OREGON OFFICE ORH of RURAL HEALTH

OPPORTUNITY Just knock.

2024 Forum on
Rural Population Health & Health Equity

OHSU

How to Track, Show, and Plan for Progress in Creating Suicide Safer Care Environments Using the Oregon Zero Suicide Implementation Assessment Tool

Presented on June 12, 2024, Virtual

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Genentech A Member of the Roche Group

allcare health

CAMBIA health foundation

Yamhill COMMUNITY CARE

- Audio has been muted for all participants upon entry
- Moderators will assist with Q+A at the end of the presentation
- Presentation slides will be posted at ohsu.edu/orhforum
- Sessions will be recorded and available to attendees
- Please take the session surveys!

Learning Objectives

Participants will gain:

1. An understanding of the need for suicide safer care for patients and providers in healthcare settings.
2. An introduction to the Zero Suicide framework.
3. A short guide to implementing Zero Suicide in healthcare systems using the Assessment Tool.

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Suicide in Oregon

Prevalence/Risk:

- In 2022, suicide was the 10th leading cause of death with 878 suicide deaths (OHA, Vital Statistics)
  - 2nd leading cause of death for 15-24 year olds
  - 3rd leading cause of death for youth aged 14 and under
- In 2022, the Oregon suicide rate (19.3 per 100,000) is higher than the national average (14.2 per 100,000)

Mental Health:

- In 2021-2022, 27.5% of Oregon adults reported any mental illness and 5.6% reported serious thoughts of suicide in the past year (SAMHSA, 2024).
- In 2022, 58% of Oregon 8th & 11th graders did not feel like their emotional or mental health care needs were met (Student Health Survey).

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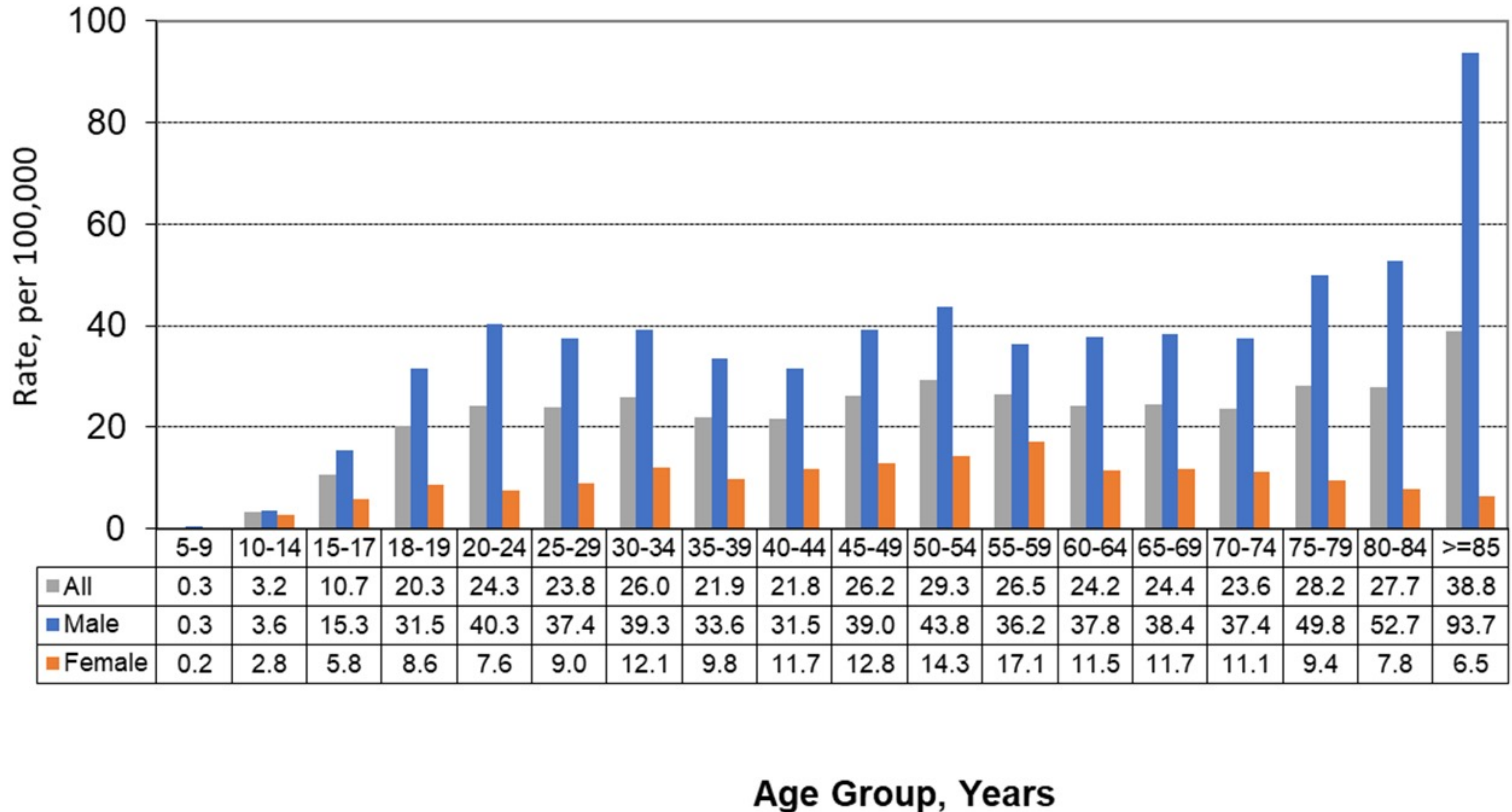
Suicide in Oregon



