Addressing Suicide Risk & Prevention: A Community Approach

APRIL 17, 2025

ST. LUKE'S – SACRED HEART CENTER

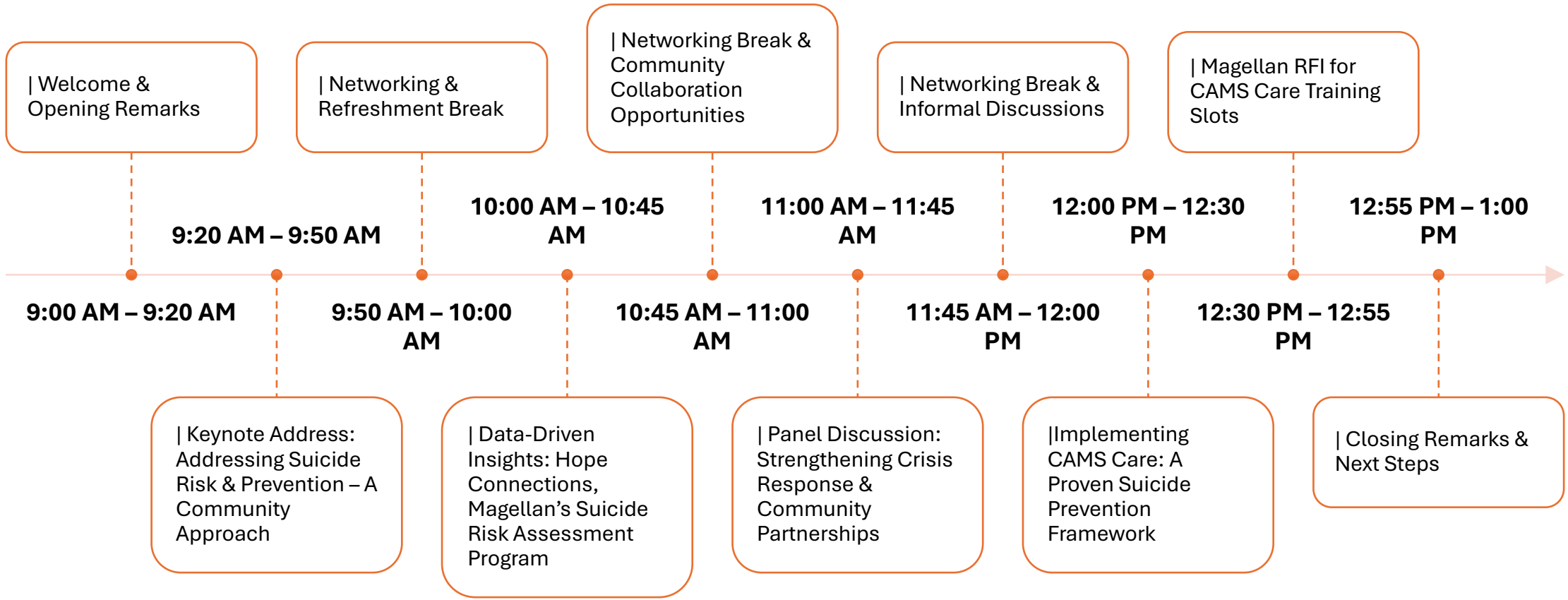
Magellan HEALTHCARE®

Vision to Action: Advancing Our Behavioral Health Response

- **October 2024 → April 2025**
  - Connecting the Dots in Our Community-Wide Commitment

- **Workforce Development**
- **Social Determinants of Health (SDoH) & DEI**
- **Behavioral Health Continuum of Care**
- **Emergency Department (ED) Boarding**

Agenda


| Welcome & Opening Remarks
9:00 AM – 9:20 AM
| Keynote Address: Addressing Suicide Risk & Prevention – A Community Approach
9:20 AM – 9:50 AM
| Networking & Refreshment Break
9:50 AM – 10:00 AM
| Data-Driven Insights: Hope Connections, Magellan's Suicide Risk Assessment Program
10:00 AM – 10:45 AM
| Networking Break & Community Collaboration Opportunities
10:45 AM – 11:00 AM
| Panel Discussion: Strengthening Crisis Response & Community Partnerships
11:00 AM – 11:45 AM
| Networking Break & Informal Discussions
11:45 AM – 12:00 PM
|Implementing CAMS Care: A Proven Suicide Prevention Framework
12:00 PM – 12:30 PM
| Magellan RFI for CAMS Care Training Slots
12:30 PM – 12:55 PM
| Closing Remarks & Next Steps
12:55 PM – 1:00 PM

Aligning Community Partners on Suicide Prevention Strategies

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Aligning Community Partners on Suicide Prevention Strategies

Understanding the Challenge

- **Suicide** triggers an automatic response of hospitalization, but more information is crucial for decision-making.
- **Behavioral Health** is complex: Diagnosis relies on interviews, not objective measures like a blood pressure cuff.
- **High Risk of Error**: The word "suicide" often leads to over-response due to the difficulty in determining intent and risk.
- **Current System**: Hospitalization is common, but it may not always be the most appropriate response. This can contribute to rising suicide rates.
- **A Better Approach**: Behavioral health is moving towards more reliable assessments, offering a new way to communicate across disciplines.

Aligning Community Partners on Suicide Prevention Strategies

Community Collaboration

- Need for **community-wide involvement** to address suicide, including healthcare and beyond.
- **Connecting with the Silent Victims**: Focus on those who don't seek help before it's too late.
- **Expanding Screening**: Beyond healthcare, screenings should be adopted by community members such as families, teachers, and religious leaders.
- **Screening Tools**: Adoption of tools like the Columbia Suicide Screener in various settings.

Fostering Collaboration for Crisis Intervention Efforts

- New Crisis Intervention Tools
  - **988**: A new national suicide prevention hotline providing 24/7 support.
  - **911**: Emergency services can be dispatched instantly for urgent care.
  - **County Crisis Lines**: Regional resources offering continuous support and intervention.
    - **Lehigh County Crisis Intervention:**
      - Available 24/7 at 610-782-3127
    - **Northampton County Crisis Intervention:**
      - Available 24/7 at 610-252-9060
    - **Lehigh and Northampton Counties Warmline:**
      - Available Monday to Friday from 6:00 AM to 2:00 AM, and Saturday and Sunday from 6:00 AM to 10:00 AM and 2:00 PM to 2:00 AM at 610-820-8451

Fostering Collaboration for Crisis Intervention Efforts

- Simplifying Crisis Response
  - **Tools for Collaboration**: A standardized, evidence-based suicide risk assessment and accessible support.
  - **No Overwhelm**: The process should be simple, allowing responders to take quick action without requiring extensive training.
  - **Key Focus**: Focus on early intervention through accessible, easy-to-use tools, and community-wide partnerships.

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Crisis Intervention Services Update

April 17, 2025

Why Modernize the Crisis System?

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- To address the increased need for services and supports and lower the wait time to obtain clinical mental health care.
- To get individuals connected to the right type of help – not the emergency room or criminal justice involvement.
- To align Pennsylvania's system with SAMHSA's best practice guidance.
- To develop crisis intervention services regulations because it is currently an unregulated service.

SAMHSA's Best Practice Guidelines

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- Based on Three Essential Core Services - **Someone to Call, Someone to Respond, Somewhere to Go**
- Someone to Contact - Regional Crisis Call Center (988)
- Someone to Respond - Crisis Mobile Team Response
- A Safe Place for Help – Crisis Receiving and Stabilization Facilities

Where we are:

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- Proposed Crisis Regulations
- Someone to Contact – 988
- Someone to Respond – Mobile Crisis
- A Safe Place for Help – Crisis Receiving and Stabilization Facilities

Northampton County Suicide Prevention Task Force

The Northampton County Suicide Prevention Task Force

- The SPTF was formed in 2018 with the support of County Executive, Lamont McClure and is spearheaded by Sue Wandalowski and Robyn Barbosa.
- **Mission**: develop and implement strategies to reduce the risk of suicide and stigma of mental illness in Northampton County through the collaborative efforts of community agencies and service providers.
- There are approximately 70 members that make up the Task Force
  - Health networks, education sector, faith-based organizations, emergency responders, county staff, community partners and community members

Goal

Through education and training in the community, the suicide rate in Northampton County will decrease by 20% by the end of 2025.

Priorities & Programs

Community awareness

Recognition of suicide prevention activists

QPR (Question, Persuade, Refer) Trainings in the Community

Resource guide for suicide survivors

Kindness Rocks, Luminary Bags

Formation of a L.O.S.S. Team: 71 families referred and supported

Warm Hand Off program with LVHN & SLHN: 102 referrals

Grants to expand Aevidum programs in schools

You Matter bracelets and resource cards for school youth

Increased school participation in the PAYS Survey (Pennsylvania Youth Survey)

Increase school based mental health services

Suicide Prevention Night at the Lehigh Valley Iron Pigs

LGBTQ+ & Veterans Initiatives

My Ascension documentary screenings

Implemented a social media campaign to disseminate information about suicide prevention for school-aged youth

Live Well Be Well Event

Quarterly task force meetings

Where to Get Help

- Call 911
- Dial 988 – The National Suicide & Crisis Prevention Lifeline
  - The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or others
  - Deaf + Hard of Hearing – For TTY – use your preferred relay service or dial 711 then 988
  - Veterans Crisis Line is also available through 988
- The Trevor Project (LGBTQIA Youth) 1-866-488-7386
- Know your local county crisis line
  - Northampton County 610-252-9060
  - Lehigh County 610-782-3127

Suicide Prevention Coalition

Lehigh County

Who Are We?

- **The Suicide Prevention Coalition (SPC) of Lehigh County** is a backbone organization supporting social service organizations, communities, and other groups concerned about the rising number of deaths by suicide in Lehigh County.
- The Steering Committee provides the driving force for strategic guidance to The Suicide Prevention Coalition of Lehigh County.
- The Steering Committee supports two Action Teams:
    1. Prevention and Intervention
    2. Awareness and Engagement
- They work to provide resources to the community on prevention, intervention, and support for loved ones who are survivors of suicide loss.

Who Are We?

- The Suicide Prevention Coalition (SPC) promotes the sharing of data, reports, best practices, and local stories to inform and enlighten discussions and strategies for suicide prevention and other deaths of despair.
- This approach aims to create a well-informed and collaborative environment to effectively address these critical issues.

Current Priorities/Programs

- New Leadership
- The Lehigh County L.O.S.S. (local outreach to suicide survivors)
- Speaker's Bureau
- Community Training - QPR/ASIST
- SAY IT (suicide affected youth in it together) Retreat→ 5/2-4

What's Working - Get Involved

- Relationship with County Coroner
- Increased support to suicide survivors
- Increase Community Presence
- Expanded partnership with Aevidum and AWARE
- More people trained in QPR
- LOSS Team Expansion
- Invitation to join Action Teams
- Funding Opportunities

Lehigh County

Vicky Conte

Coordinator, Suicide Prevention Coalition of Lehigh County
Coordinator, L.O.S.S. Team of Lehigh County
Director of Community-Based Mental Health Programs
Pinebrook Family Answers
402 N. Fulton St.
Allentown, PA 18102
C:484-201-1249

http://www.facebook.com/SuicidePreventionLC

Suicide Prevention Coalition Lehigh County (suicidepreventionlc.com)

Lehigh County

Susan G. Lettera, MSW

Suicide Prevention Coalition of Lehigh County/L.O.S.S. Team Member
Lehigh Valley MSW Program
Coordinator/Professor of Practice
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https://www.marywood.edu/

Pair & Share

TURN TO A NEIGHBOR AND DISCUSS:

“WHAT ROLE CAN YOUR ORGANIZATION OR COMMUNITY PLAY IN SUPPORTING SUICIDE PREVENTION EFFORTS?”

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Networking & Refreshment Break

Columbia Suicide Severity Rating Scale (C-SSRS)

Columbia Suicide Severity Rating Scale

- Developed by Columbia University, the University of Pennsylvania, and the University of Pittsburgh.
- Part of a NIMH study in 2007 to decrease suicide in adolescents.
- FDA declared it the standard for clinical assessment in 2012.
- Rebranded as the Lighthouse Project.

(*The Lighthouse Project - The Columbia Lighthouse Project*)

The Screener

- Can be administered with no mental health training – ask the questions verbatim.
- Efficiently identifies the level of support needed so protocols can be developed in response.
- Evidence based.
- Can be used for all ages.
- It's a free resource that can be integrated into an EHR.

(*Columbia-Suicide severity rating scale (C-SSRS)*)

Always ask questions 1 and 2.	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If **YES** to 2, ask questions 3, 4, 5 and 6. If **NO** to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	**High Risk**	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	**High Risk**	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? *Examples*: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself; or collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, etc. **If yes, was this within the past 3 months?**		**High Risk**

- Easy to download.
- Walks you through the 6 questions.
- Assigns a risk level at the end.
- Identifies local resources if you enable your location or input a zip code.
- Is available in almost every language
- Do not need to input patient information, so there is no HIPPA concerns to use it.
- Familiarize yourself with it and read about it on the [Lighthouse Project Website]

Using the Tool

- 3 versions:
  - Lifetime/Recent – is the full version of the Columbia, which assesses over their lifetime AND within the past 3 months
  - Since Last Visit – is essentially the same questions as the full version except it is modified to events since the last time they were seen.
  - Screener – 6 question screening tool meant to be fast assessment of risk.
- Lighthouse Project also has examples of how to triage the information and best use of the tool.
- There is a scoring guide that provides even further guidance.
- Familiarize yourself with it and read about it on the Lighthouse Project Website

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Hope Connections

MAGELLAN SUICIDE RISK PROGRAM

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Hope Connections Overview

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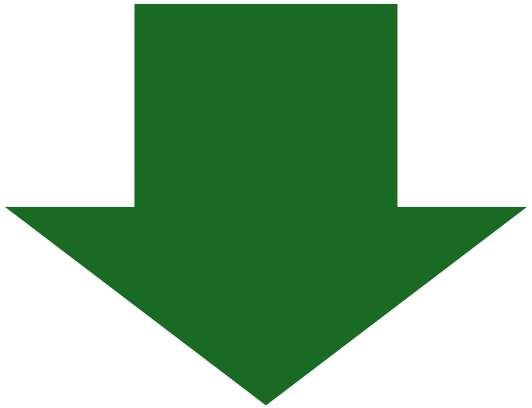
Program Goals



Decreased

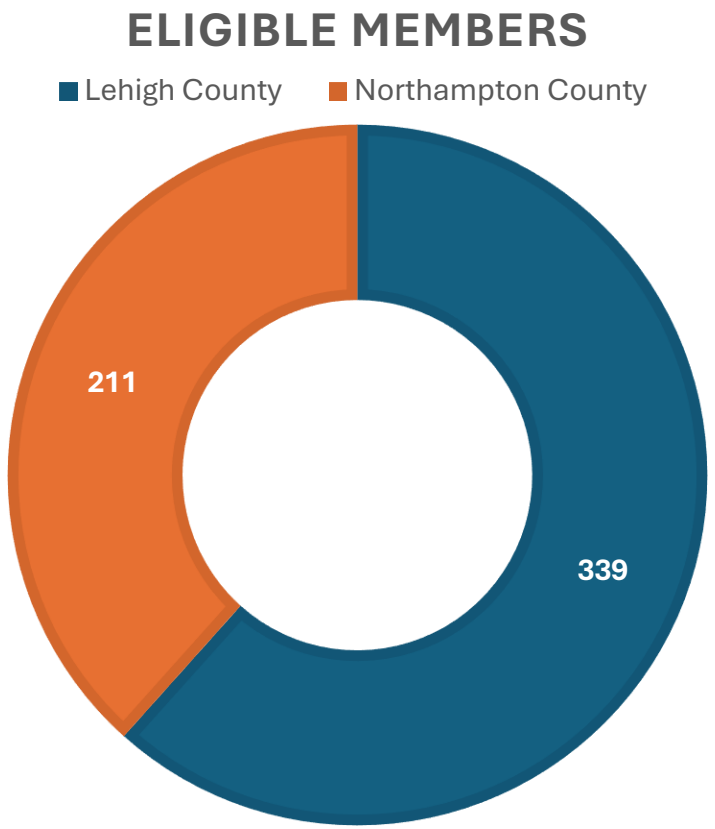
- Readmissions
- Emergency visits
- Suicide rates

Increased

- Follow-up care
- Interpersonal connections

Hope Connections Demographic Data: A 2 Year Look

- 1,379 members eligible for program across 5 Magellan Counties



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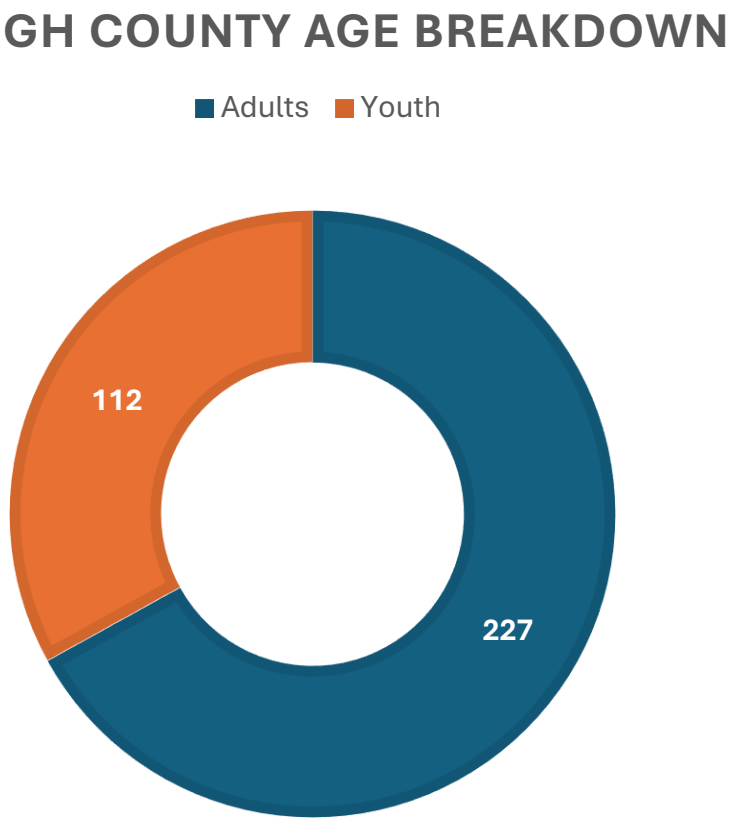
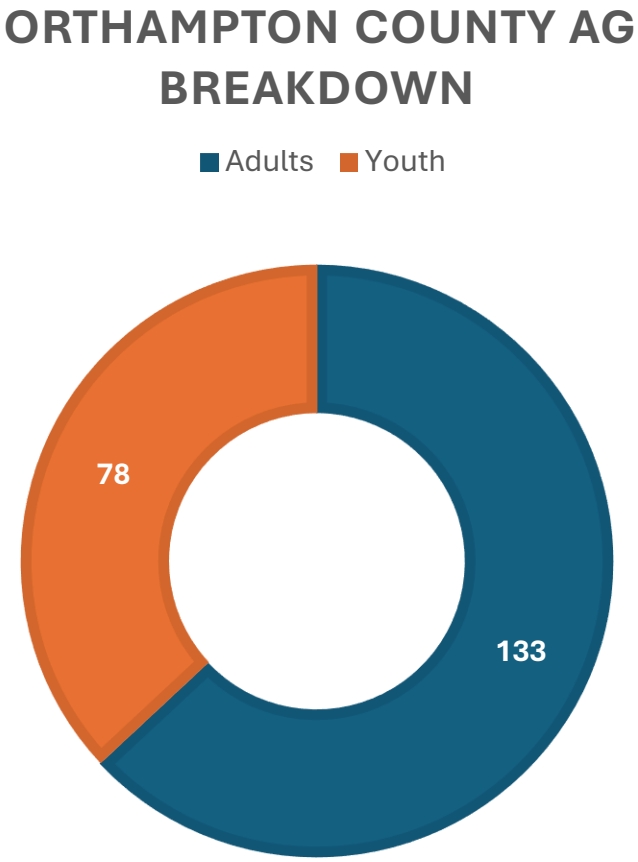
Hope Connections Age Demographics





*Youngest member reflected is 9 years old. Oldest member reflected is 65 years old.

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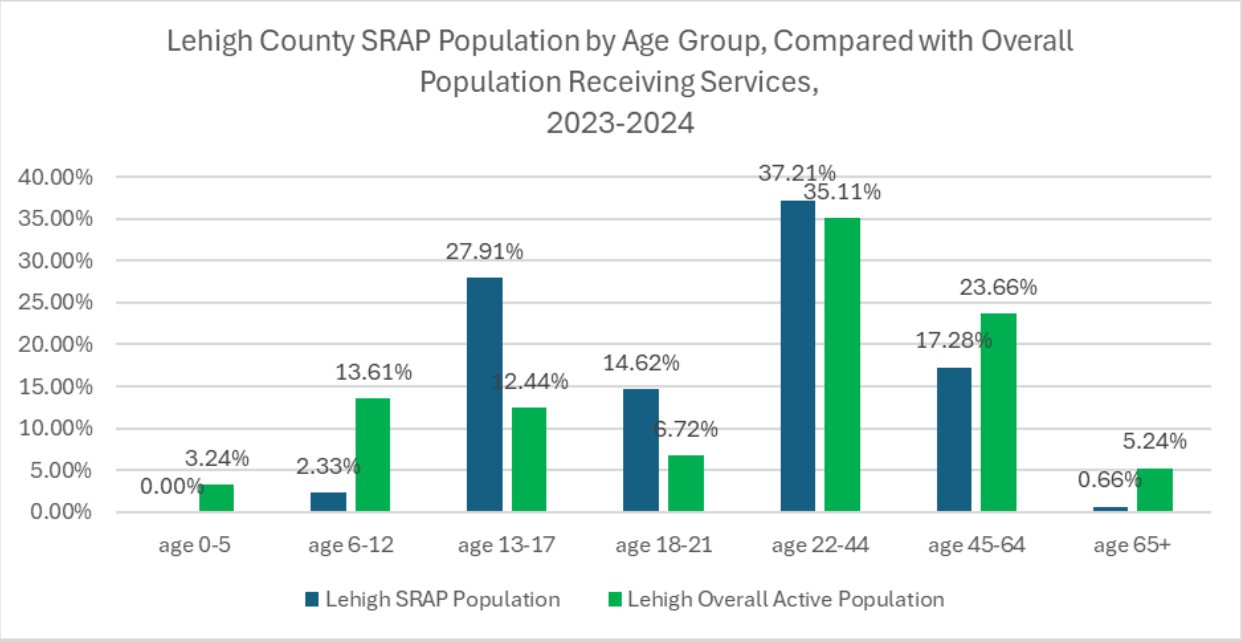
Hope Connections Age Demographics: Lehigh County



- Members aged 13-21 were over-represented in the Suicide Risk population, making more suicide attempts than expected.
- Young adults aged 22-44 also appeared to be over-represented in the Suicide Risk population.
- Mature adults aged 45-64 were under-represented in the data.
- Older adults are under-represented.

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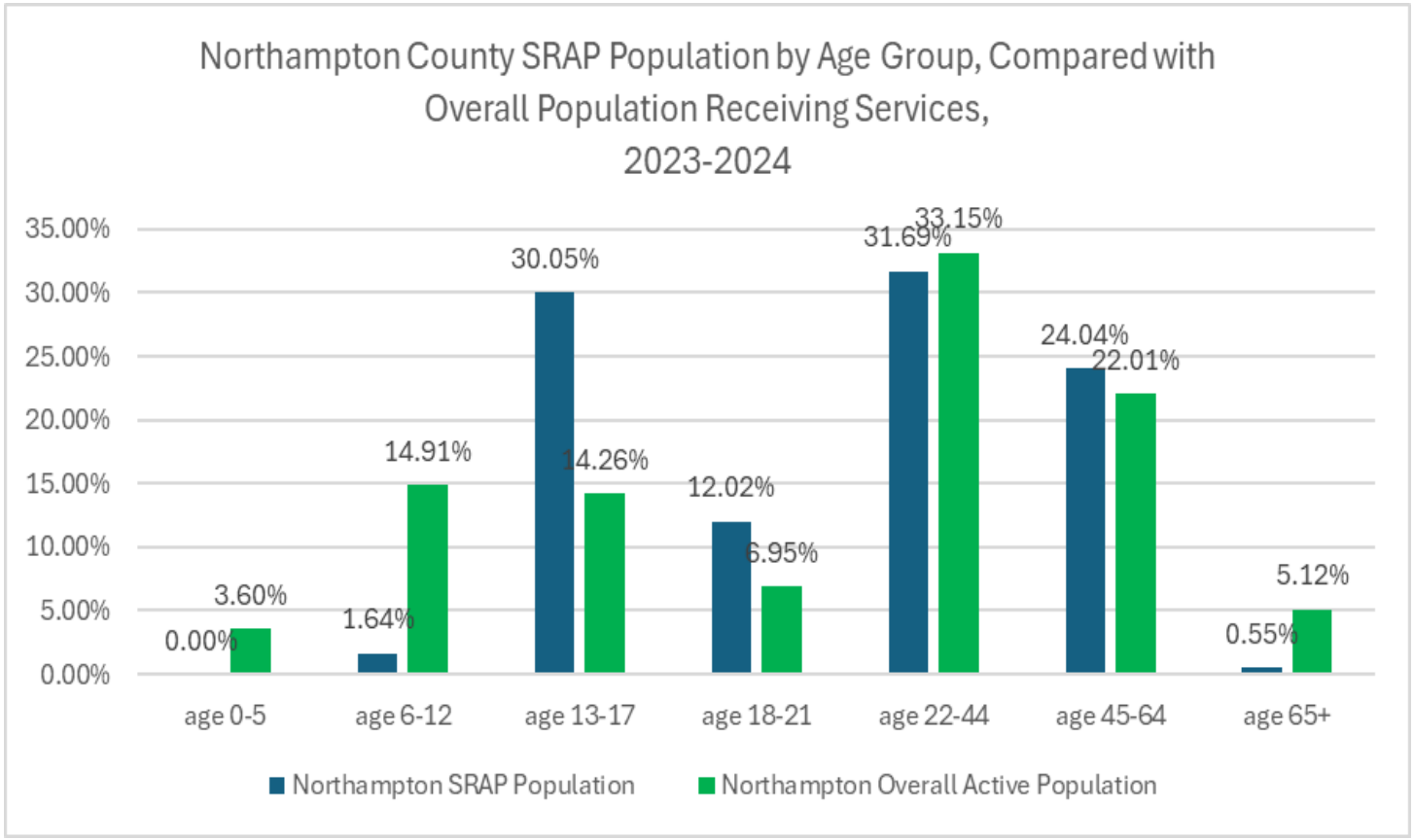
Hope Connections Age Demographics: Northampton County

- Members aged 13-21 were over-represented in the Suicide Risk population, making more suicide attempts than expected.
- Young adults aged 22-44 appeared to be slightly under-represented in the Suicide Risk population.
- Mature adults aged 45-64 were slightly over-represented in the data.
- Older adults are under-represented



