

2026 Behavioral Health Priority Award

The Behavioral Health Priority Award, part of SCHA's Zero Harm Priority Awards, is given in partnership with the Department of Behavioral Health and Developmental Disabilities, Office of Mental Health (SCOMH) and SC Hospital Association Behavioral Health Committee. Expanding upon the former Zero Harm Suicide Prevention Priority Award, the Zero Harm Behavioral Health Priority Award recognizes facilities who are embracing Zero Harm through the adoption of enhanced behavioral health best practices and strategies beyond the current suicide prevention best practices recommended by SCOMH.

To qualify for the award this year, a facility must attest to adoption of all the metrics in all 5 categories below during January 1, 2025 - December 31, 2025. New award winners (those who have not won a Suicide Prevention Priority Award in the past), will be required to provide documentation for each metric.

Previous winners should attest to improved or enhanced progression of each metric and may be asked to provide additional information. Learn more at zeroharmsc.org.

TRAINING

Suicide prevention training is provided for all current and newly hired clinical staff as part of new employee onboarding and/or annual employee training. Examples of training modules include [Talk Saves Lives](#), [Zero Suicide Academy](#) or [CALM Training](#). Or evidenced based [safety planning training](#), i.e. the Stanley Brown Safety Plan.

POLICY

Formal hospital policies exist regarding suicide prevention/intervention/treatment addressing how to screen patients, training expectations, frequency, and/or care delivery. These policies should be based off frameworks such as [Caring Contacts](#), [Postvention](#), [Healing Conversations](#), [Caring for Caregivers \(C4C\)](#), or [Ask the Question](#). Annual review and revisions (as needed) of formal policies.

SAFETY PLANNING

The [Stanley Brown Safety Plan Template](#), a fill-in-the-blank template for developing a safety plan with a patient at increased risk for a suicide attempt is completed by facility staff for all appropriate patients.

SCREENING

- The [Columbia-Suicide Severity Rating Scale](#), [Patient Health Questionnaire 9 \(PHQ-9\) Depression Scale](#) or another evidence-based screening tool, has been adopted into practice for use with all appropriate patients. Universal Screening Requirement: The facility conducts suicide risk screening for all patients using a validated screening tool at intake and at clinically indicated intervals.
 - **NEW:** Enhanced Screening for Postpartum Patients: Although screening for all patients is critical for early detection of suicide risk, extra attention and sensitivity should be dedicated to strengthening detection of the elevated suicide risk during the postpartum period. The facility has implemented staff awareness/readiness and the need for an enhanced screening protocol for any patient who has been pregnant within the past 365 days, paying special attention to the sensitive nature of the newly post-partum person. This includes individuals with elective or spontaneous abortion, fetal demise, or live birth.
 - **NEW:** For Acute Facilities with Emergency Departments Only: Facility has explored a process or tool to quickly determine medical stability of patients arriving in emergency departments in behavioral health crisis in order to avoid unnecessary testing and expense for patients, reduce stress for patients and accelerate door to psychiatric consult time. EMR-integrated validated tools, such as [SMART](#) and [Hack's Impairment Index \(HII\)](#), are examples of tools that can be used to streamline medical-stability determination process for low risk patients.

REFERRAL

A formal and well-coordinated referral process with a local community mental health center or a local provider (warm hand-off) is established and is being used for all appropriate discharged patients. Use of the [Best Practices in Care Transitions](#) report, and/or use of the [Best Practices in Care Transitions Infographic](#).