

**Organizational Assessment for Suicide Safer Care/Zero Suicide
National Action Alliance for Suicide Prevention
Texas Version**

Purpose: The purpose of this survey is to assess your organization’s approach to suicide care. It is designed to be used as part of your adoption of a Zero Suicide effort. Individuals involved in policy making and care for individuals at risk for suicide should complete this survey as a team. This will likely include the agency’s executive leadership, clinical managers, and suicide prevention officer. This survey can be used early in the launch of a Zero Suicide initiative in order to assess organizational strengths and needs and to develop a work plan, as well as periodically to assess progress. This survey has been adapted from the National Action Alliance Zero Suicide Toolkit. It is intended to assess the core components of the Zero Suicide in Texas (ZEST) Suicide Safe Care Center model.

Section I: Organization Characteristics

Organization name: _____

Address: _____

Contact person: _____

E-mail address: _____

Phone number: _____

Section II: Dimensions of Suicide Safer Care

For each item, please select the most accurate description of your organization using the scale of 1-5.

1. Developing a Leadership-driven, Safety-Oriented Culture – Suicide Safe Care Policy: What type of formal commitment through written policies has leadership made to reduce suicide and provide suicide safer care among people who use the organization’s services?

1	2	3	4	5
The organization has no formal policy on suicide prevention and care.	The organization has one or more formal policies that relate to suicide prevention, such as clinical risk policies, but no specific suicide safe care policy.	The organization has a formal written policy specifically addressing suicide prevention and suicide safe care. Policy addresses one or two components such as training or screening.	The organization has a formal written policy specifically addressing suicide prevention and suicide safe care. The policy addresses multiple dimensions of suicide care to include: workforce competency, identification of suicide risk, interventions tiered for risk, evidence-based treatment, follow-up during transitions.	The organization has a formal written policy specifically addressing suicide prevention and suicide safe care with all elements identified previously. Prevention of compassion fatigue is a part of the formal policy. All staff are aware that a suicide care plan and policy exist and can describe it.

2. Developing a Leadership-driven, Safety-Oriented Culture – Staff Resources: What type of formal commitment has leadership made through staff assignment to reduce suicide and provide suicide safer care among people who use the organization’s services?

1	2	3	4	5
No staff are tasked specifically with suicide prevention practices at the organization level.	One or more staff have duties related to suicide safe care practices or training on suicide prevention. Responsibilities	One or more staff are clearly tasked with leading organizational suicide prevention efforts and have authority to identify and	A team of individuals is tasked with examining suicide prevention policies and practices. The team meets	A multi-disciplinary team is tasked with continuous quality improvement related to suicide safe care practices. The

	are diffuse. Staff do not have the authority to change policies.	recommend changes to policies and practices.	occasionally or as needed. The team does not have full authority to make policy/practice changes but can make recommendations to leadership.	team meets regularly and has the authority to make changes to policies and practices. There is a budget for suicide prevention and care training and tools.
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3. Developing a Leadership-driven, Safety-Oriented Culture – Role of Suicide Attempt and Loss Survivors: What is the role of suicide attempt and loss survivors in the development and implementation of the organization’s suicide care policy?

1	2	3	4	5
Suicide attempt or loss survivors are not involved in the development or implementation of suicide prevention activities within the organization.	Suicide attempt or loss survivors have informal roles within the organization, such as serving as volunteers.	The role of suicide attempt or loss survivors is limited to one specific activity, such as leading a support group.	Suicide attempt and loss survivors are part of our guidance team and provide regular input in our planning process.	Two or more suicide attempt or loss survivors participate in a variety of suicide prevention activities, such as serving on decision-making teams or boards, assist with workforce hiring and/or training, and participate in evaluation and quality improvement.

4. Suicide Screening and Risk Assessment - Systematically identifying and assessing suicide risk levels: How does the organization identify suicide risk in the people we serve?

1	2	3	4	5
There is no use of a validated suicide screening measure.	A validated screening measure is utilized at intake for a identified subsample of individuals (e.g.,	A validated screening measure is utilized at intake for all individuals receiving care from the organization.	A validated screening measure is utilized at intake and when concerns arise about risk for all individuals	A validated screening measure is utilized at intake and when concerns arise about risk for all individuals

	crisis calls, adults only, behavioral health only)		receiving care from the organization.	receiving care from the organization.
Name of screening instrument:				

5. Suicide Screening and Risk Assessment - Systematically identifying and assessing suicide risk levels: How does the organization assess suicide risk in the people served?

