

The Florida LEADS Project

# Toolkit for Zero Suicide in Health and Behavioral Health Care

# ELEMENT 1: LEAD



**Lead** a system-wide change to create a workforce culture aimed to reduce suicide.

The Zero Suicide Initiative calls upon agency leaders to improve suicide care through the adoption of evidence-based clinical care practices, policies, and procedures focused on consumer\* safety and data-driven quality improvement.

\*consumer = defined as patients, clients, or community members



These steps (ZS strategies) are designed to be easily incorporated into standard clinical practice to enhance suicide risk assessment, increase safety, and improve ongoing contact and monitoring of high-risk individuals during transitions in care and high-risk periods.

-Brodsky et al, 2018

## Outcome Stories

ZS case studies with compelling insights.



### Important Resources

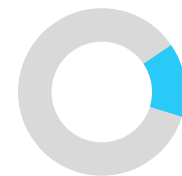
- Quick Start Guide to Getting Started with Zero Suicide**  
Wondering how to get started with Zero Suicide in your organization? This quick guide outlines ten steps to getting started.
- Zero Suicide Organizational Self-Study**  
Assess the level of suicide care in your system by taking the Zero Suicide Organizational Self-Study. This resource can also be used as a self-assessment to identify areas for improvement after implementation.
- Zero Suicide Work Plan**  
Set and schedule Zero Suicide implementation priorities using the Work Plan Template.

Within the first 4-year follow-up interval, the **average annual rate of suicide dropped 75%** in the patient population.  
-Henry Ford Health System

From 2014 to 2018, there was a **70% reduction in suicide deaths** among the people served.  
-Aspire Indiana (an FQHC)

Cost savings estimates indicate each inpatient admission costs \$1,100 and that **diverting patients from inpatient care saved over \$200,000 per year.**  
-Chickasaw Nation Departments of Health and Family Services

For more outcome stories, visit <https://zerosuicide.edc.org/evidence/outcome-stories>

