

ZERO SUICIDE INITIATIVE

Leadership commitment

- Organizational Self-Study
- Use of evidence-based assessments and treatment modalities
- Setting expectation of culture shift for all staff

Trainings

- QPR (Question, Persuade, Refer) Gatekeeper
- QPRT (Question, Persuade, Refer and Treat) Advanced Practitioner
- Care Coordination
- CALM (Counseling on Access to Lethal Means)

Standardized Screening and Risk Assessment

- Level 1 Screeners (PHQ-9 or PHQ-2 - Patient Health Questionnaires)
- Level 2 Screener (C-SSRS - Columbia Suicide Severity Rating Scale, Screener)
- Risk Assessment (C-SSRS - Columbia Suicide Severity Rating Scale, Risk Assessment)
- SAFE-T with C-SSRS (Suicide Assessment 5-Step Evaluation and Triage)

Suicide Care Management Plan

- Stanley Brown Safety Plan (Crisis Planning)
- Lethal Means Restriction

Data

- Establishing baseline
- Reviewing and reporting significant and sentinel events

Quality Assurance and Improvement

- Quality Assurance Validation tool
- Ongoing and Continuous Quality Improvement

What is Zero Suicide?

"It is critically important to design for zero even when it may not be possible. It is about purposefully aiming for a higher level of performance."

- Thomas Priselac, CEO, Cedars Sinai Medical Center

People who die by suicide are touching the health care system: 83% of those who die by suicide have seen a behavioral health care provider in the year before their death (Ahmedani et al., 2014). The Centers for Disease Control (2018) report that suicide rates across the country have almost doubled in some states within the past 30 days.

To address these issues, the Zero Suicide Initiative was created through a partnership with the Joint Commission, the Action Alliance and the Substance Abuse and Mental Health Services Administration (SAMHSA). The Zero Suicide Initiative framework is a system-wide, organizational commitment to safer suicide care in health and behavioral health care systems and is based on the realization that suicidal individuals often fall through the cracks in a sometimes-fragmented health care system. A systematic approach to quality improvement in these settings is both available and necessary.

The Zero Suicide Initiative consists of adopting standardized, evidence-based suicide screening and risk assessment tools into behavioral health care agencies. When agencies use tools that have been shown by research to support individuals at-risk for suicide, people are able to receive the services that they need to thrive in our communities.

Through a grant opportunity with the Florida Linking Individuals Needing Care (FL LINC) Project, The Zero Suicide Initiative at Southeast Florida Behavioral Health Network has helped to bring our network providers and community members free-of-charge training, resources and information about the Zero Suicide Initiative and suicide prevention. Additionally, through site visits and consultations, Southeast Florida Behavioral Health Network has partnered with several major providers in the southeast region to ensure that evidence-based suicide care is being adopted, monitored and improved.

Additional Resources:

1. [What is Zero Suicide?](#)
2. [Can Suicide Be a Never Event?](#)
3. [The Joint Commission Report: National Patient Safety Goal for Suicide Prevention](#)
4. [Transforming Communities: Comprehensive Community-Based Suicide Prevention Toolkit](#)

The Zero Suicide Initiative's Core Concepts

Zero Suicide is comprised of 7 Core Concepts. These Core Concepts form the foundation of the how the Zero Suicide Initiative can be adopted and embedded within agencies through policies, procedures and leadership initiatives.

LEADERSHIP COMMITMENT

ZERO SUICIDE INITIATIVE

Adopting Zero Suicide means having a system-wide commitment to an agency culture-change. In order to help shift the culture of agencies, leadership must be engaged in ensuring that staff is both educated and knowledgeable in how to provide best-practice care for those at-risk of suicide.

STANDARDIZED SCREENING AND RISK ASSESSMENT

Every client or patient should be screened with the same screeners and risk assessments, so that agencies develop consistent responses to suicide risk. These tools should also be evidence-based, which means there is research regarding their effective use with individuals with suicidal thoughts and intentions.

SUICIDE CARE MANAGEMENT PLAN

Individuals who have been identified as being at-risk for suicide through screeners and risk assessments need specialized, on-going treatment and monitoring. The Zero Suicide Initiative advocates for developing care plans that identify at-risk individuals, support their on-going mental health needs and continue to screen for risk of suicide.

WORKFORCE DEVELOPMENT AND TRAINING

In a Zero Suicide agency, all staff – not just clinicians – are trained to spot the warning signs and risk factors of suicide. People talk to the people they like and trust – that is not always someone who is providing direct mental health services. Training ensures that all staff members have the skills to provide ethical, proactive suicide care, or to be able to direct people to those who can help.

EFFECTIVE, EVIDENCE-BASED TREATMENT

Recent research has shown that suicidal thoughts and behaviors are best treated by targeting them directly, independent of mental health or substance use diagnosis. Additionally, certain treatments have been shown to reduce suicidal ideation and attempts, such as [Dialectical Behavior Therapy \(DBT\)](#) and [Suicide Prevention for Cognitive Behavioral Therapy \(SP-CBT\)](#). When providers used evidence-based treatment that works specifically for suicide risk, individual outcomes improve dramatically.

FOLLOW-UP DURING CARE TRANSITIONS

Care transitions are a time of risk for those who have had suicidal thoughts. Providers and clinicians have a responsibility to bridge client transitions from one service to another, to ensure that at-risk individuals continuously receive support and services.

ONGOING QUALITY IMPROVEMENT AND DATA COLLECTION

To improve on existing care and outcomes, agencies must engage in data-driven quality improvement. It's important for everyone to see both what is working and what needs improvement, so that we can continue to provide the highest quality care possible for at-risk individuals.