1	2	3	4	5
The organization has no routine procedure for risk assessments that follow the use of a suicide screen.	Providers conducting risk assessments have no specialized training and do not use a standard suicide risk assessment tool.	Providers conducting risk assessments receive specialized training. A standard suicide risk assessment is not utilized. Assessment of risk is based on clinical judgment.	A risk assessment is conducted by a trained clinician using a non-validated, locally developed tool. All clinicians in the organization routinely utilize this tool.	A comprehensive assessment of risk and protective factors is conducted by a trained clinician for all individuals using a validated tool. Suicide risk is reassessed or reevaluated at every visit for those at risk.
Name of risk assessment tool:				

6. Pathway to Care - Organization has a clear suicide management plan: Which best describes the organization's approach to caring for and tracking people at risk for suicide?

1	2	3	4	5
There is no formal guidance related to care for individuals at risk for suicide. Providers utilize best judgment and seek consultation if needed.	Providers have some protocols or guidance for suicide care. Care plan is limited to safety planning, but it fails to address all aspects of care management.	Providers have clear protocols or guidance for care management for individuals at different risk levels, including frequency of contact, care planning, and safety planning.	Providers have clear protocols for care management based on assessed risk and there is documented information sharing and collaboration amongst all relevant providers.	Individuals at risk for suicide are placed on a special care management plan. Protocols for removing someone from the pathway are clear. Suicide care management plan includes: <ul style="list-style-type: none"> • Use of EHR modifications to

				assist in identifying and preventing suicide <ul style="list-style-type: none"> • Specific protocols for client engagement & frequency of appointments • Coordination of care within the organization for high risk clients
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7. Competent, Confident, and Caring Workforce – Staff Assessment: How does the organization formally assess staff on their perception of their confidence, skills and perceived support to care for individuals at risk for suicide?

1	2	3	4	5
There is no formal assessment of staff on their perception of confidence and skills in providing suicide care.	Staff who provide direct patient care (clinicians) complete a formal assessment of confidence and skills in providing suicide care.	Assessment of perception of confidence and skills in providing suicide care is completed by <u>all</u> staff.	Assessment of perception of confidence and skills in providing suicide care is completed by <u>all</u> staff and reassessed at least every three years.	Assessment of perception of confidence and skills in providing suicide care is completed by <u>all</u> staff and reassessed at least every three years. Assessment results guide organizational changes to training and policy.

8. Competent, Confident, and Caring Workforce - Training: What basic training on identifying and managing people at risk for suicide has been provided to staff?

1	2	3	4	5
There is no organization-supported training on suicide care.	Training is available on suicide identification and	Training is available through the organization and required of	Training on suicide identification and care is required of	Training on suicide identification and care is

	care through the organization but not required of staff.	selected staff (e.g., crisis staff, clinical staff)	<u>all</u> organization staff. Training utilized is considered an evidence-based best practice.	required of <u>all</u> organization staff. Training utilized is considered an evidence-based best practice. Retraining is required at least every 3 years.
Name of training curriculum:				
Minimum number of training hours required in suicide identification and care:				

9. Collaborative Safety Planning - Approach: What is the organization’s approach for collaborative safety planning when an individual is at risk for suicide?

1	2	3	4	5
There is no formal protocol for safety planning.	Safety plans are required for all individuals with elevated risk, but there is no formal guidance or policy around content. Safety plan and documentation is individually developed.	Safety plans are developed for all individuals at elevated risk. Safety plans rely predominantly on formal interventions (e.g., call provider, call helpline). Safety plan does not incorporate individualization such as an individual's strengths and natural supports. Plan quality varies significantly across providers.	Safety plans are developed for all individuals at elevated risk and include risks and triggers and concrete coping strategies.	A safety plan is developed with each individual at elevated risk of suicide and incorporates significant others in the individual’s life. The safety plan identifies risks and triggers and provides concrete strategies, prioritized from most natural to most formal or restrictive. Staff utilize a standardized, evidence-based safety plan template.

Name of safety planning tool/approach:
Frequency of safety plan review:

10. Collaborative Safety Planning - Restriction of Lethal Means: What is the organization’s approach to lethal means reduction identified in an individual’s safety plan?

1	2	3	4	5
Safety steps are reviewed with the individual when the plan is developed. Means restriction counseling is rarely documented. Organization does not provide training on counseling on access to lethal means.	Means restriction is occasionally included on safety plans, but is limited to a general recommendation. Individualized planning and reducing access to means is not discussed.	Means restriction is routinely included on safety plans. Family or significant others are occasionally involved. Organization provides training on counseling on access to lethal means.	Means restriction is a standard component of all safety plans and families are included in means restriction planning when readily available, but outreach to families is limited. Specific action is taken to reduce access to lethal means.	Means restriction is a standard component of all safety plans, family members are included in means restriction planning. Means restriction recommendations are reviewed regularly while the individual is at elevated risk. Other clinicians involved in care or transitions are aware of the safety steps. All staff take training on counseling on access to lethal means.