	5-9	10-14	15-17	18-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	>=85
All	0.3	3.2	10.7	20.3	24.3	23.8	26.0	21.9	21.8	26.2	29.3	26.5	24.2	24.4	23.6	28.2	27.7	38.8
Male	0.3	3.6	15.3	31.5	40.3	37.4	39.3	33.6	31.5	39.0	43.8	36.2	37.8	38.4	37.4	49.8	52.7	93.7
Female	0.2	2.8	5.8	8.6	7.6	9.0	12.1	9.8	11.7	12.8	14.3	17.1	11.5	11.7	11.1	9.4	7.8	6.5

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Disparities in Suicide

- Oregonians living in rural and frontier counties have higher rates of suicide than Oregonians living in urban counties. Between 2018-2022:
  - Urban: 17.6 per 100,000 (619 deaths)
  - Rural and Frontier: 25.4 per 100,000
    - Age 55+: 33.8 per 100,000
- Occupations with highest rates of suicide:
  - Farming, Fishing and Forestry
  - Construction and Extraction Occupations
- Service members and Veterans have higher rates of suicide than the general population (52 per 100,000)
  - Veterans living in rural and frontier counties: 62.8 per 100,000
- Men have the highest rates of suicide, with Non-Hispanic white men having the highest rates in Oregon (34.4 per 100,000).

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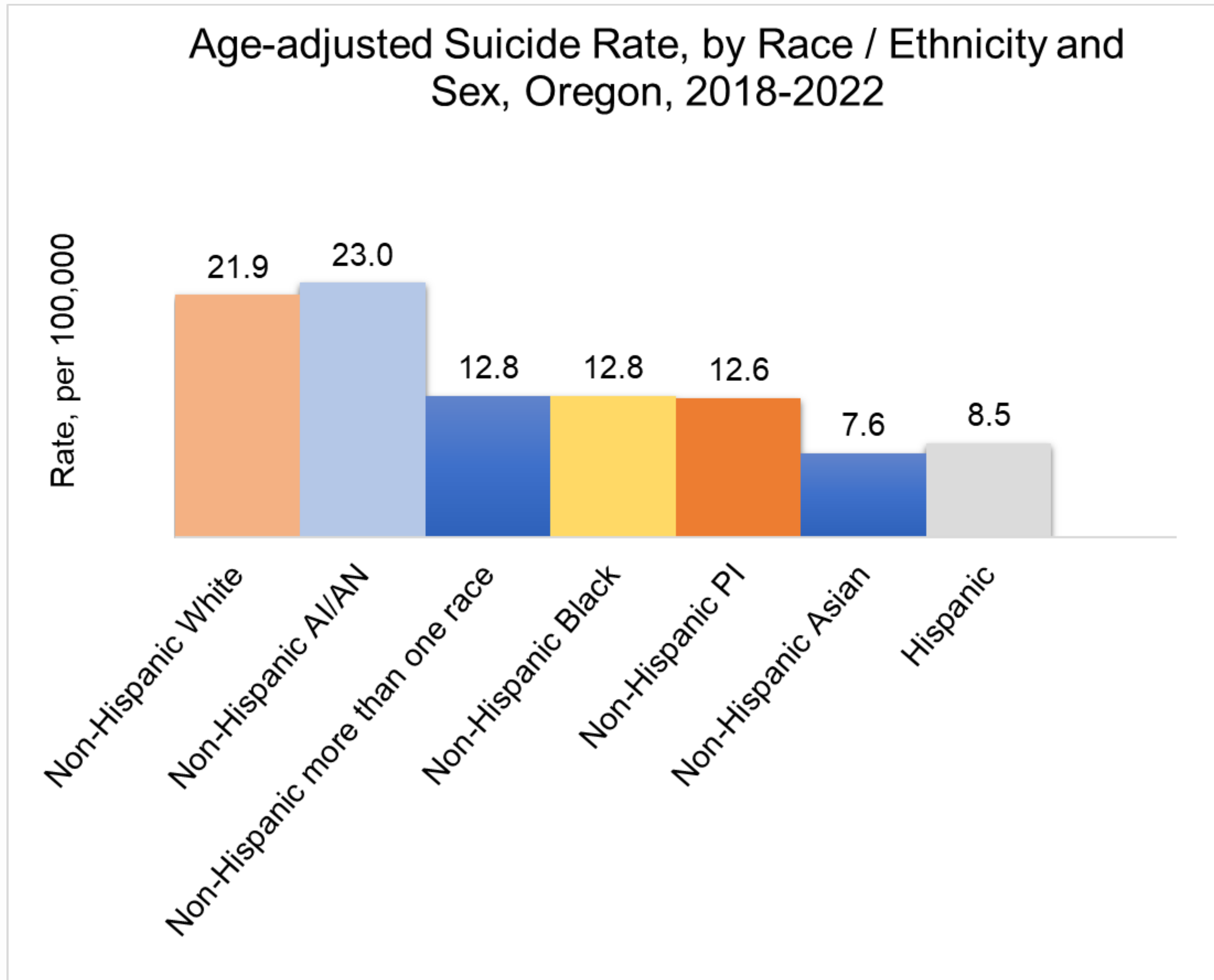
Disparities in Suicide



