



Origination	N/A	Owner	Crystal Mills: Zero Suicide Prevention Manager
Last Approved	N/A	Policy Area	Grants and Community Engagement
Effective	Upon Approval	Applicability	Detroit Wayne Integrated Health Network
Last Revised	N/A	References	SAFE-T guide
Next Review	1 year after approval		

Zero Suicide Comprehensive Follow-up Policy

POLICY

It is the policy of Detroit Wayne Integrated Health Network to ensure commitment to a system-wide, coordinated approach to suicide prevention that promotes a culture of safety and support through the use of coordinated monitoring and follow-up.

PURPOSE

Suicide is an urgent and escalating public health crisis. In 2022, over 49,000 individuals in the United States died by suicide, equating to one death every 11 minutes. The urgency to tackle this issue has intensified since the onset of the COVID-19 pandemic, further compounded by ongoing mental health and overdose crises.

The Detroit Wayne Integrated Health Network (DWIHN) is dedicated to eliminating suicide in Wayne County through a comprehensive, coordinated approach to suicide prevention that includes a robust care and support program. The procedural steps outlined herein are designed to prevent suicides in Wayne County through intensive/coordinated follow-up to risk identification and treatment episodes. This policy outlines the steps for coordinated follow-up of individuals deemed to be at risk of suicide.

APPLICATION

1. The following groups are required to implement and adhere to this policy:

- a. DWIHN Board,
 - b. DWIHN Staff including the following
 - 1. DWIHN PIHP Staff
 - 2. DWIHN Community Care Clinic Staff (Direct Care Staff)
 - 3. DWIHN Community Care Clinic Staff (DWIHN staff operating as a CCBHC)
 - 4. DWIHN Crisis Care Center Staff
 - 5. DWIHN Mobile Crisis Staff
 - c. Contractual Staff
 - d. Clinically Responsible Service Provider (CRSP) and their subcontractors
 - e. Specialty Providers
 - f. Crisis Services Vendors
 - g. Designated Collaborating Organizations (DCO)
2. This policy serves the following populations:
- a. Adults
 - b. Children
 - c. Individuals with Intellectual and/or Developmental Disabilities (I/DD)
 - d. Serious Mental Illness (SMI),
 - e. Serious Emotional Disturbance (SED),
 - f. Substance Use Disorder (SUD)
 - g. Autism
 - h. Mild/Moderate levels of care
3. This policy impacts the following contracts/service lines:
- a. Autism
 - b. Certified Behavioral Health Clinics
 - c. General Fund
 - d. Grants
 - e. MI-HEALTH LINK
 - f. Medicaid
 - g. SUD

STANDARDS

The implementation strategy for the Zero Suicide Initiative is based on the seven elements of the Zero Suicide framework:

- 1. Lead;

2. Train;
3. Identify;
4. Engage;
5. Treat;
6. Transition; and
7. Improve.

This policy is designed to clarify procedures and establish best practice guidelines related specifically to the element "Transition" as identified by SAMHSA and outlined in the Zero Suicide Policy and Care Plan (PolicyStat ID: 1609921) as follows.

Transition

- **Continuous Care:** Ensure rapid follow-up and caring contact for patients during care transitions. This includes post-discharge follow-ups and regular check-ins to monitor patient well-being.
- **Documentation:** Maintain thorough documentation of all patient interactions, treatment plans, and follow-up activities in EHR.

General Follow-up Activities:

Inpatient and Outpatient Care coordination and safety planning prior to discharge:

1. The provider shall schedule seven (7) day follow-up appointment prior to discharge (see Key Performance Indicators:PI#4a).
2. Gather crisis and contact information via contact form
3. Develop personalized safety plan
4. Identify and contact approved social supports
5. Update IPOS, Crisis Plan and increased service provision according to presenting concerns
6. Review discharge recommendations with social supports

Suicide Prevention Follow-up Activities by Program:

The assessment and monitoring of suicide risks is ongoing from initial point of contact through recovery to determine the immediacy of danger and to make decisions about intervention. The SAFE-T guide (Suicide Assessment Five-step Evaluation and Triage) developed by SAMHSA is used by all DWIHN service providers to meet this objective. The five-step guide includes:

1. identification of risk,
2. identifying protective factors,
3. inquiring about suicidality,
4. determining level of risk, and