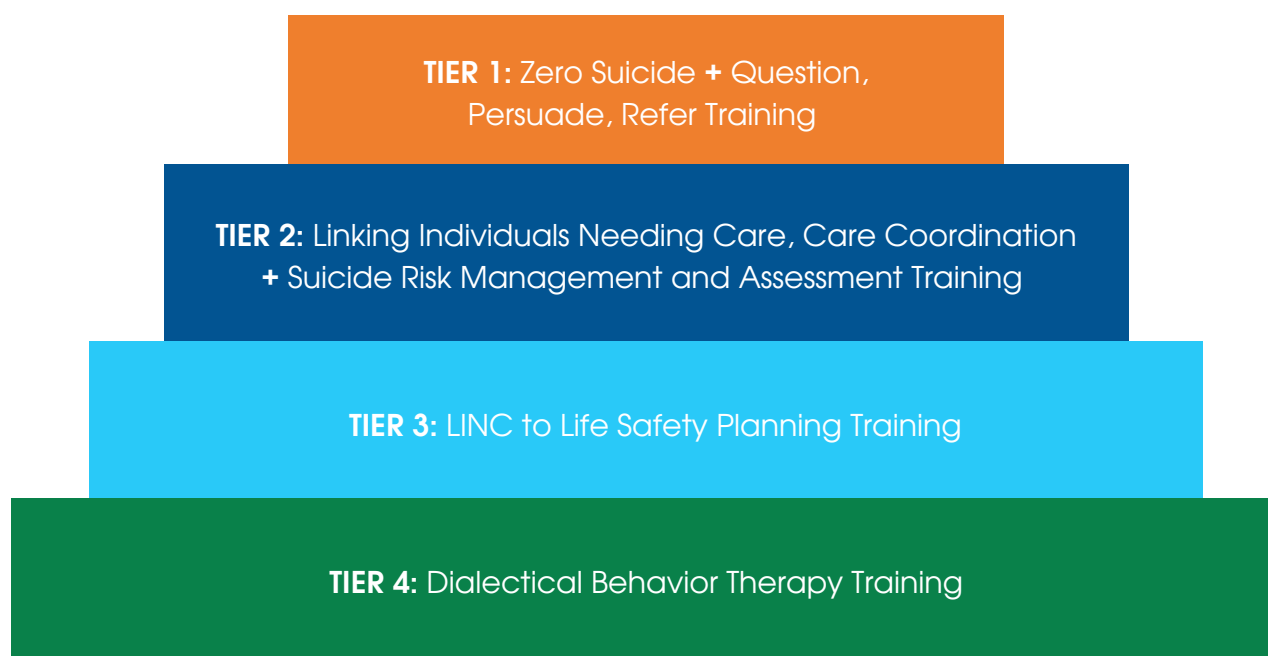


# ELEMENT 2: TRAIN

**Train** a competent, confident, and caring workforce.

To provide excellent care, it is highly recommended that clinical and non-clinical staff be trained in best-practice suicide prevention and intervention strategies. This will improve staff confidence to provide caring and effective assistance to consumers with suicide risk.

## Florida LEADS Training Opportunities

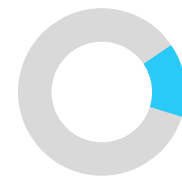


## Important Resources



- Zero Suicide Workforce Survey**  
Need more guidance? This tool helps you assess staff knowledge, practices, and confidence.
- Suicide Care Training Options**  
Interested in other best practice training besides options? Check out alternative programs listed on the Suicide Prevention Resource Center website at <https://sprc.org/training>

# ELEMENT 2: TRAIN



**Train** a competent, confident, and caring workforce.

## Florida LEADS Training Opportunities

TIER 1

**Zero Suicide:** A training workshop focused on a systematic approach to improve suicide care through the adoption of evidence-based and best-practice safety standards. This approach, identified by the Zero Suicide initiative, encompasses screening, risk assessment, safety planning, follow-up care, treatment, and training.

**Question, Persuade, Refer:** An evidence-based, suicide prevention gatekeeper training focused on warning signs and risk factors for suicide, and how to get help for an individual in crisis using the Question, Persuade, and Refer technique.

TIER 2

**Linking Individuals Needing Care, Care Coordination:** A skills-based training focused on rapport-building strategies, screening and risk identification skills, recommendations for referral and linkage development, and steps for collaborating with systems of care to keep individuals at risk for suicide safe.

**Suicide Risk Management and Assessment:** A best practice, suicide risk assessment and management training focused on the epidemiology of suicide, risk formulation, referral and risk management plans, engagement and interviewing skills, and continuity of care strategies. This training also includes role-play assessment practice.

TIER 3

**LINC to Life Safety Planning:** A research-informed, skills-based training focused on the development of a collaborative safety plan for someone at-risk for suicide. This training is ideal for clinical and non-clinical staff who intervene with people in crisis.

TIER 4

**Dialectical Behavior Therapy Training:** An evidence-based clinical modality shown to be effective in reducing suicide risk for adults. This training is for licensed mental health professionals focused on how to begin using DBT-informed care with patients and clients.

# ELEMENT 3: IDENTIFY



**Identify** individuals with suicide risk via comprehensive screening and assessment.

Organizations committed to enhancing suicide care should ensure that consumers are routinely screened for suicidal thoughts and behaviors. Individuals who screen positive for suicide risk should be further assessed using a formalized suicide risk assessment to guide treatment planning.

## Screening and Assessment Measures

This table highlights commonly used measures or tools to identify suicide ideation and behavior. **Note:** This table does not contain all screening and assessment measures or tools. Please visit <https://zerosuicide.edc.org/> for more information.

Instrument	Administrator	Item Number	Time	Target Behavior(s)	Target User
<u>PHQ9</u>	Self-administered	1	5 minutes	Suicidal ideation	Adults and adolescents
<u>Suicidal Ideation Questionnaire (SIQ)</u>	Self-administered	30 (grades 9-12) and 15 (grades 7-9 in the SIQ-JR)	10 minutes	Suicidal ideation	Adolescents and youth
<u>Suicidal Ideation Questionnaire (ASIQ)</u>	Self-administered	25	10 minutes	Suicide ideation	Adults and college-age adolescents
<u>Suicide Behaviors Questionnaire (SBQ)</u>	Self-administered	4 (short-form) and 34 (long-form)	5 minutes	Suicidal ideation, behavior, and capacity	Adults
<u>Beck Scale for Suicide Ideation (BSS)</u>	Self-administered and interview	21	5-10 minutes	Suicidal ideation and intent	Adults and adolescents
<u>Ask Suicide-Screening Questions (ASQ)</u>	Clinician-administered	4	20 minutes	Suicide ideation and behavior	Adults and youth
<u>Columbia-Suicide Severity Rating Scale (C-SSRS)</u>	Clinician-administered	Varies	10 minutes	Suicidal ideation and behavior	Adults and adolescents
<u>SAFE-T Protocol with C-SSRS</u>	Clinician-administered	Varies	20 minutes	Suicidal ideation, behavior, and capacity	Adults and adolescents