11. Effective Coordination of Care: What best describes the care coordination approaches available to patients at risk?

1	2	3	4	5
The organization does not offer and evidence-based care planning and coordination model for those at risk for suicide.	The organization provides care managers tasked with coordinating care for individuals with suicide risk, but	The organization offers one or more evidence-based care management models, but evidence based approaches are not	All individuals with suicide risk have access to evidence-based care management approaches. The organization	All individuals with suicide risk who are at high risk for hospitalization have access to evidence-based

Providers rely on informal information sharing and coordination of services.	does not offer specific evidence-based care management approaches.	available to all individuals with suicide risk who are at high risk for hospitalization.	provides training in one or more evidence-based models. There is no assessment of treatment fidelity and outcomes.	care management models. The organization provides training in one or more care management models. Fidelity to treatment and outcomes are assessed.
Care coordination models provided by the organization (list all):				

12. Effective Treatment of Suicidality: What best describes the treatment/interventions specific to suicide care used for patients at risk?

1	2	3	4	5
The organization does not use a formal model for treatment for those at risk for suicide. Clinicians rely on experience and best judgment in treatment.	The organization promotes evidence-based treatments for psychological disorders that increase individual's suicide risk, but do not offer specific evidence-based treatments for suicidality.	The organization offers one or more evidence-based treatments targeting suicidal thoughts and behaviors, but evidence based treatments are not available to all individuals at risk.	All individuals with suicide risk have access to evidence-based treatment specific to suicide. The organization provides training in one or more evidence-based suicide treatment models. There is no assessment of treatment fidelity and outcomes.	All individuals with suicide risk have access to evidence-based treatment specific to suicide. The organization provides training in one or more evidence-based suicide treatment models. Fidelity to treatment and outcomes are assessed.
Suicide treatment models provided by the organization (list all):				

13. Continuing Contact and Support: What is the organization’s approach to engaging hard to reach individuals or those who are transitioning in care?

1	2	3	4	5
The organization has guidelines or policies related to follow-up of individuals. There are no guidelines specific to those at elevated suicide risk.	The organization has guidelines and policies for follow up specific to individuals’ suicide risk.	Organizational guidelines are directed to the individual's level of risk and address follow-up after crisis contact, non-engagement in services, and transition from ER or psychiatric hospitalization.	Organizational guidelines are directed to the individual's level of risk and address follow-up after crisis contact, non-engagement in services, and transition from ER or psychiatric hospitalization. Follow-up for high risk individuals includes active distance outreach, such as letters, phone calls, or emails.	Organizational guidelines are directed to the individual's level of risk and address follow-up after crisis contact, non-engagement in services, and transition from ER or psychiatric hospitalization. Follow-up for high risk individuals includes home or community visits when necessary. Organization works closely with community providers to conduct warm handoffs when individual transition in care.
Please list follow-up strategies identified in guidelines or policies:				

13. Support for Attempt Survivors: What access is available for support for attempt survivors?

1	2	3	4	5
The organization does not have formal strategies for the provision of support to attempt survivors.	The organization provides either individual support to attempt survivors and their families through peer services or group support for	The organization provides either individual support to attempt survivors and their families through peer services or group support for	The organization provides both individual support to attempt survivors and their families through peer services and group support for	The organization provides both individual support to attempt survivors and their families through peer services and

	attempt survivors. The offered service is informal and does not follow an evidence-based approach.	attempt survivors. Peers receive training in suicide prevention for individual support or use an evidence-supported curriculum for support groups.	attempt survivors. These services are informal and do not follow an evidence-based approach.	group support for attempt survivors. Peers receive training in suicide prevention and use an evidence-supported curriculum for support groups.
Attempt Survivor Group Curriculum:				

14. Organizational Review of Deaths by Suicide: What policies are in place to examine organizational issues following a death by suicide?

1	2	3	4	5
Information is not regularly collected on deaths by suicide of individuals in care or transitioning to care.	Information on deaths by suicide is collected by the organization but there is no formal policy for review.	One or more staff members are assigned to review care following a death by suicide and provide documentation regarding opportunities for quality improvement.	A multi-disciplinary team is responsible for reviewing suicide deaths of individuals in care or transitioning to care. The review focuses on opportunities for quality improvement with suicide safe care. No policies to protect the confidentiality of providers are in place.	A multi-disciplinary team is responsible for reviewing suicide deaths of individuals in care or transitioning to care. The review focuses on opportunities for quality improvement with suicide safe care. Policies are in place to ensure the confidentiality of care professionals.

15. Additional Information: Please include below any additional information regarding the organization's suicide care management approach not already addressed: