

# MC3 MOC 4 Example Implementation Plan For Suicide Prevention:

Suicide Prevention	Short-term Phase 1 0-3 months	Short-term Phase 2 3-6 months	Mid-term 6-12 months	Long-term 1-3 years
Roll out Trajectory	Planning/Data Collection	Pilot	Full Implementation	Ongoing Data Collection
QI cycles	Baseline data	Pilot cycles	Implementation cycles	Quarterly data compilation
<p>Goals</p> <ul style="list-style-type: none"> <li>• Increase staff and provider suicide prevention knowledge, confidence and competence</li> <li>• Increase the identification of patients at risk of suicide</li> <li>• Implement standardized risk assessment, safety planning and lethal means safety interventions</li> <li>• Strengthen suicide prevention community partner engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Create Behavioral Health Team</li> <li>• Create Parent Focus Group</li> </ul> <p>Baseline data collection:</p> <ul style="list-style-type: none"> <li>• Provider, staff surveys</li> <li>• Identify gaps in care</li> </ul> <p>Design Pilot</p> <p>Identify needed community partners</p>	<p>Implement PHQ-9 + ASQ screening pilot for suicidal ideation</p> <p>Assess risk for +ASQ and intervention plan (to include risk assessment, safety planning, mental health referral, counseling lethal means safety)</p>	<p>Assess intervention/follow-up response to + screens: include staff education and training, risk assessment, safety planning/CALM, referral and follow-up care-coordination</p> <p>Repeat Provider, staff surveys</p>	<p>Reduce ED visit for suicidal ideation</p> <p>Counseling lethal means safety for all risk levels</p> <p>For patients identified at risk of suicidal ideation increase referral to mental health or other identified resources</p>

<ul style="list-style-type: none"> <li>• Reduce ED referrals for suicidal ideation</li> </ul>				
Data Collection	<p>Baseline data:</p> <ul style="list-style-type: none"> <li>• Staff and provider suicide prevention knowledge, confidence and competence</li> <li>• # screens completed</li> <li>• # positive screens (include Q# 9 PHQ-9 for baseline data)</li> <li>• % positive screens with documented intervention (risk assessment, safety planning, CALM)</li> </ul>	<p># screens completed  # positive screens %  positive screens with documented intervention (RA, SP, CALM)  % follow-up appointments  # processes in place</p>	# ED referrals for mental health crises	Repeat Provider, staff surveys annually

	<ul style="list-style-type: none"> <li>• # Suicide Prevention processes in place</li> <li>• # patients seen in ED for suicidal ideation following office visit</li> </ul>			
Trainings	<p>Review survey data</p> <ul style="list-style-type: none"> <li>• Offer training e.g. SafeTalk to BH team</li> <li>• Office plan for crisis call</li> <li>• Provider training for ASQ screening, risk assessment, safety planning, CALM For pilot team</li> </ul>	<ul style="list-style-type: none"> <li>• Offer training e.g. SafeTalk to all staff</li> <li>• Provider training for ASQ screening, risk assessment, safety planning, CALM</li> </ul>	<p>Community Partner Gathering to</p> <ul style="list-style-type: none"> <li>• share pilot outcomes and implementation plan</li> <li>• Identify resource and network needs</li> </ul>	<p>Annual staff CRISIS CALL training</p>