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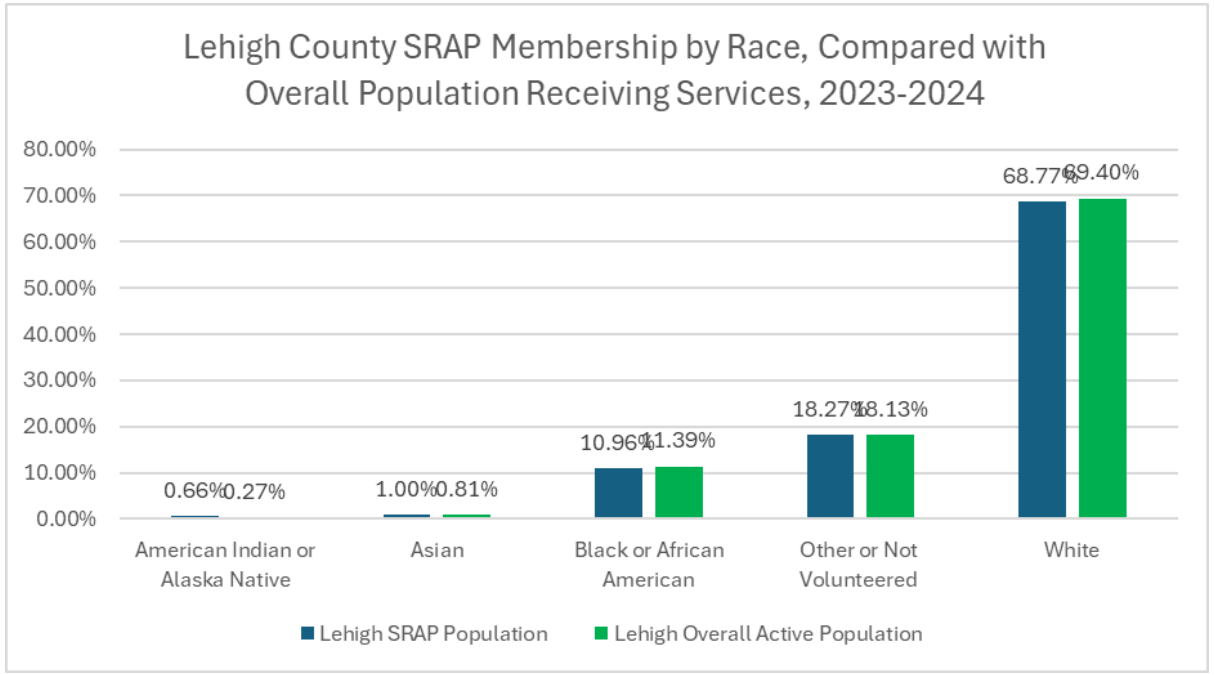
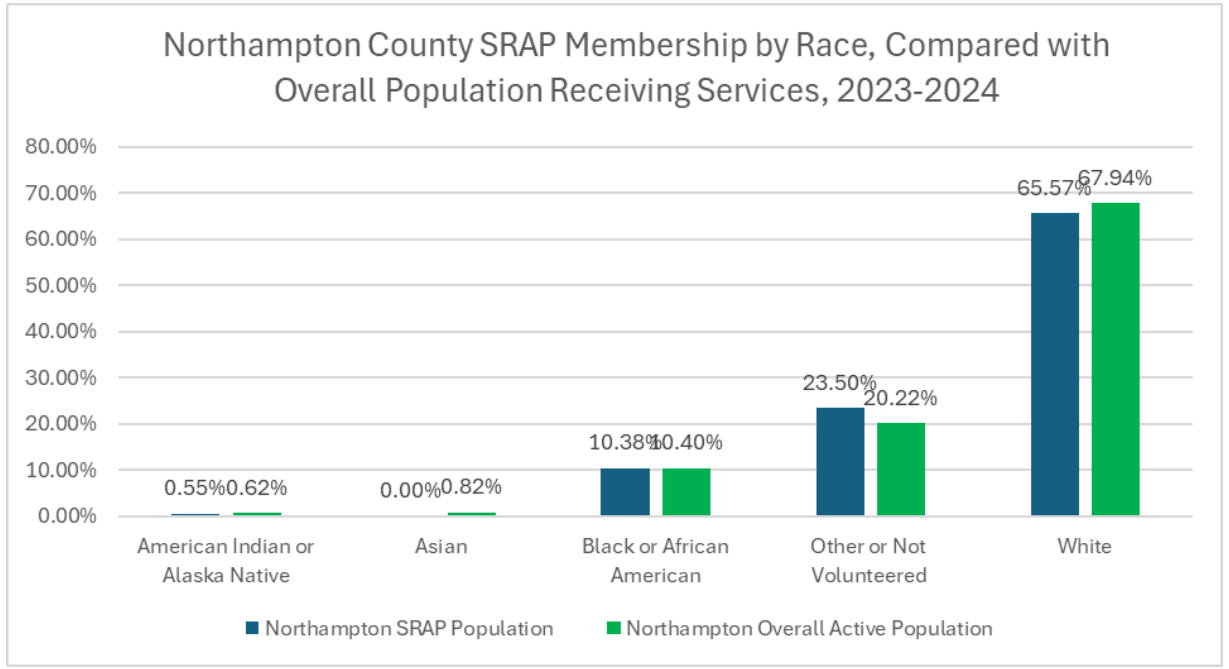
Hope Connections: Race Demographics





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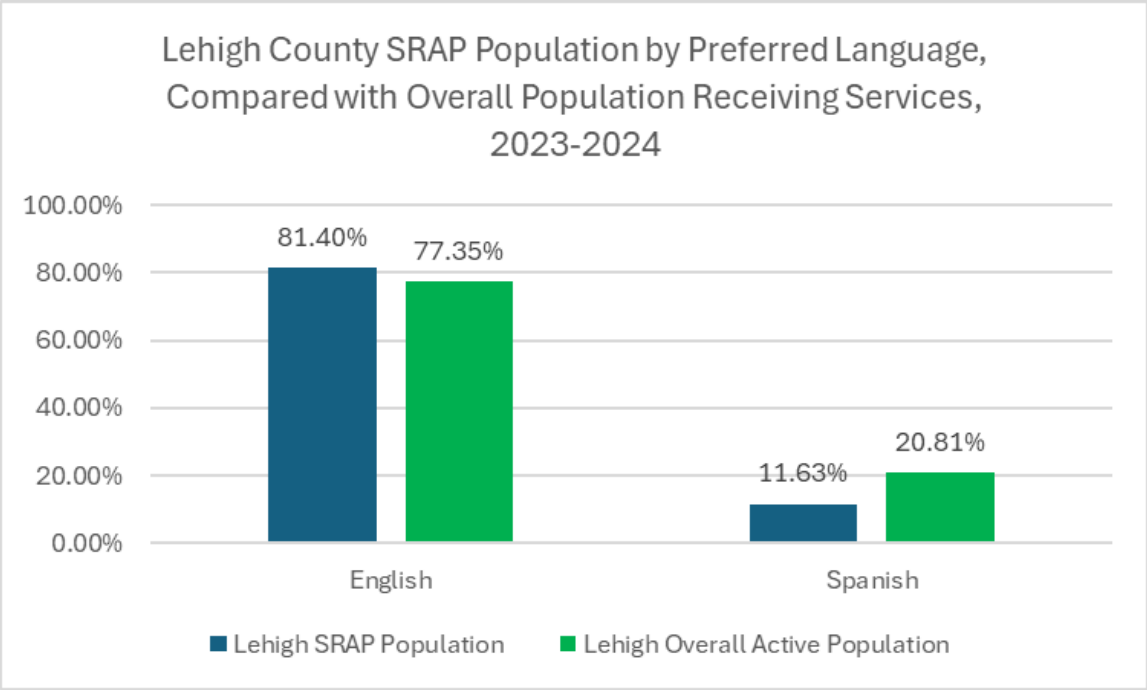
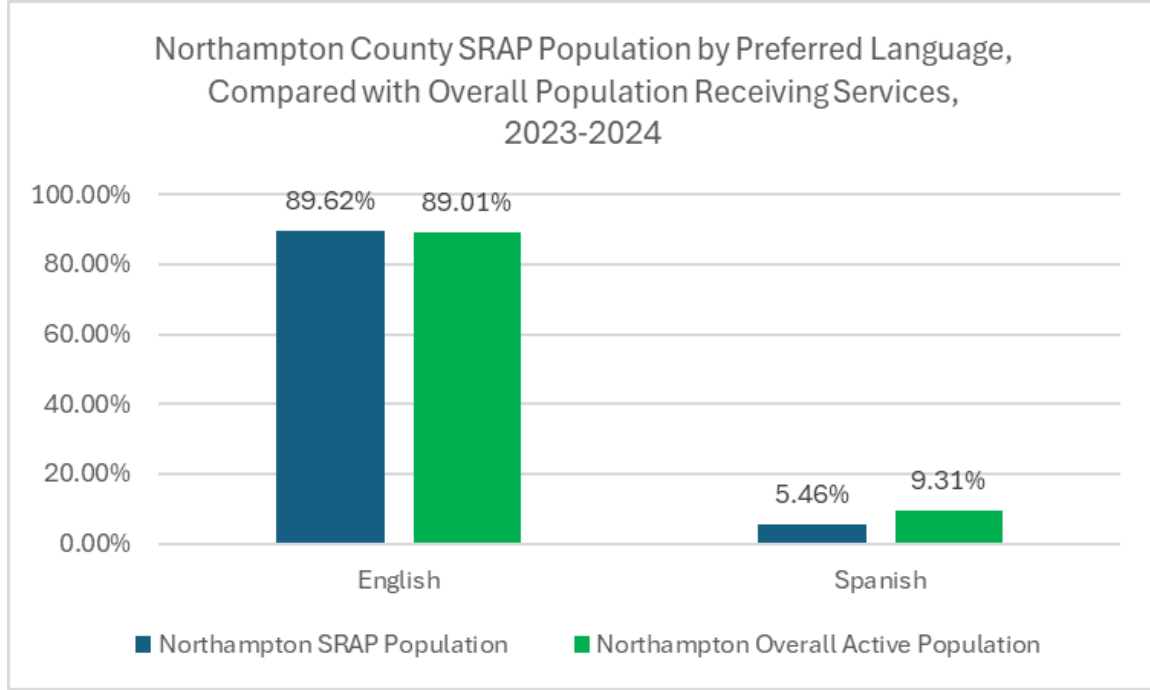
Hope Connections: Language Demographics





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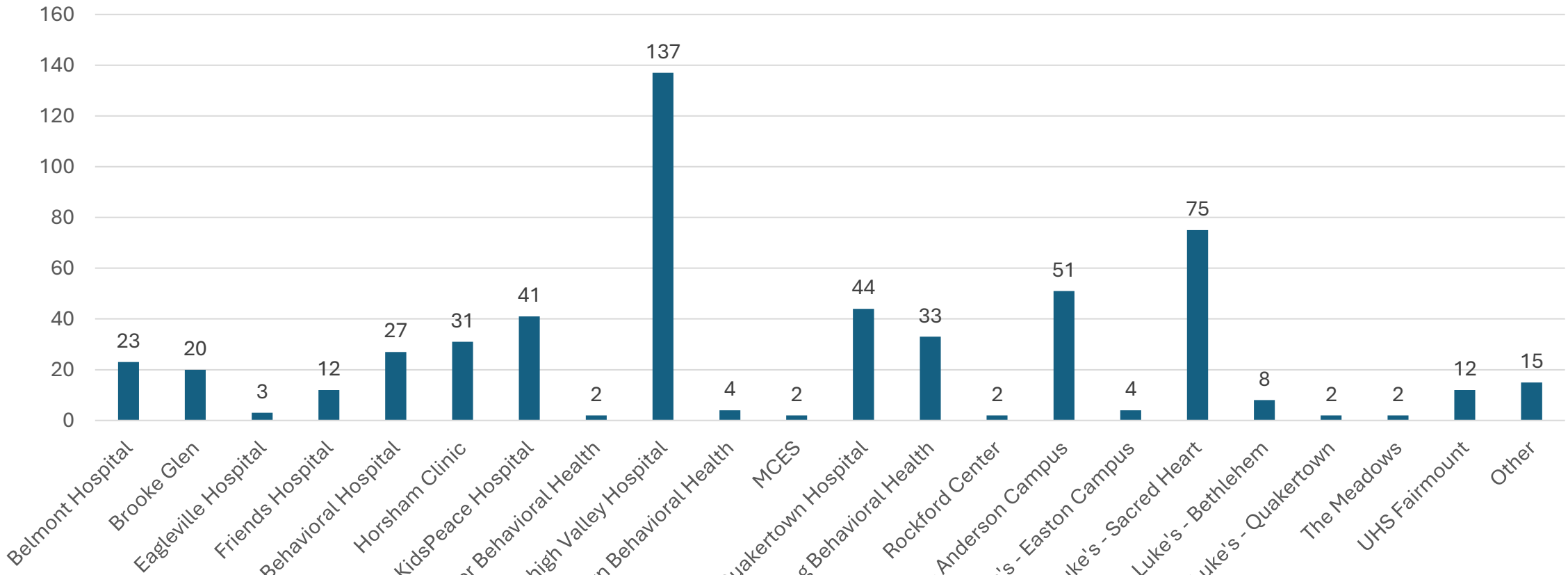
Hope Connections: Admitting Hospitals



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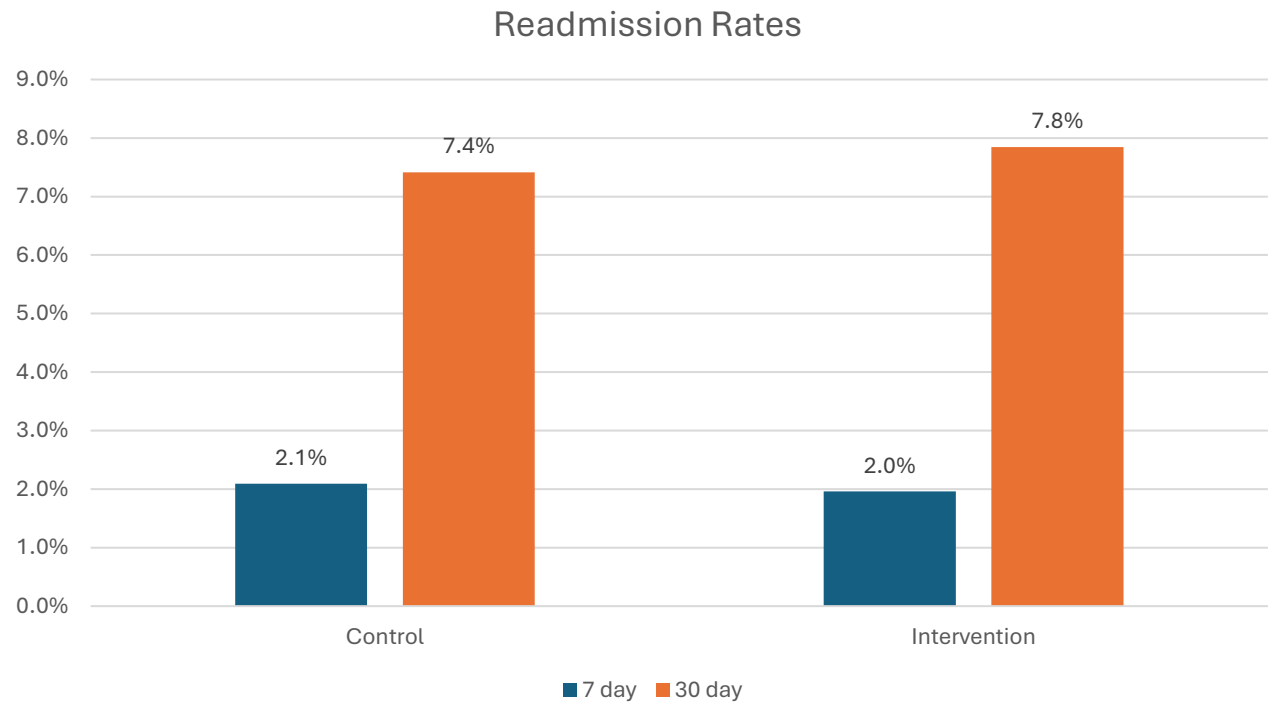
Hope Connections: Process Outcomes

