community is the responsibility of my officers.

- ○ Disagree
- ○ Somewhat Disagree
- ○ Somewhat Agree
- ○ Agree

18. What efforts has your department made to suicide prevention through designated staffing and teams?

○ The department **does not have dedicated staff** to build and manage suicide care processes.

○ The department has **one leadership or supervisory individual responsible for developing suicide-related processes and care expectations**. Responsibilities are diffuse. Individual does not have the authority to change policies.

○ The department has assembled **an implementation team that meets** on an as-needed basis to discuss suicide care. The team has authority to identify and recommend changes to suicide care practices.

○ The department has an **implementation team that meets regularly** . The team is responsible for developing guidelines and sharing with staff.

○ The department's team **meets regularly and is multidisciplinary**. The team modifies processes based on data review and staff input.

19. What percentage of your staff have been trained in:

	0 10 20 30 40 50 60 70 80 90 100
Suicidal risk assessment ()	
Reducing access to lethal means ()	
Safety planning ()	
Family engagement ()	

20. What advanced training on identifying people at risk for suicide, suicide assessment, and risk formulation has been provided to staff?

○ There is no department-supported training on identification of individuals 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 individuals at risk for suicide, suicide assessment, risk formulation, and ongoing management through the department, but it is not required of crisis staff.

○ Training on identification of individuals at risk for suicide, suicide assessment, risk formulation, and ongoing management is required of select staff and is available throughout the department.

○ Training on identification of individuals 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 individuals 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.

21. What basic training on identifying individuals at risk for suicide or providing suicide care has been provided to officers?

○ There is no department-supported training on suicide care and no requirement for staff to complete training on suicide risk identification.

○ Training is available on suicide risk identification and care through the department but not required of officers.

○ Training is required of select officers (e.g., mental health specific officers) and is available throughout the department.

○ Training on suicide risk identification and care is required of all officers. Training used is best practice and was not internally developed.

○ Training on suicide risk identification and care is required of all officers. The training used is best practice. Officers repeat training at regular intervals.

22. Please indicate the training approach or curriculum the department uses to train officers on suicide risk identification and care:

☐ ASIST (Applied Suicide Intervention Skills Training)

☐ QPR (Question, Persuade, Refer)

☐ Connect Suicide Prevention/Intervention Training

☐ CIT (Crisis Intervention Training)

☐ Crisis Intervention Specialist Program (CIS)

☐ safeTALK

☐ Mental Health First Aid

☐ Other _____

23. How does the department screen for suicide risk in the individuals it serves?

○ There is no department-supported training on suicide care and no requirement for staff to complete training on suicide risk identification.

○ Training is available on suicide risk identification and care through the department but not required of officers.

○ Training is required of select officers (e.g., mental health specific officers) and is available throughout the department.

○ Training on suicide risk identification and care is required of all officers. Training used is best practice and was not internally developed.

○ Training on suicide risk identification and care is required of all officers. The training used is best practice. Officers repeat training at regular intervals.

24. What are the department's policies for screening for suicide risk?

○ There is no systematic screening for suicide risk.

○ Individuals designated as higher-risk groups are screened for suicide risk.

○ Suicide risk is screened at presentation for all individuals with behavioral health concerns.

○ Suicide risk is screened for all individuals.

○ Suicide risk is screened for all individuals during initial contact and is reassessed regularly or as needed.

25. How does the department assess suicide risk among those who screened positive?

○ There is no routine procedure for risk assessments that follow the use of a suicide screen OR our department does not distinguish between screening and assessment.

○ Risk assessment is required after screening, but the process is up to the judgment of individual officers.

○ Providers use a standardized risk assessment tool, which may have been developed in-house.

○ All individuals that screen positive for suicide are assessed by officers who use validated measures or established protocols which include consistent documentation.

○ All individuals that screen positive for suicide are assessed by officers who use validated measures or established protocols which include consistent documentation. Officers are trained on risk assessment tools and approach as documented in organization policies and procedures.

26. 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 (Please name other tool/tools)

_____

27. What is the department’s approach to reducing access to lethal means?

○ Discussions about reducing access to lethal means and who to ask about lethal means are up to individual officer's judgment.

○ Discussion about reducing access to lethal means is up to the officer's judgment. The department does not provide any training on counseling on access to lethal means.

○ Reducing access to lethal means is expected for all individuals determined to be at risk of suicide. Discussion with the individual and/or family members about means reduction is up to the individual officer’s judgment.

○ Reducing access to lethal means is expected for all individuals determined to be at risk of suicide, and family members 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 individuals determined to be at risk of suicide. Contacting family members to confirm removal of lethal means is the required, standard practice. The department provides training and policies on counseling on access to lethal means.

28. What is the department’s approach to quality improvement activities related to suicide prevention?

○ The department does not track or document any specific suicide-related data.

○ The department requires clinicians to track suicide-related data for individuals related to intervention, screening/assessment and disposition. However, data are gathered at individual level and are not aggregated.

○ The department tracks and aggregates suicide-related data related to at least one of the following areas: prevention, intervention, screening/assessment, disposition, or postvention. However, these data are not typically reviewed or utilized beyond reporting purposes.

○ The department tracks and aggregates suicide-related data related to at least one of the following areas: prevention, intervention, screening/assessment, disposition, or postvention. Data are reviewed but may not be utilized to inform prevention efforts or for decision-making purposes.

○ The department systematically tracks suicide-related data related to prevention, intervention, screening/assessment, disposition, and postvention. Data are reviewed annually and as needed, and are used to identify suicide-related trends, as well as decision-making related to targeted suicide prevention efforts.

29. What is the role of suicide attempt and loss survivors in the department’s suicide prevention efforts?

○ Suicide attempt or loss survivors are not involved in suicide prevention efforts and activities within the department.

○ Suicide attempt or loss survivors may informally participate in the department’s suicide prevention efforts, such as serving as volunteers for events or as peer supports.

○ Suicide attempt or loss survivors are included in the department's prevention efforts, but involvement is limited to one specific activity (e.g., leading or supporting an awareness event, facilitating a support group, staffing a crisis hotline).

○ Suicide attempt or loss survivors are specifically and formally included in the department's prevention efforts and are involved in and/or lead at least one activity (e.g., leading or supporting an awareness event, facilitating a support group, staffing a crisis hotline). Survivors may also informally provide input into the department’s suicide care policies.

○ Suicide attempt and loss survivors are a formal and integral part the department’s suicide prevention efforts and both lead and participate in a variety of suicide prevention activities within the department (e.g., leading or supporting an awareness event, facilitating

a support group, staffing a crisis hotline, sitting on decision-making teams or boards, participating in policy decisions, participating in evaluation and quality improvement).

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

30. Gatekeeper Training (Training for community members on identifying those who may be at risk for suicide, how to have a conversation with these individuals, and information on appropriate referrals)

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

31. Policy and Procedures

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

32. Suicide Screening and Risk Assessment

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

33. Safety Planning

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

34. Suicide Data Collection and Documentation

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

35. Reducing Access to Lethal Means

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

36. Family Engagement in Supporting the Mental Health Needs of an Individual

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

37. Postvention - procedures following the loss of an individual to suicide

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

38. Ethics of Youth Suicide Prevention

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

Thank you for completing the POSS Survey. We appreciate your assistance in helping us reduce youth suicide across Pennsylvania.

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