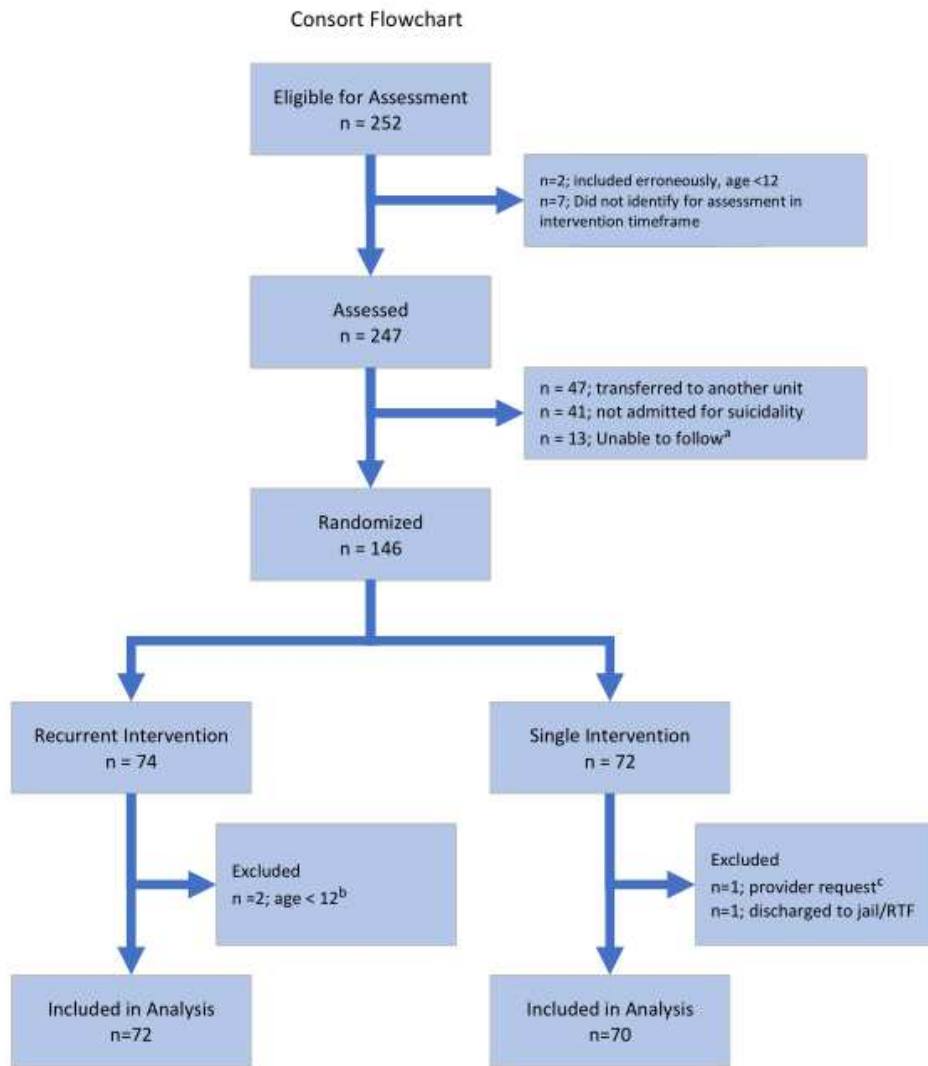


Supplemental Figure

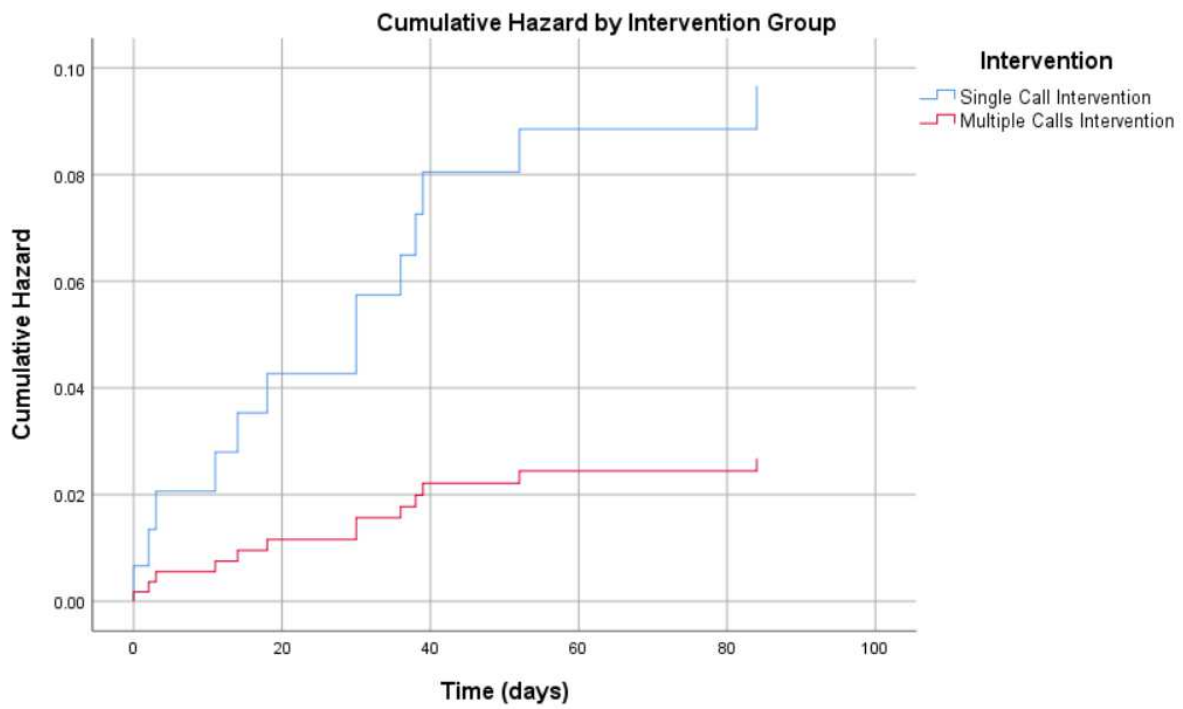


a: Unable to follow indicates a residential treatment facility/detention center disposition/exclusive child protective services care disposition

b: No suicide attempts among these two individuals after randomization

c: No suicide attempt among this individual after randomization

**Supplemental Figure**



Description: Cox Regression Model Plot with suicidal behavior as outcome variable, intervention type as predictor variable, and covariates of age, gender, and race.

**Supplemental Table**

Descriptive Summary of Helpfulness of Multiple and Single Contact Intervention

	<b>Respondents Expressing Helpfulness of Intervention, % (n/total)</b>			
	<i>Adolescents (MCI)</i>	<i>Guardian (MCI)</i>	<i>Adolescents (SCI)</i>	<i>Guardian (SCI)</i>
<b>Timepoint 1</b>	94% (15/16)	88% (15/17)	-	-
<b>Timepoint 6</b>	72% (13/18)	82% (18/22)	83% (20/24)	72% (26/36)

MCI, multiple contact intervention. SCI, single contact intervention. Timepoint 1 is approximately 1 day after hospital discharge. Timepoint 6 is approximately 90 days after hospital discharge.

**Supplemental Table:**

Phone Call Intervention Description: This table describes the different intervention steps, a description of the assessment or question asked at each intervention step, and a supportive action that may or may not be utilized depending on the answer the assessment. Caller is the individual implementing the intervention. This table generally describes the entirety of the phone call intervention.

