

Suicide Prevention Safety Plan Template FAQ

Why has this new Safety Planning template been created?

In May 2017, the OIG evaluated suicide prevention programs in VHA facilities and recommended **“that clinicians complete SPSPs for all high-risk patients, include in the SPSPs the contact numbers of family or friends for support, and give each patient and/or caregiver a copy of the SPSP, and that facility managers monitor compliance”** (OIG p. 5).

This new, nationally-standardized Safety Planning template is consistent with updated VHA guidelines and revisions to safety planning guidance by Dr. Greg Brown and Dr. Barbara Stanley. The template will help ensure that Veterans receive high-quality suicide prevention safety plans through collaboration with their providers; will facilitate the reporting and analysis of utilization, completion, and timing of safety planning; and will ensure that OIG recommendations regarding safety planning documentation are met.

Will the Safety Planning note be listed in Postings?

Yes. The new SUICIDE PREVENTION SAFETY PLAN Note is a posting with auto-demotion functions. It will also be viewable in the CWAD/Postings section of the CPRS Cover Sheet. The SUICIDE PREVENTION SAFETY PLAN -HISTORICAL Note is a non-posting demotion target. The SUICIDE PREVENTION SAFETY PLAN REVIEW/DECLINE Note is a non-posting note.

When should I use the SUICIDE PREVENTION SAFETY PLAN – HISTORICAL template?

The HISTORIC Safety Plan note is **not** meant to be used to document a new or reviewed safety plan. The SUICIDE PREVENTION SAFETY PLAN template is set up as a posting with auto-demotion features. Notes using the SUICIDE PREVENTION SAFETY PLAN template will show up in postings, but the next time you enter a SUICIDE PREVENTION SAFETY PLAN template for that patient, the previous template will auto-drop out of postings and the note title will automatically change to the HISTORIC note title. You should not use the HISTORIC note title to document safety plans, or review of a safety plan.

When I try to submit the template, I receive a notification saying that a required section was missed, but it does not specify which section was missed. Can the template be updated to provide more details on what section was missed?

For the Suicide Prevention Safety Plan, at least one response is required for each question in the template, so if any of the questions are skipped, this will trigger a pop-up. Unfortunately, CPRS functionality does not currently allow us to add more detail into the pop-up boxes that display when items are not completed. You will need to review the template manually to determine which section was missed.

My facility already has a safety planning note template. Do I need to use this new template?

Yes. There will be a memo released shortly requiring use of this template. All clinical providers should use the national suicide prevention safety plan note titles and associated templates (rather than existing local safety plan note templates) within 90 days of this memorandum.

When does the Veteran need to complete a safety plan?

Safety Planning is mandated for Veterans who have a PRF Category I Flag for Suicide. These Veterans should have a new or (documented) reviewed Safety Plan within +/- 7 days of the placement of a new or reactivated High Risk Flag, or on or before inpatient discharge, if the Veteran is inpatient within the first 7 days of flag placement.

Safety Plans should be created with Veterans who have made a recent suicide attempt, express suicidal ideation, or have otherwise been determined to be at [high or intermediate acute or chronic risk](#) for suicide, based on a comprehensive suicide risk assessment.

Safety Plans may also be created with Veterans at low risk for suicide, or even with Veterans who do not express suicidal ideation, as a tool for helping them manage future crisis situations.

How often does a safety plan need to be reviewed?

Safety Plans should be reviewed periodically, when the Veteran's circumstances or needs change. When reviewing a safety plan, ask the Veteran:

1. Do you remember the last Safety Plan you developed?
2. Have you actually used the Safety Plan?
3. If so, was the Safety Plan helpful for preventing you from acting on your suicidal thoughts and urges? If not, why not?
4. How can the Safety Plan be revised so that it can be more helpful to you?

It is recommended that Safety Plans be reviewed at least annually, though in many cases it may be helpful to review more frequently.