- 550 total Lehigh/Northampton members
- 189 members have completed the initial C-SSRS
- **67 members successfully completed the program (including initial C-SSRS and follow-ups at 30- and 60- days post discharge)**
- 316 members closed due to unsuccessful contact for initial C-SSRS
- 2 members closed due to declining the program

Hope Connections: Preliminary Outcomes

- Comparison of intervention group vs. control group across all Magellan counties



Of the 39 readmissions for the control group, 15 (38.5%) were for suicide attempts

Of the 8 readmissions for the intervention group, 2 (25%) were for suicide attempts

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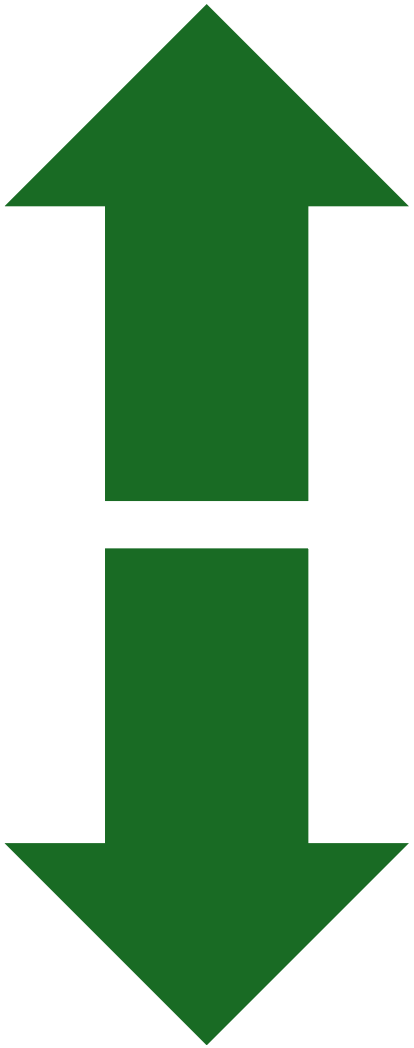
Hope Connections: Preliminary Outcomes

When comparing the Intervention group to Control group, post-hospital service utilization was impacted.



OP Services

Crisis Services

Case Management

Psych Rehab

Peer Support

3.5, 3.7

Successes & Challenges

Overall Impressions

Successes:

- Building Connections
  - Connections with County Crisis in Real-time
  - Connections with Outpatient Services
    - Therapy, Recovery Support, CTC
  - Interpersonal Connections
    - Reducing Stigma

Challenges

- First Impressions / Building Trust
  - Connecting with members while in AIP
  - Reaching Members in the Community

Questions?

PAIR & SHARE

Turn to a neighbor and discuss: "How can we improve follow-up care and post-discharge supports for individuals at risk?"

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Networking Break & Community Collaboration Opportunities

Panel Discussion: Strengthening Crisis Response & Community Partnerships

Meet Our Participants

Moderators:

- **Steven Ross |** Crisis System Specialist, Bureau of Policy and Program Development
- **Kara Kessel |** Clinical Consultant, Children's Bureau

Panelists:

- **Michelle Kotts |** Bethlehem Chief of Police
- **Jim Presto |** Co-Chair of the Eastern PA Chapter of the American Foundation for Suicide Prevention, Board President of Aevidum and Member of the LOSS Team
- **Maggie Murphy |** Executive Director of NAMI**,** Lehigh Valley
- **Lisa Cozzi** | Director of Crisis Intervention, Lehigh County
- **Chelsea Jones** | Director of Information Referral and Emergency Services, Northampton County

PAIR & SHARE

Turn to a neighbor and discuss: "What gaps exist in your local crisis response system, and how can we fill them?"

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Networking Break & Informal Discussions

Version 3.5 (November 2024)

CAMS-care
Treat Suicide Risk

The Collaborative Assessment and Management of Suicidality (CAMS)

Kevin Crowley, Ph.D
CAMS-care, LLC

Magellan Behavioral Health of PA
April 17, 2025
www.cams-care.com

The CAMS Philosophy within Clinical Practice

CAMS for Assessment and Intervention

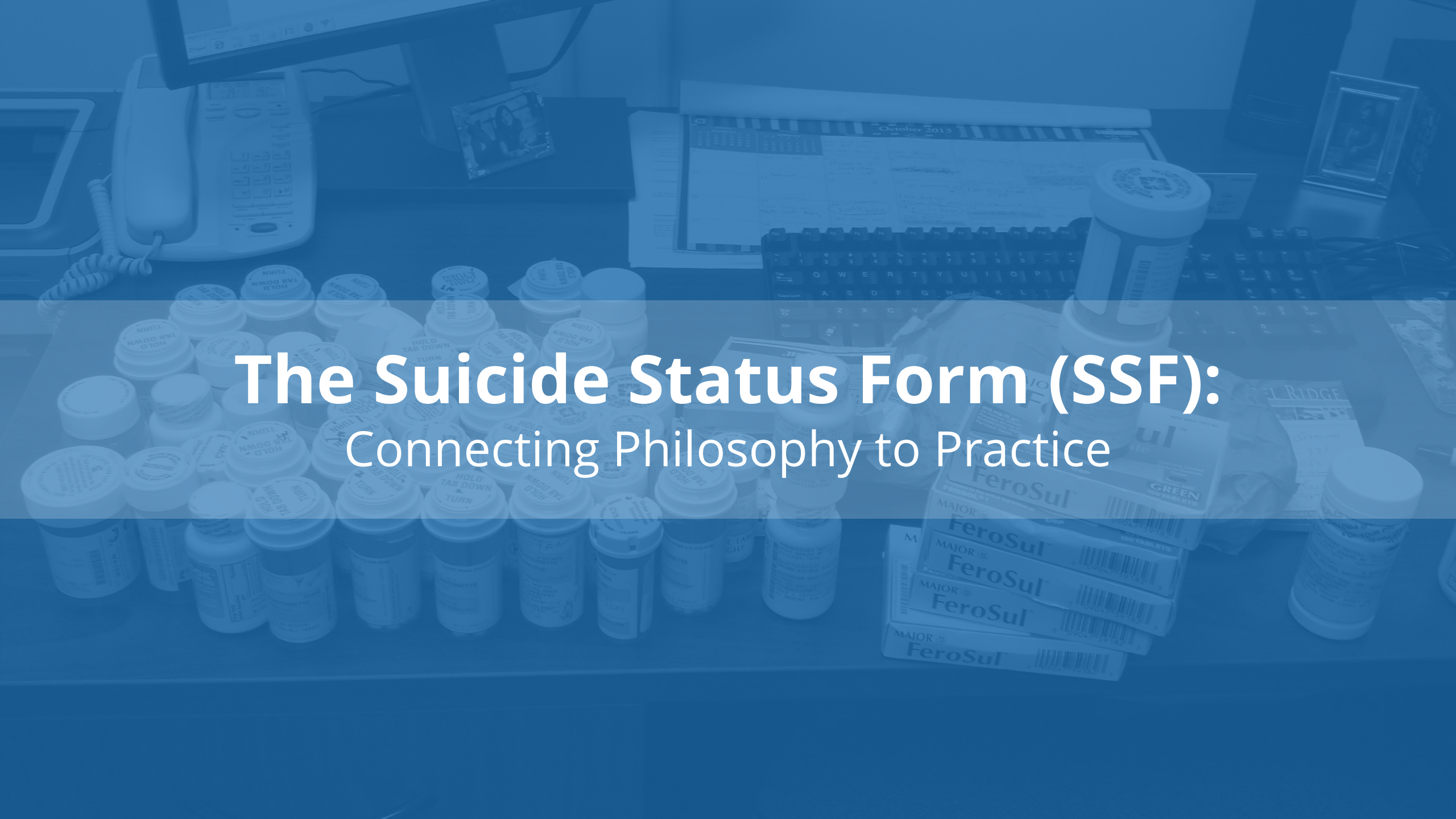
Therapist & Patient

Mood

Suicidality

- Pain
- Stress
- Agitation
- Hopelessness
- Self-Hate
- Reasons for Living vs. Dying

The Collaborative Assessment and Management of Suicidality (CAMS):
Identifies and targets Suicide as the primary focus of assessment and intervention...



The Suicide Status Form (SSF):

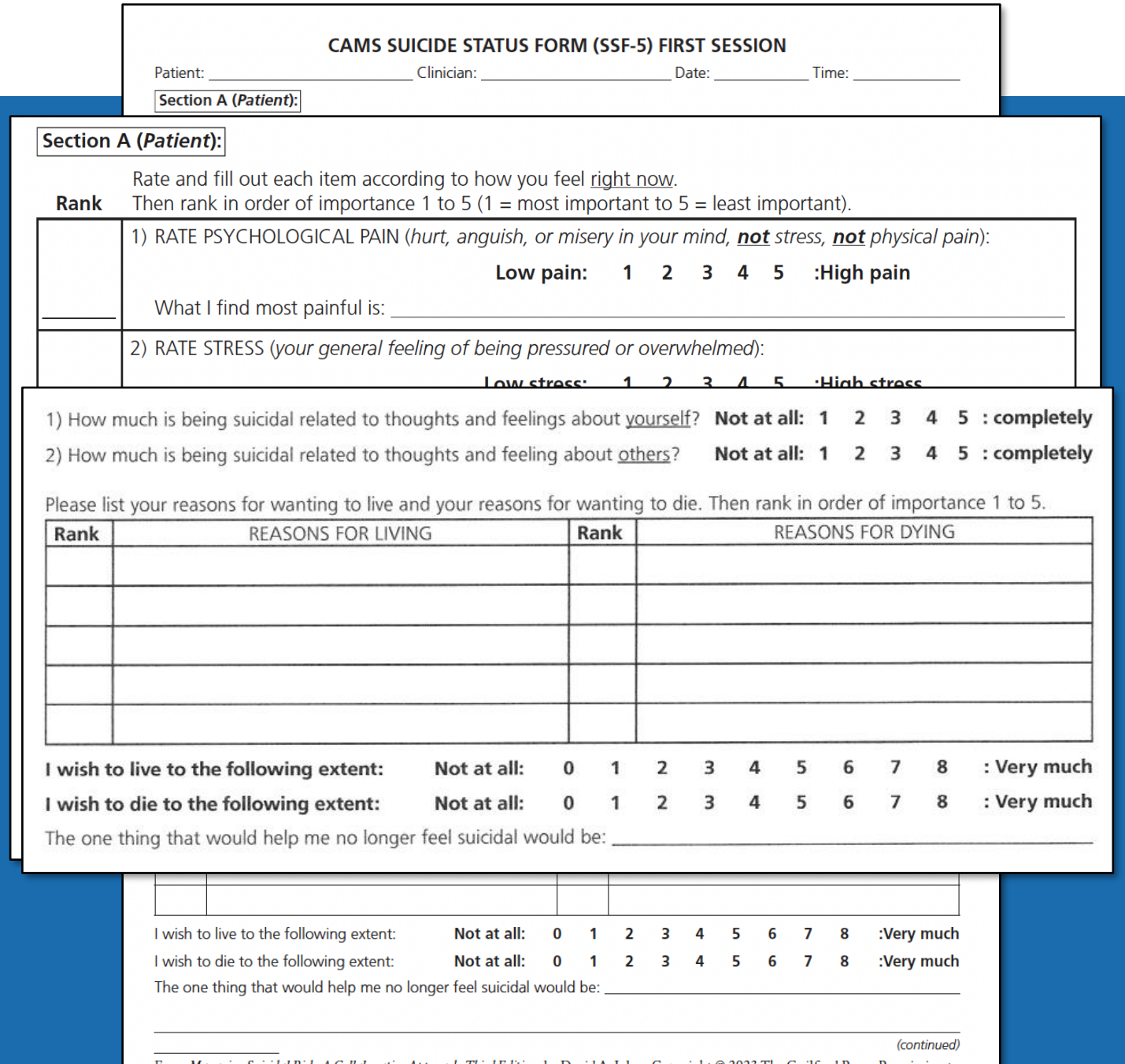
Connecting Philosophy to Practice

CAMS SSF First Session

Section A:
Completed by Patient

- Risk Assessment
- Self or Others
- Reasons for Living/Dying
- Wish to Live/Die
- One Thing

SSF Core Assessment



CAMS SUICIDE STATUS FORM (SSF-5) FIRST SESSION

Patient: _____ Clinician: _____ Date: _____ Time: _____

Section A (*Patient*):

Section A (*Patient*):

Rate and fill out each item according to how you feel right now.
Then rank in order of importance 1 to 5 (1 = most important to 5 = least important).

Rank

_____ 1) RATE PSYCHOLOGICAL PAIN (*hurt, anguish, or misery in your mind, **not** stress, **not** physical pain*):

Low pain: 1 2 3 4 5 :High pain

What I find most painful is: _____

2) RATE STRESS (*your general feeling of being pressured or overwhelmed*):

Low stress: 1 2 3 4 5 :High stress

1) How much is being suicidal related to thoughts and feelings about yourself? **Not at all: 1 2 3 4 5 : completely**

2) How much is being suicidal related to thoughts and feeling about others? **Not at all: 1 2 3 4 5 : completely**

Please list your reasons for wanting to live and your reasons for wanting to die. Then rank in order of importance 1 to 5.

Rank	REASONS FOR LIVING	Rank	REASONS FOR DYING

I wish to live to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very much

I wish to die to the following extent: Not at all: 0 1 2 3 4 5 6 7 8 : Very much

The one thing that would help me no longer feel suicidal would be: _____

I wish to live to the following extent: **Not at all: 0 1 2 3 4 5 6 7 8 :Very much**

I wish to die to the following extent: **Not at all: 0 1 2 3 4 5 6 7 8 :Very much**

The one thing that would help me no longer feel suicidal would be: _____

(continued)

CAMS SSF Initial Session

Section B:
Completed by Clinician and Patient

Section C:
Completed by Clinician and Patient

Stabilization Plan

Treatment Plan

CAMS SUICIDE STATUS FORM (SSF-5) FIRST SESSION *(page 2 of 4)*

Section B (*Clinician*):

Y N Suicide ideation — Describe: _____
- Frequency: _____ per day _____ per week _____ per month
- Duration: _____ seconds _____ minutes _____ hours

Y N Suicide plan — When: _____ Where: _____ How: _____ Access to means Y N How: _____ Access to means Y N

Y N Suicide preparation — Describe: _____

Y N Suicide rehearsal — Describe: _____

Y N History of suicidal behaviors

Section C (*Clinician*): **CAMS TREATMENT PLAN (Refer to Sections A & B)**

Problem #	Problem Description	Goals and Objectives	Interventions	Duration
1	*Self-Harm Potential*	*Safety and Stability*	*CAMS Stabilization Plan Completed* ☐	
2				
3				

YES ____ NO ____ Patient understands and concurs with treatment plan?

