



HEROIC
HONORABLE
DEDICATED
DUTY
SERVICE
BRAVE
READY
COMMITMENT
COURAGEOUS
SELFLESS
INTEGRITY
VALIANT

MISSION
PATRIOTIC
RESPECT
ALWAYS
COUNTRY
SEMPER
DEFEND

Cohen Veterans Network

Suicide Prevention at Cohen Veterans Network: Approaches to Policies, Practices, and Training

Stephanie Renno, LCSW, DSW

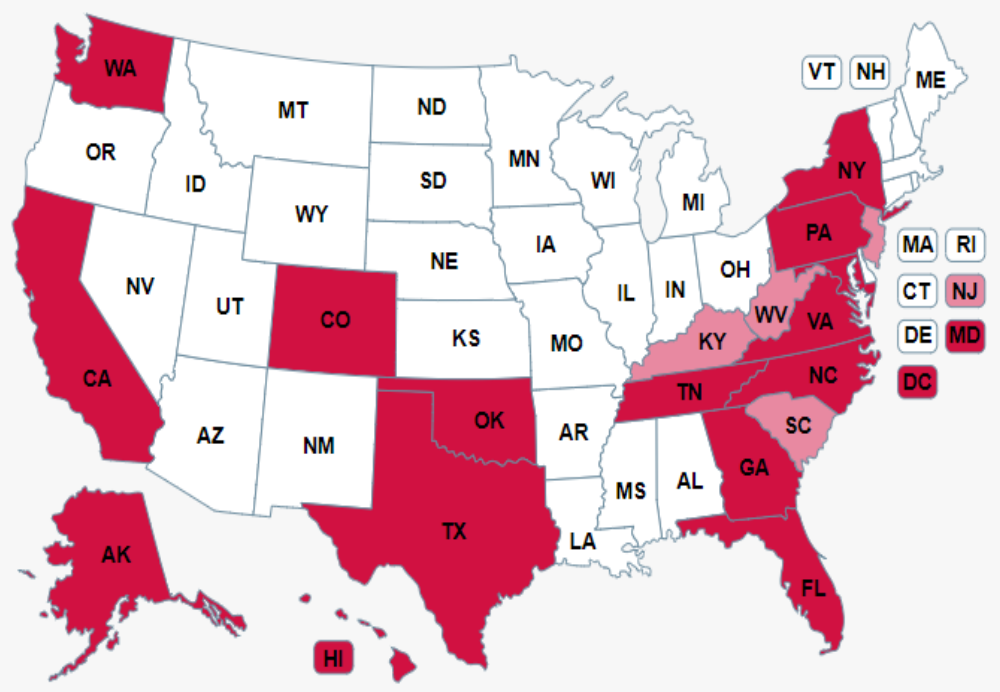
Senior Director, Clinical Practice and Training



accessible

low to no cost

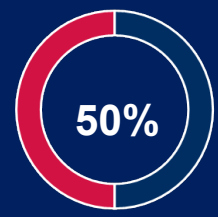
high quality



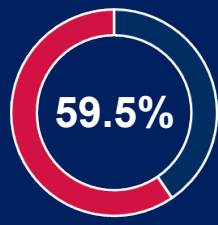
● In-Person & Telehealth Available ● Telehealth Available

Cohen Veterans Network

is a not-for profit organization with a mission to improve the quality of life for post-9/11 veterans, service members, and their families by providing low to no cost, high-quality, accessible, and integrated mental health care. Through a network of outpatient mental health clinics, trained clinicians deliver **holistic evidence-based care** to treat mental health conditions, while working to destigmatize mental health treatment.