Step Description	Assessment Description/Question Examples	Supportive Action
Introduction	Introduce caller and request permission to speak to guardian	
<b>Guardian</b>		
Introduction	Introduce caller to guardian. Discuss needed safety procedures if with significant concerns of suicidality. Request permission to speak to guardian and child.	
Assess global functioning	How is you feel like [child's name] is doing overall?	If guardian with concerns as to child's functioning, provide validation, recommend discussing with outpatient provider, identify parental supports, as appropriate.
Assess medication status	Were you able to get your child's medications after discharge?	If not, discuss with inpatient team as appropriate. May describe resources such as <a href="http://www.goodrx.com">www.goodrx.com</a> or \$4 list if guardian with cost concerns.
Assess outpatient services	Do you feel that therapy is going well? Do you have any concerns about getting to follow-up appointments, in terms of transportation or scheduling?	Provide validation as appropriate. If without services, provide contact numbers for obtaining outpatient services.
Assess medication concerns/compliance	Do you have any concerns about the medications? Has your child missed any days of their medication?	If >2 days/week of missing medications, can suggest using pillbox, pairing medications with daily alarm, or pairing medications with daily activity.
Firearm Safety	Are any guns present in the household or does your child have access to any guns?	If yes, recommend removal of firearm or locking of firearm and ammunition separately
Medication Safety	Are there medications (including over the counter medications such as Tylenol) in the house(s) that are unlocked?	If yes, recommend locking up of all medication, or at least shorter period of locking up medications (e.g. lockbox/toolbox with combination lock) or leaving out smaller supply of medications (e.g. pillbox with seven-day supply)
Assess adolescent suicidality	Ask questions in C-SSRS of adolescent towards guardian	Follow safety procedures if needed
Request permission to speak to adolescent		

<b>Adolescent</b>		
Introduction	Introduce caller and discuss safety procedures. Request permission to continue to speak to adolescent.	
Assess global functioning	How do you feel like things have been going overall?	Provide validation as appropriate
Assess medication compliance	Have you missed any days of taking your medication?	If >2 days/week of missing medications, can suggest using pillbox, pairing medications with daily alarm, or pairing medications with daily activity.
Firearm Safety	Do you have any access to any weapons such as guns?	Recommend removal of firearm or locking of firearm and ammunition separately. Discuss with guardian as appropriate.
Medication Safety	Do you have any access to any medications including even over the counter medications such as Tylenol?	If yes, recommend locking up of medication, or at least shorter period of locking up medications (e.g. lockbox/toolbox with combination lock) or leaving out smaller supply of medications (e.g. pillbox with seven day supply). Discuss with guardian as appropriate.
Assess adolescent suicidality	Complete C-SSRS	Follow safety procedures if needed
Safety Plan Discuss adolescent's safety plan	If you do have start to have suicidal thoughts or worsening mood (identify two answers for each set of questions):	Ask open-ended questions or adolescents initially, and then offer options if adolescents with difficulty in answering.
	Is there anything else you could do to make your environment safe (OR where could you go to be safe?)	Options might include a friend's house, grandparent or other family member's house, neighbor's house, public place like a park, library, or store)
	"What are warning signs that your mood/thoughts may be worsening?"	Options might include changes in sleep, feeling grumpy, isolating, or less commonly, changes in appetite, crying often, losing interest in activities.
	What coping strategies could you utilize (e.g. grounding, distraction)?	Options include distraction (e.g. watching TV, watching Netflix, reading, writing, coloring, going for a walk, doing exercise, playing videogames) or meditation. Other strategies may not be as well-known including grounding, DBT techniques, or DEARMAN.
	Who could you contact to distract yourself?	Options include friends, family, relatives
	Who could call to talk for help?	Options include friends, family, relatives, phone crisis hotline, texting crisis hotline (741741). If adolescent has cell phone, they may put crisis numbers in cell phone.

<p>Safety Plan Barriers and Confidence</p>	<p>Do you see any barriers or anything getting in the way of your safety plan?</p> <p>How confident do you feel in being able to use this safety plan, from 0% confident to 100% confident?</p>	<p>Discuss reducing barriers as appropriate.</p>
<p>Protective Factors</p>	<p>For you, what are your reasons for living?</p>	<p>If adolescent unable to name, common things include for friends, family, or pets.</p>
	<p>What are your long-term goals (or “what do you plan to do when you graduate”)?</p>	<p>Long term goals include going to college, getting a job, going to vocational school</p>
	<p>What are things you are looking forward to in the next few weeks, even small things?</p>	<p>May include things like spending time with friends, family, doing fun activities like watching tv, or even sleeping</p>
<p>Conclusion</p>	<p>Thank adolescent and discuss next follow-up.</p>	