09:35:33 From Office Of Suicide Prevention : Good morning, everyone! Thanks for joining the call today. Just a reminder to use the chat function to introduce yourself (name & organization).

09:59:01 From Felice Seigneur : Hi, Felice Seigneur with CDPHE

09:59:09 From Andrea Wood : Andrea Wood-UCHealth

09:59:19 From Stephania : Stephania Lassahn - RMCP

09:59:20 From cecurn : Curt Curnow - HCPF

09:59:25 From rberndt : Robin Berndt The Center for Mental Health Montrose, CO

09:59:43 From Amanda Skinner : Amanda Skinner - Beacon Health Options Crisis

10:01:50 From Victoria : Victoria Secrist from SummitStone Health Partners

10:02:00 From Myers, Gina M : Gina Myers from Centura Health

10:02:16 From Whitney : Whitney Kearney from HealthONE, Medical Center of Aurora

10:02:17 From Megan Propps : Megan Propps from Beacon Health Options

10:02:21 From ABerenz : Amber Berenz from AllHealth Network

10:04:21 From Alice Ireland : Alice Ireland from SCL St. Mary's in Grand Junction.

10:04:37 From ldicus : Lara Dicus from CCH is present.

10:05:19 From Office Of Suicide Prevention : Thank you all for using the chat to introduce yourselves! It's really helpful. Thank you all for joining!

10:06:22 From hht1 : H. Thurston UCHealth Larimer

10:07:30 From Myers, Gina M : Thank you for making is possible for us to select more than one of those options :)

10:09:34 From Felice Seigneur : Does anyone want to share the other tools they are using?

10:10:13 From rberndt : We trained all our staff in AMSR years ago. But now we use CAMS

10:10:42 From SFisher : Internally created risk assessment tools.

10:10:51 From Barbra Corcoran : PHQ9

10:10:59 From ABerenz : We too used AMSR in the past. I believe the cost made it unsustainable. Our trainers also expressed some concern about the content, but I do not recall the specific concerns.

10:11:12 From Felice Seigneur : Thank you for sharing!

10:11:20 From Andrea Wood : Safe-T

10:14:31 From Andrea Wood : Is anyone using a tool to assess for 1-1 staff on high risk patients?

10:15:41 From Felice Seigneur : Hi Andrea, great question. I will pass along to Michael so he can either share out, and respond back

10:16:01 From Myers, Gina M : We use the CSSRS and if someone scores high risk, if they are a ligature risk, or if they have actively tried to harm themselves while in the ED, we assign a 1:1

10:16:52 From Office Of Suicide Prevention : Thanks for the question, Andrea, and thanks for that insight, Gina. Interesting to keep in mind how we talk about different levels of risk.

10:18:41 From amyh : Talking about removal of lethal means...

10:19:01 From Brian Hill : Building into EMR/Documentation and tracking.

10:19:24 From Josie : We have a lot of different departments with a lot of different processes

10:19:25 From Laurie G : Sometimes "intentionality" trips staff up, the intent to die as a result of their behavior vs the intent to act on their thoughts

10:19:27 From Sarah Lancaster : Consistency of use. Colombia score verbiage.

10:19:53 From Berit Rabinovitz : We (MHCD) require a safety assessment to be done at every interaction with someone on our suicide prevention pathway... we hear that staff struggle to keep the conversation fresh and curious so that people feel that it's not "just another form that needs to get done".

10:19:55 From Victoria : Stratifying risk level and then assigning appropriate levels of care. Also, appropriate documentation of the risk assessment.

10:19:55 From ldicus : consistent use from bh staff

10:20:07 From ABerenz : Clear and consistent documentation of assessment. Lethal means discussion. When clients have a long history with multiple attemtps, how much to document and explore, especially when there are pressing current issues that, at face value, do not seem directly tied to suicide risk.

10:20:07 From Andrea Wood : Our nurses do the CSSRS and then clinicians use a home-made SAFE-T based assessment for 1:1 and then evaluation later that is also based on the SAFE-T

10:21:02 From Andrea Wood : Yes

10:21:36 From Andrea Wood : We had 1:1 happening frequently in the ED, so we created a tool to assess.

10:25:04 From rberndt : CAMS trainings have been successful.

10:25:31 From Stephania : CAMS trainings have been very useful

10:27:09 From ABerenz : CAMS training has been great. The collaborative nature is a great fit for our clinical work and the fact that it is used in an ongoing way in treatment makes it a good fit for outpatient work. I love the idea of the CAMS book club or a way to get the trained clinicians togehher. Thanks for the tip!

10:27:17 From Office Of Suicide Prevention : CAMS book club at JCMH sounds like a great idea!

10:27:20 From amyh : I can speak more to how we are using CAMS in the inpatient care setting: We are starting the CAMS for some clients on the inpatient side of things, and then transitioning to a CAMS outpatient clinician- now we need to evaluate how this is going and the effects.

10:29:43 From Heather Trish : I love Amy H's idea about starting CAMS inpatient and transferring to outpatient. I'm going to steal that one for sure!

10:30:07 From ldicus : CAMS training was very interesting for us, but having difficulty implementing with the homeless population. Irregularity of appts makes CAMS more difficult.

10:30:08 From KWalton : That STEALING is exactly what we want to have happen!

10:30:18 From Heather Trish : :-)

10:42:43 From KWalton : I love that picture - for those of us who are visual

10:47:00 From KWalton : Wondering if any of you have been able to make changes in your EMR to support the use of your tools - CSSRS or CAMS?

10:48:05 From ldicus : I have to leave early, sorry.. If anyone does have specific ideas related to ongoing treatment of suicidality with the homeless population, please feel free to send my way. We are able to have pretty good assessment and screening, follow up is the hard part.

10:48:19 From Victoria : CSSRS is embedded in our intake process, however we don't have a risk assessment in our EMR.

10:48:32 From KWalton : Thanks Idicus - I will also do an email follow up with you

10:48:54 From Felice Seigneur : Yes, thanks for the Q's - we will be following up from CDPHE as well!

10:49:08 From Myers, Gina M : CSSRS is embedded into Epic for our behavioral health assessment

10:50:45 From Andrea Wood : Is the Columbia a part of regular EPIC or in the Behavioral Health Module?

10:51:09 From Myers, Gina M : It’s in our behavioral health navigator

10:53:45 From Andrea Wood : I'm sorry, I have to lead early. Thanks everyone.

10:54:15 From ABerenz : Yes

10:54:20 From Felice Seigneur : Thanks Andrea!

10:55:02 From McPherson, Shannon to Office Of Suicide Prevention(Privately) : When is the next CAMS training in CO?

10:55:40 From Office Of Suicide Prevention to McPherson, Shannon(Privately) : Hi Shannon- we are currently planning the next in-person trainings for late May/early June, that time frame

10:55:49 From Office Of Suicide Prevention to McPherson, Shannon(Privately) : we hope to send out save the dates soon

10:55:57 From McPherson, Shannon to Office Of Suicide Prevention(Privately) : great thanks!

10:57:43 From McPherson, Shannon : I think we are missing suicide loss survivors

10:59:31 From KWalton : Thanks Shannon - I have captured that one.

11:00:07 From Victoria : Thank you!

11:00:26 From ABerenz : Thank you!

11:00:28 From Office Of Suicide Prevention to McPherson, Shannon(Privately) : Thanks everyone! Have a great day!

11:00:42 From McPherson, Shannon : thanks

11:01:00 From Office Of Suicide Prevention : Thanks everyone!