

Telehealth Resource Guide

**Tools and Guidance for Managing
Suicide Risk in Telehealth Settings**

A GUIDE FOR MENTAL HEALTH CLINICIANS

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VPQHC

Vermont Program for Quality in Health Care, Inc.



A Note to the Reader



It must have been impossibly difficult for someone to know what to do with their suicidal thoughts five years ago. March/April 2020 brought so much fear and panic for everyone; we had no idea where we could go, what we could bring into our homes, or who we could be around without taking on risk. And we were told to avoid hospitals if at all possible. It helped keep beds open for people suffering with COVID symptoms, and it reduced risk for front line workers who were already navigating so much.

But at the same time, many systems suspended suicide-specific screening, assessment, and treatment because it wasn't clear how they would translate to remote care. I imagine I wasn't alone in hearing clients say they didn't know what to do next; the place they were "supposed" to go to get care (the hospital) didn't feel like an option anymore, but nothing else did either! What an unfortunate mess.

Five years later, we, of course, have a long way to go for optimizing, validating, and replicating suicide-specific telehealth data. But it's been gratifying to reflect on how quickly we adapted across the spectrum to ensure people could more routinely get these "off limit" services. And I'm especially grateful for VPQHC and the Vermont Department of Health for codifying and providing best standard recommendations here for easy access.

With concrete advances in suicide-specific screening, assessments, and treatments, it's been great seeing the culture shift from dismissing suicidal thoughts and pain as "deal breakers" for this "new normal" care opportunity. I'm excited for the very specific ways this resource will tangibly facilitate even greater shifts along these lines!

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Using this Resource

This resource guide is designed to support mental health clinicians providing telehealth services focused on suicide prevention and treatment. It offers evidence-based guidelines, practical tools, and best practices for delivering high-quality, safe, and effective care in a virtual environment.* When viewed digitally, the guide is interactive and includes clickable links for quick access to referenced materials.

This guide is intended for informational purposes only and does not constitute clinical, legal, or medical advice. It is not a substitute for professional judgment, current standards of care, or clinical supervision.

This resource was developed with support from the Vermont Department of Health and funding from the Centers for Disease Control and Prevention Comprehensive Suicide Prevention Grant program.

For any questions about using this resource, please email mail@vpqhc.org.

*Additional pre-recorded webinars on this topic can be found in the Resources section, beginning on page 14.

1. Policy and Procedure Considerations

Clinicians providing tele-mental health should establish clear, comprehensive policies and procedures for managing suicide risk in telehealth settings. This section provides essential resources and considerations to help clinicians effectively address unique circumstances that can arise during remote sessions.

Key Components

Initial Risk Screening and Assessment

An initial risk screening followed by an assessment for those positive on the screener at intake helps not to predict suicide but rather to plan effective suicide care. It also establishes a baseline which can help when a clinical decision is needed about when and whether to screen/assess for suicidal thinking again.

Use of Standardized Risk Screening and Assessment Tools

Screening	Assessment
<u>Columbia-Suicide Severity Rating Scale (C-SSRS) Screener Version</u>	<u>Columbia-Suicide Severity Rating Scale (C-SSRS) Risk Assessment Version</u>
<u>Patient Safety Screener</u>	<u>ED-Safe Secondary Screener (ESS-6)</u>
<u>Ask Suicide-Screening Questions (ASQ) Screener</u>	<u>Ask Suicide-Screening Questions (ASQ) Assessment</u>
<u>Patient Health Questionnaire-9</u>	<u>SAFE-T Card (Suicide Assessment Five-Step Evaluation and Triage)</u>

Continuous Risk Monitoring

Continuous risk monitoring means regularly checking suicide risk throughout treatment, not just at intake or during crises. This ongoing assessment helps catch changes in risk level early, which is crucial in telehealth settings where physical presence isn't possible.

Use of Evidence-Based Tools for Continuous Suicide Risk Monitoring

Here are tools and strategies that are suitable for ongoing or repeated use in therapy that are suitable for telehealth:

Indirect Monitoring

Indirect monitoring of risk can occur by using evidence-based suicide prevention tools like safety plans and crisis response plans that provide a written list of coping strategies the client can use to manage their suicidal feelings. Here are some evidence-based suicide prevention tools that can be helpful for indirect monitoring:

- **Stanley-Brown Safety Planning Intervention (SPI)** - Collaborative, brief intervention resulting in a written safety plan including warning signs, coping strategies, social contacts, professional contacts, and means restriction.
- **CAMS Stabilization Plan** - Created during the first CAMS session and resulting in a written stabilization plan, includes means restriction, alternative coping strategies, emergency contacts, and treatment adherence support.



