

Department of Behavioral Health
TRANSMITTAL LETTER

SUBJECT

Guidelines for Suicide Prevention and Intervention Planning

POLICY NUMBER
310.1

DATE
AUG 30 2017

TL# 310

Purpose. To establish guidelines for the development of a Suicide Prevention and Intervention Plan (Plan) that align with the 2012 National Strategy for Suicide Prevention¹ and the DC Healthy People 2020 Framework.²

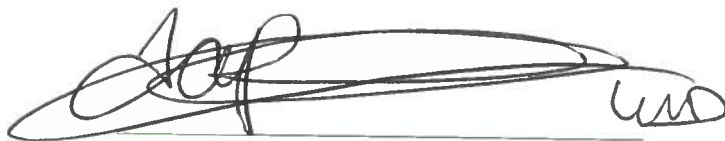
Applicability. Applies to the Department of Behavioral Health (DBH).

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority (BHA) offices.

Effective Date. This policy is effective immediately.


Superseded Policies. None


Distribution. This policy will be posted on the DBH web site at www.dbh.dc.gov under Policies and Rules. Applicable entities are required to ensure that affected staff is familiar with the contents of this policy.



Tanya A. Royster, MD
Director, DBH

¹ 2012 National Strategy for Suicide Prevention: GOALS AND OBJECTIVES FOR ACTION A report of the U.S. Surgeon General and of the National Action Alliance for Suicide Prevention

² The District of Columbia Healthy People 2020 Framework is our shared community agenda that monitors 150 objectives and targets for the year 2020 as well as recommends over 85 strategies to improve population health.  [DC Healthy People 2020 Framework Report - 7.1 MB \(pdf\)](#)

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| | Supersedes None | | |

Subject: Guidelines for Suicide Prevention and Intervention Planning

1. **Purpose.** To establish guidelines for the development of a Suicide Prevention and Intervention Plan (Plan) that align with the 2012 National Strategy for Suicide Prevention¹ and the DC Healthy People 2020 Framework.²


2. **Applicability.** Applies to the Department of Behavioral Health (DBH).

3. **Authority.** The Department of Behavioral Health Establishment Act of 2013.

4. **Background.** Suicide is the 10th leading cause of death overall, with over 40,000 people dying by suicide each year in the United States. The causes of suicide are complex and determined by multiple combinations of factors, such as mental illness, substance use disorder, painful losses, exposure to violence, and social isolation. Mental illness and substance use disorder are possible factors in 90 percent of the deaths from suicide, and alcohol use is a factor in approximately one-third of all suicides. Therefore, Substance Abuse and Mental Health Services Administration (SAMHSA) urges behavioral health agencies to lead in ways that are suitable to this growing area of concern. SAMHSA is committed to supporting states and territories in providing services to individuals with serious mental illness/ serious emotional disturbance (SMI/SED) who are at risk for suicide through the use of mental health block grant (MHBG) funds to address these risk factors and prevent suicide. SAMHSA encourages the behavioral health agencies play a leadership role on suicide prevention efforts, including shaping, implementing, monitoring, care, and recovery support services among individuals with SMI/SED. The DBH Access HelpLine suicide line calls present the following relevant figures:

| Fiscal Year | Access HelpLine Suicide Calls | Access HelpLine/Washington Metropolitan Area Transit Authority Suicide Line Calls |
|-------------|----------------------------------|--|
| FY 2015 | 3, 891 | 379 |
| FY 2016 | 2,264 | 89 |
| FY 2017 YTD | 1,555 | 51 |

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5. Definitions.

5a. Consumers – refer to individuals who receive mental health and substance use disorder supports and/or services from DBH and contracted providers. Note: The common term used in the substance use disorder (SUD) service delivery systems is “clients” (also, see Exhibits 1 and 2 references to “Consumer”).

5b. Suicide - direct violence towards oneself with the intent to end own life, and die as a result of the action. Suicide is a leading cause of death in the United States.³

5c. Suicide attempt - when people harm themselves with the intent to end their lives, but do not die as a result of their actions. Many more people survive suicide attempts than die, but they often have serious injuries. However, a suicide attempt does not always result in a physical injury.

6. Policy. The Department of Behavioral Health (DBH) is committed to promoting the health and safety of District residents through its Suicide Prevention and Intervention Plan and its practical implementation.

7. Procedures. The DBH Suicide Prevention and Intervention Plan shall:

7a. Establish goals and objectives that

- (1) Lead to supportive service/support environments that promote healthy and empowered individuals, families, and communities;
- (2) Enhance clinical and community preventive services;
- (3) Promote the availability of timely treatment and support services; and
- (4) Improve suicide prevention surveillance collection, research, and evaluation.

