VA's Suicide Risk Identification Strategy
The Essential Role of Psychologists

VA Psychology Leadership Conference
May 31, 2022

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Disclaimer: This presentation is based on work supported, in part, by the U.S. Department of Veterans Affairs (VA) but does not necessarily represent the views of VA or of the U.S. government.

Funding and Support: VA Office of Mental Health and Suicide Prevention (OMHSP) and Rocky Mountain Mental Illness Research, Education and Clinical Center (MIRECC)

Agenda

- Psychologists and Implementation
- VA's Suicide Risk Identification Strategy
  - Who, What, When, Where, Why, and How?
- The Role of Psychology Leaders in Implementation of Risk ID
  - In Clinical Practice
  - As a Supervisor
  - With Leadership and Within Systems
- Discussion

Psychologists and Implementation

- Implementation science helps reduce the science to practice gap.

- It leverages psychological research regarding behavior change, attitude change, organizational functioning, motivation, and leadership (Wiltsey & Beidas, 2020).

- Psychologists serve in multiple roles within healthcare systems: assessment, treatment, consultation, administration, teaching/training, and research (Wahass, 2005).

Psychologists serve a critical role in ensuring successful implementation of evidence-based practices, such as VA Risk ID.

VA's Suicide Risk Identification
Strategy (VA Risk ID)

Why: Patients at risk for suicide receive care outside of Mental Health

Sentinel Event Alert

Detecting and treating suicide ideation

Link to Risk ID Related Research on VA SharePoint.

What: VA Risk ID Suicide Strategy Overview

VA Risk ID is a national, standardized process for suicide risk screening and evaluation, using high-quality, evidence-based tools and practices.

Risk ID ensures fidelity to best practices for suicide risk screening and evaluation across the healthcare system.

VA Risk ID outlines a clear process for:

WHO *should be screened and/or evaluated.*
WHEN & WHERE *screening and/or evaluation should occur.*
HOW *screening and/or evaluation should be conducted and documented.*

What: Risk ID Requirements

On 11/23/22 a memorandum was released to update the field on Risk ID requirements:

- Streamline screening process (1 step vs. 2 step)
- Ensure compliance with Joint Commission Requirements
- Screen **ALL** Veterans at least annually
- Widen the breadth of providers and staff that can conduct suicide risk screening.

DEPARTMENT OF VETERANS AFFAIRS

Memorandum

Date: November 23, 2022

From: Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer (CMO) (11)

Subj: Eliminating Veteran Suicide: Suicide Risk Screening and Evaluation Requirements and Implementation Update (Risk ID Strategy) (VIEWS 08914231)

To: Veterans Integrated Services Network (VISN) Director (10N1-23)
VISN CMOs (10N1-23)
VISN Chief Mental Health Officers (10N1-23)
Medical Center Directors (00)

1. The purpose of this memorandum is to reissue requirements for the Veterans Health Administration (VHA) unified strategy for suicide risk screening and evaluation (VHA Suicide Risk Identification Strategy: Risk ID).[i] Each of us plays a crucial role in supporting VHA's top clinical priority to prevent Veteran suicide. This strategy ensures that the entire healthcare system is readily equipped to identify Veterans at risk for suicide, regardless of where they are receiving care, so they can be connected to life-saving resources and interventions.

2. The current two-step process is in alignment with the Joint Commission standards (National Patient Safety Goal 15.01.01). The two-step process requires timely completion of the Comprehensive Suicide Risk Evaluation (CSRE) for Veterans with a positive screen, determined by response to the Columbia-Suicide Severity Rating Scale (C-SSRS) screener. The following are required procedures for suicide risk screening and evaluation:

a. **Universal Screening Requirement**: All patients should be screened annually with the C-SSRS. Annual suicide risk screening is facilitated through the clinical reminder system. The annual suicide risk screen reminder should be satisfied by appropriate staff, at a patient's encounter, when it is due. All service areas are expected to complete the annual suicide risk screen when due.

b. **Setting-Specific Requirements**: In addition to annual universal screening, there are other setting-specific screening and evaluation requirements. These are available on the Risk ID SharePoint, https://dvagov.sharepoint.com/sites/ECH/srsa/SitePages/Risk-ID-Resources.aspx

c. **When Clinically Indicated**: The universal and setting-specific requirements provide a general approach for completion of the suicide risk screening and evaluation protocols. There may be additional clinical situations, such as when a patient presents with a new behavioral health concern, when use of the C-SSRS and/or the CSRE is indicated.

