



FirstLink

Suicide Risk Assessment

- Meet FirstLink
- Prevalence & contributing factors for suicide
- Columbia-Suicide Severity Rating Scale



Mission

To assist people in identifying, accessing, and making effective use of community and volunteer resources.

Vision

To be the first link in linking people and resources 24-hours a day.

Our Services



2-1-1 Helpline

Provides information to local community resources, offers non-judgmental listening and support.

9-8-8 Suicide & Crisis Lifeline

Offers support and crisis intervention for anyone experiencing a mental health challenge.

Contract Lines

Support clients of human service agencies by answering phones after hours.

Care & Support Program

Ongoing support provided to anyone in need. We reach out regularly to offer resources and a listening ear.

Mental Health Education

Spread awareness and education of mental health and suicide to the communities we serve.

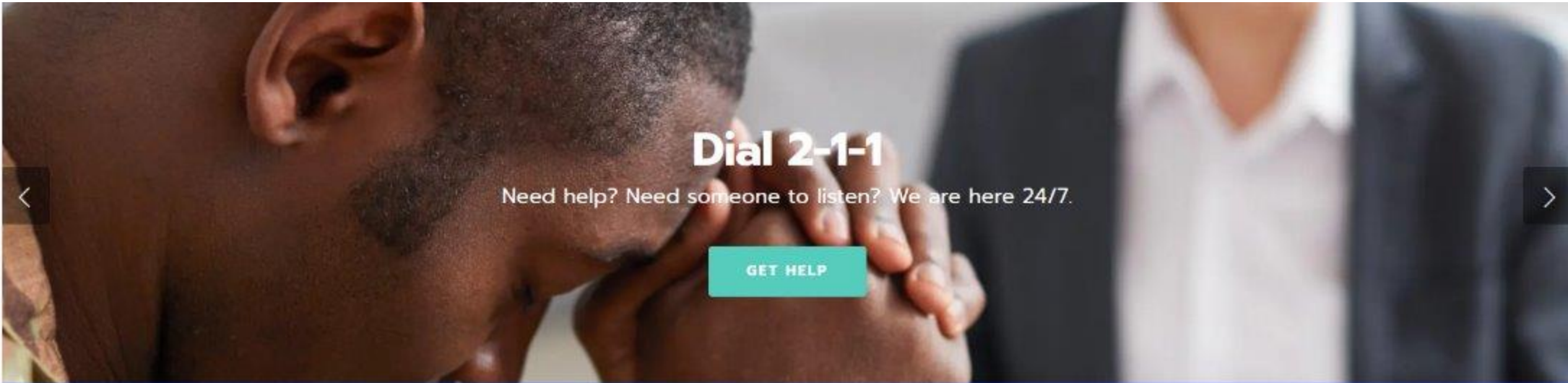
2-1-1 Helpline

How to reach...

- Dial **2-1-1** or (701) 235-7335
- Text your zip code to **898-211** (TXT-211)
- Visit myfirstlink.org

What we provide...

- Information on **community resources**
- Explore needs and **determine eligibility** prior to any referrals
- Supportive **listening**
- In some cases, **intake** for valuable services



Dial 2-1-1

Need help? Need someone to listen? We are here 24/7.

[GET HELP](#)

- HOME
- ABOUT
- RESOURCES + SERVICES
- UPCOMING TRAININGS
- GET INVOLVED
- FIRSTLINK MERCH

[GET HELP](#)

[DONATE](#)



Search For Resources

Not sure where to turn for food assistance programs, rent and utility assistance, or other community resources? FirstLink can get you connected!

[View](#)



Firstlink Data Dashboard

FirstLink helps hundreds of people every day. This dashboard summarizes the needs shared with FirstLink during these contacts.

[View](#)



[Get Help Now](#)

9-8-8 Suicide & Crisis Lifeline

How to reach...

Dial or text 9-8-8 (or 1-800-273-8255)

Visit 988lifeline.org/chat

Listening & Support

Offers confidential, non-judgmental support while encouraging appropriate professional care.

Crisis Intervention

Call Specialists trained in assessing risk and effective safety planning de-escalate mental health and suicide crises.