7b. Address integration of policies and practices that support suicide prevention through strategies that

- (1) Foster positive public dialogue, counter shame, prejudice, and silence; and build public support for suicide prevention.
- (2) Address the needs of vulnerable groups, be tailored to the cultural and situational contexts in which they are offered, and seek to eliminate disparities.

a. Implement consumer/client-informed alternatives to hospitalization for individuals

³ Centers for Disease Control and Prevention (CDC). Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2013) National Center for Injury Prevention and Control, CDC (producer). Available from URL www.cdc.gov/injury/wisqars/index.html.

with suicide risk;

- b. Develop alternatives to treatment in an emergency setting, such as same-day scheduling for mental health services and in-home crisis care;
- c. Develop and implement protocols to ensure immediate and continuous follow-up after discharge from a crisis center or institutional setting; and
- d. Educate family members and significant others about appropriate steps to support individuals at suicide risk during treatment and/or after discharge from a crisis center or institutional setting.

(3) Are coordinated and integrated with existing efforts addressing health and behavioral health and ensure continuity of care; and

(4) Promote changes in systems, policies, and environments that will support and facilitate the prevention of suicide and related problems.

7c. Take into consideration the following new findings:

- (1) A better understanding of how suicide is related to mental illness, substance use disorder, trauma, violence, and other related issues;
- (2) New information on groups that may be at an increased risk for suicidal behaviors; and
- (3) Increased knowledge of the types of prevention and interventions that may be most effective for suicide.

7d. Recognize the importance of implementing suicide prevention efforts in a comprehensive and coordinated way;

- (1) Collaborate with other public health and behavioral health stakeholders; and
- (2) Promote efforts to reduce access to lethal means among individuals with identified suicide risks.

7e. Organize the development of the Plan that may include the following activities:

- (1) Convening of relevant stakeholders (e.g., consumer/client advocacy groups, consumers/clients, provider agencies, other government agencies, hospitals, clinics, etc.) to develop the Plan;
- (2) Developing and implementing an effective communications strategy for promoting mental health and emotional well-being that incorporates traditional and new media as part of the Plan.

a. Identify groups at risk and work with various stakeholders to implement suicide prevention policies and programs that address the needs of these groups; and

b. Sponsor training and disseminate information to mental health providers, professional associations, and consumers/clients and their families.

(3) Communicate messages of resilience, hope, and recovery to consumers/clients, and their families with mental and substance use disorders.

(4) Disseminate information about the DBH and District emergency numbers and the National Suicide Prevention Lifeline.

(5) Promote the availability of online support services and crisis outreach teams/mobile crisis.

(6) Develop protocols and improvement in the collaboration among crisis centers, law enforcement, mobile crisis teams, and social services to ensure timely access to care for individuals with suicide risk.

8. Essential Elements in Organizing the Plan Committee.

8a. Roles and Responsibilities.

(1) Plan Owner – this refers to the Director of DBH.

(2) Plan Sponsor – this Plan is sponsored by the Chief, Medical Officer, a DBH executive team member that signs off as the guarantor of the Plan and facilitates overcoming organizational roadblocks.

(3) Steering Committee - guides the Planning progress and provides ideas in the Plan.

(4) Project Manager - responsible for ensuring that the Plan is delivered on time, within scope and allotted resources. Also, analyses DBH's structures and processes to determine areas for improvement and creates a requirements specification for the Plan.

(5) Stakeholder - any person or group that has an active interest in the Plan outcome or process.

8b. Committee Logistics. The Plan Committee has a clearly defined mission including the following:

(1) Scope of Responsibility and Authority – refers to the extent of authority and subject matter expertise that the Committee has.

(2) Deliverables – refers to the outcomes of the Committee which is the Plan.

8c. Committee Charter. The Plan Committee will design the primary deliverables with input from selected stakeholders (e.g., govern committee formation, organization and operation).

8d. Collaboration, cooperation and communication. The Plan Committee will consider the following:

(1) Interaction guidelines - rules to guide interactions to ensure that all parties are treated with proper respect, consideration and decorum.

(2) Participation guidelines - protocols on how to carry out assigned roles and responsibilities (e.g., timeliness, attendance, and commitments).

(3) Communication guidelines - rules on sharing information, soliciting contributions/inputs, and how and when the various means of communication are to be utilized, including memos, email, meetings, through DBH website, and related activities.

9. **Reviews, evaluation and reports.**

9a. Reviews shall be done in various phases of the Plan to measure the progress, identify areas for improvement, encourage decisions to be taken, including changes to objectives and the methodology.

9b. The Plan shall integrate processes that evaluates the measurable goals and the impact to those that the Plan intended to reach.

9c. The Plan shall incorporate report sharing to District and federal entities (e.g., SAMSHA).

Approved by:

**Tanya A. Royster, MD
Director, DBH**


Signature

Date

8/30/2017