YES ____ NO ____ Patient at imminent danger of suicide (hospitalization indicated)?

Patient Signature Date Clinician Signature Date

3

YES ____ NO ____ Patient understands and concurs with treatment plan?

YES ____ NO ____ Patient at imminent danger of suicide (hospitalization indicated)?

Patient Signature Date Clinician Signature Date

CAMS SSF Initial Session

Stabilization Plan:
Completed by Clinician and Patient

- Lethal means safety discussion
- Coping strategies
- Decrease isolation
- Barriers to attending treatment

CAMS SUICIDE STATUS FORM (SSF-5) FIRST SESSION *(page 3 of 4)*

CAMS STABILIZATION PLAN

Ways to reduce access to lethal means:

1. _____
2. _____
3. _____

Things I can do to cope differently when I am in a suicide crisis:

1. _____
2. _____
3. _____
4. _____
5. _____
6. **Life or death emergency contact number:** _____

People I can call for help or to decrease my isolation:

1. _____
2. _____
3. _____

Attending treatment as scheduled:

Potential barrier:	Solutions I will try:
1. _____	
2. _____	

(continued)

CAMS SSF Initial Session

After completing Stabilization Plan:
Return to Section C

- Finish Treatment Plan
- Complete Informed Consent
- Patient and Clinician Sign SSF

Treatment Plan

Patient is provided with copies

CAMS SUICIDE STATUS FORM (SSF-5) FIRST SESSION *(page 2 of 4)*

Section B (*Clinician*):

Y N Suicide ideation — Describe: _____
- Frequency: _____ per day _____ per week _____ per month
- Duration: _____ seconds _____ minutes _____ hours

Y N Suicide plan
When: _____
Where: _____
How: _____ Access to means Y N
How: _____ Access to means Y N

Y N Suicide preparation — Describe: _____

Y N Suicide rehearsal — Describe: _____

Y N History of suicidal behaviors
- Single attempt — Describe: _____
- Multiple attempts — Describe: _____

Y N Impulsivity — Describe: _____

Section C (*Clinician*): **CAMS TREATMENT PLAN (Refer to Sections A & B)**

Problem #	Problem Description	Goals and Objectives	Interventions	Duration
1	*Self-Harm Potential*	*Safety and Stability*	*CAMS Stabilization Plan Completed* ☒	
2				
3				

YES ____ NO ____ Patient understands and concurs with treatment plan?

YES ____ NO ____ Patient at imminent danger of suicide (hospitalization indicated)?

Patient Signature _____ Date _____ Clinician Signature _____ Date _____

YES ____ NO ____ Patient understands and concurs with treatment plan?

YES ____ NO ____ Patient at imminent danger of suicide (hospitalization indicated)?

Patient Signature _____ Date _____ Clinician Signature _____ Date _____

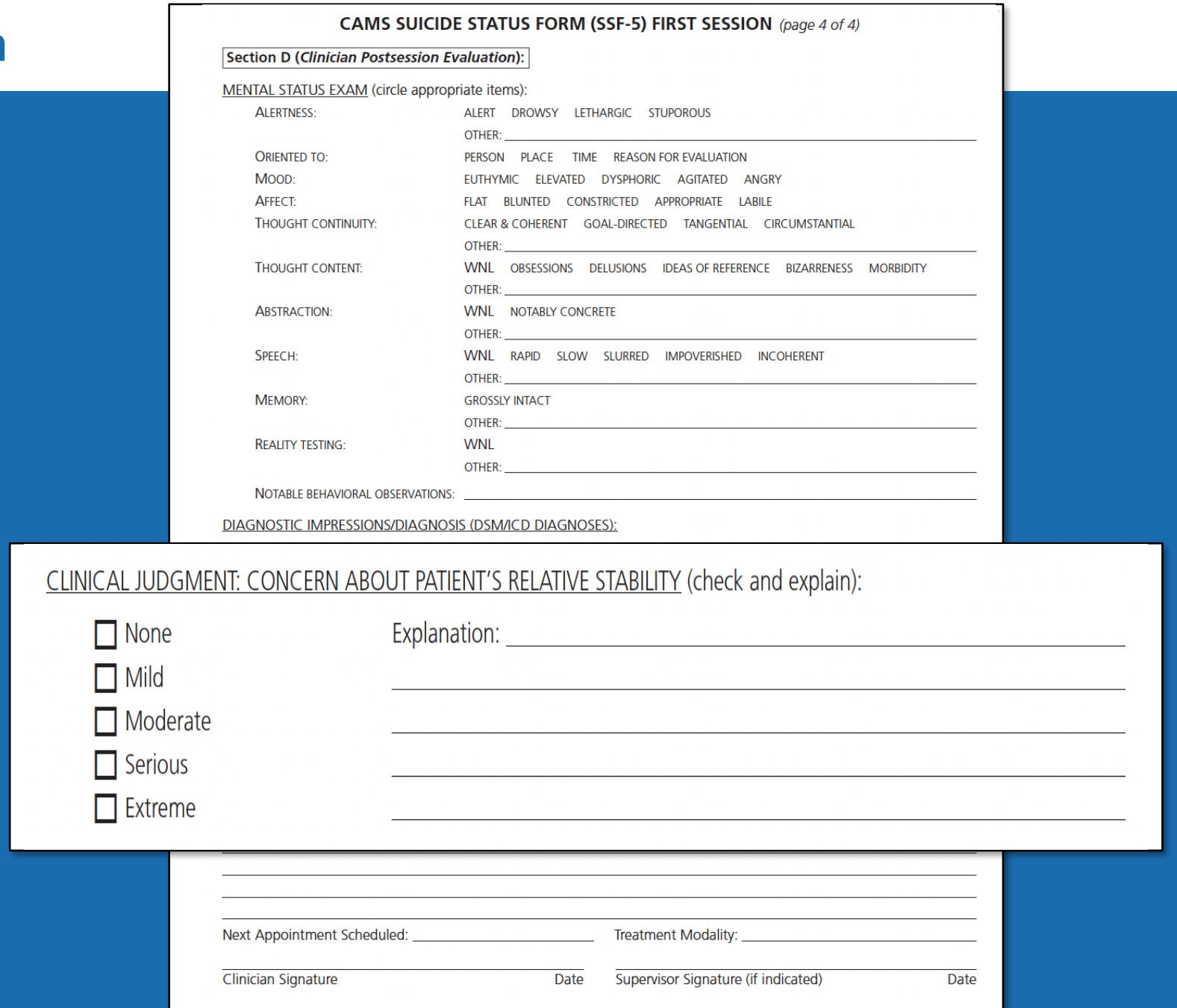
CAMS SSF Initial Session

Section D:

Completed by Clinician after session is completed with patient

Formulate a clinical judgement related to concerns about the Patient's Relative Stability:

- Review Ratings for Wish to Live (WTL)/Wish to Die (WTD)
- Review Reasons for Living (RFL)/Reasons for Dying (RFD)
- Consider SSF Core Assessment ratings
- Quality of CAMS Stabilization Plan (particularly related to lethal means safety)
- Multiple attempt history (2+ more increased risk)
- Coping skills and social supports discussed during stabilization planning



CAMS SUICIDE STATUS FORM (SSF-5) FIRST SESSION *(page 4 of 4)*

Section D (*Clinician Postsession Evaluation*):

MENTAL STATUS EXAM (circle appropriate items):

ALERTNESS: ALERT DROWSY LETHARGIC STUPOROUS
OTHER: _____

ORIENTED TO: PERSON PLACE TIME REASON FOR EVALUATION

MOOD: EUTHYMIC ELEVATED DYSPHORIC AGITATED ANGRY

AFFECT: FLAT BLUNTED CONSTRICTED APPROPRIATE LABILE

THOUGHT CONTINUITY: CLEAR & COHERENT GOAL-DIRECTED TANGENTIAL CIRCUMSTANTIAL
OTHER: _____

THOUGHT CONTENT: WNL OBSESSIONS DELUSIONS IDEAS OF REFERENCE BIZARRENESS MORBIDITY
OTHER: _____

ABSTRACTION: WNL NOTABLY CONCRETE
OTHER: _____

SPEECH: WNL RAPID SLOW SLURRED IMPOVERISHED INCOHERENT
OTHER: _____

MEMORY: GROSSLY INTACT
OTHER: _____

REALITY TESTING: WNL
OTHER: _____

NOTABLE BEHAVIORAL OBSERVATIONS: _____

DIAGNOSTIC IMPRESSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):

CLINICAL JUDGMENT: CONCERN ABOUT PATIENT'S RELATIVE STABILITY (check and explain):

☐ None
☐ Mild
☐ Moderate
☐ Serious
☐ Extreme

Explanation: _____

Next Appointment Scheduled: _____ Treatment Modality: _____

Clinician Signature Date

Supervisor Signature (if indicated) Date

CAMS SSF

Tracking/Update Interim Session(s)

Section A:

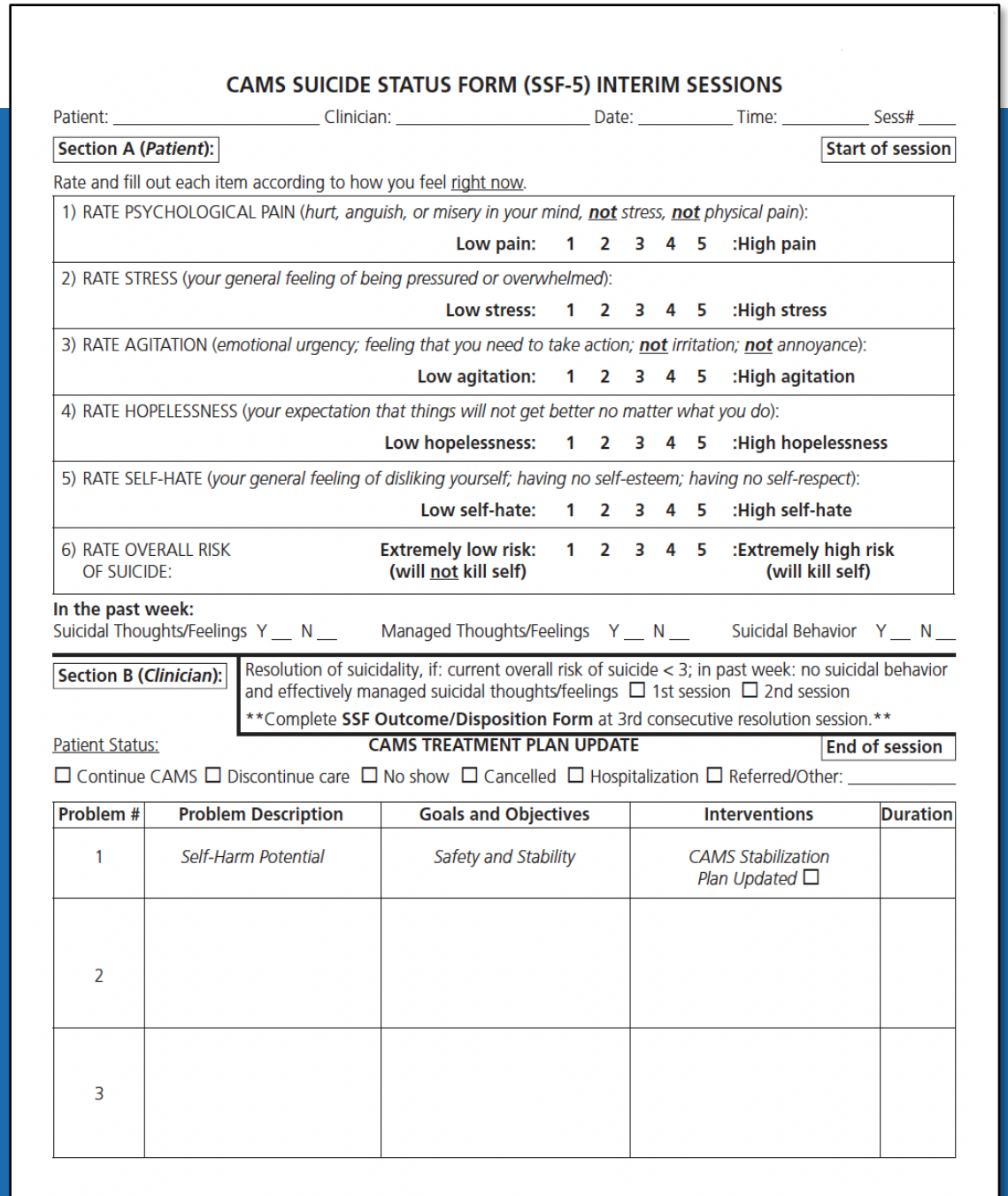
Completed by Patient within first few minutes of each session

- Complete Ratings
- Review Stabilization Plan
- Target & Treat Drivers
- Review Treatment Plan

Section B:

Completed by the clinician and patient at the end of each session

- Noting the completion of the stabilization plan
- Identifying two problem drivers that cause suicidality
- Note goals and objectives
- Note interventions and duration
- Both parties sign the form



CAMS SUICIDE STATUS FORM (SSF-5) INTERIM SESSIONS

Patient: _____ Clinician: _____ Date: _____ Time: _____ Sess# ____

Section A (*Patient*): **Start of session**

Rate and fill out each item according to how you feel right now.