Third Party Concerns

Variety of ways to support concerned parties: concern call, referral to resources, and communication coaching.

Specialty Lines

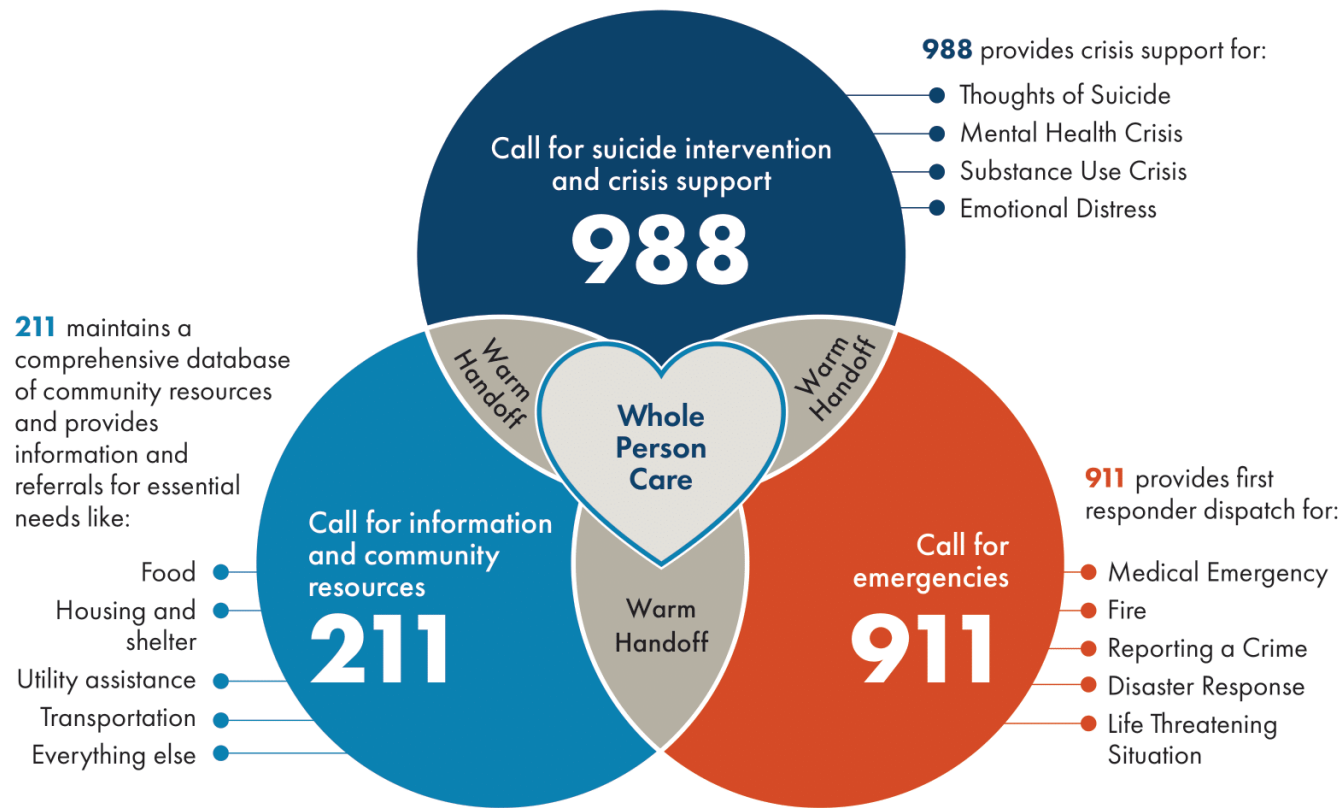
Press 1 – Veteran’s Crisis Line

Press 2 – Spanish Speaking Line

Press 3 – LGBTQ+ Youth

FirstLink does not answer these specialty lines, though we can still support individuals within these demographics

Help is **3** Numbers Away



2025 Statistics

Total Contacts

88,004

988 Contacts

19,806

- 45% increase from 2024

Suicide-Related Contacts Risk Levels

18,896 Contacts Related to Suicide (all phone lines)

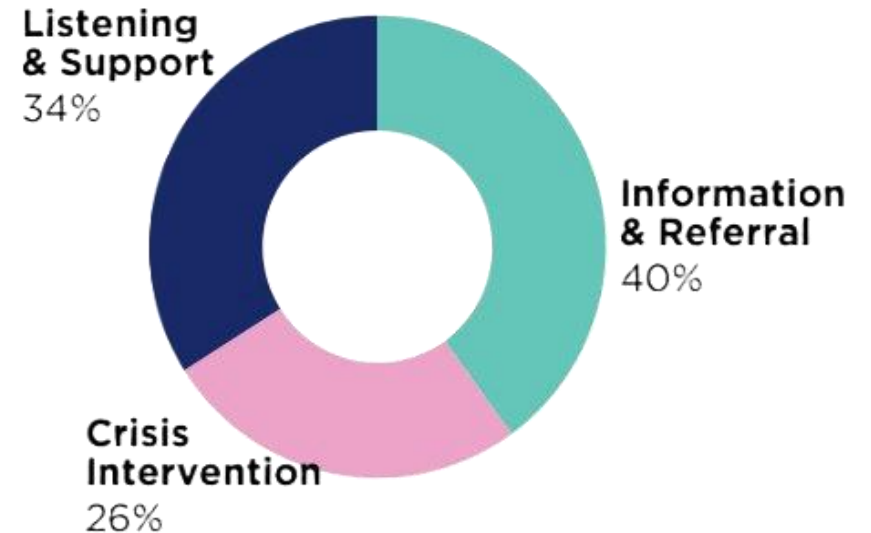
- 64% Low Risk
- 24% Moderate Risk
- 6% High Risk
- 6% Survivor of Loss/Past Suicide Experiences

Involuntary Emergency Service Intervention (All Lines)

78 times

- 99.9% de-escalation rate

Contact Type*



*across all lines answered

Suicide In the United States

- **49,316** Americans died by suicide in 2023
- **11th** Leading cause of death in the United States across all ages
- On average, there were 135 suicides per day in 2023
- **2nd** leading cause of death for ages **10-34**
- In 2023, there were an estimated 1.50 Million Suicide Attempts

