



December 14, 2022

To OSH Psychology and Psychiatry Department staff, Nurses and Treatment Care Plan Specialists (TCPSs):

This CMO Directive modifies OSH Policy 6.056 "Suicide Risk Screening and Assessment" and relevant Psychology Department protocols.

Since 2018, OSH has required the Columbia Suicide Severity Rating Scale (C-SSRS) be completed by specific Psychology Department clinicians (Psychologists, Licensed Professional Counselors (LPC), or Licensed Marriage & Family Therapists (LMFT)) for every patient on admission. In addition, Psychology Department clinicians complete a clinical review following unit transfer to determine if an update to the C-SSRS is indicated. These assessments are in addition to the Nursing Suicide Screener and Psychiatry Suicide Risk Tool, both of which are required on admission and transfer for every patient.

Evaluation of our process for suicide risk assessment has identified that the C-SSRS provides the most clinical value for patients identified to be at elevated risk for suicide based on Nursing and Psychiatry screening and assessment. Weekly screening of patients on 1:1 enhanced supervision for suicide risk has also not proved to have a significant impact on decisions about discontinuation of enhanced supervision. Therefore, we are making a change to the requirements for the C-SSRS and Frequent Screener. This change will allow Psychology Department clinicians to provide more treatment and intervention services to patients at elevated risk for suicide.

It is my directive that effective **Monday, December 19, 2022**, the following changes will occur related to suicide risk assessments completed by Psychologists, LPCs and LMFTs:

- 1) The C-SSRS will no longer be routinely required for all patients on admission. Instead, Psychologists/LPCs/LMFTs must perform a suicide risk assessment using the C-SSRS within 5 business days of admission for all patients who endorse suicidal ideation on the admission Nursing Suicide Screener or who are rated as

being at **moderate or high short- or long-term risk** for suicide on the admission Psychiatry Suicide Risk Tool.

- 2) For patients placed on **close or 1:1 enhanced supervision for suicide risk**:
 - a. Psychologists/LPCs/LMFTs must complete a suicide risk assessment using the C-SSRS if the patient was not previously assessed during the current admission.
 - b. Psychologists/LPCs/LMFTs are no longer required to complete weekly suicide risk screening.

- 3) Patients at moderate or high short-term risk for suicide and patients on enhanced supervision for suicide risk for more than seven (7) days must have a treatment focus area in their Treatment Care Plan with goals and interventions related to suicide risk. Psychology Department clinicians must:
 - a. Provide information about the patient's known warning signs for suicide to the TCPS for inclusion into the treatment focus area.
 - b. Collaborate with other interdisciplinary team (IDT) members to develop and implement clinical interventions to address suicide risk. Psychology interventions are encouraged, in addition to interventions provided by other IDT members.
 - c. Consult weekly with the psychiatrist/PMHNP about current risk and need for enhanced supervision.

If you have questions, concerns or suggestions, please feel free to contact me at sara.walker@dhsosha.state.or.us or 503-945-8962.

Sincerely,



Sara C. Walker, MD
Chief Medical Officer
Oregon State Hospital

CC: Dolly Matteucci, Oregon State Hospital Superintendent