5. identifying appropriate intervention

Roles and Responsibilities

1. **Access Center** - The Access Center conducts a preliminary suicide screening on all intakes using items from the Columbia risk scale. Individuals screened positive for suicide by the Access Center are either referred to Mobile Crisis for immediate intervention with high-risk crisis cases or to a care provider for ongoing treatment. A notation is made in the EHR.
2. **Mobile Crisis Team (MCT)** - The Mobile Crisis Team (MCT) provides 24-hour-on-call crisis assessment/intervention to anyone experiencing a behavioral health crisis, and well-being checks for persons not necessarily experiencing a full-scale crisis, but who have been deemed a potential risk for harm to self or others. The Columbia Scale is used by the Mobile Crisis Unit to assess suicide risk. Depending on level of risk, individuals screened positive at this point of contact are either taken to the hospital/crisis center for emergency hospitalization, a crisis stabilization unit (CSU) or connected to a provider for further evaluation and treatment determination.

MCT conducts follow-ups within 24 hours of face-to-face assessment for the individual (this does not apply to assessments that resulted in the individual entering /returning to an inpatient or detention facility (e.g. hospital, nursing home, group home, jail, etc.) nor does it apply to calls that were conducted exclusively via phone contact). Follow-up services include individual status assessments performed after the initial call. These assessments may include evaluations of the individual's levels of stress, hopelessness, risk, and symptomatology. Specifically, staff attempt to determine if these levels have decreased since the initial call and offer any support and/or referrals needed to promote continued improvement. Follow-up activities are noted in the individual's EHR.

3. **Treatment Providers** - An additional screening using the Columbia Scale is conducted by Treatment Providers to assess suicide risk at the point of intake. Depending on level of risk, individuals screened positive are either referred for inpatient or outpatient treatment.
4. **Inpatient Treatment:** For individuals who are hospitalized, upon discharge from the hospital, 'Hospital Discharge Planner' is responsible for ensuring the next steps are clearly outlined for care coordination. Care coordination is assigned to an outpatient provider. That provider is responsible for follow-up activities within 24-72 hours of discharge from care. At follow-up, the individual is rescreened for suicide, engaged around social determinants of health, and safety plans are reviewed and updated. Information from follow-up activities is documented in the EHR.
5. **Outpatient Treatment:** For individuals who receive outpatient services, an outpatient case manager manages care coordination and long-term support. Upon discharge from care, the case manager will follow-up within 72 hours and rescreen for suicide, engage the individual around social determinants of health, connect the person to needed resources, and review and update safety plans.

Approval Signatures

Step Description	Approver	Date
Stakeholder Feedback	Allison Smith: Director of Strategic Operations	Pending
Compliance/Administrative Review	Yolanda Turner: Vice President Of Legal Affairs	11/2025
Compliance/Administrative Review	Rai Williams: Director of Contract Management	08/2025
NCQA Committee	Margaret Keyes-Howard: Customer Service Engagement Manager	07/2025
Compliance/Administrative Review	Sheree Jackson: Vice President of Compliance	06/2025
Compliance/Administrative Review	Stacie Durant: VP of Finance	06/2025
Compliance/Administrative Review	Brooke Blackwell: VP of Governmental Affairs	06/2025
Compliance/Administrative Review	Manny Singla: Deputy CEO	06/2025
Clinical Review Committee	April Siebert: Director of Quality Improvement	06/2025
Clinical Review Committee	Jacquelyn Davis: Clinical Officer	06/2025
Clinical Review Committee	Shama Faheem: Chief Medical Officer	06/2025
Clinical Review Committee	Cassandra Phipps: Director of Children's Initiatives	06/2025
Clinical Review Committee	Daniel West: Director of Crisis Services	06/2025
Clinical Review Committee	Stacey Sharp: Clinical Officer	06/2025
Clinical Review Committee	Polly McCalister: Director of Recipient Rights	06/2025
Clinical Review Committee	Matthew Yascolt: Interim Director of Substance Use Disorder	05/2025
Clinical Review Committee	Vicky Politowski: Director of Integrated Care	05/2025

Clinical Review Committee	Melissa Moody: VP of Clinical Operations	05/2025
Clinical Review Committee	Ryan Morgan: Director of Residential Services	05/2025
NCQA Committee	Tania Greason: Quality Administrator	05/2025
NCQA Committee	Allison Smith: Director of Strategic Operations	05/2025
NCQA Committee	Justin Zeller: Project Manager	05/2025
Unit Review and Approval	Andrea Smith: Associate VP of Grants & Community Engagement	05/2025

Applicability

Detroit Wayne Integrated Health Network

Standards

No standards are associated with this document