

CHAPTER Service Delivery	CHAPTER 02	SECTION 004	SUBJECT 210
SECTION Clinical and Support Services		DESCRIPTION Suicide and Homicide Prevention	
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APPLICATION:

☒ CMH Staff	☐ Board Members	☒ Provider Network	☐ Employment Services Providers
☐ Employment Services Provider Agencies	☒ Independent Contractors	☒ Students	☒ Interns
☒ Volunteers	☐ Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) is committed to reducing the risk of suicide and homicide.

STANDARDS:

- A. Staff assess persons served to identify potential suicide or homicide risk and implement appropriate interventions to support safety.
- B. Staff are trained on and use standardized suicide and homicide risk assessments for all persons served.
- C. Staff are trained on and complete additional safety planning with persons served with elevated risk, which may include lethal means safety practices and use of Extreme Risk Protection Orders (ERPO).
- D. ERPOs are used to temporarily reduce access to firearms and other lethal means for individuals at risk of harming themselves or others. ERPOs are used when clinically indicated and consistent with Michigan law.

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PROCEDURES:

- A. All persons served are assessed for risk to self or others using clinically appropriate methods.
- B. For persons served indicating or referencing thoughts of hurting self, wanting to be dead, or who score 15 or higher on the Patient Health Questionnaire (PHQ-9), the primary case holder or other clinical staff complete the Suicide Assessment Five-step Evaluation and Triage (SAFE-T) and Columbia Suicide Severity Rating Scale (C-SSRS).
- C. For persons served indicating or referencing thoughts of harming or killing others, the primary case holder or other clinical staff complete the Homicidal Lethality Assessment and SAFE-T with C-SSRS.
- D. When moderate or high risk is identified, primary case holder or other clinical staff address access to lethal means and provide counseling focused on temporary risk reduction and follow through on environmental factors in SAFE-T protocol with C-SSRS. Staff use best clinical judgment and may work with their supervisor, Triage, or Chief Clinical Officer to evaluate the need for additional intervention, such as inpatient hospitalization (see LCCMH Policy 02.004.20 Pre-Screening Inpatient Hospitalization) or ERPO (see LCCMH ERPO and Lethal Means Work Instructions in How to Guides Folder).
- E. Staff considering an ERPO documents all related clinical decision-making and informs the clinical supervisor, Chief Clinical Officer, and Recipient Rights.
- F. Staff implement immediate clinical or emergency interventions in situations with imminent risk, see LCCMH Policy 02.002.65 Duty to Warn.

DEFINITIONS:

Duty to Warn: if a patient communicates to a mental health professional who is treating the patient a threat of physical violence against a reasonably identifiable third person and the recipient has the apparent intent and ability to carry out that threat in the foreseeable future, the mental health professional has a duty to take action as prescribed in subsection.

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Extreme Risk Protection Order (ERPO): a civil court order that can temporarily restrict firearm purchase/possession when a person poses a significant risk of harm to self/others.

Homicide: the deliberate and unlawful killing of one person by another.

Lethal Means: objects that can be used to inflict self-directed violence or severe harm (e.g., firearms, medications).

Suicide: death caused by self-directed injurious behavior with intent to die because of the behavior.

REFERENCES:

LCCMH Policy 02.004.20 Pre-Screening Inpatient Hospitalization
LCCMH Policy 02.002.65 Duty to Warn
Homicidal Lethality Assessment
Patient Health Questionnaire (PHQ-9)
SAFE-T with C-SSRS - Suicide Assessment Five-step Evaluation and Triage (SAFE-T)
with Columbia-Suicide Severity Rating Scale (C-SSRS)

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