

Policies & Procedures

SUICIDE PREVENTION & INTERVENTION

Section: Clinical

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Subject: Suicide Prevention & Intervention

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POLICY

Davis Behavioral Health adheres to the following recommendations from the Clinical Care and Intervention Task Force of the National Action Alliance for Suicide Prevention in implementing these essential steps for suicide prevention, intervention and postvention.

PROCEDURE

1. Create and maintain a leadership-driven, safety-oriented culture committed to reducing suicide among people under DBH care.
2. Train a competent and caring workforce.
 - a. All clinical staff are required to be trained in CALM (Counseling and Access to Lethal Means) and CAMS (Collaborative Assessment and Management of Suicidality).
3. Utilize the ASQ to identify and assess suicide risk among people receiving care at DBH.
4. Create a suicide care management plan for clients where clinically indicated. This includes collaborative safety planning, addressing strengths, protective factors, long-term risk factors, impulsivity/self-control, past suicidal/violent behavior, and also and restriction of lethal means.
5. Use effective, evidence-based treatments that directly target suicidality.
 - a. DBH programs offer targeted treatment utilizing CAMS and DBT (Dialectical Behavior Therapy).
6. Provide outreach and support between levels of care, especially after acute and other high levels of care.