# ELEMENT 4: ENGAGE



**Engage** individuals at-risk of suicide using a suicide care management plan.

Every individual at risk of suicide should be closely supported and monitored via a suicide care management plan. A suicide care management plan includes establishing clear and comprehension strategies to guide suicide care. Active involvement and engagement with consumers is vital to creating an environment that promotes resiliency, autonomy, and hope.

## Key Ingredients of a Suicide Care Management Plan



- 1** Incorporate clear pathways with decision points to direct screening, assessment, safety planning, and treatment processes
- 2** Consumers (and families, if appropriate) should be part of all decision-making processes involving safety planning and treatment
- 3** Counseling on lethal means safety
- 4** Ongoing communication with providers is an important step to building trust and maintaining engagement in services
- 5** Document treatment plans, including services provided by other providers in an electronic health record to better streamline and coordinate client care

## Important Resources

- Counseling on Access to Lethal Means (CALM) Training & Stanley-Brown Resource**  
These resources help guide safety planning processes with individuals at risk of suicide.
- Florida LEADS Wellness Toolbox; Linking Individuals Needing Care, Care Coordination Training; and LINC to Life Safety Planning Training**  
Free tools and trainings offered by the Florida LEADS Project. To find out more and inquire about future trainings, visit [floridaleadsproject.com](http://floridaleadsproject.com)

# ELEMENT 5: TREAT



**Treat** suicidal thoughts and behaviors using evidence-based treatments.

There are various types of evidence-based interventions designed to directly treat suicide risk. Interventions shown to reduce suicidal thoughts and behaviors focus on collaborative assessment and treatment planning, cognitive restructuring, emotional regulation, problem-solving skills, and caring contacts. Regardless of treatment modality, interventions should be person-centered and collaborative. Providing treatment in the least restrictive settings can help prevent hospitalization and other acute levels of care, and increase the likelihood consumers remain engaged in care.

## Evidence-Based Treatments

This section highlights commonly used methods to treat suicide ideation and behavior. **Note:** The examples below are not an inclusive list of all treatment modalities. Please visit <https://zerosuicide.edc.org/> for more information.

### Collaborative Assessment and Management of Suicidality (CAMS)

A treatment framework in which client and clinician work collaboratively together to identify and replace "drivers" that increase suicidal thinking and behaviors with other ways to cope and problem-solve.

Visit <https://cams-care.com/> for more information.

### Dialectical Behavior Therapy (DBT)

Guided by biosocial theory and dialectics, DBT focuses on mindfulness, interpersonal effectiveness, distress tolerance, and emotion regulation strategies. This intervention incorporates skills training in a group setting, individual treatment sessions, and phone coaching.

A treatment grounded in Cognitive Behavior Therapy, Dialectical Behavior Therapy, and other targeted therapies for suicidal individuals. CBT-SP focuses on cognitive restructuring, emotional regulation, behavioral activation, and problem-solving strategies.

Visit <https://beckinstitute.org/draaronbeck/> or <https://www.med.upenn.edu/suicide/training.html> for more information.

### Cognitive Behavior Therapy for Suicide (CBT-SP)

Interested in a free DBT training? Learn more at [floridaleadsproject.com!](http://floridaleadsproject.com!)



