

## UTMC CARE CLINIC GUIDELINES RYAN WHITE PROGRAM

**Guideline:** **Suicide Risk Screen**

**Policy Number Superseded:**

**Responsibility:** This guideline outlines the procedures and documentation for suicide risk screen for patients ages 12 years and older.

**Related Polices:**

3364-100-45-23 Involuntary Civil Commitment;  
Patients Lacking Decision Making Capacity  
3364-100-60-06 Adult Patients Requiring  
Psychiatric Interventions  
3364-101-02-01 Ambulatory Medical Record  
3364-140-04 Suicide Risk Screening &  
Assessment

**Purpose of Guideline:** To describe group treatment services within the UTMC Care Clinic - Outpatient Recovery Services Program that are psycho-educational in nature.

**Procedure:**

1. Patients who are 12 years of age or older and who meet the following criteria will be screened for suicide using a validated screening tool:
  - a. Are scheduled as a new patient to the clinic with intentions to participate in the Ryan White grant
  - b. Are being evaluated or treated for a behavioral health condition as their primary reason for care.
  - c. During the visit, the patient expressed suicidal ideation, intent, or plans of self-harm.
  - d. When clinically indicated at the discretion of the care provider.
2. New patients who intend to participate in the Ryan White grant will be screened for suicide by the trained Case Manager as a part of the Case Management Action



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Plan (CMAP). Screening will occur with the completion of each CMAP moving forward.

3. If the patient screens positive on the suicide screen, the trained staff member will immediately complete the following steps:
  - a. Ensure patient safety by remaining with the patient
  - b. Ensure the space is safe and ensure providers entering room are aware of risk.
  - c. Document the screening results, which includes the “Steps to Chart Once”
  - d. Patients will remain staffed at 1:1 until safety planning is completed. Staffed 1:1 means one individual assigned to one patient who maintains visual contact and be in the same room of the assigned individual.
  - e. Complete the Suicide Risk Assessment which is an evidenced-based assessment process which shall include questions that directly ask about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors as well as assessing severity and clinical intervention.
  - f. Determine appropriate level of care based on assessment.
  - g. Provide patient information to available resources such as the National Suicide Prevention Lifeline or other local resources such as Zepf Crisis Care, UTMC ER, etc.
  - h. When the assessment determines outpatient care is the appropriate level of care, offer a referral to an outpatient behavioral health service provider and if appropriate, offer to schedule with a program mental health provider.
  - i. Conduct safety planning in collaboration with the patient and guardian if applicable, to include coping skills and resources for reducing risks.
  - j. If the patient refuses to accept a referral to a mental health provider, a follow-up phone call shall be made within 24-48 business hours of positive screen for re-assessment of risk, to reinforce collaborative safety plan to bridge patient to timely ongoing care. At any point safety is a concern for patients or staff, a call to campus security is required
  
4. If patient answers “no,” no further action is required.
  - (1) Add an objective on the care plan that will address suicidal ideation for ongoing monitoring.
  
5. When a patient presents for a psychiatric appointment the trained medical support staff (i.e., MA, LPN, RN) will complete the he suicide screening and document responses in the clinical record.
  - (1) If patient answers “No,” no further action is required.

6. If the patient screens positive on the suicide screen, the trained staff member will immediately complete the following steps:
  - a. Ensure patient safety by remaining with the patient
  - b. Ensure the space is safe and ensure providers entering room are aware of risk.
  - c. Document the screening results, which includes the “Steps to Chart Once”
  - d. Patients will remain staffed at 1:1 until safety planning is completed. Staffed 1:1 means one individual assigned to one patient who maintains visual contact and be in the same room of the assigned individual.
    - (a) Notify the psychiatric provider that the patient screened positive during the suicide screening.
    - (b) Patient will be staffed 1:1\* until the psychiatric provider is available.