1) RATE PSYCHOLOGICAL PAIN (*hurt, anguish, or misery in your mind, **not** stress, **not** physical pain*):	**Low pain:**	**1**	**2**	**3**	**4**	**5**	**:High pain**
2) RATE STRESS (*your general feeling of being pressured or overwhelmed*):	**Low stress:**	**1**	**2**	**3**	**4**	**5**	**:High stress**
3) RATE AGITATION (*emotional urgency; feeling that you need to take action; **not** irritation; **not** annoyance*):	**Low agitation:**	**1**	**2**	**3**	**4**	**5**	**:High agitation**
4) RATE HOPELESSNESS (*your expectation that things will not get better no matter what you do*):	**Low hopelessness:**	**1**	**2**	**3**	**4**	**5**	**:High hopelessness**
5) RATE SELF-HATE (*your general feeling of disliking yourself; having no self-esteem; having no self-respect*):	**Low self-hate:**	**1**	**2**	**3**	**4**	**5**	**:High self-hate**
6) RATE OVERALL RISK OF SUICIDE:	**Extremely low risk: (will not kill self)**	**1**	**2**	**3**	**4**	**5**	**:Extremely high risk (will kill self)**

In the past week:

Suicidal Thoughts/Feelings Y__ N__ Managed Thoughts/Feelings Y__ N__ Suicidal Behavior Y__ N__

Section B (*Clinician*): Resolution of suicidality, if: current overall risk of suicide < 3; in past week: no suicidal behavior and effectively managed suicidal thoughts/feelings ☐ 1st session ☐ 2nd session

Complete **SSF Outcome/Disposition Form at 3rd consecutive resolution session.**

Patient Status: **CAMS TREATMENT PLAN UPDATE** **End of session**

☐ Continue CAMS ☐ Discontinue care ☐ No show ☐ Cancelled ☐ Hospitalization ☐ Referred/Other: _____

Problem #	Problem Description	Goals and Objectives	Interventions	Duration
1	*Self-Harm Potential*	*Safety and Stability*	*CAMS Stabilization Plan Updated* ☐	
2				
3				

CAMS SSF

Tracking/Interim Update Interim Session(s)

Section C:

Completed by Clinician

- Mental Status Exam
- Diagnostic Impressions
- Patient Stability
- Case Notes
- Clinician Signature

CAMS SUICIDE STATUS FORM (SSF-5) INTERIM SESSIONS *(page 2 of 2)*

Section C (*Clinician Postsession Evaluation*):

MENTAL STATUS EXAM (circle appropriate items):

ALERTNESS: ALERT DROWSY LETHARGIC STUPOROUS
OTHER: _____

ORIENTED TO: PERSON PLACE TIME REASON FOR EVALUATION

MOOD: EUTHYMIC ELEVATED DYSPHORIC AGITATED ANGRY

AFFECT: FLAT BLUNTED CONSTRICTED APPROPRIATE LABILE

THOUGHT CONTINUITY: CLEAR & COHERENT GOAL-DIRECTED TANGENTIAL CIRCUMSTANTIAL
OTHER: _____

THOUGHT CONTENT: WNL OBSESSIONS DELUSIONS IDEAS OF REFERENCE BIZARRENESS MORBIDITY
OTHER: _____

ABSTRACTION: WNL NOTABLY CONCRETE
OTHER: _____

SPEECH: WNL RAPID SLOW SLURRED IMPOVERISHED INCOHERENT
OTHER: _____

MEMORY: GROSSLY INTACT
OTHER: _____

REALITY TESTING: WNL
OTHER: _____

NOTABLE BEHAVIORAL OBSERVATIONS: _____

DIAGNOSTIC IMPRESSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):

_____

_____

_____

CLINICAL JUDGMENT: CONCERN ABOUT PATIENT'S RELATIVE STABILITY (check one and explain):

☐ None
☐ Mild
☐ Moderate
☐ Serious
☐ Extreme

Explanation: _____

_____

_____

_____

_____

CASE NOTES:

_____

_____

_____

_____

_____

_____

Next Appointment Scheduled: _____ Treatment Modality: _____

_____ _____

Clinician Signature Date Supervisor Signature (if indicated) Date

CAMS SSF-4

Outcome/Disposition Final Session

Criteria for Resolution of CAMS

Section A

Patient has had 3 sessions in a row with:

- Risk rating of suicide < 3
- No Suicidal Behaviors
- Effectively Managed Suicidal Thoughts/Feelings

Focus:

- Lessons Learned
- Coping Strategies

Section B

- Criterion are met
- Note outcome disposition
- Both parties sign the form

CAMS SUICIDE STATUS FORM (SSF-5) OUTCOME/DISPOSITION FINAL SESSION

Patient: _____ Clinician: _____ Date: _____ Time: _____ Sess# ____

Section A (*Patient*): **Start of session**

Rate and fill out each item according to how you feel right now.

1) RATE PSYCHOLOGICAL PAIN (*hurt, anguish, or misery in your mind, **not** stress, **not** physical pain*):	**Low pain:**	**1**	**2**	**3**	**4**	**5**	**:High pain**
2) RATE STRESS (*your general feeling of being pressured or overwhelmed*):	**Low stress:**	**1**	**2**	**3**	**4**	**5**	**:High stress**
3) RATE AGITATION (*emotional urgency; feeling that you need to take action; **not** irritation; **not** annoyance*):	**Low agitation:**	**1**	**2**	**3**	**4**	**5**	**:High agitation**
4) RATE HOPELESSNESS (*your expectation that things will not get better no matter what you do*):	**Low hopelessness:**	**1**	**2**	**3**	**4**	**5**	**:High hopelessness**
5) RATE SELF-HATE (*your general feeling of disliking yourself; having no self-esteem; having no self-respect*):	**Low self-hate:**	**1**	**2**	**3**	**4**	**5**	**:High self-hate**
6) RATE OVERALL RISK OF SUICIDE:	**Extremely low risk: (will not kill self)**	**1**	**2**	**3**	**4**	**5**	**:Extremely high risk (will kill self)**

In the past week:

Suicidal Thoughts/Feelings Y__ N__ Managed Thoughts/Feelings Y__ N__ Suicidal Behavior Y__ N__

Where there any aspects of your treatment that were particularly helpful to you? If so, please describe these. Be as specific as possible.

What have you learned from your clinical care that could help you if you became suicidal in the future?

Third consecutive session of resolved suicidality: ___ Yes ___ No (If no, continue CAMS interim care)

**Resolution of suicidality, if for third consecutive week: current overall risk of suicide < 3; in past week: no suicidal behavior and effectively managed suicidal thoughts/feelings

Section B (*Clinician*): **End of session**

CAMS OUTCOME/DISPOSITION (Check all that apply):

___ Continuing outpatient psychotherapy ___ Inpatient hospitalization

___ Mutual termination ___ Patient chooses to discontinue treatment (unilaterally)

___ Referral to: _____

___ Other. Describe: _____

Next Appointment Scheduled (if applicable): _____

Patient Signature Date Clinician Signature Date

(continued)

CAMS SSF-5

Outcome/Disposition Final Session

Section C:

Completed by Clinician after session is completed

CAMS SUICIDE STATUS FORM (SSF-5) OUTCOME/DISPOSITION FINAL SESSION *(page 2 of 2)*

Section C (*Clinician Postsession Evaluation*):

MENTAL STATUS EXAM (circle appropriate items):

ALERTNESS: ALERT DROWSY LETHARGIC STUPOROUS
OTHER: _____

ORIENTED TO: PERSON PLACE TIME REASON FOR EVALUATION

MOOD: EUTHYMIC ELEVATED DYSPHORIC AGITATED ANGRY

AFFECT: FLAT BLUNTED CONSTRICTED APPROPRIATE LABILE

THOUGHT CONTINUITY: CLEAR & COHERENT GOAL-DIRECTED TANGENTIAL CIRCUMSTANTIAL
OTHER: _____

THOUGHT CONTENT: WNL OBSESSIONS DELUSIONS IDEAS OF REFERENCE BIZARRENESS MORBIDITY
OTHER: _____

ABSTRACTION: WNL NOTABLY CONCRETE
OTHER: _____

SPEECH: WNL RAPID SLOW SLURRED IMPOVERISHED INCOHERENT
OTHER: _____

MEMORY: GROSSLY INTACT
OTHER: _____

REALITY TESTING: WNL
OTHER: _____

NOTABLE BEHAVIORAL OBSERVATIONS: _____

DIAGNOSTIC IMPRESSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):

_____
_____
_____

CLINICAL JUDGMENT: CONCERN ABOUT PATIENT'S RELATIVE STABILITY (check one and explain):

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Serious
- ☐ Extreme

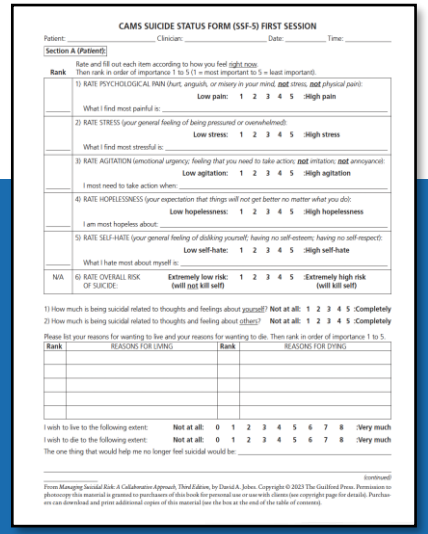
Explanation: _____

CASE NOTES:

_____
_____
_____
_____
_____
_____
_____

Clinician Signature Date

Supervisor Signature (if indicated) Date



CAMS SUICIDE STATUS FORM (SSF-5) FIRST SESSION

Patient: _____ Clinician: _____ Date: _____ Time: _____

Section A (Patient):

Rate and fill out each item according to how you feel right now.

Rank — Then rank in order of importance 1 to 5 (1 = most important to 5 = least important).

1) RATE PSYCHOLOGICAL PAIN (*hurt, anguish, or misery in your mind, **not** stress, **not** physical pain*):
Low pain: 1 2 3 4 5 :**High pain**
What I find most painful is: _____

2) RATE STRESS (*your general feeling of being pressured or overwhelmed*):
Low stress: 1 2 3 4 5 :**High stress**
What I find most stressful is: _____

3) RATE AGITATION (*emotional urgency; feeling that you need to take action; **not** irritation; **not** annoyance*):
Low agitation: 1 2 3 4 5 :**High agitation**
I most need to take action when: _____

4) RATE HOPELESSNESS (*your expectation that things will not get better no matter what you do*):
Low hopelessness: 1 2 3 4 5 :**High hopelessness**
I am most hopeless about: _____

5) RATE SELF-HATE (*your general feeling of disliking yourself; having no self-esteem; having no self-respect*):
Low self-hate: 1 2 3 4 5 :**High self-hate**
What I hate most about myself is: _____

N/A — 6) RATE OVERALL RISK OF SUICIDE: **Extremely low risk: (will not kill self)** 1 2 3 4 5 :**Extremely high risk (will kill self)**

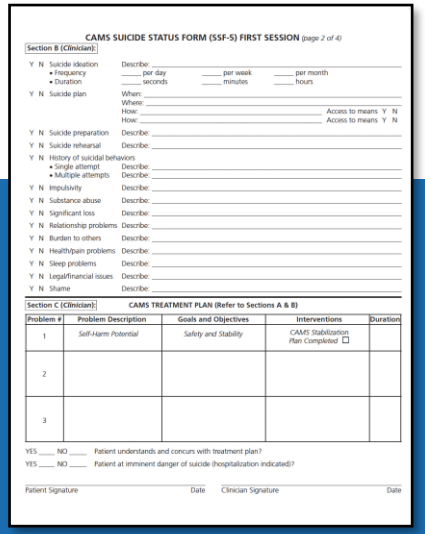
1) How much is being suicidal related to thoughts and feelings about yourself? **Not at all:** 1 2 3 4 5 :**Completely**
2) How much is being suicidal related to thoughts and feeling about others? **Not at all:** 1 2 3 4 5 :**Completely**

Please list your reasons for wanting to live and your reasons for wanting to die. Then rank in order of importance 1 to 5.

Rank	REASONS FOR LIVING	Rank	REASONS FOR DYING

I wish to live to the following extent: **Not at all:** 0 1 2 3 4 5 6 7 8 :**Very much**
I wish to die to the following extent: **Not at all:** 0 1 2 3 4 5 6 7 8 :**Very much**
The one thing that would help me no longer feel suicidal would be: _____

_____ (continued)



CAMS SUICIDE STATUS FORM (SSF-5) FIRST SESSION *(page 2 of 4)*

Section B (Clinician):

Y N Suicide ideation — Describe: _____
- Frequency — _____ per day _____ per week _____ per month
- Duration — _____ seconds _____ minutes _____ hours

Y N Suicide plan — When: _____ Where: _____ How: _____ Access to means Y N How: _____ Access to means Y N

Y N Suicide preparation — Describe: _____

Y N Suicide rehearsal — Describe: _____

Y N History of suicidal behaviors
- Single attempt — Describe: _____
- Multiple attempts — Describe: _____

Y N Impulsivity — Describe: _____

Y N Substance abuse — Describe: _____

Y N Significant loss — Describe: _____

Y N Relationship problems — Describe: _____

Y N Burden to others — Describe: _____

Y N Health/pain problems — Describe: _____

Y N Sleep problems — Describe: _____

Y N Legal/financial issues — Describe: _____

Y N Shame — Describe: _____

Section C (Clinician): **CAMS TREATMENT PLAN (Refer to Sections A & B)**

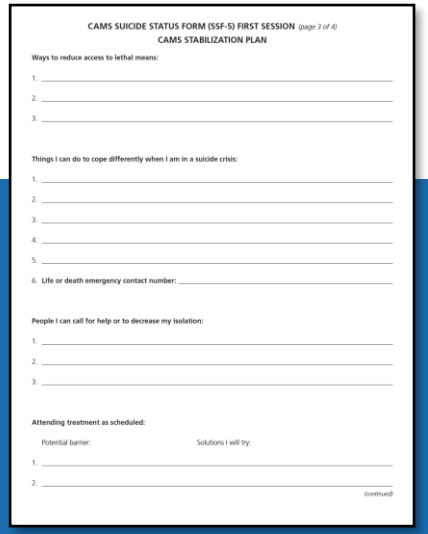
Problem #	Problem Description	Goals and Objectives	Interventions	Duration
1	*Self-Harm Potential*	*Safety and Stability*	*CAMS Stabilization Plan Completed* ☐	
2				
3				

YES ____ NO ____ Patient understands and concurs with treatment plan?

YES ____ NO ____ Patient at imminent danger of suicide (hospitalization indicated)?

