Agenda Item No: 18.D

STAFF REPORT

Report To: Board of Health **Meeting Date:** October 15, 2020

Staff Contact: Mary Jane Ostrander (mostrander@carson.org); Nicki Aaker (naaker@carson.org) on behalf of Bekah Bock (bbock@health.nv.gov) and Jessica Flood (jessica@nrhp.org)

Agenda Title: For Discussion Only: Discussion and presentation regarding the Columbia Suicide Severity Rating Scale, a standardized suicide screening tool. (Mary Jane Ostrander, mostrander@carson.org; Nicki Aaker, naaker@carson.org on behalf of Bekah Bock, bbock@health.nv.gov and Jessica Flood, jessica@nrhp.org)

Staff Summary: The Carson City Behavioral Health Task Force has adopted community triage as a behavioral health priority. The goal of community triage as a priority is to develop shared understanding for community triage protocol and formalize relationships through interlocal agreements and memorandums of understanding. Adoption of the Columbia Suicide Severity Rating Scale as a universal screening tool for Carson City will aid providers in assessing individuals for the risk of suicide by implementing standardized criteria. The universal screening tool will additionally assist providers in transferring the care of an individual from one provider to another provider. This presentation will provide an overview of the suicide screening in an effort to educate the community.

Agenda Action: Other / Presentation **Time Requested:** 20 minutes

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Proposed Motion
N/A

Board's Strategic Goal
Quality of Life

Previous Action
N/A

Background/Issues & Analysis
N/A

Applicable Statute, Code, Policy, Rule or Regulation
N/A

Financial Information
Is there a fiscal impact? No

If yes, account name/number:

Is it currently budgeted?

Explanation of Fiscal Impact:

Alternatives
Presentation Only

Attachments:
THE COLUMBIA SUICIDE SEVERITY RATING SCALE (C-SSRS) Presentation-V2.pptx

Board Action Taken:

Motion: ___________________ 1) __________________ Aye/Nay

2) __________________ __________

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(Vote Recorded By)

THE COLUMBIA SUICIDE SEVERITY RATING SCALE (C-SSRS):

Carson City Behavioral Health Taskforce

Jessica Flood, North Region Behavioral Health Coordinator

Bekah Bock, Mobile Outreach Safety Team

Mary Jane Ostrander, Carson City Health and Human Services

Suicide is a Global Public Health Crisis, Yet Preventable

Touches Every Sector of Society: From Police to Corporations

Need to Screen Everywhere and Care for the Caretakers

Corrections

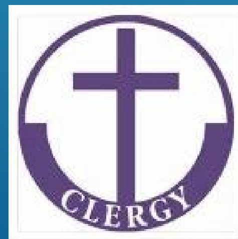
First Responders

Construction

Employees

Large corporation 100,000 Employees, every 6 days Employee or family member dies

Clergy



Doctors

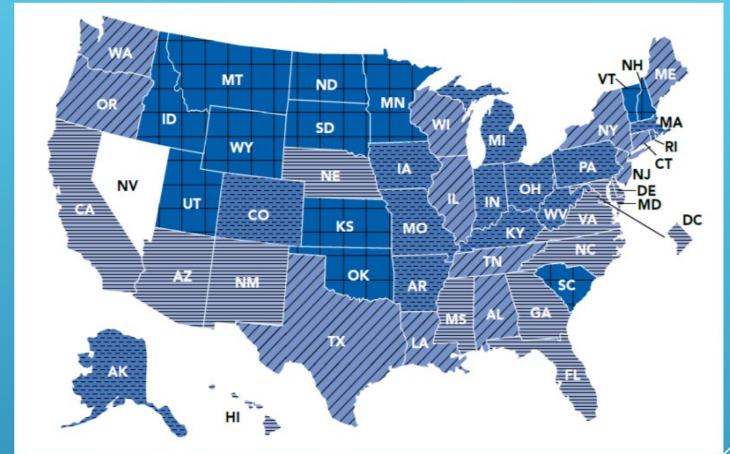
Lawyers

National 2018 numbers

Lost: 48,344 Lives
Lost: 24,432 Firearms | 50.53%
Lost: 6,237 Poison | 12.9%
Lost: 4,824 Drugs | 10%
Lost: 13,840 Suffocation | 31.2%
Lost: 1,149 Falls | 2.4%
10th leading cause of death overall
2nd leading cause of death for 8 - 47 year old's

WISQARS 2020

State 2018 Numbers



8th in the nation
Lost: 657 Lives
Lost: 367 Firearms
Lost: 144 | 65+ older | 1st in the nation
1st leading cause of death for 11-19 years of age
2nd leading cause of death for 20-49 years of age

16 Facts You Need to Know About Suicide

1. Talking about suicide will not cause a person to kill themselves nor will it give them the idea.
2. Few suicides happen without warning.
3. There is no “suicide type.”
4. Suicidal people can help themselves.
5. Suicide “secrets” and/or “notes” must be shared

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6. Depression, anxiety, mood disorders, substance abuse and conduct disorders are the most common factors found in suicidal individuals.

7. Suicide is preventable.

8. Youth most commonly share their thoughts, problems, and feelings with other youth.

9. Suicide is not painless…not an "easy way out."

Used with permission from the Maine Resource Book for Gatekeepers

10. People who show marked and sudden improvement after a suicide attempt or depressive period may be in great danger.
11. People who talk about suicide may very well attempt or complete suicide.
12. Suicide is not inherited.
13. Suicidal behavior is not just a way to get attention
14. There is strong evidence that sexual orientation and gender identity impact youth of increased risk for suicide.
15. Any concerned, caring friend can be a "gatekeeper" and may very well make the difference between life and death.
16. Not every death is preventable.

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Prevention/Intervention Steps

KNOW WHAT TO LOOK FOR

KNOW WHAT TO DO

KNOW HOW TO HELP

Often individuals will not self-disclose how they are feeling, but what if they are asked?

"Most people considering suicide want someone to save them. What we need is a culture in which no one is afraid to ask. What we needed were the questions people could use to help save us. That's why the pioneering change the C-SSRS is enabling is so essential to our humanity."

-Kevin Hines, Suicide attempt survivor

The Columbia-Suicide Severity Rating Scale (C-SSRS), the most evidence-supported tool of its kind, is a simple series of questions that anyone can use anywhere in the world to prevent suicide.
CSSRS.Columbia.edu

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

	Past Month		Lifetime (Worst Point)	
Ask questions that are bolded and underlined.	**YES**	**NO**	**YES**	**NO**
Ask Questions 1 and 2				
1) *Have you wished you were dead or wished you could go to sleep and not wake up?*				
2) *Have you actually had any thoughts of killing yourself?*				
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.				
3) *Have you been thinking about how you might do this?* E.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.*"				
4) *Have you had these thoughts and had some intention of acting on them?* As opposed to "*I have the thoughts but I definitely will not do anything about them.*"				
5) *Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*				

How long ago did the Worst Point Ideation occur?

	YES	NO
6) *Have you ever done anything, started to do anything, or prepared to do anything to end your life?* Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask: *Was this within the past three months?***		

- Low Risk
- Moderate Risk
- High Risk

For inquiries and training information contact: Kelly Posner, Ph.D.
New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu
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Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
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☐ Low Risk