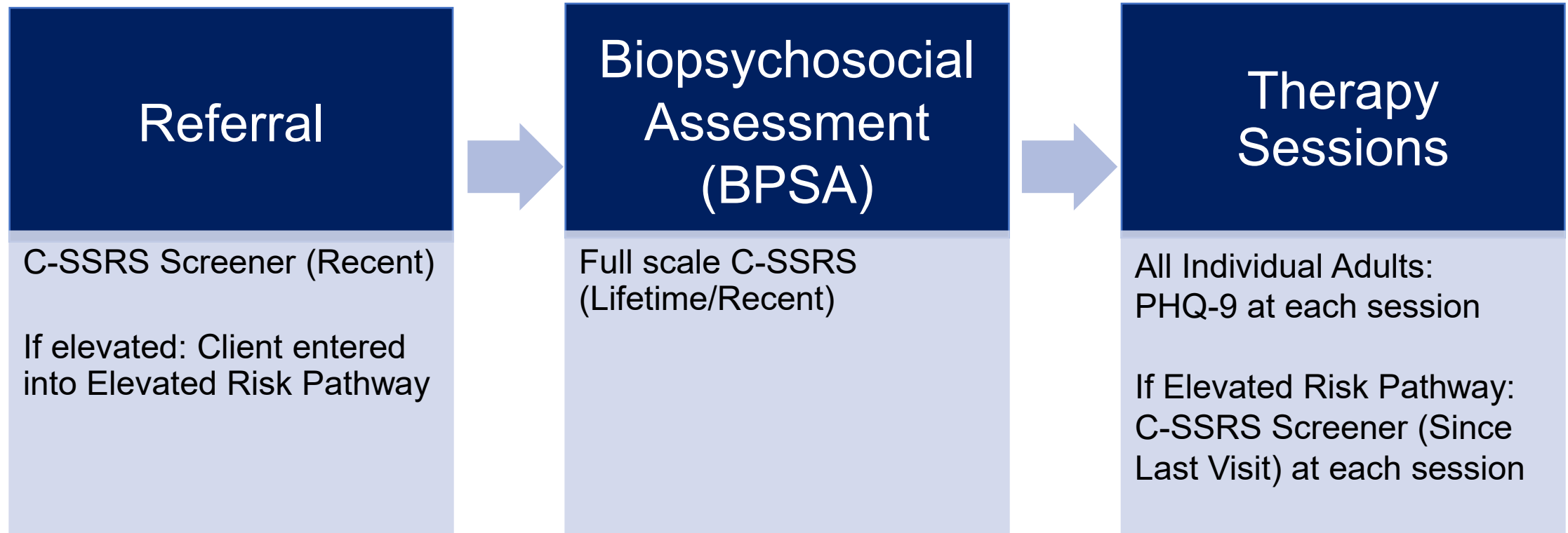


Almost 50% of our clients are family members of military or veterans



59.5% of veterans served report enrollment in or receipt of VA care

Policy: Screening





Policy: Elevated Risk Pathway

- Safety Planning
 - Monthly review and update of Safety Plan
- Lethal Means counseling
- Weekly CSSRS Screener - Since Last Visit
- Targeted treatment goals around suicidality
- Increased follow-up and monitoring around no-showed appointments



Policy: Patient Safety Organization- Cohen Clinical Quality Institute



- Collect and analyze data reported by healthcare providers
- Improve patient safety and healthcare quality
- Learning health system environment
 - legal protections for collected information.

Policy: Quality Assurance and Risk



Was the risk level assigned by the clinician indicated based on the documented assessment of risk factors? *

Yes No N/A

Was client designated high-risk? *

Yes No N/A

Was the CSSRS - Since Last Visit done at each session? *

Yes No N/A

Was the risk assessment documented in each therapy note? *

Yes No N/A

If moderate/high risk was assessed was an alert entered and kept on record for the entire EOC? *

Yes No N/A

If the client no-showed, was outreach documented? *

Yes No N/A

Was a safety plan completed when client screened as high-risk? *

Yes No N/A

Was each of the 6 steps of the safety plan completed, or if not, was there a rationale? *

Yes No N/A

Was the safety plan reviewed/updated monthly? *

Yes No N/A

Were crisis resources & urgent appointments offered? *

Yes No N/A

Was lethal means/safety counseling documented? *

Yes No N/A

Policy: Sentinel Event Review and Support



Sentinel Event Reporting Form and Clinical Record Review

CONFIDENTIAL: Patient Safety Work Product (PSWP) This form is for the reporting of sentinel events. A sentinel event is defined as an unexpected occurrence involving death or serious physical or psychological injury. For the purposes of CCQI and this reporting form, a sentinel event means the death by suicide of an individual actively receiving services or a suicide attempt from a current client that resulted in serious harm or injury. A sentinel event also includes client-involved homicide, whether as perpetrator or victim. If you have questions about this form or reporting processes please contact PSO@CohenVeteransNetwork.org.

NOTE: Upon becoming aware of a sentinel event, immediately notify CVN Chief Clinical Officer Dr. Tracy Neal-Walden of event details via phone at [REDACTED]. If you are unable to reach Tracy, please immediately reach out to your Clinical Programs QA Manager.

Please ensure CVN has been notified prior to completing this form.

Support

- Postvention with TAPS or VA Rocky Mountain MIRECC

Review

- Overall assessment of suicide risk
- Compliance with CVN elevated risk protocols

Act

- Train, support, remediate



Practice: Comprehensive Support



**Individual
Intervention**



Training to Suicide Prevention

- Suicide Prevention Foundations
 - Assessment
 - Risk Stratification
 - Safety planning
 - Lethal means counseling
- Lethal Means Counseling with Veterans
- Cognitive Behavioral Therapy for Suicide Prevention
- Collaborative Assessment and Management of Suicidality (CAMS)
- Monthly suicide prevention consultation calls



Training: Sitting with the Grey

Core Assumptions About Providers:

1. Clinicians can only influence, not control, client suicide
2. The clinician is not the only expert in the room
3. Understanding clinician limitations is important for conducting suicide assessment; there's a lot we can't know
4. Like clients, clinicians are doing the best we can, given both our history and our current resources
5. And we need to actively work to strengthen our resources, learn more, and do even better

Challenges



- The cost of quality
 - QA team members
 - Training costs
 - Indirect costs: clinician time away from clients to engage in training, enhanced interventions are not reimbursed
 - Access to SAB and other expert consultation
- Billing/payment challenges
- Clinician drive to “CYA”
- EHR integration
- The established best practices are still missing the mark

Questions?

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