Who: Suicide Risk Screening Requirements

1. Universal Screening Requirement

- All Veterans should be screened annually for suicide risk.
- Screening should be completed in any setting when due (see FAQ 1 for detailed guidance).
- Screening should be completed *regardless of other setting-specific requirements for suicide risk screening and/or evaluation.*

2. Setting-Specific Screening Requirement

- Certain settings have requirements in addition to the Universal Screening Requirement.
- The setting-specific screening also satisfies the annual screening requirement and resets the annual requirement timeline.
- Refer to the Minimum Requirements by Setting document for details.

3. When Clinically Indicated

Who: Suicide Risk Screening Requirements

1. Universal:

   All Veterans must be screened annually for suicide risk.

2. Setting-Specific:

   Population or setting associated with increased risk and therefore additional screening requirements.

   Ex: At intake, at admission/discharge

   Risk ID Setting-Specific Guidance doc

3. Clinically Indicated:

   Veteran presents with a new behavioral health concern

   Identification of suicide risk warning signs

   Disclosure of suicidal ideation or behaviors

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When & Where

Department of Veterans Affairs (VA) Suicide Risk Identification Strategy

Minimum Requirements by Setting

Updated: 5/10/2023

Setting	Requirements (*in addition to Annual Screening*)
Emergency Department and Urgent Care Centers	C-SSRS Screener at each encounter (is embedded in the National Emergency Department/ Urgent Care RN Triage note)
Outpatient Mental Health	C-SSRS Screener during intake evaluation; as clinically indicated thereafter
Sleep Clinic	C-SSRS Screener at intake; C-SSRS Screener must be completed during intake evaluation unless a C-SSRS Screener was completed <30 days prior; as clinically indicated thereafter
Pain Clinic	C-SSRS Screener at intake; C-SSRS Screener must be completed during intake evaluation unless a C-SSRS Screener was completed <30 days prior; as clinically indicated thereafter
Opioid Treatment Program	C-SSRS Screener during intake evaluation; as clinically indicated thereafter. In cases of administrative discharge, CSRE within 24 hours before discharge if the patient can be reached.
Mental Health Residential Rehabilitation Treatment Program	C-SSRS Screener within 24 hours of admission and CSRE during the first week of admission; updated CSRE within a week before discharge and C-SSRS within 24 hours before discharge
Community Living Center	C-SSRS Screener within 24 hours of admission and within 24 hours before discharge
Inpatient Mental Health	C-SSRS Screener within 24 hours of admission and within 24 hours before discharge
Inpatient Medical/Surgical	C-SSRS Screener within 24 hours of admission and within 24 hours before discharge
Inpatient & Residential Rehabilitation	C-SSRS Screener within 24 hours of admission and within 24 hours before discharge

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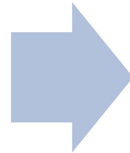
How: Two-Stage Process

C-SSRS Screener



VA Comprehensive Suicide Risk Evaluation (CSRE)

SCREEN: To detect who may be at risk for suicide and is need of further evaluation

EVALUATE: To inform clinical impressions about acute and chronic risk and associated disposition

A positive C-SSRS requires the timely completion of the CSRE.

In ambulatory care settings, timely = same day as the positive C-SSRS
In inpatient, residential and ED/UCC settings, timely = within 24 hours of the positive C-SSRS

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Risk Screening vs. Evaluation: What's the difference?

C-SSRS (Screener)

- Screening Tool
- Available through clinical reminder system, mental health assistant or can be embedded in note templates
- Consistent with Joint Commission requirements
- Structured –details specific factors that should be assessed
- Scripted questions
- Results in either a positive or negative screen

CSRE (Evaluation)

- Evaluation Tool
- New and Updated versions
- Available via a national note template
- Consistent with Joint Commission requirements
- Structured – details specific factors that should be evaluated
- NOT scripted- flexible administration
- Results in stratification of acute and chronic suicide risk and an individualized risk mitigation plan

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How and Why: C-SSRS Screener

- Identified as a validated screening tool by the Joint Commission
- Implemented for universal screening in large healthcare system

The Joint Commission Journal on Quality and Patient Safety 2018; 44:4–11

Development and Implementation of a Universal Suicide Risk Screening Program in a Safety-Net Hospital System

Kimberly Roaten, PhD, CRC; Celeste Johnson, DNP, APRN, PMH CNS; Russell Genzel, MSN, RN, CEN; Fuad Khan, MD, MBA; Carol S. North, MD, MPE

Background: Many individuals who die by suicide present for nonbehavioral health care prior to death. The risk is often undetected. Universal suicide screening in health care may improve risk recognition. A quality improvement project involving a universal suicide screening program was designed and developed in a large safety-net health care system.