_____ Date _____ Date

Patient Signature — Clinician Signature



CAMS SUICIDE STATUS FORM (SSF-5) FIRST SESSION *(page 3 of 4)*

CAMS STABILIZATION PLAN

Ways to reduce access to lethal means:

1. _____
2. _____
3. _____

Things I can do to cope differently when I am in a suicide crisis:

1. _____
2. _____
3. _____
4. _____
5. _____
6. **Life or death emergency contact number:** _____

People I can call for help or to decrease my isolation:

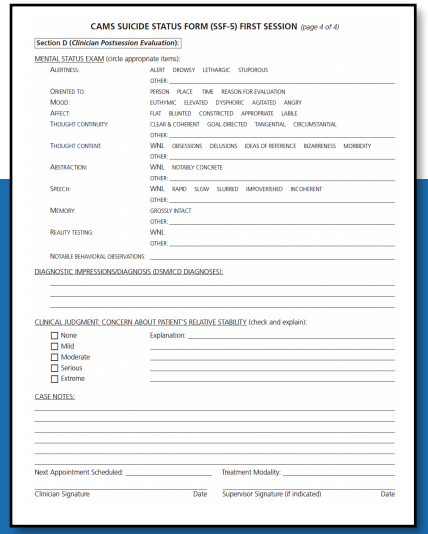
1. _____
2. _____
3. _____

Attending treatment as scheduled:

Potential barrier: Solutions I will try:

1. _____
2. _____

_____ (continued)



CAMS SUICIDE STATUS FORM (SSF-5) FIRST SESSION *(page 4 of 4)*

Section D (Clinician Postsession Evaluation):

MENTAL STATUS EXAM (circle appropriate items):

ALERTNESS: ALERT DROWSY LETHARGIC STUPOROUS OTHER: _____

ORIENTED TO: PERSON PLACE TIME REASON FOR EVALUATION

MOOD: EUTHYMIC ELEVATED DYSPHORIC AGITATED ANGRY

AFFECT: FLAT BLUNTED CONSTRICTED APPROPRIATE LABILE

THOUGHT CONTINUITY: CLEAR & COHERENT GOAL-DIRECTED TANGENTIAL CIRCUMSTANTIAL OTHER: _____

THOUGHT CONTENT: WNL OBSESSIONS DELUSIONS IDEAS OF REFERENCE BIZARRENESS MORBIDITY OTHER: _____

ABSTRACTION: WNL NOTABLY CONCRETE OTHER: _____

SPEECH: WNL RAPID SLOW SLURRED IMPOVERISHED INCOHERENT OTHER: _____

MEMORY: GROSSLY INTACT OTHER: _____

REALITY TESTING: WNL OTHER: _____

NOTABLE BEHAVIORAL OBSERVATIONS: _____

DIAGNOSTIC IMPRESSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):

_____

_____

_____

CLINICAL JUDGMENT CONCERN ABOUT PATIENT'S RELATIVE STABILITY (check and explain):

☐ None ☐ Mild ☐ Moderate ☐ Serious ☐ Extreme — Explanation: _____

CASE NOTES:

_____

_____

_____

_____

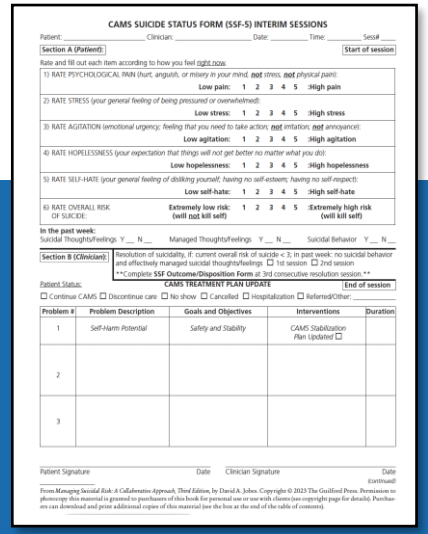
_____

Next Appointment Scheduled: _____ Treatment Modality: _____

_____ Date _____ Date _____ Date

Clinician Signature — Supervisor Signature (if indicated)

First session of CAMS—SSF Assessment, Stabilization Planning, Driver-Specific Treatment Planning, and HIPAA Documentation



CAMS SUICIDE STATUS FORM (SSF-5) INTERIM SESSIONS

Patient: _____ Clinician: _____ Date: _____ Time: _____ Sess# ____

Section A (Patient): **Start of session**

Rate and fill out each item according to how you feel right now.

1) RATE PSYCHOLOGICAL PAIN (*hurt, anguish, or misery in your mind, **not** stress, **not** physical pain*):
Low pain: 1 2 3 4 5 :**High pain**

2) RATE STRESS (*your general feeling of being pressured or overwhelmed*):
Low stress: 1 2 3 4 5 :**High stress**

3) RATE AGITATION (*emotional urgency; feeling that you need to take action; **not** irritation; **not** annoyance*):
Low agitation: 1 2 3 4 5 :**High agitation**

4) RATE HOPELESSNESS (*your expectation that things will not get better no matter what you do*):
Low hopelessness: 1 2 3 4 5 :**High hopelessness**

5) RATE SELF-HATE (*your general feeling of disliking yourself; having no self-esteem; having no self-respect*):
Low self-hate: 1 2 3 4 5 :**High self-hate**

6) RATE OVERALL RISK OF SUICIDE: **Extremely low risk: (will not kill self)** 1 2 3 4 5 :**Extremely high risk (will kill self)**

In the past week:
Suicidal Thoughts/Feelings Y ___ N ___ Managed Thoughts/Feelings Y ___ N ___ Suicidal Behavior Y ___ N ___

Section B (Clinician): Resolution of suicidality, if: current overall risk of suicide < 3; in past week: no suicidal behavior and effectively managed suicidal thoughts/feelings ☐ 1st session ☐ 2nd session
Complete **SSF Outcome/Disposition Form at 3rd consecutive resolution session.**

Patient Status: **CAMS TREATMENT PLAN UPDATE** **End of session**

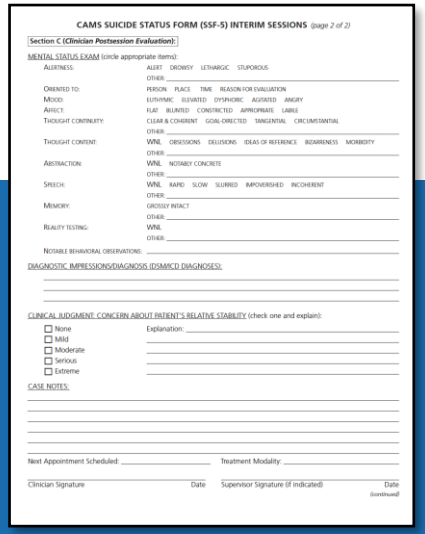
☐ Continue CAMS ☐ Discontinue care ☐ No show ☐ Cancelled ☐ Hospitalization ☐ Referred/Other: _____

Problem #	Problem Description	Goals and Objectives	Interventions	Duration
1	*Self-Harm Potential*	*Safety and Stability*	*CAMS Stabilization Plan Updated* ☐	
2				
3				

_____ Date _____ Date

Patient Signature — Clinician Signature

_____ (continued)



CAMS SUICIDE STATUS FORM (SSF-5) INTERIM SESSIONS *(page 2 of 2)*

Section C (Clinician Postsession Evaluation):

MENTAL STATUS EXAM (circle appropriate items):

ALERTNESS: ALERT DROWSY LETHARGIC STUPOROUS OTHER: _____

ORIENTED TO: PERSON PLACE TIME REASON FOR EVALUATION

MOOD: EUTHYMIC ELEVATED DYSPHORIC AGITATED ANGRY

AFFECT: FLAT BLUNTED CONSTRICTED APPROPRIATE LABILE

THOUGHT CONTINUITY: CLEAR & COHERENT GOAL-DIRECTED TANGENTIAL CIRCUMSTANTIAL OTHER: _____

THOUGHT CONTENT: WNL OBSESSIONS DELUSIONS IDEAS OF REFERENCE BIZARRENESS MORBIDITY OTHER: _____

ABSTRACTION: WNL NOTABLY CONCRETE OTHER: _____

SPEECH: WNL RAPID SLOW SLURRED IMPOVERISHED INCOHERENT OTHER: _____

MEMORY: GROSSLY INTACT OTHER: _____

REALITY TESTING: WNL OTHER: _____

NOTABLE BEHAVIORAL OBSERVATIONS: _____

DIAGNOSTIC IMPRESSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):

_____

_____

_____

CLINICAL JUDGMENT CONCERN ABOUT PATIENT'S RELATIVE STABILITY (check one and explain):

☐ None ☐ Mild ☐ Moderate ☐ Serious ☐ Extreme — Explanation: _____

CASE NOTES:

_____

_____

_____

_____

_____

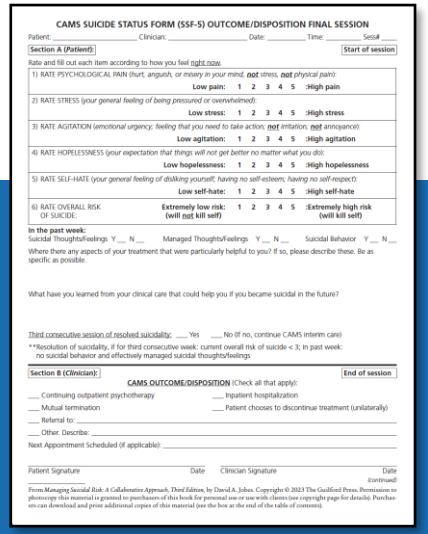
Next Appointment Scheduled: _____ Treatment Modality: _____

_____ Date _____ Date _____ Date

Clinician Signature — Supervisor Signature (if indicated)

_____ (continued)

CAMS Interim Sessions



CAMS SUICIDE STATUS FORM (SSF-5) OUTCOME/DISPOSITION FINAL SESSION

Patient: _____ Clinician: _____ Date: _____ Time: _____ Sess# ____

Section A (Patient): **Start of session**

Rate and fill out each item according to how you feel right now.

1) RATE PSYCHOLOGICAL PAIN (*hurt, anguish, or misery in your mind, **not** stress, **not** physical pain*):
Low pain: 1 2 3 4 5 :**High pain**

2) RATE STRESS (*your general feeling of being pressured or overwhelmed*):
Low stress: 1 2 3 4 5 :**High stress**

3) RATE AGITATION (*emotional urgency; feeling that you need to take action; **not** irritation; **not** annoyance*):
Low agitation: 1 2 3 4 5 :**High agitation**

4) RATE HOPELESSNESS (*your expectation that things will not get better no matter what you do*):
Low hopelessness: 1 2 3 4 5 :**High hopelessness**

5) RATE SELF-HATE (*your general feeling of disliking yourself; having no self-esteem; having no self-respect*):
Low self-hate: 1 2 3 4 5 :**High self-hate**

6) RATE OVERALL RISK OF SUICIDE: **Extremely low risk: (will not kill self)** 1 2 3 4 5 :**Extremely high risk (will kill self)**

In the past week:
Suicidal Thoughts/Feelings Y ___ N ___ Managed Thoughts/Feelings Y ___ N ___ Suicidal Behavior Y ___ N ___

Where there any aspects of your treatment that were particularly helpful to you? If so, please describe these. Be as specific as possible.

What have you learned from your clinical care that could help you if you became suicidal in the future?

Third consecutive session of resolved suicidality: ___ Yes ___ No (If no, continue CAMS interim care)
**Resolution of suicidality, if for third consecutive week: current overall risk of suicide < 3; in past week: no suicidal behavior and effectively managed suicidal thoughts/feelings

Section B (Clinician): **End of session**

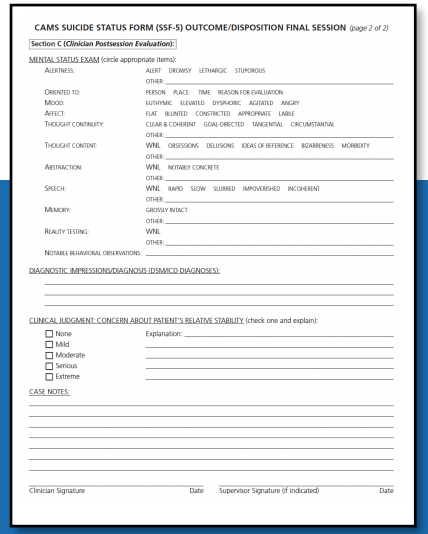
CAMS OUTCOME/DISPOSITION (Check all that apply):

___ Continuing outpatient psychotherapy ___ Inpatient hospitalization
___ Mutual termination ___ Patient chooses to discontinue treatment (unilaterally)
___ Referral to: _____
___ Other. Describe: _____
Next Appointment Scheduled (if applicable): _____

_____ Date _____ Date

Patient Signature — Clinician Signature

_____ (continued)



CAMS SUICIDE STATUS FORM (SSF-5) OUTCOME/DISPOSITION FINAL SESSION *(page 2 of 2)*

Section C (Clinician Postsession Evaluation):

MENTAL STATUS EXAM (circle appropriate items):

ALERTNESS: ALERT DROWSY LETHARGIC STUPOROUS OTHER: _____

ORIENTED TO: PERSON PLACE TIME REASON FOR EVALUATION

MOOD: EUTHYMIC ELEVATED DYSPHORIC AGITATED ANGRY

AFFECT: FLAT BLUNTED CONSTRICTED APPROPRIATE LABILE

THOUGHT CONTINUITY: CLEAR & COHERENT GOAL-DIRECTED TANGENTIAL CIRCUMSTANTIAL OTHER: _____

THOUGHT CONTENT: WNL OBSESSIONS DELUSIONS IDEAS OF REFERENCE BIZARRENESS MORBIDITY OTHER: _____

ABSTRACTION: WNL NOTABLY CONCRETE OTHER: _____

SPEECH: WNL RAPID SLOW SLURRED IMPOVERISHED INCOHERENT OTHER: _____

MEMORY: GROSSLY INTACT OTHER: _____

REALITY TESTING: WNL OTHER: _____

NOTABLE BEHAVIORAL OBSERVATIONS: _____

DIAGNOSTIC IMPRESSIONS/DIAGNOSIS (DSM/ICD DIAGNOSES):

_____

_____

_____

CLINICAL JUDGMENT CONCERN ABOUT PATIENT'S RELATIVE STABILITY (check one and explain):

☐ None ☐ Mild ☐ Moderate ☐ Serious ☐ Extreme — Explanation: _____

CASE NOTES:

_____

_____

_____

_____

_____

_____ Date _____ Date _____ Date

Clinician Signature — Supervisor Signature (if indicated)

CAMS Outcome/Disposition Session

CAMS Research Findings Summary

Across 10 published non-randomized clinical trials of CAMS, 2 meta-analyses, and 7 published randomized controlled trials (with 5 on-going RCT's)

CAMS

- Reduces suicidal ideation
- Changes suicidal cognitions
- Increases hope/decreases hopelessness
- Positive patient experience
- Reduces ED visits
- Positive impact on self-harm/attempts
- Relatively easy to learn