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Disparities in Suicide

- LGBTQIA2S+ Community:
  - Suicide risk 3-6 times greater for LGB adults than for heterosexual adults across every age group and race/ethnicity category (Ramchand, 2021)
  - LGBTQ+ young people are more than four times as likely to attempt suicide than their peers (Johns et al., 2019; Johns et al., 2020).
  - 21% of Oregon LGBTQ+ older adults reported having experienced suicidal ideation in the past year (Fredriksen Goldsen, 2021).

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Means and intersections

- Drug overdoses deaths account for nearly 80% of poisoning suicides, and about 10% of total suicides.
- Alcohol is present in approx. 20% of suicide deaths.
- Firearms account for 54% of suicides followed by hanging/suffocation (23%) and poisoning (15%)

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Relevance to Healthcare Settings

- 161 suicides occurred in Oregon between 2013-2017 among people recently released from a hospital, psychiatric hospital or other psychiatric treatment.
- 77% of individuals who died by suicide has contact with their Primary Care Provider in a year before death;
  - 45% has contact with their Primary Care Provider in the month before death (Abed-Fagnri, 2010)
- Medical-related professions are at higher risk than national average for a variety of reasons (Olfson, 2023)

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Recommended Standard Care for People with Suicide Risk

Setting	Emphasis	Identification & Assessment	Safety Planning	Means Reduction	Caring Contacts
Primary Care	Identify suicide risk among patients with MI/SUD* conditions or treatment. Enhance safety for those with risk. Refer to specialized care. Provide caring contacts.	Identify suicidality in all patients with MI/SUD conditions or treatment (e.g., psychiatric meds) using a standardized scale. If risk is identified, proceed with active referral for hospital or outpatient care as judged appropriate.	Complete the brief Safety Planning Intervention during the visit where risk is identified. With consent, discuss the safety plan with the family to gain support for safety activities	As part of the safety plan, discuss any lethal means considered by and available to patient. Arrange and confirm removal or reduction of lethal means as feasible.	Make appointment with mental health professional. Complete one caring contact (phone call or, if preferred by patient, text or e-mail) within 48 hours of visit or the next business day.
Outpatient MH/SUD Care	Provide treatment and support for individuals who may have elevated suicide risk.	Identify and assess suicide risk at admission and whenever patients are seen by using a standardized scale. Do not assess more than 1x per day. Use judgement if patients are seen daily	Complete the brief Safety Planning Intervention during the visit where risk is identified Update the safety plan at each visit as long as risk remains high.	As part of the safety plan, discuss any lethal means considered by and available to patient. Arrange and confirm removal or reduction of lethal means as feasible	Initiate caring contacts during care transitions or if appointments are missed.
Emergency Department					
Inpatient BH Care					

https://theactionalliance.org/sites/default/files/action_alliance_recommended_standard_care_final.pdf

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What is Zero Suicide?

- A transformational framework for Health and Behavioral Health Care Systems
- A movement seeking to make health care settings safer and more compassionate for people with suicidal thoughts and urges
- An aspiration

Foundational belief: Suicide deaths for individuals under the care of health and behavioral health systems are preventable

The 7 Core Elements of Zero Suicide:

Each element:

- includes evidence-based components
- Should be considered as part of a continuum
- Is critical to suicide safer care

Benefits of the Zero Suicide Framework

Enhanced DX and TX of major depression reduces rates of suicide and suicide attempts

-Hampton , T. (2010). Depression care effort brings dramatic drop in large HMO population's suicide rate. JAMA, 303(19), 1903–1905.

Placement in a clinical suicide prevention pathway (SPP) reduces the risk of re-attempts to 65% of that seen in those not placed on the SPP.

-Stapelberg, N., et al.(2021). Efficacy of the Zero Suicide framework in reducing recurrent suicide attempts: Cross-sectional and time-to- recurrent-event analyses. *The British Journal of Psychiatry, 219*(2), 427 -436.

More evidence

Henry Ford Health Systems: Coffey MJ, Coffey CE, Ahmedani BK. Suicide in a Health Maintenance Organization Population. JAMA Psychiatry. 2015;72(3):294–296. doi:10.1001/jamapsychiatry.2014.2440

US Air Force:

Knox, K.L., et.al. (2003). Risk of suicide and related adverse outcomes after exposure to a suicide prevention programme in the US Air Force: cohort study.