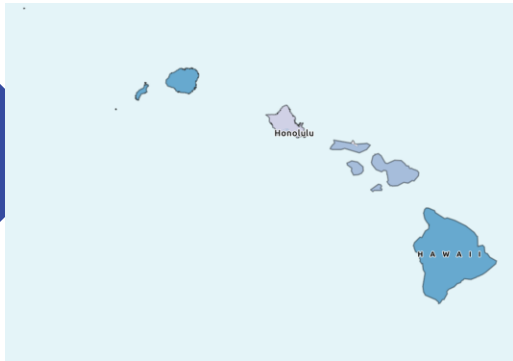
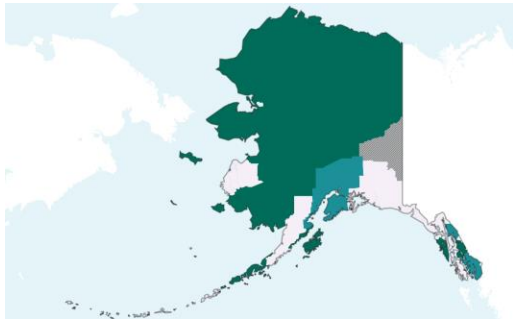
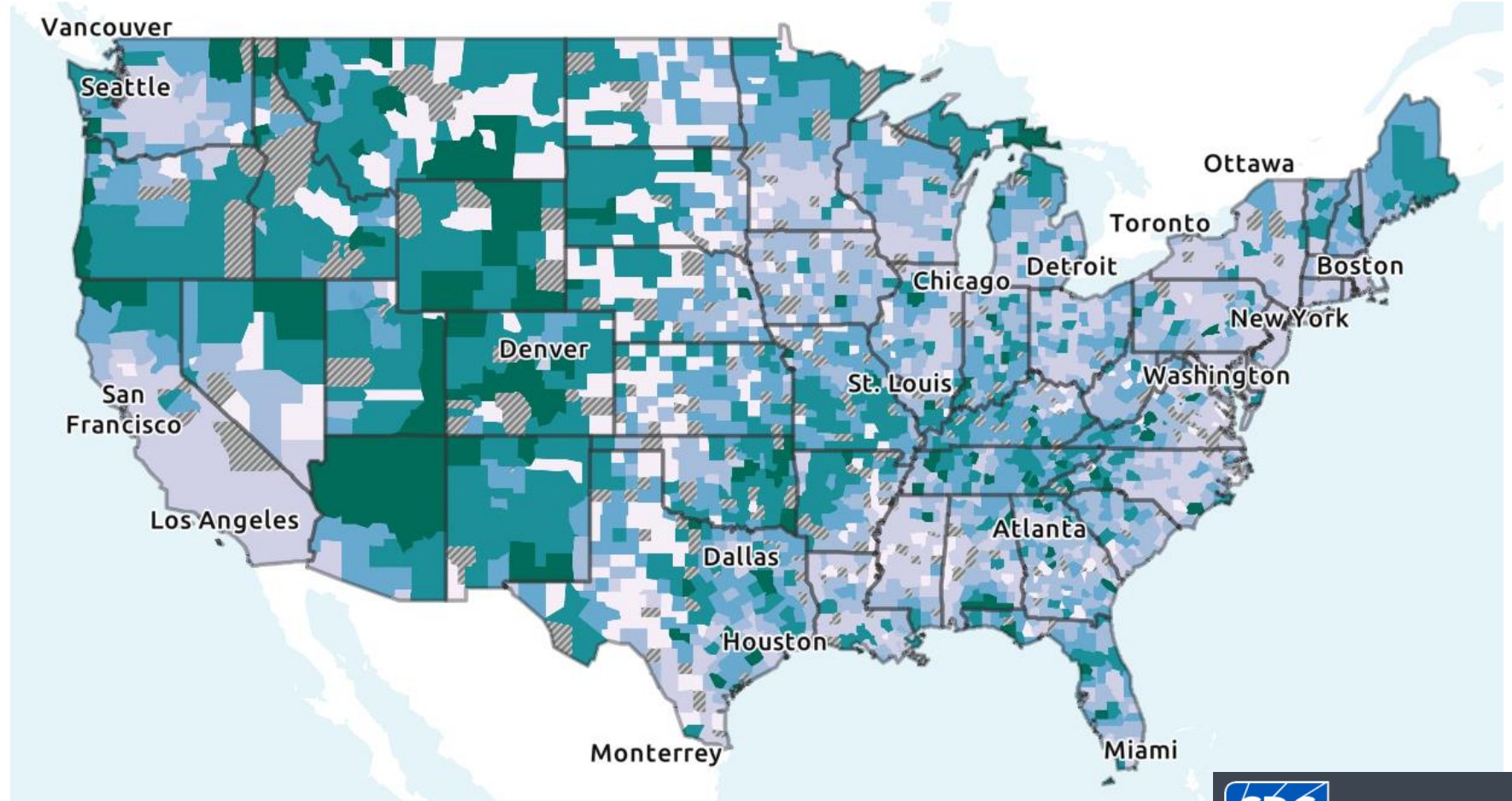
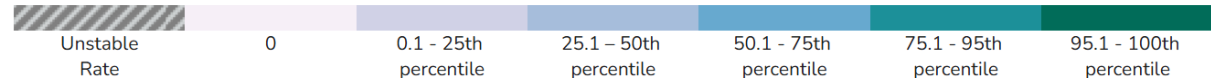
Suicide In North Dakota