1. Policy and Procedure Considerations (cont'd)

Direct Monitoring

- **Columbia-Suicide Severity Rating Scale (C-SSRS)** – Screener or Full Version
 - Repeated at regular intervals or during clinical concerns.
 - Assesses ideation, behavior, and lethality. Can be adapted for ongoing use.
- **Suicide Status Form (SSF)** – by Dr. David Jobes
 - Core to the CAMS (Collaborative Assessment and Management of Suicidality) framework.
 - Captures the client's suicidal drivers (e.g., psychological pain, hopelessness).
- **Patient Health Questionnaire-9 (PHQ-9)**, Item 9
 - Standard for monitoring depression and suicidal ideation in general mental health.
 - Item 9 tracks passive and active suicidal thoughts.
- **SAFE-T Protocol (Suicide Assessment Five-Step Evaluation and Triage)**
 - Combines risk and protective factor review with risk stratification.
 - Offers a structured way to reassess risk at any point.

Tips to Integrate Indirect Monitoring Tools with Direct Monitoring Tools

- Pair the safety or crisis plans with a validated clinical assessment tool (e.g., C-SSRS, SAFE-T, or SSF).
- Use safety or crisis plan review and revision as a clinical indicator—if the plan needs frequent revisions or the client is not using it effectively, this may signal increased risk.
- Document each review and update to track how the client's risk profile evolves over time.
- **Best Practice:** In tele-mental health care, therapists often begin each session with a brief review of the safety plan (or selected elements), which helps:
 - Check for escalation of risk
 - Reinforce protective strategies
 - Encourage client insight and autonomy

Emergency Response Protocol

- Before your first tele-mental health visit with a client, you should document an emergency plan in a record that complies with federal privacy guidelines.
 - Assess immediate risk level-using appropriate assessment tools
 - Activate local emergency services
 - Contacting emergency contact - 911 only works if you're in the same area
 - Document all intervention steps & follow-up care plan
 - Establish a disconnection plan in case the session ends abruptly

Informed Consent Considerations

- Document patient understanding of risks and benefits
- Ensure patient privacy
- Provide a clear explanation of limitations of virtual care
- Obtain a client's official informed consent before providing telehealth treatment

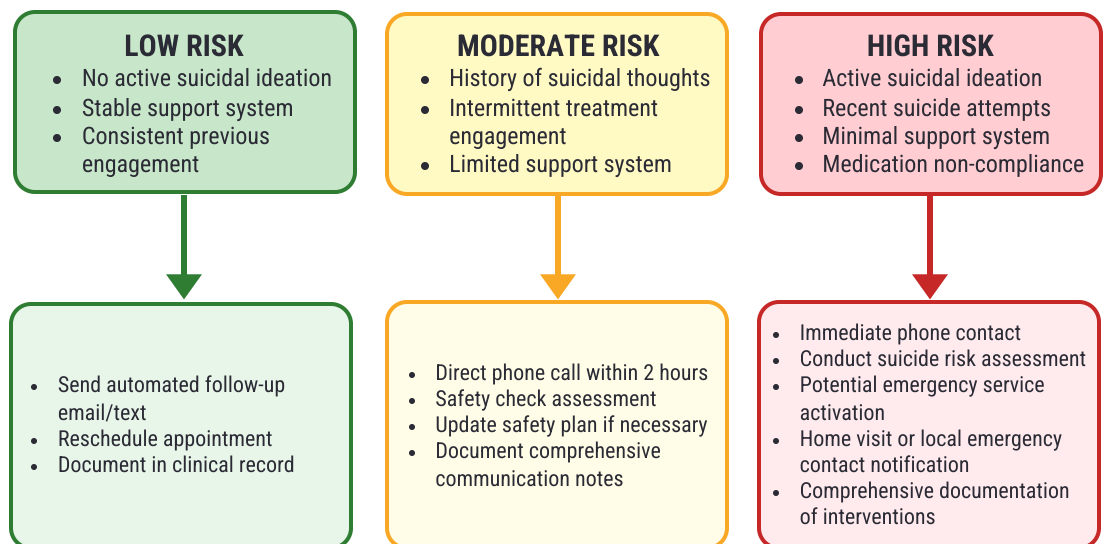


1. Policy and Procedure Considerations (cont'd)

No-Show Procedure

Establishing a no-show procedure supports timely follow-up and safety verification for patients at risk of suicide who miss scheduled telehealth appointments, recognizing that disengagement may signal increased risk.