British Medical Journal, 327.

https://zerosuicide.edc.org/evidence/evidence-base .

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How do I get started?

1. Form a Zero Suicide Implementation Team (https://zerosuicide.edc.org/toolkit/lead#implementation-team)
2. Visit the Zero Suicide Institute web site (https://zerosuicide.edc.org/)
3. Contact OHA for Technical Assistance (*Meghan Crane, meghan.crane@oha.oregon.gov*)
4. Use implementation tool to conduct an internal Zero Suicide assessment or request one from the PSU Implementation Lab (https://hsimplementationlab.org/)
5. Use baseline implementation findings for planning next steps
6. Repeat assessment periodically to track change over time and continue planning.

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Oregon's adaptation of the Organizational Self-Study:

The Oregon Zero Suicide Implementation Assessment Tool

- Measuring change over time across multiple Oregon health systems since 2018, updated in 2023
  - **Collaboration** with OHA, Clackamas and Multnomah County ZS Coordinators and EDC's ZS faculty
  - **Updated insights** around DEI, Just Culture, Postvention, etc
- Adapted from Education Development Center's ZS General & Inpatient Organizational Self-Studies.
- Linked to metrics in EDC's ZS Data Elements Worksheet

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Oregon Zero Suicide Implementation Assessment Tool (version 2.1)

an adaptation of EDC's Zero Suicide Organizational Self-Study

Element #1: Lead

Create a leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care. Include suicide attempt and loss survivors in leadership and planning roles.

Element #2: Train

Develop a competent, confident and caring workforce.

Element #3: Identify

Systematically identify and assess suicide risk among people receiving care.

Element #4: Engage

Ensure every person has a suicide care management plan, or pathway to care, that is both timely and adequate to meet individual needs.

Element #5: Treat

Use effective, evidence-based treatments that directly target suicidality.

Element #6: Transition

Provide continuous contact and support, especially after acute care.

Element #7: Improve

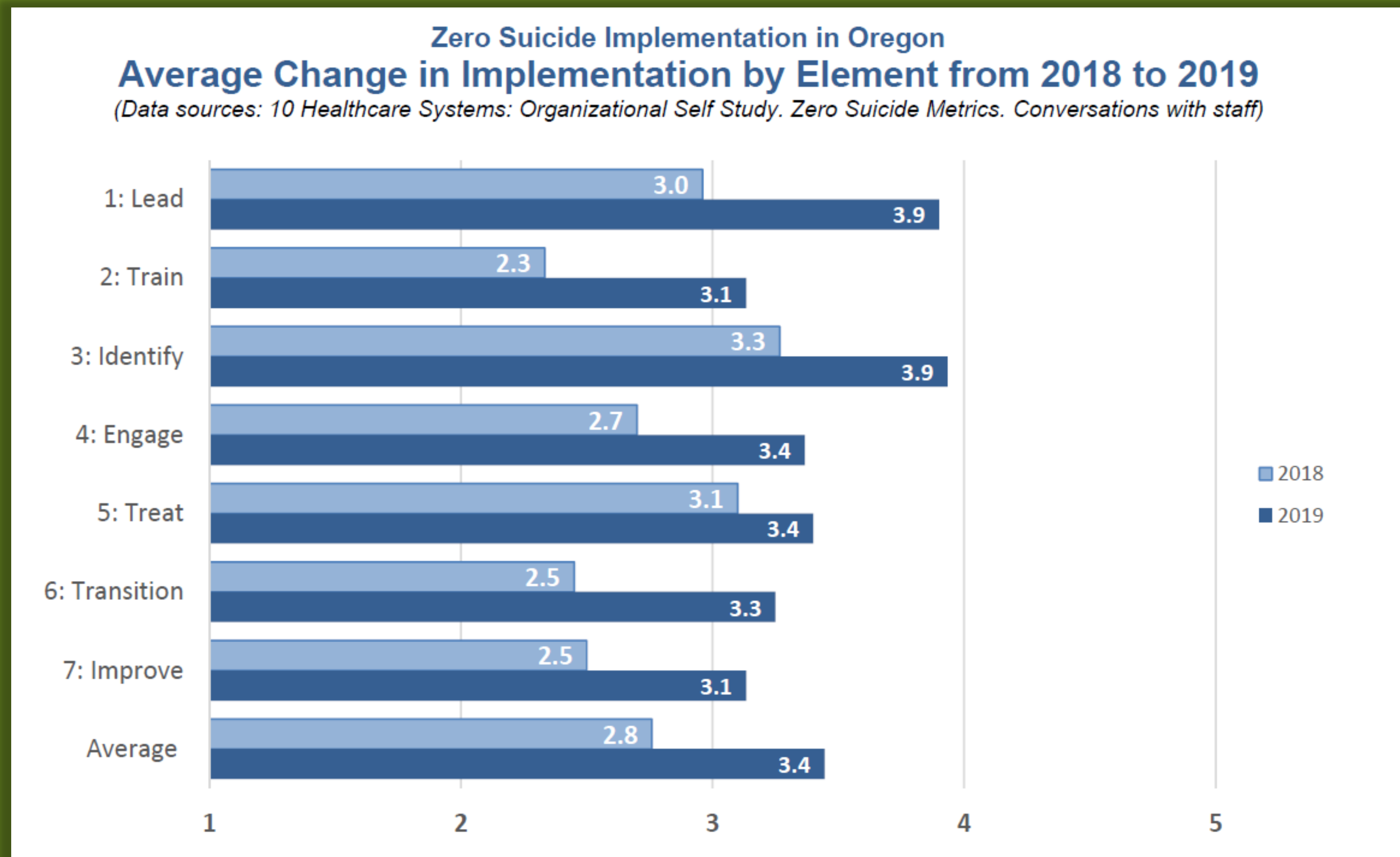
Apply a data-driven quality improvement approach to inform system changes leading to better care and improved outcomes for individuals at risk.