North Dakota

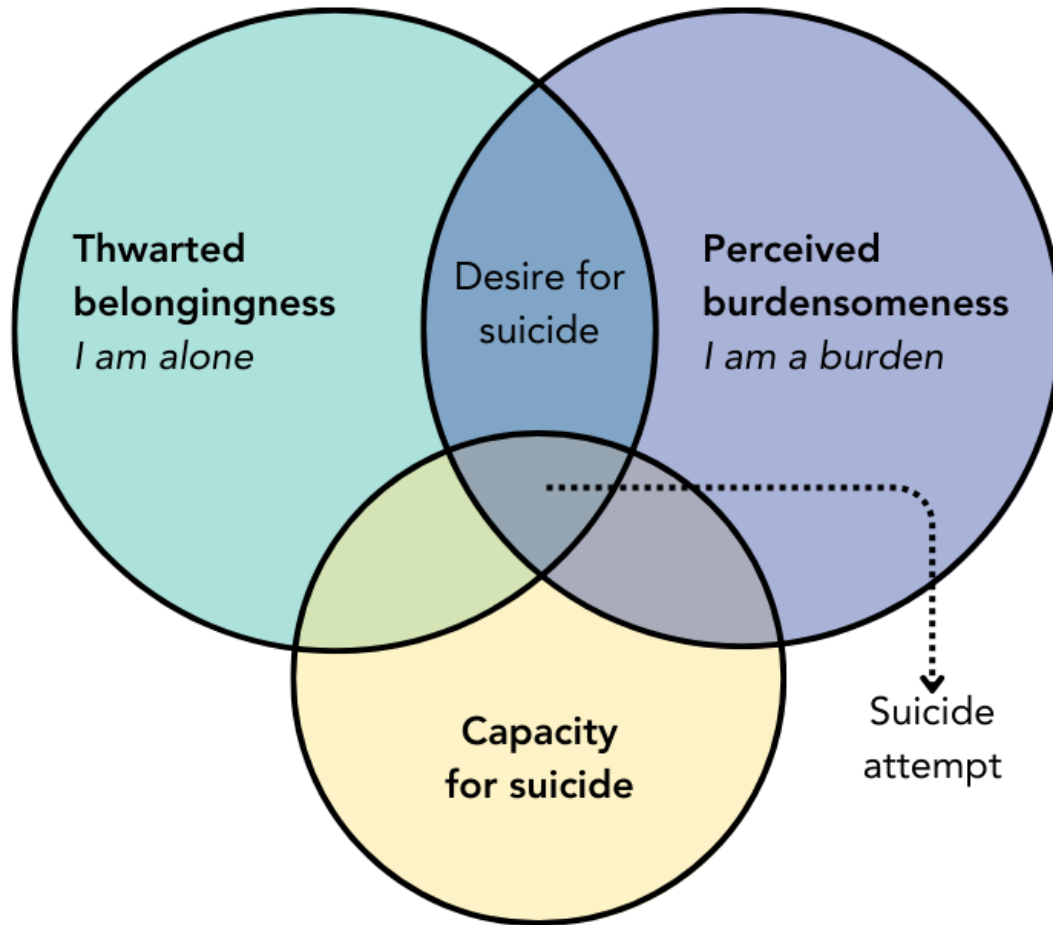
- **9th** Leading cause of death for all age groups
- **2nd** Leading cause of death for ages 10-19
- **142** people died by suicide in North Dakota in 2023
- North Dakota's suicide rate is **17.79 per 100,000** population (U.S. average is 14.12)
- North Dakota is ranked **19th in suicide rates** in the United States

Suicide by County

Suicide Rate per 100,000 People by County, May 2024 – April 2025 (Provisional Data)