# ELEMENT 6: TRANSITION



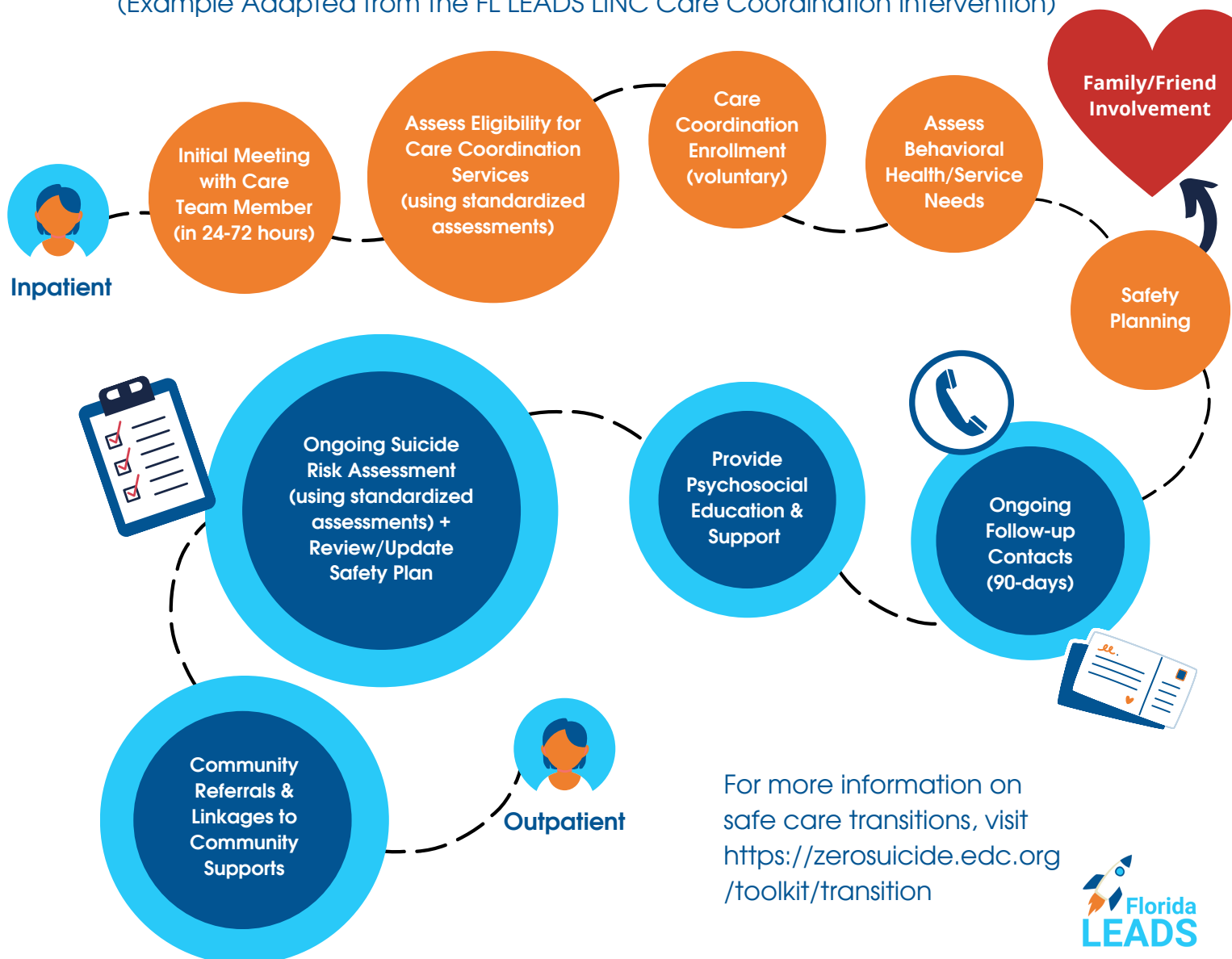
**Transition** individuals through care with warm hand-offs and supportive contacts.

Effective suicide care practices involve seamless consumer transitions from inpatient or emergency crisis services to outpatient behavioral health and other community supports. Successful care transitions require ongoing collaboration and communication between consumers and providers (documented and managed via shared electronic health records).