Carson City Community Suicide and Behavioral Health Pathway

Severity of Individual	Symptoms of Individual	Recommended Action
Severe due to mental health, substance use or unknown factors	Imminent danger of self harm or harm to others **Suicide**- Thoughts and plan of suicide per Columbia Suicide Screen **Homicide**- Thoughts and plan of homicide that appear to be related to mental Illness **Mental Health:** **Mental health crisis: severe mental health symptoms** **Grave Disability**- Unable to care for self due to mental illness Severe, life-threatening withdrawal symptoms Severe physical health problems **Coping skills/ personal supports:** No or lack of recovery and family supports.	**Actions:** • Assess with emotional support: *"What would help you most right now?"* • Assess severity: *"Are you hearing voices and what are they telling you?"* • Coordinate immediate transport to Hospital ER, Mallory • Call 911 **Resources:** • Mallory Crisis Center (no violent patients): 445-8889 • Carson Tahoe Hospital Emergency Room if patient is not medically stable or Mallory Crisis Center is full
Moderate	**Suicide:** Thoughts of killing self, vague plan, not detailed per Columbia Suicide Screen **Substance Use: Mild signs of withdrawal,** **Coping skills/ personal supports: Does not have coping skills, poor supportive services and limited resoures, not threat to self or others.**	**Actions:** • Assess with emotional support: *"What/who will keep you safe right now?"* • Coordinate warm hand off with medical, mental health, or substance use provider to determine access to lethal means and develop safety plan. • Identify and coordinate with natural support system • Follow up call with patient within 48 hours **Resources:** • Community Counseling and Vitality Certified Community Behavioral Health Crisis Centers (CCBHC's) Mon- Fri 8-5 • Mallory if afterhours • Crisis Support Services of Nevada: 800-273-8255
Mild	**Suicide:** Wished dead or thoughts of killing self, but no plan per Columbia Suicide Screen **Mental Health:** Mental health not a threat to self or others **Substance use:** Substance use stable, no signs of withdrawal, managed medical conditions (bp) **Coping skills/ personal supports:** Willing to participate in treatment planning.	**Actions:** 1. Assess with emotional support: *"What happened today that led you to this?"* 2. Identify and coordinate with natural support system or ASSIST trained peer support if possible 3. Safety plan 4. Provide community resource list and assist patient in navigating to resources **Resources:** • Outpatient providers including CCBHC's • Crisis Call Support Services of Nevada: 800-273-8255
No identified behavioral health needs	**Social Determinant Needs:** Housing instability, food insecurity, transportation problems, utility health needs, interpersonal safety, financial strain, employment, family and community support, education.	**Actions:** • Provide community resource list and assist patient in navigating to resources **Resources:** • Crisis Call Support Services of Nevada: 800-273-8255 • Carson City Health and Human Services: 887-2190 • Ron Wood Family Center: 884-2269

*All screens (aside from sleep, somatic and anger) included are conducted subsequent to a positive screen on the DSM-5 Level 1 Cross-Cutting Symptom Measure- Adult (2013)

Draft 7.19.19

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Reducing Suicide

States

- Utah reversed an alarming increasing trend
- Part of Medicaid Improvement Plan
- In their legislative suicide prevention report they state "we are committed to becoming a Zero Suicide System of Care"

utah department of human services

State Suicide Prevention Programs

Behavioral Health

- Nation's largest provider of community-based behavioral healthcare
- Tennessee saw a 64% reduction in suicides in the first 10 months of using the C-SSRS

CENTERSTONE

Military

- Helped lead to a 22% reduction in suicides in 2014 in the Marines
- Top-down rollout at 14 Marine Bases and training for all support staff
- Lowest suicide rate of any branch of the armed forces
- Army 41% decrease in overnight hospital stays

MarineTimes

Primary Care

- Institute for Family Health
- Reduction in suicide in primary care

THE COLUMBIA LIGHTHOUSE PROJECT

Need to Ask – Screen and Monitor- Like Blood Pressure

- Nearly 50% of people who die by suicide see their primary care doctor the month before they die
  - 70% of older adults
  - 90% adolescents in the year prior
- 2/3 adolescent attempters in ER not present for psych reasons
- 25% of people who die by suicide seen in ER in past 12 months for non-psych reasons

A GREAT OPPORTUNITY FOR PRVENTION !

If we ask we can find them!!

Screening Works!

- Meta-analysis concluded that **screening results in lower suicide rates in adults** (Mann et al., JAMA 2005)

- College Screening Project - data suggest that screening brings high-risk students into treatment
  - Only 1 suicide in 4 years post-screening vs. 3 suicides in 4 years pre-screening program (Haas et al., 2008)

- Elderly primary care screenings - **118% increase in rates of detection and diagnosis of depression** (Callahan et al., 1996)

SPECIAL THANK YOU TO:

- Cheryln Rahr-Wood, MSW and Zero Suicide Coordinator, Division of Public & Behavioral Health / Office of Suicide Prevention
- The Columbia Lighthouse Project
- Misty Allen, Nevada Suicide Coordinator

RESOURCES

- CRISIS CALL SUPPORT SERVICES OF NEVADA (statewide crisis hotline) 1-800-273-8255
- SAFE VOICE (For Youth) (youth crisis reporting line) 833- 216-SAFE
- DPBH Rural Clinics Youth Mobile Crisis Response (youth response hotline) 702-486-7865
- DPBH CARE Team (hotline with clinicians for all ages) 877-283-2437
- Nevada HealthCARES Warmline (For healthcare workers) 833-434- 0385

Website address for more information:
www.cssrs.columbia.edu