When patient is with the psychiatric provider for an initial visit, the psychiatric provider will:

- a. Complete the Suicide Risk Assessment which is an evidenced-based assessment process which shall include questions that directly ask about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors as well as assessing severity and clinical intervention.
  - b. Determine appropriate level of care based on assessment.
  - c. Provide patient information to available resources such as the National Suicide Prevention Lifeline 988, or other local resources such as Zepf Crisis Care, UPMC ER, etc.
- (2) Add a measurable objective on the treatment plan that will address suicidal ideation for on-going monitoring.
  - (3) Future assessments for suicide following a positive suicide risk screen will be addressed as a part of the on-going monitoring as identified on the treatment plan and at the discretion of the provider.
  - (4) Conduct safety planning in collaboration with the patient and guardian if applicable, to include coping skills and resources for reducing risks.
  - (5) Ensure the patient is staffed 1:1\* until safety planning is complete, and disposition determined. Document risk assessment, severity, safety plan, and patient understanding in the EMR.
7. As part of the initial therapy appointment, the provider will conduct the suicide screen and document responses in the clinical record.
    - (1) If patient answers “No,” no further assessment is required.
    - (2) If patient answers “Yes” the clinical provider will:

- a. Complete the Suicide Risk Assessment which is an evidenced-based assessment process which shall include questions that directly ask about suicidal ideation, plan, intent, suicidal or self-harm behaviors, risk factors, and protective factors as well as assessing severity and clinical intervention.
  - b. Determine appropriate level of care based on assessment.
  - c. Provide patient information to available resources such as the National Suicide Prevention Lifeline 988, or other local resources such as Zepf Crisis Care, UPMC ER, etc.
- (b) Add a measurable objective on the treatment plan that will address suicidal ideation for on-going monitoring..
  - (c) Ensure the patient is staffed 1:1\* until safety planning is complete, and disposition determined.
  - (d) Conduct safety planning in collaboration with the patient and guardian, if applicable, to include coping skills and resources for reducing risks.

Additional suicide screenings and assessments will be completed as clinically warranted.

- 8. In the case where the patient is NOT AGREEABLE for inpatient treatment and DOES NOT MEET CRITERIA FOR INVOLUNTARY civil commitment
  - a. Request patient to contact friends, family, or other outpatient treatment providers for support following the safety plan.
  - b. If necessary, HIPAA permits providers to make these contacts when the provider believes the patient may be a danger to self or others.
  
- 9. In the case where the patient is NOT AGREEABLE for inpatient treatment and DOES meet criteria for involuntary civil commitment,
  - a. an involuntary commitment will be pursued in accordance with UPMC policy 3364-100-45-23.
  - b. If clinician is not authorized by law to initiate the pink slip, clinician will contact authorized program personnel to assist with the pink slip. i.e., psychiatric clinical nurse specialist or psych NP, psychiatrist, medical doctor.
  
- 10. Telehealth considerations.
  - (1) When performing a telehealth appointment with a patient, the staff member should confirm:
    - (a) The patient's physical location, including current address.
    - (b) A current telephone number to contact should they lose connection.

- (c) An emergency contact and their phone number should the staff member need to contact to assist in maintaining patient safety (e.g., while waiting for emergency services/911 to arrive).
    - (2) If a patient expresses a psychiatric emergency during a telehealth appointment
      - (a) The staff member is to attempt to remain on the phone/video with the patient.
      - (b) The staff member is to contact 911/emergency services to request a well check.
      - (c) Document the disclosure on the PHI disclosure log.
11. Resources.
- Screening for Depression and Adolescents: U.S. Preventive Services Task Force Recommendation Statement* Annals of Internal Medicine Vol 164 No. 5 1 March 2016
- Child Suicide Screening Methods: Are We Asking the Right Questions? A review of the Literature and Recommendations for Practice* The Journal for Nurse Practitioner – JNP Volume 12, Issue 6, June 2016
- Practice Parameter for the Assessment and Treatment of Child and Adolescents with Suicidal Behavior* Child and Adolescent Psychiatry 40:7 July 2001
- The Suicidal Behaviors Questionnaire – Revised (SBQ-R): Validation With Clinical and Non-Clinical Samples* Psychological Assessment 2001 Volume 8, Number 4 443-454

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