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CARF Standards Manual Supplement for Comprehensive Suicide Prevention Programs

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Introduction

The *2017 CARF Standards Manual Supplement for Comprehensive Suicide Prevention Programs* is designed to be used as a supplement to the *2017 Behavioral Health Standards Manual.* If your organization is interested in seeking accreditation for a comprehensive suicide prevention program, please contact CARF at (888) 281-6531 and speak with a resource specialist in the Behavioral Health customer service unit for more information.

After consulting your CARF resource specialist, you will need to obtain a copy of the *2017 Behavioral Health Standards Manual,* which will be used in conjunction with the standards in this document.

Applicable Standards

The following sections and standards will be applied in addition to the standards in this supplement:

- Accreditation Policies and Procedures.
- Section 1. ASPIRE to Excellence®—All standards in sections 1.A. and 1.C.–1.N. (Section 1.B. Governance is optional).
- Section 2.A. Program/Service Structure—Standards 1.–11. and 20.–21.
- Section 2.F. Nonviolent Practices—Standards 1.–2.

Standards in Sections 3.–5. would be used only if the organization is also seeking accreditation for those specific programs or population designations.

NOTE: *This supplement includes survey preparation questions for each standard, which are provided to assist the program in conducting a self-evaluation of its conformance to the standards, preparing for the on-site survey, and ensuring that all elements of each standard are addressed. Use of the survey preparation questions is optional; the program is not required to fill in answers or to share its answers with the survey team.*

Comprehensive Suicide Prevention Program (CSPP)

Description

Comprehensive suicide prevention programs are designed to reduce the incidence and impact of suicide events and promote hope and healing in the population served. Suicide prevention programs work to reduce risk factors and increase protective factors through the implementation of universal, selected, and indicated strategies that address the needs and reflect the culture and environment of the population served. They take a strategic approach to the design and implementation of activities that will be accessible to and have the greatest impact on persons served and their families/support systems, personnel, and partners and other stakeholders in the community.

Personnel in a comprehensive suicide prevention program receive competency-based training on suicide prevention, intervention, and postvention. Suicide prevention activities must be integrated into numerous community and clinical environments to be successful. To that end, comprehensive suicide prevention programs engage with stakeholders, including persons with lived experience, regarding capacity building; communication and messaging; and outreach, education, and training to increase awareness and expertise related to evidence-informed suicide prevention practices.

The program collects and analyzes data to measure its performance, inform capacity building to address gaps in resources and services, and further reduce risks and build resilience in the population served.

Standards

CSPP

1. The program documents an environmental scan that:
   a. Includes the following:
      (1) Description of the population served.
      (2) Risk factors present in the population served.
      (3) Protective factors present in the population served.
      (4) Incidence of suicide events in the population served.
      (5) Means of suicide events in the population served.
      (6) Culture(s) of the population served.
      (7) Resources and services available to:
         (a) Reduce risk factors.
         (b) Increase protective factors.
      (8) Gaps in resources and services.
      (9) Input from:
         (a) Persons with lived experience.
         (b) Other relevant stakeholders.
   b. Is reviewed at least annually.
   c. Is updated as needed.

Intent Statements

The program identifies the population it serves, paying particular attention to the elements identified in the standard. Although the program will strive to gather information with rigor, it may be influenced by the availability of data regarding suicide

events in the population. Where there are gaps in the data available, the program may utilize intuitive methods based on experience.

1.a.(7)–(8) Resources and services available within the organization as well as in the community are considered.

1.b.–c. The program is not required to conduct a comprehensive environmental scan each year. However, it is expected that appropriate steps be taken, up to and including conducting a complete scan, to address information that has become outdated or is determined to be incomplete.

Examples

1.a.(2) Examples of risk factors that might be considered include culture, economic circumstances such as poverty, access to weapons, race considerations, and prior incidence of suicide in the population served.

1.a.(3) Examples of protective factors that might be considered include the accessibility of behavioral healthcare, social connectedness, life skills, cultural norms, and religious beliefs.

1.a.(4) Information can be sought from a variety of sources, such as the local coroner's office, law enforcement, state suicide prevention offices, and the Centers for Disease Control.

1.a.(6) Culture in this context might include age, veteran status, gender identification, socioeconomic status, and other factors that are associated with suicidal behaviors. The culture of the population served may be supportive of seeking assistance or it might pose a barrier to doing so.

1.a.(9)(b) See the Glossary in the standards manual for a definition of *stakeholders*. For a comprehensive suicide prevention program, other relevant stakeholders might include schools, behavioral health providers, hospitals, law enforcement, first responders, and military command leadership.

Survey Preparation Questions

1. Explain how the program conducts and documents an environmental scan that addresses the following areas:

   ■ Description of the population served.

   _____

   _____

   _____

   ■ Risk factors present in the population served.

   _____

   _____

   _____

- Protective factors present in the population served.

  _____

  _____

  _____

- Incidence of suicide events in the population served.

  _____

  _____

  _____

- Means of suicide events in the population served.

  _____

  _____

  _____

- Culture(s) of the population served.

  _____

  _____

  _____

- Resources and services available to:
  - Reduce risk factors.

    _____

    _____

    _____

  - Increase protective factors.

    _____

    _____

    _____

■ Gaps in resources and services.

_____

_____

_____

■ Input from:
 – Persons with lived experience.

_____

_____

_____

 – Other relevant stakeholders.

_____

_____

_____

What is your process for reviewing the environmental scan at least annually and updating it as needed?

_____

_____

_____

CSPP

2. Based on the environmental scan and its resources and priorities, the comprehensive suicide prevention program implements a plan that:
   a. Addresses the needs of:
      (1) Persons served.
      (2) Families/support systems.
      (3) The community.
   b. Reflects input from:
      (1) Persons with lived experience.
      (2) Other relevant stakeholders.

    c. Includes the following areas:

      (1) Evidence-informed prevention activities, including:

        (a) Universal strategies for the general population.

        (b) Selected strategies for targeted groups based on identified risk factors.

        (c) Indicated strategies for:

          (i) Identifying persons at risk.

          (ii) Assisting persons at risk.

      (2) Development and/or maintenance of a network of resources and services to address needs in the following areas:

        (a) Behavioral health.

        (b) Case management.

        (c) Crisis services.

        (d) Financial.

        (e) Housing.

        (f) Legal.

        (g) Medical.

        (h) Peer support.

        (i) Spiritual support.

        (j) Vocational.

        (k) Other resources and services, as appropriate.

      (3) Safety and means reduction strategies for:

        (a) The general population.

        (b) Targeted groups based on identified risk factors.

        (c) Individuals identified as being at risk.

      (4) Life skills training that builds protective factors including:

        (a) Help seeking.

        (b) Stress reduction.

        (c) Coping skills.

        (d) Problem solving.

        (e) Wellness.

      (5) Postvention strategies for:

        (a) Targeted groups based on identified risk factors.

        (b) Individuals at risk, including:

          (i) Attempt survivors.

          (ii) Loss survivors.

  d. Is reviewed at least annually.

  e. Is updated as needed.

Intent Statements

This plan provides the basis for all of the activities performed by the program and should be logically reflective of the needs identified in the environmental scan. It should be complete, thorough, and include references to each of the elements of the standard. Refer to the Glossary in the standards manual for CARF's definition and requirements for a *plan*.

2.c.(2) It is not required that there be formal written agreements with each of the types of resources and services listed, but the program should have sufficient information available to provide for professional referrals and coordination.

Resources

2012 National Strategy for Suicide Prevention: Goals and Objectives for Action
www.ncbi.nlm.nih.gov/books/NBK109917

Survey Preparation Questions

2. Has the program implemented a plan, based on the environmental scan and the program's resources and priorities, that:

- Addresses the needs of:
  - Persons served?   ❑ Yes   ❑ No
  - Families/support systems?   ❑ Yes   ❑ No
  - The community?   ❑ Yes   ❑ No

- Reflects input from:
  - Persons with lived experience?   ❑ Yes   ❑ No
  - Other relevant stakeholders?   ❑ Yes   ❑ No

- Includes the following areas:
  - Evidence-informed prevention activities, including: ❑ Yes   ❑ No
    - Universal strategies for the general population?   ❑ Yes   ❑ No
    - Selected strategies for targeted groups based on identified risk factors?   ❑ Yes   ❑ No
    - Indicated strategies for:
      - Identifying persons at risk?   ❑ Yes   ❑ No
      - Assisting persons at risk?   ❑ Yes   ❑ No
  - Development and/or maintenance of a network of resources and services to address needs in the following areas:
    - Behavioral health?   ❑ Yes   ❑ No
    - Case management?   ❑ Yes   ❑ No
    - Crisis services?   ❑ Yes   ❑ No
    - Financial?   ❑ Yes   ❑ No
    - Housing?   ❑ Yes   ❑ No
    - Legal?   ❑ Yes   ❑ No
    - Medical?   ❑ Yes   ❑ No

- Peer support?   ❑ Yes   ❑ No

- Spiritual support?   ❑ Yes   ❑ No

- Vocational?   ❑ Yes   ❑ No

- Other resources and services, as appropriate?   ❑ Yes   ❑ No

– Safety and means reduction strategies for:

- The general population?   ❑ Yes   ❑ No

- Targeted groups based on identified risk factors?   ❑ Yes   ❑ No

- Individuals identified as being at risk?   ❑ Yes   ❑ No

– Life skills training that builds protective factors including:

- Help seeking?   ❑ Yes   ❑ No

- Stress reduction?   ❑ Yes   ❑ No

- Coping skills?   ❑ Yes   ❑ No

- Problem solving?   ❑ Yes   ❑ No

- Wellness?   ❑ Yes   ❑ No

– Postvention strategies for:

- Targeted groups based on identified risk factors?   ❑ Yes   ❑ No

- Individuals at risk, including:

  - Attempt survivors?   ❑ Yes   ❑ No

  - Loss survivors?   ❑ Yes   ❑ No

What is your process for reviewing the plan at least annually and updating it as needed?

_____

_____

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_____

CSPP

3. The program implements a strategy for stakeholder engagement that includes:

    a. Promoting capacity building to address gaps in resources and services.

    b. Evidence-informed communication, including safe messaging guidelines.

    c. Outreach to relevant stakeholders to promote the objectives of the program.

    d. Education and/or training for stakeholders based on their needs and interests.

Intent Statements

The program will have a variety of stakeholders based on the population served and the complexity of its network. The program should seek stakeholder engagement through a variety of mechanisms that are most effective based on its size and scope.

Survey Preparation Questions

3. Explain how the program has implemented a strategy for stakeholder engagement in the following areas:

- Promoting capacity building to address gaps in resources and services.

_____

_____

_____

- Evidence-informed communication, including safe messaging guidelines.

_____

_____

_____

- Outreach to relevant stakeholders to promote the objectives of the program.

_____

_____

_____

- Education and/or training for stakeholders based on their needs and interests.

_____

_____

_____

CSPP

4. The program implements written procedures for referrals to appropriate resources and services to address identified needs of persons served, including:

a. When appropriate, the exchange of relevant information regarding the persons served.

b. Proactive outreach to support:

(1) Persons served during care or life transitions.

(2) Families/support systems, as needed.

Intent Statements

When the program identifies persons needing services that are outside of its scope, there are written procedures to guide the referral process and how confidential information is handled.

Examples

4.b. When persons served transition from one program to another or from care to no care, these are identified as times of higher risk. Life transitions, such as career transitions, marital or relationship transitions, or relocation may also be identified as times of higher risk.

Survey Preparation Questions

4. Does the program have written procedures for referrals to appropriate resources and services to address identified needs of persons served, including:

■ When appropriate, the exchange of relevant information regarding the persons served? ❏ Yes ❏ No

■ Proactive outreach to support:

– Persons served during care or life transitions? ❏ Yes ❏ No

– Families/support systems, as needed? ❏ Yes ❏ No

Where are these procedures documented?

_____

_____

How do you ensure that these procedures are consistently implemented?

_____

_____

_____

Give some examples of how the program engages in proactive outreach to support persons served during care or life transitions.

_____

_____

_____

_____

Give some examples of how the program engages in proactive outreach to support families/support systems of the persons served, as needed.

_____

_____

_____

_____

I YW

5. The program implements written procedures for crisis intervention.

Intent Statements

The program must have sound and realistic procedures for managing crises reflective of the needs of the population served. Although there may be a close relationship with a crisis line, that is not a substitute for program procedures.

Survey Preparation Questions

5. Does the program have written procedures for crisis intervention?

❑ Yes   ❑ No

Where are these procedures documented?

_____

_____

How do you ensure that these procedures are consistently implemented?

_____

_____

_____

CSPP

6. Based on their roles and responsibilities, the program provides documented, competency-based training to personnel:

a. **At:**

   (1) **Orientation.**

   (2) **Regular intervals.**

b. **That includes, at a minimum, the following topics:**

   (1) **Suicide risk factors.**

   (2) **Suicide protective factors.**

   (3) **Suicide concepts and facts.**

   (4) **Evidence-informed communication, including safe messaging guidelines.**

   (5) **Grief and loss.**

   (6) **Issues related to imminent harm.**

   (7) **Legal and regulatory considerations for persons at risk for suicide.**

   (8) **Means safety.**

   (9) **Postvention.**

   (10) **Referral process to network resources and services to meet the needs of persons served.**

   (11) **Safety planning.**

   (12) **Trauma-informed care.**

Intent Statements

The personnel assigned to the program are trained and competent in the complex nature of the work it performs.

Resources

The following resources may assist programs in developing training curriculum.

- Suicide risk and protective factors:

  – *Understanding Risk and Protective Factors for Suicide: A Primer for Preventing Suicide:* **www.sprc.org/sites/default/files/migrate/library/RiskProtectiveFactorsPrimer.pdf**

  – *Preventing Suicide: A Toolkit for High Schools:* **store.samhsa.gov/shin/content/SMA12-4669/SMA12-4669.pdf**

  – Defense Suicide Prevention Office: **www.dspo.mil/About-Suicide/Protective-Factors/**

  – **youth.gov/youth-topics/youth-mental-health/risk-and-protective-factors-youth**

  – **https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Suicide-Risk-Assessment-Standards-1.pdf**

- Communication and safe messaging:

  – **www.sprc.org/keys-success/safe-messaging-reporting**

  – **suicidepreventionmessaging.actionallianceforsuicideprevention.org**

  – **reportingonsuicide.org**

- Means Safety:
  - **www.sprc.org/comprehensive-approach/reduce-means**
  - *Reducing a Suicidal Person's Access to Lethal Means of Suicide:* **actalliancefor-suicideprevention.org/sites/actionallianceforsuicideprevention.org/files/Reducing%20a%20Suicidal%20Persons%20Access%20to%20Lethal.pdf**
- Postvention:
  - **www.sprc.org/comprehensive-approach/postvention**
  - **actionallianceforsuicideprevention.org/sites/actionallianceforsuicidepre-vention.org/files/Managers-Guidebook-To-Suicide-Postvention-Web.pdf**
  - **www.naspa.org/focus-areas/mental-health/postvention-a-guide-for-response-to-suicide-on-college-campuses**
- Safety Planning:
  - **www.suicidesafetyplan.com/**
  - **www.sprc.org/resources-programs/patient-safety-plan-template**
  - **my3app.org/safety-planning/**

Survey Preparation Questions

6. Does the program provide documented, competency-based training to personnel, based on their roles and responsibilities, at:

■ Orientation?	❑ Yes	❑ No
■ Regular intervals?	❑ Yes	❑ No

Does the training include:

■ Suicide risk factors?	❑ Yes	❑ No
■ Suicide protective factors?	❑ Yes	❑ No
■ Suicide concepts and facts?	❑ Yes	❑ No
■ Evidence-informed communication, including safe messaging guidelines?	❑ Yes	❑ No
■ Grief and loss?	❑ Yes	❑ No
■ Issues related to imminent harm?	❑ Yes	❑ No
■ Legal and regulatory considerations for persons at risk for suicide?	❑ Yes	❑ No
■ Means safety?	❑ Yes	❑ No
■ Postvention?	❑ Yes	❑ No
■ Referral process to network resources and services to meet the needs of persons served?	❑ Yes	❑ No
■ Safety planning?	❑ Yes	❑ No
■ Trauma-informed care?	❑ Yes	❑ No

How does the program determine personnel training needs based on their roles and responsibilities?

_____

_____

_____

Describe how training is provided at orientation and at regular intervals.

_____

_____

_____

_____

How and where is this training documented?

_____

_____

CSPP

7. The program provides personnel with:
    a. Opportunities to discuss suicide events without blame.
    b. Opportunities to express their emotions related to suicide events.
    c. Resources for support.

Intent Statements

Programs working in this area may experience suicide events that expose personnel to vicarious trauma. Personnel should be able to access support and discuss the events without fear of reprisal from leadership or colleagues.

Survey Preparation Questions

7. Give some examples of how the program provides personnel with:

   ■ Opportunities to discuss suicide events without blame.

_____

_____

_____

   ■ Opportunities to express their emotions related to suicide events.

_____

_____

_____

■ Resources for support.

_____

_____

_____

Additional Resources

- American Association of Suicidology: **www.suicidology.org/**
- American Foundation for Suicide Prevention: **https://afsp.org/**
- National Suicide Prevention Lifeline: **www.suicidepreventionlifeline.org**
- Suicide Awareness and Voices of Education: **www.save.org**
- Suicide Prevention Resource Center: **www.sprc.org**
- Canadian Association for Suicide Prevention: **http://suicideprevention.ca/**
- centre for suicide prevention: **www.suicideinfo.ca/**
- centre for suicide prevention training workshops: **www.suicideinfo.ca/workshops/**
- ReachOutNow: **www.reachoutnow.ca/resources_e.php**
- Together to Live: **www.togethertolive.ca/prevention-tools-and-resources**
- LivingWorks: **www.livingworks.net**
- Tragedy Assistance Program for Survivors: **www.taps.org**
- Defense Suicide Prevention Office: **www.dspo.mil**
- Department of Veterans Affairs: **www.research.va.gov/topics/suicide.cfm**
- SAMHSA Suicide Prevention: **www.samhsa.gov/suicide-prevention**
- CARF Quality Practice Notice on Suicide Prevention: **www.carf.org/QPN_SuicidePrevention_Sept2016**

Documentation Examples

The following are examples of the types of information you should have available to demonstrate your conformance to the standards in this subsection. See Appendix A in the standards manual for more information on required documentation.

- Documentation of environmental scan
- Program plan
- Written procedures for referrals
- Written procedures for crisis intervention
- Documentation of competency-based training for personnel

Appendices

The following tables list standards in this supplement that explicitly require some form of written documentation, specified timelines, or specified training to be provided. Please refer to the Appendices included in the standards manual for more information.

Appendix A. Required Written Documentation

Standard	Requirements	Location of Documentation
1.	Documentation of environmental scan	
2.	Program plan	
4.	Written procedures for referrals	
5.	Written procedures for crisis intervention	
6.	Documentation of competency-based training for personnel at orientation and regular intervals	

Appendix B. Operational Timelines

Standard	Requirements
6.a.	Competency-based training for personnel provided at orientation and regular intervals (defined intervals to be determined by the organization)

Appendix C. Required Training

Standard	Requirements
3.	Education and/or training for stakeholders based on their needs and interests
6.	Competency-based training for personnel