Suggested Citation:

Cellarius, K., Kuhn, S., Tuttle, A., Crane, M., Murray, G., Taylor Parker, C., Lisborg, K. (2023) Oregon Zero Suicide Implementation Assessment Tool (v.2.1), an adaptation of EDC's Zero Suicide Organizational Self-Study. Portland, OR: Portland State University.

Available at: *https://hsimplementationlab.org/zero-suicide-implementation-assessment/*

Cross-site Data Tracking Oregon ZS Efforts (v1.0)



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Oregon ZS Indicators by Element (v.2.1)

Element #1: Lead
Commitment to Zero Suicide (NEW)
Commitment to DEI (NEW)
Staff readiness to implement ZS (NEW)
Messaging to staff related to ZS adoption (NEW)
Written Protocols
Suicide Care is Documented
Availability of Trainings
Dedicated Staff Time for Zero Suicide
Survivor Involvement in Planning and Processes
Just culture/philosophy of care (NEW)
Workforce Wellness (NEW)
Element #2: Train
Assessment of Workforce Confidence
Trainings for Non-Clinical Staff
Trainings for Clinical Staff
Element #3: Identify
Screening for Suicide Risk
Screening Tools Used
Suicide Risk Assessment

Element #4: Engage
Care for Individuals At-Risk for Suicide
Collaborative Safety Planning
Lethal Means Counseling
Postvention for staff and individuals in care (NEW)
Postvention for affected community members (NEW)
Element #5: Treat
Access to Suicide-specific Treatment
Safer Environments (NEW)
Element #6: Transition
Engaging Hard to Reach Individuals
Follow-up after Transitions in Care
Element #7 Improve
Analysis of Suicide Deaths
Tracking Suicide Deaths
Analysis of Suicide Attempts (NEW)
Tracking Suicide Attempts (NEW)
Appropriateness of Suicide Safer Care (NEW)
Continuous Quality Improvement (CQI)

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Oregon ZS Implementation Assessment Tool

Measurement Scale *(v.2.1)*

1. **Organization has not yet demonstrated awareness** for the need for this component of Zero Suicide.
2. **Organization has demonstrated awareness, but work** on this component **has not yet begun**
3. **Organization is actively working to implement** component
4. **Component is in place, but it is not yet sustainable** or monitored
5. **Component is sustainably in place**, monitoring for continuous quality improvement occurs regularly and includes input from people with lived experience.

Using the tool: Report Rating Sheet lets systems identify & prioritize focus areas at a glance:

Which elements and indicators are high? Which ones are low?

INDICATOR	2023
Element #1: Lead Mean➔	**1.8**
Commitment to Zero Suicide (N)	2
Commitment to DEI (N)	2
Staff readiness to implement ZS (N)	2
Messaging to staff related to ZS adoption (N)	1
Written Protocols	3
Suicide Care is Documented	2
Availability of Trainings	2
Dedicated Staff Time for ZS	1
Survivor Involvement in Planning and Processes	1
Just culture/philosophy of care (N)	2
Workforce wellness (N)	1
Element #2: Train Mean➔	**2.0**
Assessment of Workforce Confidence	1
Trainings for Non-Clinical Staff	2
Trainings for Clinical Staff	3
Element #3: Identify Mean➔	**1.0**

INDICATOR	2023
Element #4: Engage Mean➔	**1.7**
Care for Individuals At-Risk for Suicide	1
Collaborative Safety Planning	2
[illegible]	2
Postvention for staff and individuals in care (N)	3
Postvention for affected community members (N)	2
Element #5: Treat Mean➔	**1.0**
Access to Suicide-specific Treatment	1
Safer Inpatient Environments (N)	2
Element #6: Transition Mean➔	**1.0**
Engaging Hard to Reach Individuals	1
Follow-up after Transitions in Care *(Follow-up after Discharge)*	1
Element #7 Improve Mean➔	**1.7**
Analysis of Suicide Deaths	1
Tracking Suicide Deaths	2
Analysis of Suicide Attempts (N)	2

Why did these indicators get 1s and 2s?