Methods: The steps in developing and implementing this quality improvement program were gathering intelligence, examining resources, designing the screening program, creating a clinical response, constructing an electronic health record screening protocol, clinical workforce education, and program implementation. This project used the Columbia-Suicide Severity Rating Scale, Clinical Practice Screener–Recent, and a preliminary clinical decision support system.

…s: Prevalence data on suicide risk levels are provided for 328,064 adult encounters from the first six months of the …ng program. Approximately half of the screens were completed in the outpatient clinics, more than 40% in the emer-…epartment (ED), and slightly less than 5% in the hospital inpatient units. In the ED, 6.3% of the screens were positive, … 1.6% in the inpatient units, and 2.1% in the outpatient clinics. The odds of a positive suicide screening in the ED …9 times higher than the inpatient units and 3.13 times higher than the outpatient clinics.

…usion: A new quality improvement program for universal suicide screening was successfully implemented in a large …et health care system. The burden to the system from universal screening was not overwhelming and was managed …ely through thoughtful allocation of clinical resources.

Requirement	NPSG 15.01.01, EP 2: BHC: Screen all individuals served for suicidal ideation using a validated screening tool. HAP: Screen all patients for suicidal ideation who are being evaluated or treated for behavioral health conditions as their primary reason for care using a validated screening tool.
Rationale	Patients being evaluated or treated for behavioral health conditions often have suicidal ideation. Brief screening tools are an effective way to identify individuals at risk for suicide who require further assessment and steps to protect them from attempting suicide. Screening tools should be appropriate for the population to the extent possible (e.g., age-appropriate). When using validated screening tools, organizations should not change the wording of the questions because small changes can affect the accuracy of the tools. Examples of validated screening tools include the PHQ-2, the Patient Safety Screener, the TASR Adolescent Screener, and the ASQ Suicide Risk Screening Tool. The Columbia-Suicide Severity Rating Scale can be used for both screening and more in-depth assessment of patients who screen positive for suicidal ideation using another tool.

How and Why: CSRE

- CSRE Sections
  - Suicidal Ideation, Access to Means, History of Suicidal Behavior, Warning Signs, Risk Factors, Protective Factors, Reasons for Living
  - Risk Stratification (*See Risk Stratification Table*)
  - Risk Mitigation Strategies

- Insufficient evidence to recommend one assessment tool over another
- Many instruments limit ability to gather person-specific information such as warning signs. Using one instrument, tailored to the needs of our Veterans, across all VHA settings results in standardization of evaluation, thereby ensuring quality across the healthcare system and reduction of stigma
- CSRE is consistent with Joint Commission National Patient Safety Goal and VA/DoD Clinical Practice Guideline

Who: Administration of C-SSRS and CSRE

RISK ID

SUICIDE RISK IDENTIFICATION

Department of Veterans Affairs (VA) Suicide Risk Identification Strategy

Staff Specific Guidance

The Columbia - Suicide Severity Rating Scale Screener (C-SSRS Screener) and Comprehensive Suicide Risk Evaluation (CSRE) should be completed according to staff scope of practice; local leadership retains the ability to place limitations on who can complete the C-SSRS. The CSRE contains a detailed assessment and disposition, which must be administered by a licensed independent provider (LIP) or advanced practice provider (APP) employed in the job series associated with said license. See below for further detail.

