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Owner Shalaine Periman: Director, Crisis Services  
Area Service Provision- Crisis Services  
Applicability Burrell Behavioral Health

## 6.06 Zero Suicide

### I. Policy

- A. It is the policy of Burrell Behavioral Health ("Burrell"), a System Member of Burrell-Preferred, Inc d/b/a Brightli, in compliance with CARF Standard (4) (D), as part of the efforts to reduce the incidence of suicide, to establish the Zero Suicide Committee. This committee shall outline consistent standards of care that meet the recommendations of the Zero Suicide Institute. This committee is comprised of subcommittees outlined in the procedure below.

### II. Procedure

- A. Burrell has established a Zero Suicide Committee responsible for the oversight and implementation of the Zero Suicide Program. This committee consists of the following subcommittees: Supportive Care Pathway; Evaluation, Quality, Improvement and Research; Policy; Training; Lived Experience; Financial; and Community Engagement. The subcommittees are responsible for establishing and maintaining a comprehensive Zero Suicide plan, including establishing frequency of communication and review. The ultimate objective is to reduce the number of suicide attempts and deaths across Burrell and within our communities.

### Supportive Care Pathway

- A. Burrell shall meet the Zero Suicide Framework through implementation of a Suicide Care Management Plan to identify, engage, treat and transition all clients at-risk of suicide onto a Supportive Care Pathway for enhanced clinical care. Implementation and updates to this Supportive Care Pathway will be guided by evidenced-based practices. ([zerosuicide.edc.org/toolkit](https://zerosuicide.edc.org/toolkit))
- B. The chair of the Supportive Care Pathway subcommittee shall attend biannual Zero Suicide Oversight Steering Committee meetings, communicate all updates and consider all committee

recommendations when making updates to the care pathway, and meet with the Project Director on an as-needed basis to work towards accomplishing individualized subcommittee goals.

C. Care Pathway:

1. All clients/patients shall be screened utilizing a Patient Health Questionnaire (PHQ-9) assessment and if score is 10 or higher, then administration of the Columbia Suicide Severity Scale (CSSRS) shall take place. The client's/patient's level of risk will be classified as low, moderate or high. Both moderate and high classifications result in automatic eligibility to enter the Supportive Care Pathway.
  - a. Client/patient participation on the Supportive Care Pathway is voluntary
  - b. A licensed clinician may place a client/patient on the Supportive Care Pathway (with client/patient agreement) based solely on clinical judgment and independent of screener outcomes; this may take place at any time throughout the course of treatment.
2. Clients/patients enrolled in this care pathway shall have predetermined, agreed upon scheduled contacts and the CSSRS shall be administered at these contacts and at intervals specific to program requirements.
  - a. If a client/patient misses an appointment, clinical team members shall attempt to contact the client/patient within 24 hours of the missed appointment.
3. To exit the Supportive Care Pathway, the client/patient shall meet specified criteria that shall include two consecutive low risk CSSRs assessments.
  - a. In addition to the above criteria, clinical judgment shall be utilized when disenrolling a client/patient from the Supportive Care Pathway. A licensed clinician shall be included in the decision in this disenrollment from the pathway. Once the decision is made this course of action will be documented in the client's/patient's Electronic Health Record (EHR).

## Evaluation, Quality, Improvement, and Research (E-QIR)

- A. Burrell shall collect and examine data routinely, in order to achieve fidelity to the organization wide established process, in an effort to meet the Zero Suicide Framework. Improvement shall be made to policy and procedures for continuous quality improvement. ([zerosuicide.edc.org/toolkit/improve](https://zerosuicide.edc.org/toolkit/improve))
  1. Suicide Care shall be specified in all aspects of care, included in the clinical work flow and monitored through electronic health records to identify strengths and barriers within Burrell.
    - a. In the event of a suicide death, a comprehensive review shall take place by the Critical Incident Review Committee, utilizing evidenced-based and trauma-informed postvention activities.
      - i. In review, recommendations shall be made in a systematic manner free of blame and fostering trauma-informed approach.
      - ii. A debriefing with the treatment team of the decedent shall be

offered in timely manner, including the Crisis Team and other representation from the Critical Incident Review Committee, if available.

- iii. In the event of an identified suicide attempt, a comprehensive review shall take place by the Critical Incident Review Committee, utilizing evidenced-based practices to make recommendations and follow up to clinical care.
  - b. Burrell shall utilize the Zero Suicide Workforce Survey in order to identify areas of improvement.
  - c. Burrell shall identify best-practice indicators for risk and protective factors from a clinical standpoint and incorporate these findings into the organizational suicide response.
- B. The chair of the EQIR subcommittee shall attend the biannual Zero Suicide Oversight Steering Committee meetings, communicate all updates and consider all committee recommendations applicable to quality improvement, and meet with the Project Director on an as-needed basis to work towards accomplishing individualized subcommittee goals.
- C. Data shall be utilized from available national and state resources, such as the National Council for Behavioral Health, the local Department of Health and the local Department of Mental Health to determine incidence and means of suicide events for individuals within Burrell's service areas.

