Leadership and Organizational Support

> Goal 1: Suicide safe care organizations have a multi-disciplinary committee tasked with overseeing the implementation of the zero suicide effort.
>
> Goal 2: Written organizational policies and procedures support suicide safe care practices.

Creating a Zero Suicide Culture

In large systems that have undertaken the Zero Suicide goal, success has started with the creation of an organizational culture that understands suicide prevention to be a core function, that strives for excellence in care, and that is unwilling to accept even one death by suicide for the individuals served. For the Henry Ford System, this began with a goal of perfect depression care and a recognition by leadership that perfect depression care would mean that no one within their care would die by suicide.

Leaders creating a Zero Suicide culture frequently must combat skepticism that significant reductions or the elimination of suicides is possible. Frequently this skepticism is maintained by a sense of fear and stigma among behavioral health providers associated with deaths by suicide. Organizations must strive to create a just culture, where processes and policies can be openly examined when sentinel events occur but individual staff members feel supported and do not fear blame.

> *A major task for organizations to effectively eliminate suicide among their members is to instill the core believe that suicides can be prevented within their organization and manage service delivery systemically around that core belief.*
>
> --National Action Alliance for Suicide Prevention

Leadership

Leaders can take a variety of concrete steps to establish a Zero Suicide culture. Organizational leaders can communicate zero suicide messaging in agency strategic plans, in values statements, and staff meetings. Descriptions of the activities occurring within the organization can be shared through blogs, interagency newsletters, or video messages. An example of a leadership announcement of participation in the Zero Suicides in Texas initiative is provided in Appendix A.

Communication with external stakeholders, including referring agencies, emergency departments, psychiatric hospitals, police, emergency responders, consumers, and family member is also critical. A video message prepared by the Department of State

Health Services can be utilized for stakeholder messaging and is available at
https://www.youtube.com/watch?v=bMFa03Lqn90&feature=player_embedded.

Some potential messaging supporting a Zero Suicide goal is:
- Suicide deaths of individuals in our care can be prevented.
- The most fundamental responsibility of health care systems is "patient safety" and suicide represents is a significant risk factor for individuals involved in behavioral health systems.
- "Suicide is the ultimate failure in health care outcomes" – Former Senator Gordon Smith
- The prevention of suicide can't rely on one provider - a coordinated system has the greatest chance for success.
- All staff can play a role in reducing suicide risk, whether they provide direct services to individuals or not.

Implementation Teams

No one individual will be able to accomplish the type of transformation required to create a suicide safe care center. This will require a multi-disciplinary team that includes key individuals representing different aspects of the organization. Implementation teams have been shown to greatly increase the chance of successful implementation (from 20% to 80%) and to greatly reduce the time taken to reach fidelity practice (Fixsen, Blase, Timbers, & Wolf, 2001).

The team needs to include individuals empowered to make changes to policies and procedures within key areas of the organization, as well as representation for staff and individuals receiving services. Some potential members of an implementation team are listed below, but each organization will likely have a unique group:

- Suicide prevention officer
- Clinic manager
- Case manager
- MCOT staff
- Wraparound facilitator
- Family partner
- Loss survivor
- Medical director
- Nurse
- Therapist
- ACT Team Lead
- Peer specialist
- Attempt survivor

> *Suicide attempt survivors* and *loss survivors* are critical stakeholders in the planning, implementation, and evaluation of your change efforts.

Implementation teams will meet regularly to identify targets for system improvement, set short-term goals, implement action steps, identify barriers, and monitor outcomes. A Task Plan worksheet is included in Appendix B. Two frameworks that may assist implementation teams with their efforts are the Rand Corporation's Getting to Outcomes® (GTO) and the National Implementation Research Network's Active Implementation (AI) Framework.