	C-SSRS Screener	CSRE
MD/DO[1]	Yes	Yes
Licensed Psychologist (PhD/PsyD)[2]	Yes	Yes
Clinical Pharmacist Practitioner	Yes[*]	Yes
LCSW/LMSW/LISW[3]	Yes	Yes
LMFT[4]	Yes	Yes
LPMHC[5]	Yes	Yes
Addiction Therapist	Yes	No
LPN[6]	Yes	No
RN[7]	Yes	No
APRN: NP/CNS[8]	Yes	Yes
PA[9]	Yes	Yes
Peer Specialist	Yes	No
UAP[10]	Yes	No
RT and MIT[11]	Yes	No
PT/OT/KT[12]	Yes	No
Vocational Rehabilitation Specialist	Yes	No
Rehabilitation Counselor	Yes	No[**]
Psych Tech (psychometrician)	Yes	No
Chaplain	Yes	No
Associated Health Staff[13]	Yes	No

[Staff Specific Guidance](#) outlines who can administer the C-SSRS and CSRE

**** This document does not include a comprehensive list of all disciplines at VA.***

Risk ID Metrics in Ambulatory Care

Annual Suicide Risk Screen Adherence: eCSSRS1

Description: % of encounters with timely completion of the C-SSRS Annual Suicide Risk Screen (i.e., during an encounter in which it is due)

Timely CSRE after Annual Suicide Risk Screen: eCSRE1

Description: % of patients with timely completion of the CSRE following a positive C-SSRS Annual Suicide Risk Screen

Risk ID Metrics in Ambulatory Care

	22-Jul	22-Aug	22- Sept	22-Oct	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
eCSSRS1	42%	49%	48%	50%	50%	51%	52%	54%	56%	57%
eCSRE1	74%	75%	76%	76%	77%	77%	78%	81%	83%	84%

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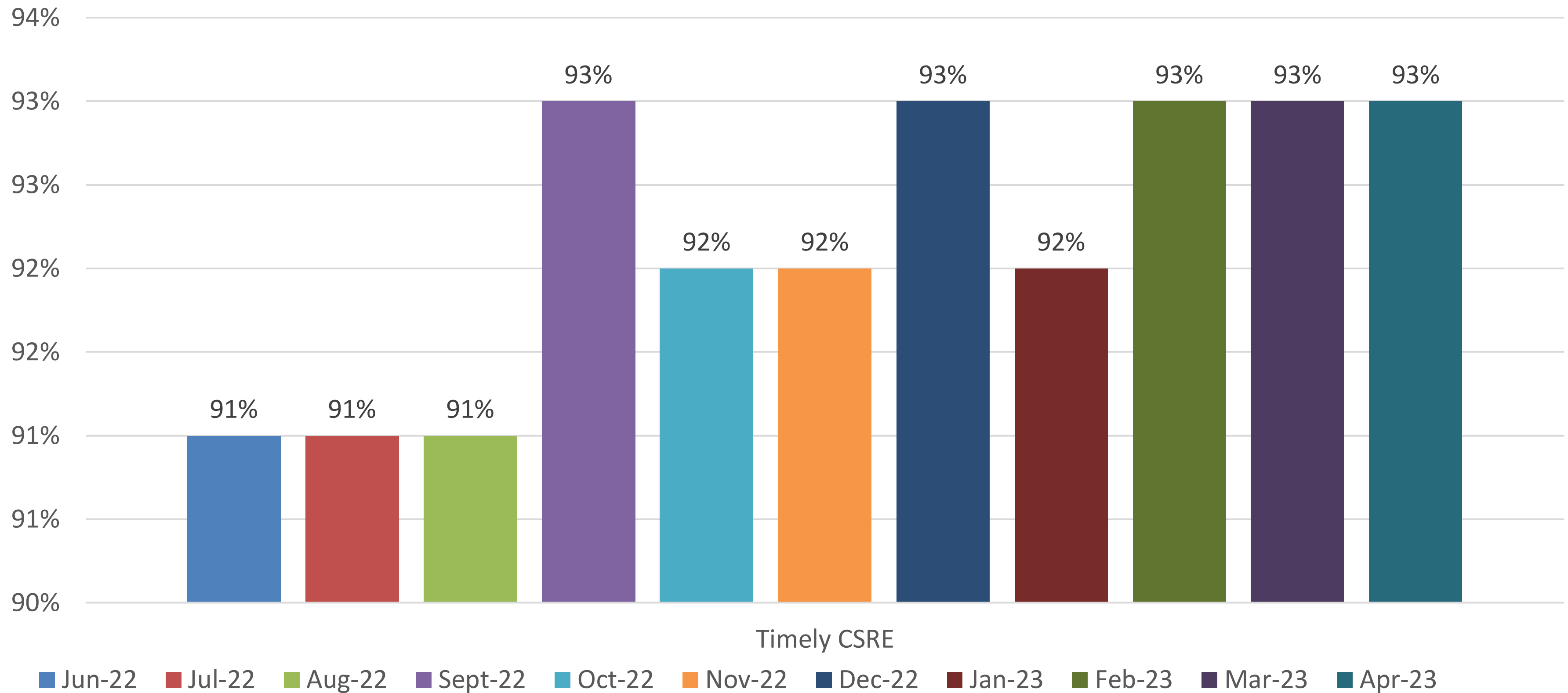
Risk ID Metrics in ED/UCC