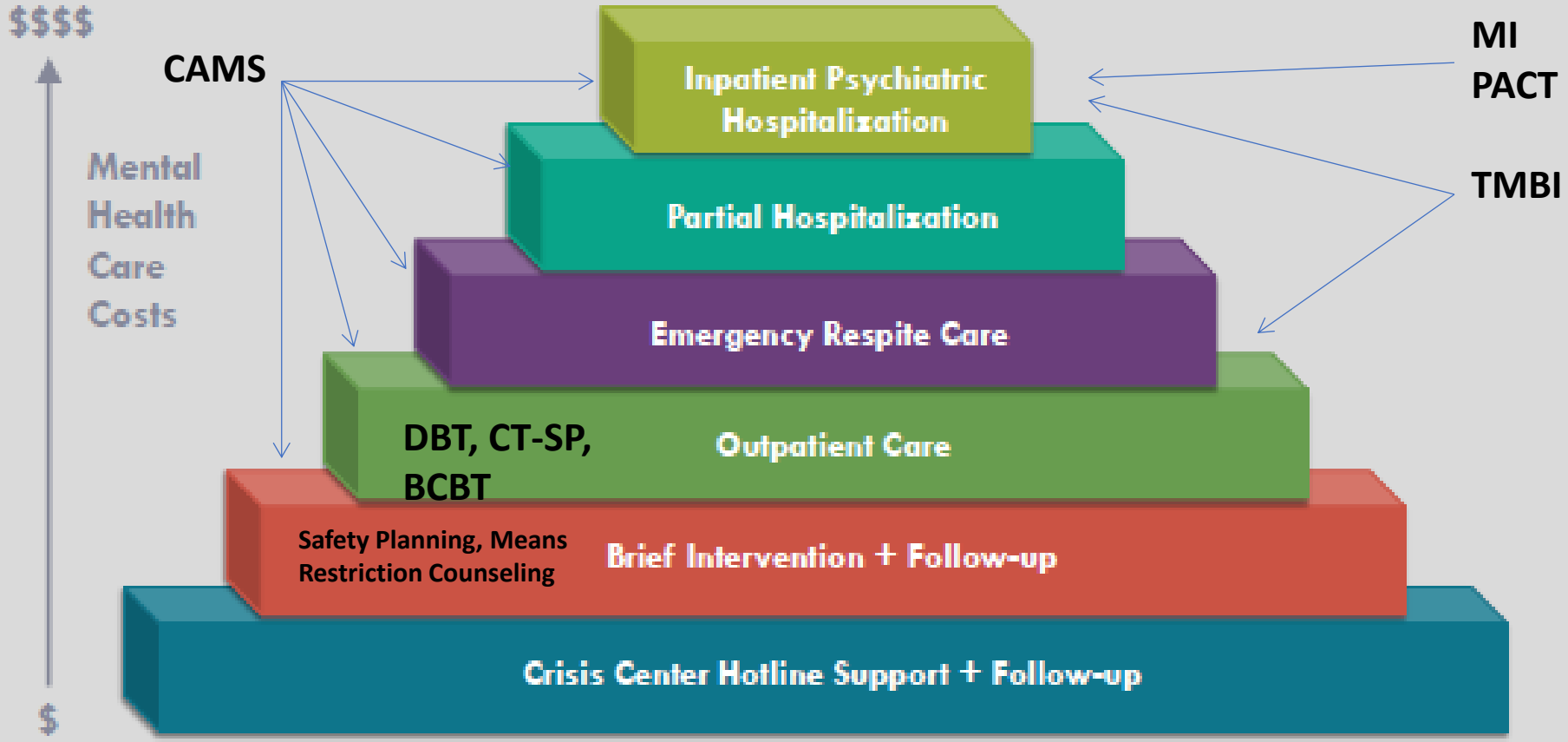
"Well supported" for the reduction of suicidal thinking per CDC research criteria.

A Stepped Care Model for Suicide Care

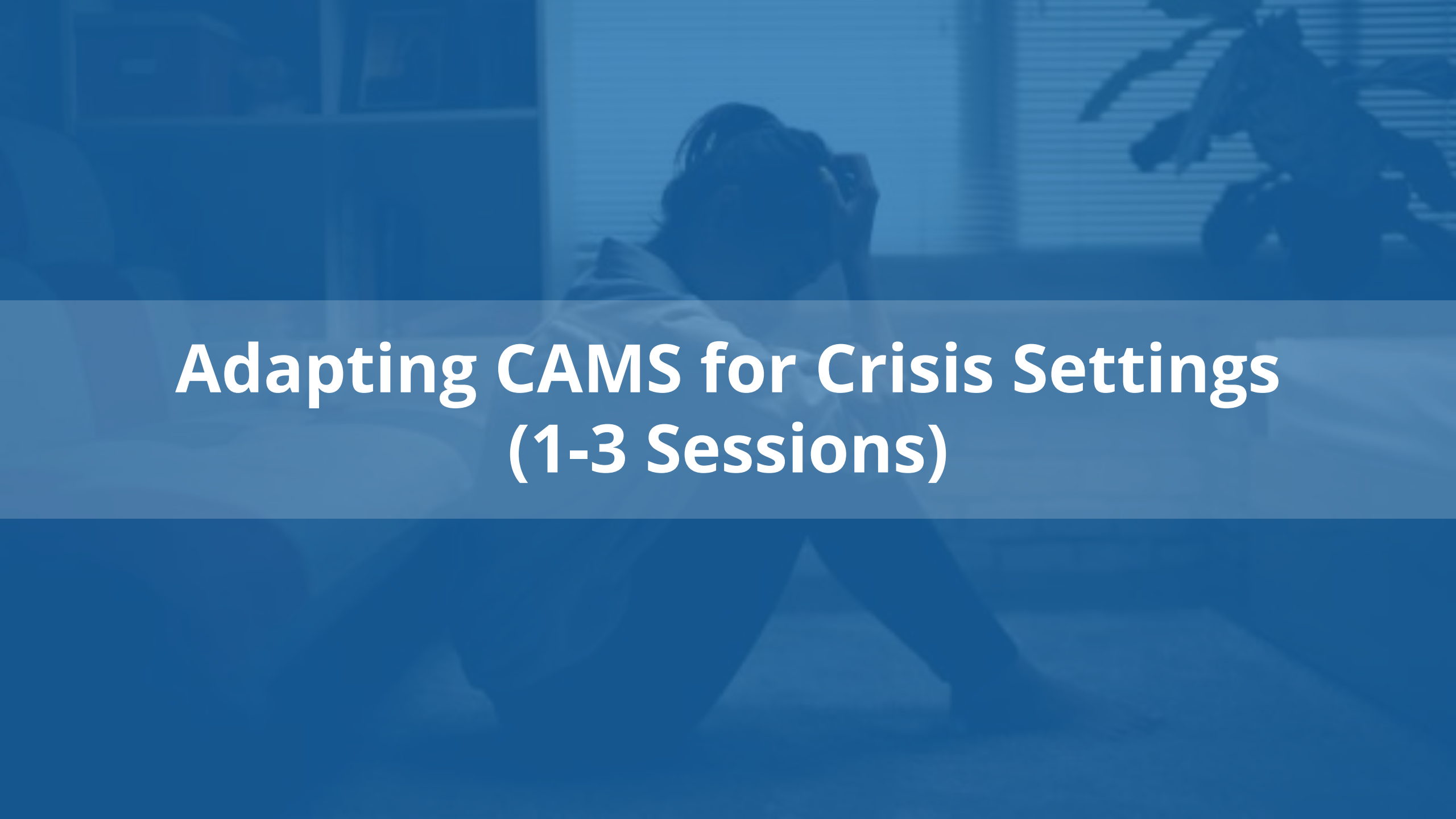
Safety Planning
CRP + RFL
Means Restriction can be used through out

Suicide-specific Care at Each Step

From Least to Most Restrictive Intervention



Adapted from Jobes, D. (2014)



Adapting CAMS for Crisis Settings (1-3 Sessions)

CAMS For Emergency Room/Dept Settings

One Session Intervention

Use	First Session SSF
Develop	CAMS Stabilization Plan
Identify	Drivers
Set up	“Next Day Appointment”
Provide	Crisis Contact

CAMS Brief Intervention (CAMS-BI)

One Session Intervention

Use	First Session SSF
Assess	Risk
Develop	CAMS Stabilization Plan
Identify	Drivers
Provide	Resources

CAMS For Inpatient Settings

During hospital stay	3 SSF (First, Interim, Disposition)
Goals	Assess Risk Identify Drivers Practice Coping Link

Initial Support for CAMS-BI

- 143 adult patients being treated for suicidal thoughts and behaviors across multiple inpatient units and medical floors
  - 61% White, 34% Black/African American
  - 48% Cisgender female, 49% cisgender male

- Changes in overall distress (SUDS) from pre to post CAMS-BI
  - 58% of patients reported a reduction
  - 33% reported no change (9% reported an increase)

- Changes in readiness to continue living from pre to post CAMS-BI
  - 33% of patients reported an increase in readiness to live
  - 64% reported no change (3% reported a decrease)

  *** A one point change in readiness to live is associated with a 31% reduction in suicidal thoughts months later (Britton et al., 2020)

Oakey-Frost et al., 2023

Upcoming Trainings

Becoming CAMS Trained™ The only *authorized* source for adherent training in the CAMS Framework®

Become CAMS Trained in less than 16 hours:

1. **CAMS Foundational Video**
2. **CAMS 3rd edition book**
3. **Role-Play Training Day**
4. **CAMS Consultation Calls**
5. **Knowledge Test**
6. **Professional Information**

Free for CAMS Trained clinicians:

CAMS-care Clinician Locator

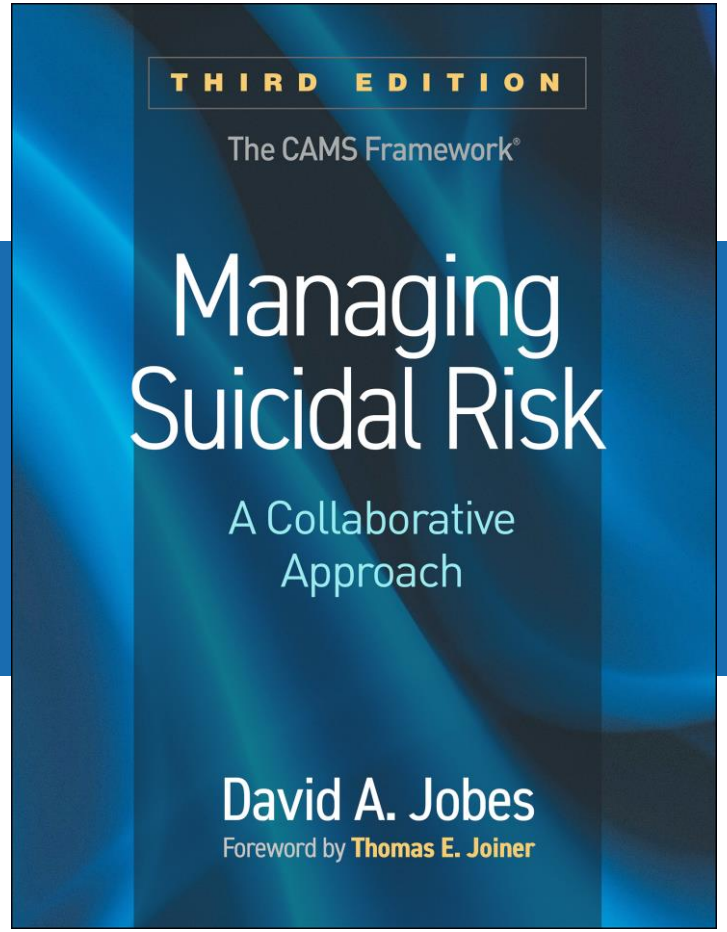
Benefits

Invitation Only Office Hours with Dr. Jobes

Route new clients seeking evidence-based, suicide-specific treatments to your practice.

Visit us at **cams-care.com**

Thank You!



Find us online at:
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Bethesda, MD 20814
301-530-5993

PAIR & SHARE

Turn to a neighbor and discuss: "What barriers might exist to implementing CAMS Care in our region, and how can we address them?"

Magellan HEALTHCARE®

CAMS Care Provider Announcement

Magellan HEALTHCARE®

✅ Request for Information (RFI) Checklist

1. **Letter of Interest Submission**
   - ❑Submit **Letter of Interest** by **June 30, 2025**
   - ❑Include **Agency Information**
   - ❑Include **Implementation Plan** for integrating CAMS Care
2. **Staff Requirements**
   - ❑Confirm staff **commitment to completing CAMS certification**
   - ❑Plan to **integrate CAMS Care into practice workflows**
3. **Eligibility Criteria**
   - ❑Agency is **contracted with Magellan**
   - ❑Agency is **contracted with Northampton County Health Choices**
   - ❑Open to **all levels of care** (confirm applicability)

Magellan HEALTHCARE

CAMS Care Education Day will be held June 2, 2025!

We welcome ongoing engagement from providers to expand CAMS Care services and improve community mental health outcomes.

For more details, visit: www.cams-care.com

Contact: Chasie Kearney | kearneyc@magellanhealth.com

What resources or support do providers need to successfully implement CAMS Care?

Suicide Prevention & Community Response

Top Five Takeaways:

🧠 Suicide Prevention Requires Collective Community Action

- Collaboration across sectors is essential for real change.

👥 Youth and Young Adults Are Disproportionately at Risk

- Tailored strategies are critical to reach this vulnerable population.

🚨 Crisis Response Is Evolving

- Innovations like **988**, **CRCs (Crisis Receiving Centers)**, and **C-SSRS (Columbia-Suicide Severity Rating Scale)** are game changers.

📊 Data-Informed Decision Making Enhances Interventions

- Using real-time data drives smarter resource allocation and outcomes.

✅ CAMS Care Is an Effective, Evidence-Based Model

- Supports clinicians in delivering targeted suicide-specific care.

Magellan HEALTHCARE

Let’s Commit to Action - Together

✅ **Attend CAMS Education Day**

📅 *June 2, 2025 – Save the Date!*

🤝 **Join Your County’s Suicide Prevention Task Force**

Be part of shaping local response and outreach.

📣 **Share Resources**

Promote 988 and the C-SSRS in your networks and organizations.

📝 **Apply for CAMS Care Training Slots**

Bring evidence-based suicide prevention into your daily practice.

💬 **Talk About Suicide. Offer Hope.**

Help reduce stigma—every conversation matters.

Magellan HEALTHCARE

THANK YOU!

Confidentiality statement

Magellan HEALTHCARE