Sample matrix for assessing no-show risk to determine your next steps:



No-Show Documentation

When a client misses a telehealth session, document the no-show and your response actions. Pay special attention to clients with safety concerns or recent risk factors.

- Contact and Follow-up Attempts
 - Time, method, and outcome of each contact attempt
 - Plan for rescheduling or next contact
- Risk Assessment Review
 - Current suicide risk status and any change in circumstances since last session
 - Review of existing safety plan
- Clinical Actions Taken
 - Immediate interventions, consultations, or referrals required

Technology Failure Protocol

Establish a backup plan with each client before starting telehealth services. Document this plan so both you and the client know what to do if technology fails during a session.

- Backup Communication Methods
 - Primary and secondary contact options (phone, alternate platform, email)
 - Emergency contact information
- Client Instructions
 - Clear steps for technology failures and how to reconnect or reschedule
- Documentation Requirements
 - Include backup plan in initial consent and record in treatment notes



2. Risk Assessment Protocols

This section focuses on key domains of risk assessments such as current suicidal ideation, historical risk factors, and protective factors, while also offering recommended tools for conducting these assessments remotely.

Comprehensive Telehealth Suicide Risk Assessment Framework

Assessment Domains

- **Current Suicidal Ideation**
 - Frequency
 - Intensity
 - Specific plans
 - Access to means
- **Historical Risk Factors**
 - Previous suicide attempts
 - Family history of suicide
 - Psychiatric hospitalization history
- **Protective Factors**
 - Social support
 - Reasons for living
 - Coping mechanisms
 - Treatment engagement

Recommended Assessment Tools

While none of the below tools have been specifically designed for telehealth use, all can be used in this setting.

- [Beck Scale for Suicide Ideation \(BSSI\) – Telepractice Guidance](#)
 - Please note there is a fee associated with the Beck Scale.
- [Columbia-Suicide Severity Rating Scale \(C-SSRS\)](#)
- [Patient Health Questionnaire \(PHQ-9\) Form](#)
- [SAMHSA Safety Plan Guide](#)
- [Stanley-Brown Safety Plan – Suicide Safety Plan Website](#)





3. Treatment Modalities

This section covers evidence-based treatment strategies for managing suicidality in patients through telehealth. It highlights specific adaptations for delivering these therapies via telehealth, ensuring that interventions remain effective and accessible.

Comprehensive Therapeutic Approaches for Suicide Prevention

- The American Foundation for Suicide Prevention recommends several specific Evidence-Based Therapies for the Treatment of Suicidality
 - Treatment programs that address psychological wellbeing, behavioral patterns, and life circumstances while integrating suicidal thought management techniques
 - Featured approaches include CAMS, CBT-SP, DBT, ABFT, and PGT
 - Treatment includes a focus on developing sustainable coping skills beyond immediate crisis management

Treatments and Brief Interventions for Suicide-Specific Care

The Zero Suicide Institute recommends several evidence-based interventions for suicide risk, focused on short-term approaches compatible with comprehensive treatment plans

- Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP)
 - Adaptive techniques for virtual delivery
 - Structured session protocols
 - Safety planning integration
- Dialectical Behavior Therapy (DBT) and Telehealth
 - Modified skills training
 - Virtual crisis coaching
 - Use of digital skills tracking
- Collaborative Assessment and Management of Suicidality (CAMS)
 - Patient-centered suicide-specific care framework
 - Virtual adaptation strategies
 - Key components:
 1. Collaborative suicide-status form
 2. Shared case conceptualization
 3. Collaborative treatment planning
 4. Ongoing suicide-specific assessment
 - CAMS Telehealth Considerations
 - Utilize digital CAMS tracking tools
 - Ensure robust video communication
 - Emphasize collaborative screen sharing
 - Adapt empathetic engagement techniques to virtual platform



3. Treatment Modalities (cont'd)

Safety Planning

Stanley-Brown Safety Plan Intervention Official site

- The Stanley-Brown Safety Planning Intervention website offers a structured, evidence-based approach to suicide prevention. It provides clinicians and individuals with tools and training to collaboratively create personalized safety plans that include coping strategies, social support, and methods to reduce access to lethal means, aiming to mitigate acute suicide risk.