Report detail and comments provide insight into indicator scores for planning:

Survivor Involvement in Planning and Processes	Rating	1	2	3	4	5
What is the role of suicide attempt and loss survivors in the organization's design, implementation, and improvement of suicide care policies and activities?		Suicide attempt or loss survivors are not explicitly involved in the development of suicide prevention activities within the organization.	Suicide attempt or loss survivors have ad hoc or informal roles with… the…	Suicide attempt or loss survivors… …activity, such as leading a support group or staffing a crisis hotline. Survivors informally provide input into the organization's suicide care policies.	…ide attempt …oss survivors …ipate as … members of …n-making teams, such as the Zero Suicide implementation team.	Suicide attempt and loss survivors participate in a variety of suicide prevention activities within the organization, such as sitting on decision-making teams or boards, participating in policy decisions, assisting with employee hiring and training, and participating in evaluation and quality improvement.

Comment or justification for score: Organization has not yet expressed awareness of the need to include survivors in the development of activities within the organization.

Oh, that's why!

Just Culture/ Philosophy of Care (NEW)	Rating	1	2	3	4	5
To what degree does the organization operate in a just culture approach to safety?		Organization has not yet demonstrated awareness that…	Organization is aware of the benefit of a just culture, but work towards…	Culture change is underway through building awareness and embedding just culture principles into the policies…	After an incident, staff ask "What went wrong?", rather than "Who is to blame?"…	All of the above, plus critical incidents are reviewed as they occur with an eye toward "What…

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Follow-up Report: Pre-post scores show areas of greatest change and identify elements needing further attention

Great progress!

What happened here?

Rate of Change from 2018 to 2019

(Sorted in descending order by rate of change)

Element	Baseline (2018)	Follow-up (20	te of Change
6: Transition	1.0	3.0	200.0%
7: Improve	1.7	2	⇧60.0%
1: Lead	2.0	[illegible]	⇧60.0%
4: Engage	2.7	[illegible]	⇧37.5%
2: Train	2.3	3.	⇧28.6%
3: Identify	3.0	3.0	*no change*
5: Treat	2.0	2.0	*no change*
Overall Average Score	**2.1**	**2.9**	**⇧40.0%**

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Follow-up assessment report shows pre-post scores for each indicator:

(Good for celebrating successes and prioritizing next steps)

So that's what improved!

INDICATOR	2023	2024	2025
Element #1: Lead Mean→	**1.8**	**2.6**	**3.8**
Commitment to Zero Suicide (N)	2	2	5
Commitment to DEI (N)	2	2	3
Staff readiness to implement ZS (N)	2	3	4
Messaging to staff related to ZS adoption (N)	1	2	4
Written Protocols	3	3	3
Suicide Care is Documented	2	2	4
Availability of Trainings	2	3	4
Dedicated Staff Time for ZS	1	2	5
Survivor Involvement in Planning and Processes	1	3	3
Just culture/philosophy of care (N)	2		
Workforce wellness (N)	1		

INDICATOR	2023	2024	2025
Element #4: Engage Mean→	**1.7**	**2.3**	**3.7**
Care for Individuals At-Risk for Suicide	1	1	3
Collaborative Safety Planning	2	3	4
Lethal Means Counseling *(Collaborative Means Restriction)*	2	3	4
Postvention for staff and individuals in care (N)	3	2	3
Postvention for affected community members (N)	2	2	3
Element #5: Treat Mean→	**1.0**	**1.0**	**3.0**
Access to Suicide-specific Treatment	1	2	3
Safer Inpatient Environments (N)	2	1	3
Element #6: Transition Mean→	**1.0**	**2.0**	**3.0**
Engaging Hard to Reach Individuals	1	2	3
Follow-up after Transitions in Care *(Follow-up*			

This title doesn't tell me much. I need more detail.

Comprehensive follow-up report detail and comments = No need to refer to previous documents

Element #5: Treat

Use effective, evidence-based treatments that directly target suicidality.

a. Access to Suicide-specific Treatment	Rating	1	2	3	4	
How does the organization ensure access to quality treatment for suicidal thoughts and behaviors?		The organization has not yet demonstrated awareness of the need for evidence-based treatments for suicide care, sustained staff training on care models, or additional treatment modalities for people with chronic symptoms.	The organization has demonstrated awareness of the need but has neither identified an external provider nor chosen an evidence-based model (CAMS, CBT-SP, or DBT) to use in-house.	The organization has developed a plan to provide or refer individuals with suicide risk to empirically-supported treatment models. If provided in-house, a training plan has been developed, not yet implemented.	Staff and individuals served have access to evidence-based and/or culturally appropriate suicide specific treatment either in-house, via telehealth, or through referrals. There are robust processes to connect people to appropriate resources in the community. Staff and individuals served are aware of how to access suicide specific services. However, staff training may not be regular or recurring, and monitoring for treatment model changes may not take place.	The o… peopl… regul… appro… exter… based… plan i… suicid… maint… Modi… and logical for the population. 80% of trained staff report feeling confident to work with someone experiencing suicidal ideation.
Comment or justification for score: **No change in score** *Metric:* Percent of clinical staff trained in a specific suicide treatment model is **not tracked**. No formal clinician training in a specific suicide treatment model was identified in the follow-up survey.						