<u>Getting to Outcomes®</u>

Getting to Outcomes is an empirically supported model, which outlines key steps in installing a program. The key steps discussed in the model are:

1. Identify needs and resources
2. Set goals to meet the identified needs
3. Determine what evidence-supported practices exist to meet the needs
4. Assess actions that need to be taken to ensure the practice fits the organizational context
5. Assess what organizational capacities are needed to implement the practice
6. Create and implement a plan to develop organizational capacities
7. Conduct a process evaluation to determine if practice is implemented with fidelity
8. Conduct an outcome evaluation to determine if practice is getting desired outcomes
9. Determine through continuous quality improvement process how program can be improved
10. Take steps to ensure sustainability.

A brief overview of the model is available at http://www.rand.org/pubs/technical_reports/TR101z2.html and the full GTO manual can be found at http://www.rand.org/pubs/technical_reports/TR101.html.

<u>Active Implementation Framework</u>

The AI Framework identifies five primary functions for Implementation Teams: (1) assessing and creating ongoing "buy-in" and readiness; (2) installing and sustaining implementation drivers (see inset); (3) monitoring implementation fidelity and outcomes; (4) action planning – aligning systems and managing stage-based work; and (5) solving problems and building sustainability. More information on the AI Framework and an online training modules and tools are available at the AI Hub at http://implementation.fpg.unc.edu/.

> *Implementation Drivers* are key components of capacity and infrastructure that influence a program's success. They are the core components needed to initiate and support organizational change.
>
>   --National Implementation Research Network

Quality Improvement Processes

A rapid-cycle Plan, Do, Study, Act (PDSA) model can be beneficial for managing system change. The rapid-cycle PDSA helps teams move past planning to beginning to make incremental steps toward implementation, using immediate feedback loops to identify, define, and resolve emergent barriers. To identify issues or barriers, an effective communication loop needs to be established to allow individuals or groups to quickly pass information to the team. Using information gathered, the team will define the problem, create a hypothesis regarding the issue, and develop a plan to address the problem (Plan). The team will then work with others to implement the plan (Do), measure the impact of the intervention (Study), and determine if the goal

was met or if a new intervention is needed (Act). This cycle allows teams to quickly adjust throughout the implementation phase, increasing the chances for success. A rapid cycle PDSA worksheet is included in Appendix C.

Organizational Assessment
Texas has modified and adopted an organizational assessment of Zero Suicide created by the National Action Alliance for Suicide Prevention. This assessment was based on an instrument developed by Jan Ulrich, a leader in Kentucky's Zero Suicide initiative. This instrument should be completed by a team of knowledgeable individuals (e.g., the implementation team) at the beginning of the organization's Zero Suicide initiative and then at least annually thereafter. The Zero Suicide Organizational Assessment can assist an agency in documenting the progress made over time toward a suicide safe care center. The Texas version can be found in Appendix D.

Workforce Survey
The National Action Alliance for Suicide Prevention is supporting an online workforce survey that can be used to assess the perceptions of staff regarding their knowledge, skills, and support to identify and intervene with individuals at suicide risk. Completion of the workforce survey should occur prior to implementation of the Zero Suicide initiative and will be repeated to assess impact of efforts to improve workforce competency. Organizations should strive for a 100% return rate, surveying all staff regardless of their role. A copy of the Workforce Survey can be found in Appendix E.

Moving Beyond – Community Expansion

Buy-in and leadership are also critical within the community to support Zero Suicide initiatives. One strategy to develop leadership within the community is the building of Community Coalitions for Suicide Prevention. A community coalition can be defined as "a formal alliance of organizations, groups, and agencies that have come together to work for a common goal" (Florin et al., 1993, p. 417). Resources to support building local coalitions can be found in the Texas Suicide Prevention Toolkit available at http://www.texassuicideprevention.org/wp-content/uploads/2013/06/TexasSuicidePrevention-2012Toolkit_8-31.pdf. A list of existing suicide prevention coalitions within Texas can be found at http://www.texassuicideprevention.org/about-us/coalitions-and-partners/.