Stanley-Brown Safety Plan Components

- 1. Warning Signs**
 - Identifying personal triggers
 - Recognizing suicidal thoughts/feelings
- 2. Coping Strategies**
 - Personal methods to self-manage
 - Distraction and postponement techniques
- 3. Distractions**
 - Identifying people and settings and how to reach them
- 4. Social Contacts for Support**
 - Identifying supportive individuals
 - Contact information management
- 5. Professional Support Contacts**
 - Therapist contact
 - Crisis line numbers
 - Emergency services
- 6. Means Restriction Strategies**
 - Identifying and reducing access to lethal means
 - Safety planning for high-risk environments

Telehealth-Specific Safety Planning Implementation

Considerations for safety planning implementation with individuals you are serving:

- Ensure collaborative development of safety plans. Collaborative development of a safety plan is key, as a person served will likely experience more agency in managing their suicidal thoughts.
- Provide secure digital access for clients to view/reference their plan. Encourage your client/person served to have their own copy of their plan (this can be done through taking a photo of it, printing it, etc.)
- Maintain updated emergency contacts specific to the client's location.
- During sessions, allow for real-time collaborative periodic review and updates of the safety plan.

4. Billing and Insurance

Proper billing practices ensure financial sustainability and uninterrupted client access to telehealth services. For clients experiencing mental health crises or suicidal ideation, reliable and affordable access to care is critical. Understanding Vermont's reimbursement rules, coding requirements, and parity laws directly impacts your clinical reach and client trust.

Key Billing Considerations for Vermont Telehealth Providers

Vermont Medicaid (DVHA) Coverage

- Medicaid in Vermont covers a wide range of telehealth modalities, including video, audio-only, and remote monitoring. Clinicians should use correct modifiers (e.g., V3 for audio-only) and place-of-service codes (e.g., 02) to avoid claim rejections.

Private Insurance Requirements

- Vermont's telehealth parity laws require commercial insurers to reimburse mental health telehealth services—including phone-only sessions—at the same rate as in-person care. Verify billing workflows with each payer.

Out-of-State Provider Considerations

- Must be Vermont-licensed or registered through Interim Telehealth Registration to bill Medicaid.

Prior Authorization

- Some services (e.g., psychiatric evaluations, specialized therapy modalities) may require prior authorization from payers. Always consult payer-specific guidance before delivering higher-level services remotely.

Ethical & Compliance Considerations

- Document time, modality, crisis status, risk assessments, and interventions. Inadequate documentation creates client and clinician risk.

Vermont-Specific Billing and Insurance Resources

Department of Vermont Health Access (DVHA)

- General info on Medicaid-covered services, provider manuals, and telehealth billing updates.
- Specific PDF: [Telehealth Billing & Coding Guide](#)

Vermont Medicaid Provider Manual – Billing & Forms

- Detailed explanation of claim forms, modifiers, and submission protocols.

Vermont Program for Quality in Health Care (VPQHC)

- Telehealth billing guidance, tip sheets, and webinars for clinicians.

Center for Connected Health Policy (CCHP)

- Overview of Vermont Medicaid and commercial payer policies, including audio-only and licensing.

Green Mountain Care (Vermont Medicaid Portal for Patients)

- A helpful reference for understanding what clients are told about covered services.





5. Documentation Guidelines

Mental health providers should maintain detailed, accurate, and secure documentation during telehealth sessions with patients at risk of suicide. This section includes examples of essential aspects of documentation to ensure care and planning are thoroughly recorded.

Documentation Template Sections (Example)

Telehealth suicide risk documentation is a critical component of ensuring safe, effective, and ethical care for individuals experiencing suicidal thoughts or behaviors. Clear, thorough documentation supports clinical decision-making, facilitates continuity of care, and provides legal and professional accountability in remote settings.