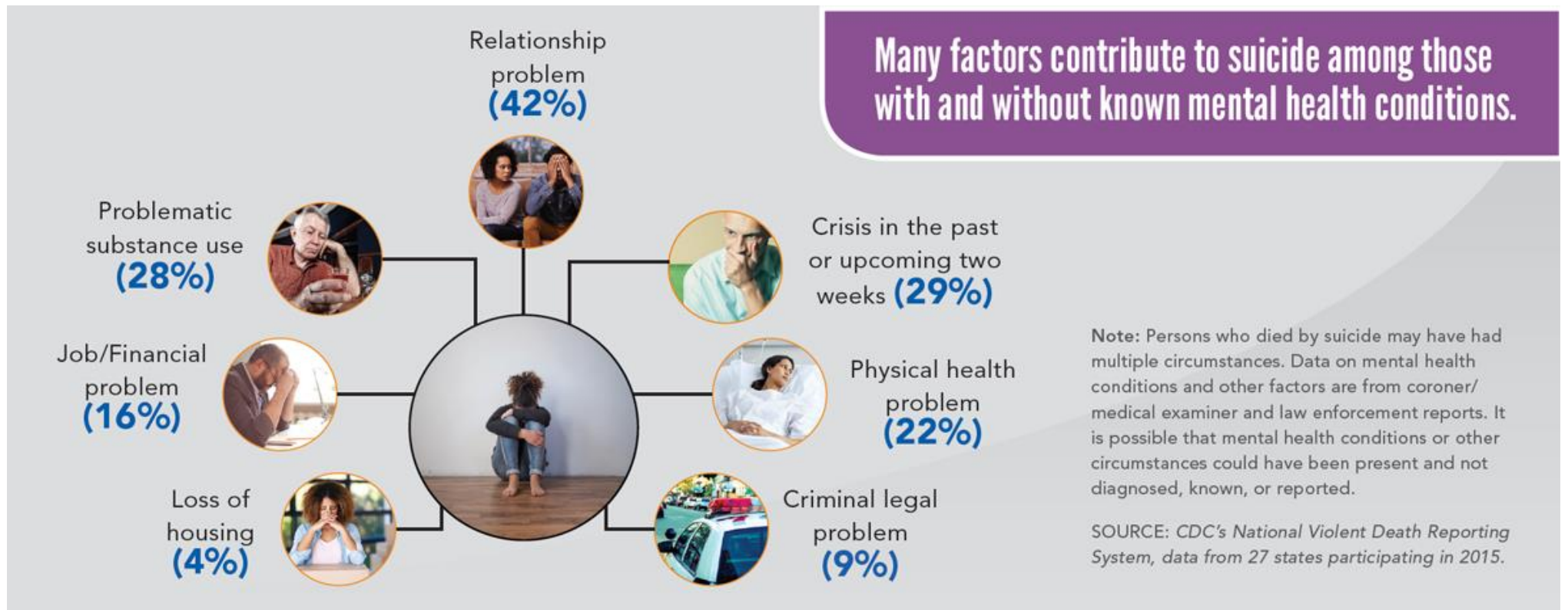
Interpersonal Theory of Suicide



Developed by Dr. Thomas Joiner

Why People Die by Suicide

54% of people who died by suicide did not have a known mental health condition



Suicide – Protective Factors

- Friends
- Supportive partner
- Supportive family
- Pets
- Duty to others
- Sobriety
- Treatment
- Job/Financial security
- Safety plan
- Difficult access to means
- Positive self-esteem, good health, & calm environment

Suicide

Suicide is complex

Suicide solutions must involve multiple approaches

Sometimes death is the only thing a person with thoughts of suicide can see

Individuals will experience ambivalence until the moment of death

Not everyone with suicidal thoughts or behaviors wants to die, they just want to escape the emotional pain they are experiencing



Screening with the Columbia Suicide Severity Rating Scale

C-SSRS



Columbia Protocol App

- C-SSRS was developed by Kelly Posner PhD
 - The Lighthouse Project offers a free online training
 - C-SSRS can be used with
 - Children
 - Adolescents
 - Adults
 - Two basic C-SSRS tools
 - Lifetime
 - Recent & Screener
 - Offers consistent language for level of suicide risk
 - Has been translated into more than 100 languages
 - Triage strategies can be built to suit your needs
- Recommended for use by
 - CDC
 - SAMHSA
 - JCAHO
 - AMA
 - Health Canada
 - Can be used by
 - First Responders
 - School Personnel
 - Health Care Workers
 - Crisis Workers
 - And more...

The slide features several large, overlapping geometric shapes in shades of blue and teal. A large teal diamond is positioned in the upper right quadrant. A blue diamond is partially visible at the top center. A teal diamond is partially visible at the bottom left. A blue triangle is partially visible at the bottom left. The background is white.

“ Helpful Phrases

- “My task right now is to listen and be helpful to you”
- “We routinely ask people about their risk of suicide. May I ask you a few questions?”
- “May I ask you a few questions about your thoughts and behaviors in the past few weeks so we can better help you?”

Practice your approach with a friend, family member, or in the mirror

How Does the C-SSRS Work?

Part 1: Ideation (Thoughts) of Suicide Questions 1-2

1. Wish to die
2. Active thoughts of killing oneself

Part 2: Intention Questions 3-5

3. Thoughts about the method
4. Some intention
5. Plan with intention

Ask questions that are in bold and underlined.	Past month	
	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you had any actual thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it"		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		

How Does the C-SSRS Work?

Part 3: Suicidal Behavior

Questions 6

1. Preparatory Behavior, Interrupted Attempt, Aborted Attempt, or Attempt
2. If Yes, Was the latest behavior within 3 months?

6) Have you ever done anything, started to do anything, or prepared to do anything to end your life?

Examples: 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; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

If YES, ask: **Was this within the past 3 months?**

Lifetime	
Past 3 Months	

Assessing for Suicide Risk Level

Depending upon how many yes answers were received from the individual will be how you assess for suicide risk level

If stuck between two levels, always take the higher risk level as the assessment

Colors represent levels

- Yellow = Low Risk
- Orange = Moderate Risk
- Red = High Risk

Ask questions that are in bold and underlined.	Past month	
	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>	Yellow	
2) <u>Have you had any actual thoughts of killing yourself?</u>	Yellow	
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it."	Orange	
4) <u>Have you had these thoughts and had some intention of acting on them?</u> as opposed to "I have the thoughts but I definitely will not do anything about them."	Red	
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>	Red	
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: 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; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	Lifetime	
If YES, ask: <u>Was this within the past 3 months?</u>	Red	Yellow

C-SSRS Overview in Action - **Low Risk**



<https://www.youtube.com/watch?list=PLk3m8M5ZnZnrmjZb77ZUQBsvtyvrgORJO&v=IrfcYIDQExA>

C-SSRS Overview in Action - **Medium Risk**



<https://www.youtube.com/watch?v=toAcc-ycnwl&list=PLk3m8M5ZnZnrmjZb77ZUQBsvtyvrgORJO&index=2>

C-SSRS Overview in Action - **High Risk**





“ Safe Plan Phrases

- “What you have shared with me is very serious. We may need to reach out to ___ for assistance”
- “Is there anyone else you feel comfortable talking to about this?”
- “I am really concerned about you. What can we do to help keep you safe?”

Safe Planning

- Involve the person in the decision making whenever possible
- Find out about past coping strategies
- Find out if anyone else knows how they have been feeling
- Include a safety contact number

Utilize FirstLink (2-1-1/9-8-8)

Crisis Safety Plan

Fill out this plan and share it with those close to you.

Crisis warning signs

Here are some things I do when I'm overwhelmed, emotional or struggling:

My coping strategies

Here are a few things I can do to return to calm or clear my mind:

People I can turn to

Here are three people I can always reach out to for help: (Be sure to save these in your phone)

Name: _____

Phone: _____

Name: _____

Phone: _____

Name: _____

Phone: _____

My inspirations

Here are three reasons (family, friends, pets, jobs) I can keep going:

If I need professional help

Here are places I can contact during a crisis:

I can call or text **988** any time

I can chat online at **988lifeline.org**

Safe spaces

Here are places or rooms I can go to feel safe:



The information presented above has been adapted from the following sources: 463 Foundation's My Safety Plan and Stanley & Brown (2021) There is Hope Safety Plan

The Warm Handoff

Whenever possible, do a warm handoff with the person at risk present

- “_____ has shared with me that they are thinking about suicide”
- Share any details regarding a plan or lethal means the person has available
- Check with the person at risk that the information shared was accurate

Statewide Crisis Response

FirstLink has a partnership with the Human Service Centers in North Dakota:

- Williston
- Fargo
- Minot
- Jamestown
- Devils Lake
- Bismarck
- Grand Forks
- Dickinson

• Crisis Services

• Answering After Hours

- FirstLink answers the HSC phone lines after hours to provide listening & support and crisis intervention
- Can connect to on-call for more mobile crisis or other services

• Mobile Crisis

- Mental health professional meets individuals in crisis where they are for in-person crisis intervention
- Can call 211 or 988 to get connected
 - During business hours, can connect to HSC
 - After business hours, can connect to on-call

• Crisis Stabilization Facilities

- Some HSC have 24/7 walk-in crisis facilities where individuals can walk in for assessment and assistance
- Any HSC can provide behavioral health screening during business hours (8-5pm)

9-8-8 Suicide and Crisis
Lifeline

Current Treatment
Providers

Outpatient/Community
Mental Health

Crisis/Mobile Outreach

Crisis Stabilization
Services

Detoxification/Substance
Abuse Treatment

Emergency Room

Peer Run or Peer
Support Services

Friends & Family

Other Social Service

Resources

Additional Resources

Apps

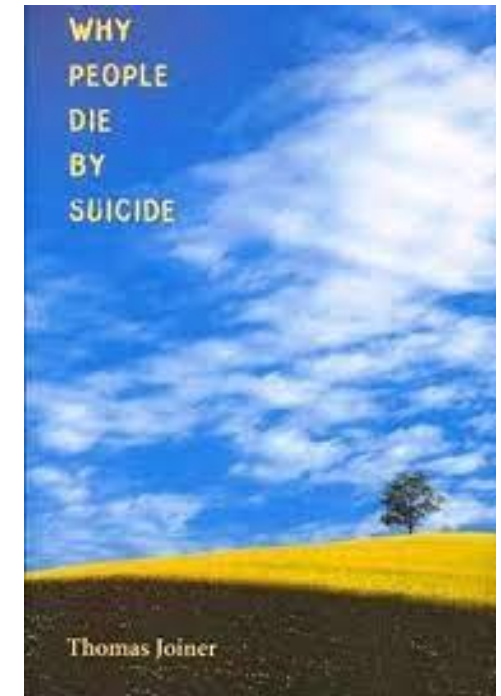
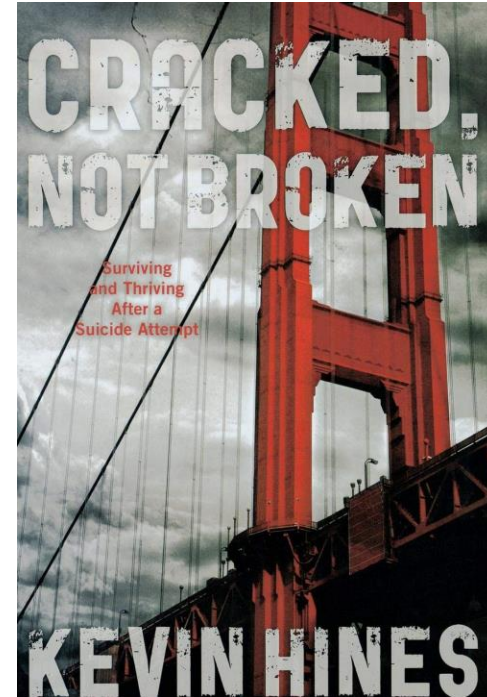
- Columbia Protocol App
- Safety Plan (VA)

Books

- *Cracked, Not Broken* – Kevin Hines
- *Why People Die by Suicide* – Thomas Joiner

Websites

- Action Alliance for Suicide Prevention
- National Institute of Mental Health
- SAMHSA
- Mayo Clinic and Cleveland Clinic



Columbia Protocol App

Suicide Risk Assessment (C-SSRS) Feedback



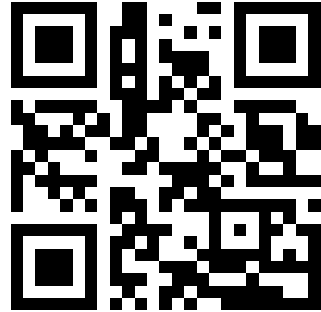
Feedback

Please take a moment to provide feedback on this training.

Scan this QR Code and once you finish the feedback, show the confirmation page to your trainer to receive your certificate.



Stay in touch!



bit.ly/connectFL

Connect with FirstLink's website and social medias

- Access FirstLink Website
- Community directory
- Find printable resources
- Newsletter sign-up
- Donate
- Career/internship opportunities



Skyler Manney, LSW
Community Engagement Coordinator



outreach@myfirstlink.org



(701) 293-6462 – ADMINISTRATIVE LINE
2-1-1 or (701) 235-7335 - RESOURCES
9-8-8 or (800) 273-8255 - CRISIS