Answer: Strive to meet the definition of a level 5 rating. How do you get there? Start with level 4.

It is not known which clinicians or how many are trained in evidence-based treatments and no clinician EBP trainings are planned.

Question: *What should I do?*

ZS Indicator: Commitment to Diversity, Equity, and Inclusion (DEI) (LEAD)

b. Commitment to DEI *(NEW)*	Rating	1	2	3	4	5
How does leadership demonstrate their commitment to commitment to diversity, equity and inclusion (DEI) within the organization?		Leadership has not yet demonstrated awareness that diversity, equity and inclusion (DEI) are key components of suicide prevention	Leadership is aware that inclusion goes beyond inclusion of people with lived experience of suicide to inclusion of people with lived experience of the communities being served. Diversity and equity are also valued for their positive impact on mental health and reduced suicide risk. However, a plan to address DEI has not yet been developed.	Leadership has developed a plan for building DEI within the organization and the communities being served. The plan is informed by input from members of those communities, including organizational staff, service users, and individuals with lived experience.	DEI building strategies are established in strategic plan. Staff and individuals served approve of DEI strategies. DEI is an ongoing effort, but funding and leadership support are limited. If key staff leave, the initiative may not continue.	Organization has infrastructure to sustain DEI (e.g., work group, champion, etc.). Organization supports DEI building strategies through active planning and ongoing budget allocation. Efforts continue to be assessed with input from staff and individuals from the communities being served.
		Comment or justification for score: **Suggested metrics:** Method for assessing implementation of DEI principles: ____________. Data that is tracked: ☐ Lived experience. REALD: ☐Race, ☐Ethnicity, ☐Language, ☐Disability SOGIE: ☐ Sexual Orientation, ☐ Sender Identity, and ☐ Gender Expression.				

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ZS Indicator: Just Culture (Lead)

j. Just Culture/ Philosophy of Care *(NEW)*	Rating	1	2	3	4	5
To what degree does the organization operate in a just culture approach to safety?		Organization has not yet demonstrated awareness that holding individual staff accountable for errors and mishaps impedes system change and error prevention.	Organization is aware of the benefit of a just culture, but work towards building just culture has not yet begun. Staff continue to be nervous around personal blame for addressing suicide risk.	Culture change is underway through building awareness and embedding just culture principles into the policies, practices and processes of daily work. Staff are increasingly aware that mistakes are generally a product of faulty systems, rather than solely brought about by those directly involved.	After an incident, staff ask "What went wrong?", rather than "Who is to blame?" Staff feel empowered to be a part of change-making and error reduction, and are confident they will receive organizational support in the wake of a suicide attempt or death.	All of the above, plus critical incidents are reviewed as they occur with an eye toward "What went wrong?" and practice and policy change are made as a result. Root cause analysis and cumulative fatality review data are also reviewed at least annually, and system changes are made as a result.
Comment or justification for score:						

ZS Indicator: Workforce Wellness (LEAD)

k. Workforce Wellness *(NEW)*	Rating	1	2	3	4	5
To what degree is agency workforce wellness (1) systematically addressed, (2) inclusive, (3) used by staff, (4) addressing the root causes of burnout, and (5) positively received by staff? Key components include: (1) Organization-Wide Wellness Team, (2) Person-Centered Wellness Programs, (3) System-Wide Focus of Leadership, (4) Integration of Health, Wellness with Behavioral Health, (5) Workforce Development, (6) Community Connections and Resources, (7) Self- Management Language and Messaging, (8) Workforce Wellness, (9) Organizational Policies, and (10) Performance Evaluation and Data		Organization has not yet demonstrated awareness of the need to support workforce wellness.	Organization is aware of value of supporting the wellness of their workforce, but has not yet developed a plan to address it.	Organization is actively reviewing workforce for causes of burnout and toxic stress and a workforce wellness plan has been developed. Staff perspective on the quality of workforce wellness is assessed and acted upon.	All aspects of the workforce wellness plan have the 5 listed characteristics. The plan has been approved by staff. Workforce wellness is an ongoing effort and at least 70% of staff are aware of one or more wellness activities, but funding and leadership support are limited. If key staff leave, the initiative may not continue.	Workforce wellness is supported as its own stand-alone initiative. Funds are not diverted to support other efforts. The process on the quality of workforce wellness is utilized and responded to by leadership. 75-100% of participants report that wellness activities are inclusive, they use them regularly, and are a positive experience. Workforce wellness is codified in policies, procedures, practices, activities, services, and social and physical environments.
Comment or justification for score: *Suggested metric: Number of paid staff: ___. Number and percent (subset) who report awareness of at least one identified wellness activity ____ (___%). SAMHSA/HRSA Culture of Wellness Implementation Score and Date: _______*						