What if the Veteran declines to engage in safety planning?

Some Veterans may be resistant to the idea of Safety Planning. Efforts should first be made to engage the Veteran in the process, exploring resistance and barriers. For example, if upon introducing the idea of Safety Planning, the Veteran immediately jumps to the conclusion that you are looking to take away his guns, you may wish to reassure him that safety planning is about finding strategies that work well for him, and that he is agreeable to, and explain the other steps involved in Safety Planning. If the Veteran expresses doubt about the possible effectiveness of a Safety Plan, you may wish to provide some psychoeducation around Safety Planning (see [2018 manual](#), pg. 10).

If efforts to engage the Veteran in Safety Planning are not effective, the Veteran's refusal to complete a Safety Plan may be documented using the note template titled SUICIDE PREVENTION SAFETY PLAN REVIEW/DECLINE. Efforts to re-engage the Veteran in Safety Planning should continue, as clinically appropriate.

When should I give the Veteran a copy of the safety plan?

Ideally, the Veteran should receive a physical copy of the Safety Plan before leaving the session (or before discharge, if inpatient). This may be accomplished by having the Veteran fill out a copy of the [Safety Planning form](#) in the session; by the provider filling out a copy of this form and making a photocopy for the Veteran; and/or by printing the progress note and giving it to the Veteran.

If you would like to give the Veteran a copy of the progress note, but you will not have it available before the Veteran leaves that day, you may mail the Veteran a copy or provide a copy at the Veteran's next appointment. However, you should still ensure that the Veteran has a copy of the Safety Plan that can be referenced/used immediately. Remember that the Veteran can only use the Safety Plan if they are able to access it.

The Veteran declined a copy of the CPRS note template, but does have a copy of the handwritten Safety Plan. Do I select "Yes" to the question "Veteran has been given a copy of this Safety Plan"?

Yes. If the Veteran has received any type of copy of the Safety Plan (handwritten version, copy of CPRS note template, entry into my3 app while in session, etc.), be sure to select "Yes" to the question "Veteran has been given a copy of this Safety Plan." The most important thing is that the Veteran has a version/copy of the Safety Plan that is easily accessible and likely to be used by the Veteran in a time of crisis.

The Veteran says that the phone number of his/her family and friends are already saved in his/her phone. Do they need to be written on the safety plan as well?

Yes. The Safety Plan is meant to be an easily accessible resource that is as straightforward as possible for the Veteran to utilize in a time of crisis. In a crisis, it may be more difficult for the Veteran to remember memorized phone numbers or look for information in multiple places. For that reason, phone numbers should be written on the safety plan, even if the Veteran has these numbers memorized or stored in other places.

If the Veteran declines to provide the phone numbers to be listed on the safety plan, the template may be completed using placeholder text. However, efforts should be made to encourage the Veteran to list phone numbers on the safety plan, for the reasons provided above.

The Veteran is completing the safety plan in an inpatient setting, before discharge, and does not have access to the numbers saved in his/her phone. How should these numbers be included in the safety plan?

These phone numbers may be temporarily left off the safety plan if necessary. In the CPRS template, you may enter a placeholder so that the note can be submitted. At the time of discharge, ensure that these numbers are added to the patient's copy of the safety plan, as well as to the note in CPRS as an addendum.

My facility is temporarily out of gun locks. How should I answer the question "Did you offer the Veteran a gun lock?"

If your facility is out of gun locks, select "No" for this question, and a required text field will appear. Enter "No VA gun locks available," or something similar to explain.

Where can I find more educational and training materials about Safety Planning and completing the national note template?

Educational and training materials guiding clinicians on Safety Planning and completing the national note template can be found here:

<https://vaww.cmopnational.va.gov/CR/MentalHealth/Suicide%20Prevention/Forms/AllItems.aspx?RootFolder=%2FCR%2FMentalHealth%2FSuicide%20Prevention%2FSafety%20Planning&Folder.>