## Policy

- A. Burrell shall maintain this policy by reviewing and making revisions, as outlined in policy [5.01 Authority for Implementing and Revising Policies and Standard Operating Procedures](#) and on an as needed basis.
  - i. The chair of the Policy subcommittee shall attend biannual Zero Suicide Oversight Steering Committee meetings, as well as take an active role in reporting on any updates and consider all committee recommendations regarding reviews and revisions. ([zerosuicide.edc.org/toolkit/lead](https://zerosuicide.edc.org/toolkit/lead))

## Training

- A. Burrell shall train a competent, confident and caring workforce by equipping team members with the most up to date, best-practice, trauma-informed and competency-based education at hire and on a consistent on-going basis. All newly hired team members will receive introductory suicide prevention education, with ongoing education applicable to their role within the organization.
- B. Community suicide prevention training opportunities and needs shall be reviewed annually.
- C. Trainings shall include Question, Persuade, Refer (QPR) and Counseling on Access to Lethal Means (CALM), in addition to evidenced-based clinical intervention trainings made available through various funding sources such as Collaborative Assessment and Management of Suicidality (CAMS).

- D. The chair of the Training subcommittee shall attend the biannual Zero Suicide Oversight Steering Committee meetings, communicate all relevant training updates and consider committee recommendations applicable to trainings within the organization, and meet with the Project Director on an as-needed basis to work towards accomplishing individualized subcommittee goals.

## Lived Experience

- A. Burrell shall lead an organization wide culture change committed to reducing suicides, by including the input and participation of individuals with lived experience in developing, implementing and evaluating efforts. ([zerosuicide.edc.org/toolkit/lead](https://zerosuicide.edc.org/toolkit/lead))
- B. The chair of the Lived Experience subcommittee shall attend the biannual Zero Suicide Oversight Steering Committee meetings, communicate all relevant updates and consider committee recommendations applicable to lived experience involvement, and meet with the Project Director on an as-needed basis to work towards accomplishing individualized subcommittee goals.

## Financial

- A. Burrell shall explore all sources of funding for organizational suicide response efforts, to ensure sustainability of positions that are integral in maintaining the Zero Suicide Framework implementation and related activities.
  - 1. Sources of funding may include: departmental budgets, available federal, state and local grants, Burrell Foundation grants, corporate sponsorships and donations.
- B. The chair of the Finance subcommittee shall attend the biannual Zero Suicide Oversight Steering Committee meetings, communicate all relevant updates and consider committee recommendations applicable to finance, and meet with the Project Director on an as-needed basis to work towards accomplishing individualized subcommittee goals.

## Community Engagement

- A. In an effort to lead community suicide prevention and awareness efforts, Burrell shall engage with community stakeholders to gather input and assess needs. Engagement shall take place within: Our Networks Engaged (ONE) Initiative, Be Well Community, relevant community coalition's involvement, in addition to prevention and awareness training events.
- B. The chair of the Community Engagement subcommittee shall attend the biannual Zero Suicide Oversight Steering Committee meetings, communicate all relevant community needs and consider committee recommendations applicable to suicide prevention and awareness, and meet with the Project Director on an as-needed basis to work towards accomplishing individualized subcommittee goals.

## System Integration

- A. To further a System culture change committed to reducing suicides, Burrell will collaborate with other System Members in creating a roadmap for expansion of the Zero Suicide Framework and related activities.

- B. The chair of the System Integration subcommittee shall attend the biannual Zero Suicide Oversight Steering Committee meetings, communicate all relevant updates and consider committee recommendations, and meet with the Project Director on an as-needed basis to work towards accomplishing individualized subcommittee goals.

## III. Definitions

### Client/patient

- A. The persons, individuals, consumers or residents who are served by and/or receiving services from System Members.

### Stakeholder

- A. Any organization or individual with which the System has an official or unofficial connection related to the service provision, business development, advocacy, public relations or client/patient or team member support.

### System

- A. Brightli and all System Members

### System Member

- A. Brightli subsidiaries and entities in which Brightli is the sole member

### Team members

- A. All staff, employees, associates, volunteers, interns and other persons whose conduct is under the direct control of Brightli or a System Member.

## IV. References

- A. CARF Standard (4) (D)
- B. Zero Suicide Toolkit: <https://zerosuicide.edc.org/toolkit>

*This policy is an institutional policy and supersedes any departmental or prior version electronic or otherwise. Any printed version of this document is an Uncontrolled Copy and may not be the most current version.*

## Approval Signatures

Step Description

Approver

Date

SME Approval	Shalaine Periman: Director, Crisis Services	02/2025
Director Edit	Carisa Kessler: Director, Crisis Services, Central Region	02/2025
Director Edit	Natasha Corkins: Director, Crisis Services, Southwest Region	02/2025

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