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ZS Indicator: Postvention (Engage)

d. Postvention for staff and individuals in care *(NEW)*	Rating	1	2	3	4	5
Does your organization include postvention in their continuum of care for staff and individuals in care? Is it codified in policies and practice?		The organization has not yet demonstrated awareness of the need for postvention policies and procedures.	The organization has demonstrated awareness of the need for a postvention plan/process that identifies and links affected staff and individuals in care to additional support resources. A designated postvention coordinator may have been identified, but planning has not yet begun.	A postvention and communication plan that facilitates healing and addresses potential contagion has been developed. A coordinator is in place with dedicated funds for implementing the plan. The communication plan includes safe messaging, easy access to a continuum of supports (peer support, debriefing opportunities, EAP) and safe memorialization practices, but supervisors/ managers may not yet know how to support staff and connect them with these supports.	Postvention supports, delivered by internal teams, external teams, EAP or other, are available and provided BEFORE the incident review, which is conducted by a separate team. 50-75% of staff are aware of the protocols. Additional care is provided to the trained postvention team. Staff and individuals in care do not fear that what they say during postvention will be used against them. Affected staff do not feel blamed and are offered support in the wake of a suicide attempt/death. Easy access to support continues at least through the one-year anniversary.	75-100% of staff have been trained and at least 80% of staff feel confident to respond to a suicide death per agency protocol. Protocols are reviewed and updated annually. Training is part of on-boarding new staff. Postvention plan includes root cause analysis/critical incident review. Staff are confident in their organization's ability to follow the postvention plan. Staff have tools and skills for responding to all forms of grief that can occur in the workplace (grief readiness).

Comment or justification for score:
Metrics: Number of current staff: _________ Number and Percent who have been trained in postvention policies and practices: _____ (___%) Percent who feel Very or Totally Confident in responding per agency protocol: __________ Percent who feel Very or Totally Confident in responding to grief in the workplace: _________

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ZS Indicator: Postvention (Engage)

e. Postvention for affected community members *(NEW)*	Rating	1	2	3	4	5
How does the organization engage with the broader community affected by a suicide attempt or death?		The organization has not yet demonstrated awareness of the need for a continuum of care for the broader community.	The organization has demonstrated awareness of the need to engage with the broader community (extended family members, schools, employers, the media) following a suicide attempt or death. A designated postvention coordinator may have been identified, but planning has not yet begun.	A communication plan is in place and includes safe messaging, internal and external resources, and safe public memorialization practices. The postvention plan includes pulling in external supports, such as county postvention coordinators, to support affected community members. The postvention team is coordinating with external postvention response resources.	The communication plan has been shared with staff and community partners and is followed. There are provisions for culturally appropriate and community specific postvention. 50-75% of staff are aware of the communication plan. Memorialization practices follow the plan. Behavioral health supports and other resources are in place and accessible.	The communication plan is reviewed and updated annually with the response team and community partners. 75-100% of staff are aware of the communication plan and are confident that the organization will communicate with affected community members and partners following a suicide attempt or death. Staff have tools and skills for responding to all forms of grief that can occur in the community (grief readiness).
Comment or justification for score:						

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Reminder: Next Steps

1. Form a Zero Suicide Implementation Team (https://zerosuicide.edc.org/toolkit/lead#implementation-team)
2. Visit the Zero Suicide Institute web site (https://zerosuicide.edc.org/)
3. Contact OHA for Technical Assistance (*Meghan Crane, meghan.crane@oha.oregon.gov*)
4. Use implementation tool to conduct an internal Zero Suicide assessment or request one from the PSU Implementation Lab (https://hsimplementationlab.org/)
5. Use baseline implementation findings for planning next steps
6. Repeat assessment periodically to track change over time and continue planning.

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iLab Human Services Implementation Lab

Portland State University

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Karen Cellarius:
cellark@pdx.edu
https://hsimplementationlab.org/

Resources:

OHA Suicide Prevention Network:
http://listsmart.osl.state.or.us/mailman/listinfo/yspnetwork

OHA *Injury Data Dashboards* (including Violent Death Data, Suicide-Related Public Health Data, and Injury Prevention)

Oregon Suicide Prevention Training and Program Overview and Links

Specific Trainings:

- ***Suicide Prevention and Intervention for Latine Communities***
- ***Addressing Firearm Safety with Patients at Risk of Suicide***
- ***People Who Love You Love Guns brochure***
- **NEW: 2024 National Strategy for Suicide Prevention**
- **Using REALD (race, ethnicity, language or disability) and SOGI (sexual orientation and gender identity) to Identify and Address Health Inequities includes information on progress on the 2023 Data Equity Act**

Attributions

EDC:

Tool content adapted from the Zero Suicide Toolkit. The Zero Suicide Toolkit is administered by Zero Suicide Institute at Education Development Center (EDC), Inc. EDC developed the Zero Suicide framework through the federally funded Suicide Prevention Resource Center and National Action Alliance. The Zero Suicide Toolkit can be found at zerosuicide.com.

SAMHSA:

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Thank you to our partners!