

Zero Suicide

Organizational Change Model

October 24, 2024

**Maine Primary Care
Association Annual
Conference**

Funding Sources

Comprehensive Suicide Prevention Grant, National Center for Injury Prevention and Control, U.S. CDC.

This presentation and its' contents are solely the responsibility of the authors and do not necessarily represent the official views of funding agencies.



'Aspire to Zero'



<https://zerosuicide.edc.org/resources/resource-database/aspire-zero>



Zero Suicide Model

Lead

- The *foundation* for Zero Suicide work in an organization
- Establish a Zero Suicide *Implementation Team* with multiple members from across the organization where possible including leadership, clinical, administrative, individuals with lived experience, etc.
- Complete an *Organizational Self Study* to assess strengths, weaknesses, and develop a workplan

Train

- *Assess* the competence and confidence of staff in providing elements of suicide-safer care
- Train all staff in *evidence-based practices* as appropriate to their roles and responsibilities
- Develop procedures for ensuring that training is *ongoing*, and provided to all new staff

Identify

- *Screen* all clients seeking care (for any service) for suicide risk
- Use an *evidence-based screening tool*
- Develop *protocols* for responding to levels of risk, and how often screening will be repeated

Engage

- Engage all clients at risk of suicide in creating a collaborative *Suicide Care Management Plan* (Safety Plan)
- Restrict access to *lethal means*
- Enroll clients at risk of suicide in a *clinical pathway* within the electronic health record

Treat

- Provide treatment *specifically for suicidality*
- Use *evidence-based treatment frameworks*
- ***Coordinate*** with other providers involved in a client's treatment

Transition

- Provide *ongoing follow-up* to ensure continued involvement in care
- Continually *reassess safety*
- Provide *caring connections* and additional supports, especially following inpatient treatment or a suicidal crisis

Improve

- Develop data-driven measures for *fidelity* and *quality*
- Create annual *action plans* and targets
- Continually reassess your system using a *quality improvement* framework (especially following a death by suicide)



PROGRAMA DE SALUD MÓVIL DE MAINE | PWOGRAM SANTE MOBIL DE MAINE





**Many resources can be found on
the Maine Prevention Store or at
the Maine CDC Table!**