



Children's SHOUT Suicide Attempt Prevention Protocol

SHOUT: **S**afety
 Help
 Outreach
 Understand
 Track

Goal:

No members on the HCA Children's SHOUT Registry for persons with suicide attempts will have a completed suicide or a repeat suicide attempt.

SHOUT Protocol Eligibility Criteria: Must meet one of the following

- Persons with a suicide attempt, occurring within the past 12 months, by a high-intent method: hanging, suffocation, strangulation, gassing, drowning, jumping from a height, or firearms; or
- Persons with two or more suicide attempts, by any method, requiring medical interventions, within a 12-month period.

Children's SHOUT Protocol Eligibility Criteria:

- Children or adolescents meeting above eligibility criteria will be evaluated further for SHOUT protocol by the HCA Children's Clinical Team.
- Children/adolescents in Behavioral Health Inpatient Facilities (BHIFs), formerly known as Residential Treatment Centers (RTCs), will be suspended from the protocol until achieving discharge readiness. At that time, the health home treatment team and HCA Medical Management staff will refer the member to HCA's Children's Clinical Team for re-engagement on the protocol if less than 12 months have passed since the most recent suicide attempt and there is an ongoing need for SHOUT protocol monitoring as assessed by the Children's Clinical Team.

Para-Suicidal Behavior: Children/adolescents who do not meet SHOUT criteria may be exhibiting para-suicidal behavior i.e. an apparent suicide attempt/gesture where the aim is not death. Para-suicidal behaviors resulting in medical intervention will be reviewed by HCA Children's Clinical Team.

- HCA's Children's Team will confirm from the Health Home current client and family engagement in treatment, crisis/safety plans and wrap around services.
- HCA will provide information for best practices when working with client's with para-suicidal behaviors or non-suicidal self-injury.

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Objectives: Developing simple actions that both HCA and its providers can implement after a suicide attempt may:

- Focus the clinicians on achievable, evidence-based actions that do not rely on clinical expertise or intuition;
- Create clinical uniformity across northern Arizona;
- Decrease the number of repeat suicide attempts;
- Decrease the number of suicide completions.

Interventions:

S - Safety: Make the person's environment safe.

Location	Intervention	Responsible
In the member's home	Remove lethal means from member's access.	Health Home
	Tell family about risks and advise them to remove medications and weapons.	Health Home
	Tell member and family about role of substance use in risk of suicide and suicide attempts (disinhibition, dysphoria, depression, family conflict, etc.).	Health Home
At the member's primary care office	Tell PCP about attempt so that s/he does not contribute to member's medication stock; reinforce screening for depression and suicidal ideation.	Health Home
In the behavioral health system	Ensure the treating clinicians have assessed the member's current medication stock and access to weapons.	Health Home
	At time of inpatient discharge, or for persons not admitted to inpatient facility, the provider (BHMP) will assess member's access to psychotropic medications at the first outpatient visit.	Health Home
	The provider (BHMP) should consider whether the member receives reduced quantities (weekly refills), long-acting injectable medications, supervised administration of medications by family or provider agency, discontinuation of problematic medications (benzodiazepines, tricyclic antidepressants, etc.), and/or cancellation of all outstanding refills.	Health Home BHMP
	Develop or update the Crisis Prevention Plan and Safety Plan in collaboration with outpatient behavioral health team.	Inpatient Facility
	Communicate discharge plan, discharge summary and other relevant clinical documentation to outpatient health team.	Inpatient Facility

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H - Help: What resources are available to the member based on his/her preferences and benefits?

- Services in the first year after a suicide attempt should be intensified due to the high risk of suicide completion during this time period.
- HCA Children's Clinical Team offers education to health homes regarding member's benefits, community options, natural supports, involuntary commitment, etc.
- HCA website links members to suicide prevention resources including this protocol, NAMI brochures, and culturally adapted information.

O - Organize and Outreach Outpatient Services

- The member should have access to a supportive primary contact at their health home.
- Priority behavioral health medical practitioner (BHMP) appointment occurs within seven (7) days of inpatient discharge. Prior and next PCP appointment dates are documented.
- Recommend no-cost, drop-in support groups for persons recently discharged from inpatient facilities.
- HCA Clinical Care Coordinator assigned, will ensure crisis and safety plan are developed.
- Health Home will intensify behavioral health outpatient clinical contacts for 12 months according to the following minimum requirements:
 - Months 1 and 2 – weekly,
 - Months 3 through 6 – every other week,
 - Months 7 through 12 – monthly.

U - Understand

- Recommend evidence-based resources to member and family.
- Within first 30 days post-attempt, health home will invite family and natural supports to attend two outpatient visits with member focusing on capitalizing on the family's resources.
- Refer to a peer support group, such as Teen AA, Health Home support groups, or other community support groups within 30 days.

T - Track high-risk members to prevent gaps in services and suicide completion.

- HCA Children's SHOUT Registry is maintained in the Children's Clinical Team database.
- HCA Children's Clinical Team will contact health home every 30 days for at least the first 12 months following the protocol initiation date and will extend for an additional 12 months from the date of any subsequent attempt.

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- HCA Children's Clinical Team will ensure that member is receiving the recommended intensity of clinical contact and that all elements of the practice protocol have been implemented.

Health Home Process:

Submit a SHOUT Referral/Checklist form within 7 days of receiving the information regarding a suicide attempt that meets the criteria identified in the protocol. **Please send to: hchhcicchildshout@healthchoiceaz.com**

Completing the form:

Suicide Attempts:

Please ensure the date(s) and method(s) are completed.

SHOUT Eligibility Criteria:

Please ensure the member meets the criteria prior to submitting the form. If you have any questions regarding the criteria, please contact HCA's Clinical Physical and Provider Health Plan/Member Transition Coordinator at Shannon.Lee@healthchoiceaz.com for assistance.

Medical Intervention Occurred:

Medical intervention is defined as any procedure conducted on the patient to prevent further problems.

- Medical interventions - Any procedure to **fix** what is wrong. For example, but not limited to:
 - Pumping the stomach
 - IV or injectable medications
 - Wound care
 - Sutures for open wounds
 - Inpatient hospitalization
 - Surgery
 - Dialysis
 - Blood transfusion
- Procedures performed in order to evaluate **if** something is wrong are NOT considered medical interventions for SHOUT criteria. For example, but not limited to:
 - Seeing the doctor
 - Lab work
 - X-rays, scans (CT, MRI, etc.)
 - ED visit with no medical intervention
 - Observation/monitoring in the ED
 - EKG

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Behavioral Health Intervention(s) Occurred:

Did any of the following interventions occur prior to, during, or after the crisis?

- Mobile crisis response
- Law enforcement involvement
- Psychiatric inpatient admission
- Court-ordered evaluation/treatment (COE/COT)
- Outpatient treatment
- Completion of ASAM (if applicable)
- Other: Please describe.

Follow-up Post-Attempt:

- Was Crisis Prevention Plan updated after the attempt?
- Was the Individual Recovery Plan (IRP, formerly BHSP) updated after the attempt?
- Was the outpatient IHH/BHH appointment scheduled? Please include the date.
- Was the prescriber (BHMP) appointment scheduled? Please include the date.
- Was the prescriber (Medical) appointment scheduled? Please include the date.