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Risk ID and Treatment Engagement

PLOS ONE

RESEARCH ARTICLE

Mental health follow-up and treatment engagement following suicide risk screening in the Veterans Health Administration

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OPEN ACCESS

Citation: Bahraini N, Reis DJ, Matarazzo BB, Hostetter T, Wade C, Brenner LA (2022) Mental health follow-up and treatment engagement following suicide risk screening in the Veterans Health Administration. PLoS ONE 17(3): e0265474. https://doi.org/10.1371/journal.pone.0265474

Editor: Neal Doran, University of California San Diego School of Medicine, UNITED STATES

Received: October 4, 2021

Accepted: March 2, 2022

Published: March 17, 2022

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Data Availability Statement: Data cannot be shared publicly because of VA policies regarding data privacy and security. Data contain potentially identifying and sensitive patient information. All relevant de-identified data are included in the manuscript. For investigators with appropriate authorizations within the Department of Veterans Affairs, requests for data access can be made to VHAECHMIRECCAdmin@va.gov.

Funding: The Veterans Health Administration Suicide Risk Identification Strategy was funded by

Abstract

Importance

Understanding the extent to which population-level suicide risk screening facilities follow-up and engagement in mental health treatment is important as engaging at-risk individuals in treatment is critical to reducing suicidal behaviors.

Objective

To evaluate mental health follow-up and treatment engagement in the Veterans Health Administration (VHA) following administration of the Columbia-Suicide Severity Rating Scale (C-SSRS) screen, a component of the VHA's universal suicide risk screening program.

Design

This cross-sectional study used data from VA's Corporate Data Warehouse.

Settings

140 VHA Medical Centers.

Participants

Patients who completed the C-SSRS screen in ambulatory care between October 1, 2018—September 30, 2020.

Exposure

Standardized suicide risk screening.

Suicide risk identification was associated with **increased mental health follow-up and engagement**, *particularly for patients not previously connected with mental healthcare*.

The Role of Psychology Leaders in VA Risk ID

The Role of Psychology Leaders in VA Risk ID

- In Clinical Practice
- With Trainees
- As an Administrative Supervisor
- With Leadership and Within Systems

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The Role of Psychology Leaders in Clinical Practice

- Incorporate Risk ID screening and evaluation protocols into clinical care in a Veteran-centric manner
- Based on a study by Denneson et al. (2022), Veterans prefer:
  - Straightforward questions delivered with direct eye contact
  - Personal and conversation questions that are individually tailored
  - To feel that the person cares about the responses (engenders trust and honest disclosure)
- Strong clinical interviewing skills should be used to gather information for CSRE in a manner tailored to the Veteran and clinical context
- Conceptualization skills will facilitate understanding of what is driving and protecting risk, which will inform risk stratification

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The Role of Psychology Leaders in Clinical Practice

- Knowledge regarding suicide-specific best practices for identification and management of risk will ensure Veterans receive guideline- and policy-concordant care.
  - In addition to screening, recognize warning signs to identify clinical indications of elevated risk
  - Suicide-specific EBPs (e.g., via SP2.0), Safety Planning, Lethal Means Safety Counseling

- Increase comfort and transparency with discussion of suicide with Veterans to help reduce stigma and identify opportunities for intervention
- Provide psychoeducation to Veterans on suicide: dispelling myths, provide rationale for screening and suicide-specific interventions

The Role of Psychology Leaders with Trainees

- Include **suicide risk identification, evaluation, and management** in training programs. Comfort level and education regarding these topics often varies. Encourage role-play to increase comfort. Educate that evidence-based suicide-specific interventions exist.
  - Risk ID Trainings: Suicide Risk Identification and Management - TMS Trainings - All Documents (sharepoint.com)
  - Suicide Risk Management Consultation Program Lecture Series
  - VA-DOD Clinical Practice Guideline (CPG) for Patients at Risk for Suicide - MIRECC / CoE