- **Patient Identification:**
 - Name
 - Date of Service
 - Session Type (Initial/Follow-up)
- **Risk Assessment:**
 - Current Suicide Risk Level
 - Specific Risk Factors
 - Protective Factors
- **Safety Planning:**
 - Identified Coping Strategies
 - Document internal coping strategies the client can use independently (e.g., deep breathing, journaling, walking, mindfulness apps). Should be collaboratively identified and accessible during crisis.
 - Emergency Contacts
 - Include names and phone numbers of at least one trusted individual the client is willing to reach out to during a crisis (e.g., family member, friend, roommate). If the client does not identify a support person, note this and explore alternative safety options.
 - Crisis Resources
 - List crisis support options specific for the client's location. 988 Suicide & Crisis Lifeline, [the local VT Care Partners Intake and Crisis Line](#), local mobile crisis teams, Crisis Text Line (text HOME to 741741), or other resources saved in their phone.
 - Other considerations can include any barriers to accessing supports, how plan was shared (secure messaging/verbal review), and client's understanding of the safety plan.
- **Treatment Interventions:**
 - Therapeutic Approaches Used
 - Patient Response
 - Recommended Follow-up
- **Clinician Signature and Credentials**

6. Ethical & Legal Considerations

Clinicians should adhere to specific ethical and legal responsibilities when delivering telehealth services, particularly for individuals at risk of suicide. Clinicians are ethically and legally obligated to provide the same standard of care as in-person treatment, including thorough assessment, informed consent, and timely intervention. They must navigate additional responsibilities such as ensuring client safety across jurisdictions, managing confidentiality limitations, and coordinating emergency responses when needed.

Key Ethical Guidelines

- Ensure patient privacy
- Maintain confidentiality
- Manage technological limitations
- Obtain informed consent

Legal Considerations

- Documentation standards
- Licensure requirements
- Confirm malpractice coverage includes tele-behavioral health
- State-specific telehealth regulations

Resource:

- Telemental Health: Legal Considerations for Social Workers from NASW

7. Technology & Security

Clinicians should select and use secure, reliable technology for telehealth services, particularly when working with patients at risk for suicide.

Telehealth Platform Considerations

- HIPAA-compliant
- End-to-end encryption
- Secure patient authentication
- Reliable video/audio transmission

For more information, refer to apa.org and <https://telehealth.hhs.gov/>

Technology Recommendations:

- Backup communication methods
 - Have a backup contact method (phone, text) ready if video fails, especially during crisis situations.
- Technical support protocols
 - Know procedures for handling technical issues: when to reschedule, how to document problems, and who provides support. Be ready to help clients troubleshoot basic issues.
- Patient technology orientation
 - Show clients how to use the platform during intake. Cover privacy basics (headphones, private space), and what to do if disconnected.





Getting Started: Telehealth Practice Checklist

Policy & Procedures

- Complete telehealth-specific informed consent, including emergency limitations and privacy risks
- Establish a documented emergency response plan tailored to each client's location
- Prepare a technology and disconnection protocol, including backup platforms, contact methods, and documentation steps
- Implement a no-show follow-up procedure, including risk-based escalation

Risk Assessment

- Use a standardized screening tool at intake (e.g., C-SSRS, ASQ, SAFE-T)
- Routinely reassess suicide risk using tools such as PHQ-9, BSSI, or BSSA
- Document current suicidal ideation, access to means, historical risk, and protective factors
- Review and update the client's risk status regularly, especially after any concerning changes

Treatment & Safety Planning

- Choose an evidence-based, suicide-specific therapy appropriate for virtual delivery
- Actively involve the client in creating a Stanley-Brown safety plan
- Ensure the client has secure access to a digital or physical copy of their safety plan
- Incorporate real-time safety plan reviews into session workflows
- Include means restriction steps and local emergency resources in each plan

Billing & Insurance

- Confirm your Vermont licensure or Interim Telehealth Registration is active and valid for billing
- Determine which payers (Medicaid, commercial, self-pay) you will accept for telehealth services, and be aware of the appropriate billing codes and modifiers required for telehealth
- Review each payer's requirements for prior authorization, especially for psychiatric or specialized services
- Set up a billing workflow that captures and documents time spent, modality used (video or audio-only), and risk-related interventions

Documentation

- Document risk level, safety planning, interventions, client engagement, and any changes in status
- Record all emergency contacts, consent discussions, and steps taken during technology issues or crises

Ethical & Legal

- Verify state licensure requirements for telehealth in each client's location
- Confirm malpractice coverage includes tele-behavioral health
- Use only HIPAA-compliant platforms with secure login and encryption
- Keep up-to-date with state and federal telehealth regulations
- Ensure client privacy and manage limitations in confidentiality (especially across jurisdictions)

Technology & Security

- Use a telehealth platform with end-to-end encryption and strong reliability
- Orient each client to the platform's basic functions (mute, video, chat, log-in steps)
- Test video/audio quality before sessions begin
- Have an accessible tech support plan (self or organizational)
- Keep an updated list of alternative contacts or methods in case of tech failures

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