1. National Action Alliance For Suicide Prevention: Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safe

Scope: 18+ Years Old
Setting: Outpatient Level of Care
Evidence Found: Intake Assessments including Screening Tools and Ongoing Assessments, if applicable

Questions	Answer Options	Notes	Reference
1. Was the member asked about thoughts of suicide or self-harm?	Yes No	** "Not reported" in the record may mean that the member was not asked. Language should be clear that the question was asked and an answer was given.* ** Yes includes via a screening tool.*	P3, P7, P8 "Asking patients about thoughts of suicide ore self-harm does not increase a person's risk of suicide… But it is a simple and effective way to uncover most suicide risk" (P3).
2.a. Was a standardized suicide risk screening or assessment tool used?	Yes No	*As screening/ assessment tools can be used for multiple purposes, if a tool asking about suicide was used, note the use in question 2.a and 2.b.*	P4, P7, P8 "Where feasible, this is done by a behavioral health professional using a standardized suicide risk assessment tool" (P4).
2.b. If yes to 2.a., what tool was used?	• Ask Suicide Screening Questions (ASQ) National Institute of Mental Health • Behavioral Health Measure-10 (BHM-10) • Behavioral Health Screen (BHS) • Brief Symptom Inventory 18 (BSI 18) • Columbia-Suicide Severity Rating Scale (C-SSRS) • Outcome Questionnaire 45.2 (OQ-45.2®) • Patient Health Questionnaire-9 (PHQ-9) Depression Scale • Suicide Behavior Questionnaire- Revised (SBQ-R) • M-3 Checklist TM • Reasons for Living (RFL) • Other (Please list: _____) • N/A		P4; P14-15 Suicide Screening and Risk Assessments
3. Where risk was identified, was at least brief safety planning intervention done to develop a plan to recognize suicidal thoughts and manage them safely?	Yes No N/A	** Action steps may include calming activities, identifying supportive people to talk to and providing contact information for crisis call or text lines (P5).* ** N/A would be chosen when suicide/self-harm risk was not identified.*	P5, P16 See Appendix B for Safety planning Resources

2. American Psychiatric Association Practice Guidelines for the Psychiatric Evaluation of Adults, Third Edition

Scope: 18+ Years Old
Setting: Outpatient or Inpatient Level of Care
Evidence Found: Intake Assessments

Questions	Answer Options	Notes	Reference
1. Is there documentation of a substance use assessment?	Yes No	*Substance use may include tobacco, alcohol, or other substances (e.g. marijuana, cocaine, heroin, hallucinogens) and any misuse of prescribed or over-the-counter (OTC) medications or supplements assessed.*	P5, P15f, P138
2. Is there documentation of a cultural and/or linguistic assessment?	Yes No	*Culture is defined as "Systems of knowledge, concepts, rules, and practices that are learned and transmitted across generations. Culture includes language, religion and spirituality, family structures, life-cycle stages, ceremonial rituals, and customs, as well as moral and legal systems (American Psychiatric Association 2013c)" (P 148).*	P6, P27-30, P141-142
3. Is there documentation of a medical assessment?	Yes No	*See Assessment definition below.*	P5, P 30-35, P142-143

Note: Assessment is defined as "The process of obtaining information about a patient through any of a variety of methods, including face-to-face interview, review of medical records, physical examination (by the psychiatrist, another physician, or a medically trained clinician), diagnostic testing, or history taking from collateral sources" (P 148).

3. American Academy of Child and Adolescent Psychiatry Practice Parameter for the Assessment and Treatment of Children and Adolescents with Reactive Attachment Disorder and Disinhibited Social Engagement Disorder

Scope: Under 18 Years Old with a diagnoses of Autism Spectrum Disorders, Attention Deficit Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), Reactive Attachment Disorder (RAD), and/or Disinhibited Social Engagement Disorder (DSED)
Setting: Outpatient
Evidence Found: Intake Assessments

Questions	Answer Options	Notes	Reference
1. Is there documentation that the comprehensive psychiatric assessment assesses the presence of co-morbid disorders?	Yes No	* This question is broad to cover any co-morbid disorders	P997; Recommendation 4: Clinicians should perform a comprehensive psychiatric assessment of children with RAD or DSED to determine the presence of comorbid disorders.
2. If the diagnosis is ASD, ADHD, or PTSD is there evidence that the member was screened for RAD/DSED?	Yes No	* Focuses on RAD/DSED as a potential co-morbid disorder	P 992; RAD must be distinguished from autism spectrum disorder (ASD). P997; Recommendation 4: Clinicians should perform a comprehensive psychiatric assessment of children with RAD or DSED to determine the presence of comorbid disorders.
3. If the member has a diagnosis of RAD/DSED, is there documentation that the assessment of RAD/DSED includes obtaining a history of the child's patterns of attachment behavior with his or her primary caregivers?	Yes No		P997; Recommendation 2. The clinician conducting a diagnostic assessment of RAD and DSED should obtain direct evidence from both a history of the child's patterns of attachment behavior with his or her primary caregivers...
4. If the member has a diagnosis of RAD/DSED, is there documentation that the assessment of RAD/ DSED includes observations of the child interacting with caregivers?	Yes No N/A	** No would include that the caregivers were present but observations were not noted in the record.* ** N/A would be used if the caregivers were not present in the assessment documentation.*	P997; Recommendation 2. The clinician conducting a diagnostic assessment of RAD and DSED should obtain direct evidence from… observations of the child interacting with these caregivers.