- For trainees who lose a Veteran to suicide, address personal and professional impacts and begin to foster **post-traumatic growth.**
  - Be mindful of suicide loss at a vulnerable point in their development
  - Uniting for Suicide Postvention Website and VA SharePoint
  - Suicide Risk Management Consultation Program

The Role of Psychology Leaders: As a Supervisor

- Work with your Risk ID Facility Champion.
- Reach out to your champion or vhariskIDsupport@va.gov to gain a better understanding of your data:
  - Monthly Ambulatory and ED/UCC Risk ID Data: OMHSP Combined National SPP Metrics - Power BI (powerbigov.us)
  - Additional In-Depth Ambulatory Risk ID Reports: Risk ID Dashboard - Power BI (powerbigov.us)

- Review service area and clinic-level data over time to identify trends.
- Identify best practices from high-performing areas or staff/teams and send kudos for improvements or sustained high performance.
- Identify teams/clinics/providers with consistent underperformance.

The Role of Psychology Leaders: As a Supervisor

- When you identify clinics with high volume or consistent missed screening opportunities or CSRE fallouts, reach out individually to offer education
  - Send the message that the fallout is not a reflection of clinical acumen.
  - Consider screen sharing via Teams to show them the error and discuss solutions.
  - Consider developing a well-written email template that expresses appreciation and offers guidance. Link to an example shared by Risk ID champions, can be found here: Sample_Email_to_Providers_About_CSRE_Fallouts.docx (sharepoint.com)

Risk ID Fallout monitoring

Miller, Stephanie N.

To

Bcc

Reply | Reply All | Forward | ...

Mon 6/28/2021 9:51 AM

Dear

As part of the 2020-21 Suicide Prevention Initiative and Network Director's Performance Plan, the Suicide Prevention Team is taking a closer look at the Suicide Risk Identification (Risk ID) Strategy and how it is being implemented throughout our facility. Specifically, we are interested in reviewing facility fallouts for missed or untimely Comprehensive Suicide Risk Evaluation (CSRE) completions. We will be reviewing a portion of charts with missing or untimely CSREs each month, and will make our best efforts to reach out to the clinicians involved to offer education and/or consultative guidance as needed.

The reason for this email is that you recently provided care for a Veteran who appeared on our facility fall out list for missing/untimely CSRE completion. It is possible that this was not a true fallout, or that there understandable and/or unforeseen circumstances that made completion of a timely CSRE difficult. This email is not meant to be punitive in any way.

Please review the episode of care for Veteran on 6/25/2021. It appears as if the Veteran had a positive Columbia screen ("yes" to item 3) and was not administered a same day CSRE. Please let me know if you have questions or concerns about this episode of care, or if there were factors not captured in the record that made CSRE administration difficult or not feasible. It appears you were very thorough in assessing/managing risk otherwise. I am available for consultation on this case, or the Risk ID process in general if you feel this would be beneficial.

Thank you for the quality care you provide our Veterans!

The Role of Psychology Leaders: As a Supervisor

Conduct ongoing education:

- Ensure staff clarity around Risk ID expectations (annual screening in addition to setting-specific and clinically indicated)
- Present Risk ID initiative and available resources at relevant staff meetings (e.g., SharePoint, screening badges, webinars, roleplays)
- Offer regular mini refresher trainings to review Risk ID and associated metrics.
- Hold "drop in" hours for providers to pop in to ask questions.
- Hold trainings for any rotating, trainee/resident or temporary provider(s), which could include sharing flow maps and processes.