## The Consumer Journey

- Clinician
- Care Coordinator (Days 1-30)
- Peer Specialist (Days 30-90)

(Example Adapted from the FL LEADS LINC Care Coordination Intervention)



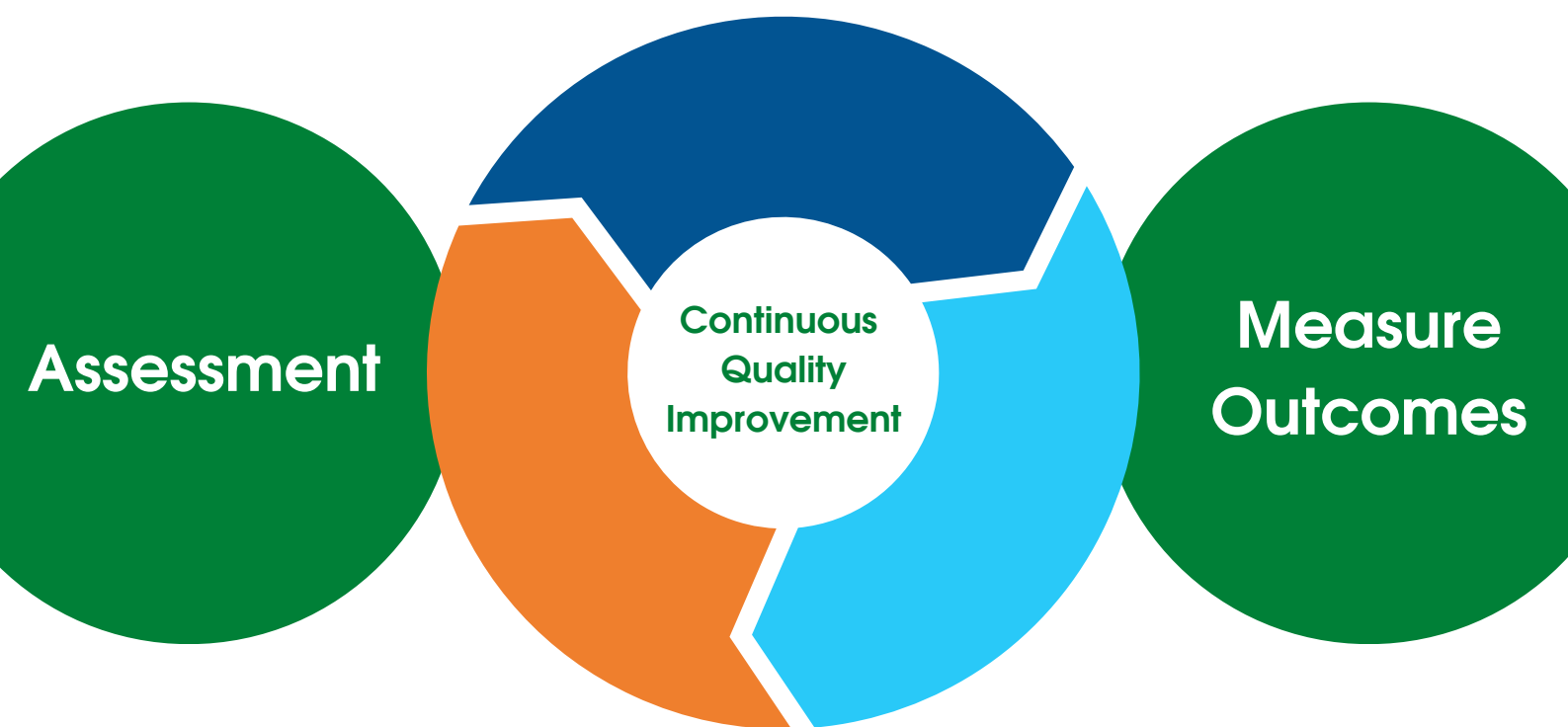


# ELEMENT 7: IMPROVE



**Improve** policies and procedures through continuous quality improvement.

Data-driven quality improvement is essential to ensure improved consumer outcomes and better care for individuals at risk of suicide. A data-driven approach involves assessing adherence to the Zero Suicide model and consumer-level outcomes resulting from Zero Suicide implementation.



## Important Resources



### [Zero Suicide Data Elements Worksheet](#)

This tool helps you create a plan to set suicide care goals and evaluate the outcomes that systems, policy, and consumer-care changes are designed to produce.



### [Framework for Root Cause Analysis and Corrective Actions](#)

Use this tool from the Joint Commission to analyze organizational events, conduct a comprehensive root cause analysis, and organize appropriate actions steps to improve suicide care.