The Role of Psychology Leaders with Leadership and within Systems

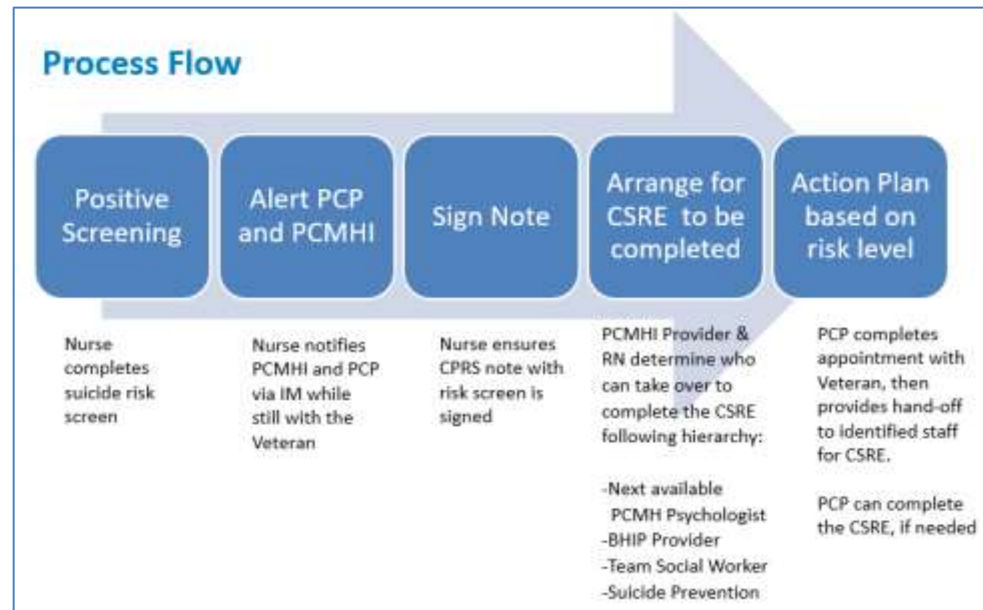
Facility-Level

- Ensure that ELT (e.g., Chief of Staff) has been briefed on:
  - Rationale for Risk ID
  - Risk ID requirements
  - Impact on measures such as CHARM1 in SAIL
- Recommend that Chief of Staff communicate Risk ID requirements to Service Chiefs with clear calls to action based on the requirements and current performance
- Consider presenting to all clinical service chiefs during leadership meetings
- Share common implementation barriers and propose solutions (e.g., facility-wide solutions for CSRE completion in service areas outside of MH and PC)

The Role of Psychology Leaders with Leadership and within Systems

Facility-Level

- Assist in development of Risk ID teams and SOPs
- Be mindful of community and culture
- Seek sustainability
- Share success stories with the field: with the Risk ID Implementation Team, on a Risk ID and SPED Technical Assistance Call, as an HRO Practice (First Friday Calls)



The Role of Psychology Leaders with Leadership and within Systems

VISN-level

- Add Risk ID elements to Network Performance Director's plan
- Promote culture change at the VISN level – suicide prevention is everyone's business (e.g., CMHOs partnering with VISN EM Leads)
- Share best practices and challenges in VISN OMHSP site visits

The Role of Psychology Leaders with Leadership and within Systems

OMHSP

- Partner with other national leads to
  - Facilitate implementation
  - Ensure compliance with accreditation requirements
- Learn from the process, refine plans over time
- Partner with Joint Commission to ensure consistency of requirements and best practices
- Set appropriate benchmarks for performance

Risk ID Resources

Risk ID: Know Your Resources

Risk ID Technical Assistance Support Email:

VHAECHRiskIDSupport@va.gov

Risk ID Technical Assistance Calls (every Thursday at 2 pm ET)

Risk ID Distribution email lists

News, updated documents, etc.

For invitation to the TA call or to be added to the distribution list, *email the above address.*

Risk ID: Know your Resources

Risk ID SharePoint https://dvagov.sharepoint.com/sites/ECH/srsa/SitePages/Home.aspx

There you can find:

- Screening Instruments and CSRE
- Staff and Setting Specific Guidance
- Frequently Asked Questions Document
- Facility Champions
- CSRE Toolkit
- Risk ID Trainings
- *among other things*

Supporting Providers Who Serve Veterans

Free consultation and resources for any provider in the community or VA who serves Veterans at risk for suicide.

Request a consult: srmconsult@va.gov

#NeverWorryAlone

www.mirecc.va.gov/visn19/consult

Risk assessment

Lethal means safety counseling

Conceptualization of suicide risk

Best practices for documentation

Strategies for how to engage Veterans at high risk

Provider support after a suicide loss (Postvention)

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Discussion

Discussion

- What are some challenges and barriers to implementing VA Risk ID as a Psychology leader? How can we address those?

- How do we change the culture of our organization and society to help VA staff address the topic of suicide in our care for Veterans, particularly in settings outside of mental health?

- How can we help VA leaders across all areas (not just mental health) create sound workflows and implement best practices for identifying suicide risk?

- What actions do you recommend that the local leaders take to further knowledge and implementation of VA Risk ID at their facilities?

Thank you

Questions?

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