ZERO SUICIDE

in Your Community:
An implementation guide for community organizations

Plan 1.0

PLAN 1.0

Having been introduced to the importance of suicide prevention and the Zero Suicide framework, we will now begin the Planning phase of your project implementation. The process of planning is important, and helps to create the vision of what you hope to accomplish.

In this section of the Toolkit we will address the six W's:
Who, What, Where, When, Why, and What If, and review:

- Project Management 101
- Current State Analysis
- Organizational Self Study
- Workforce Survey
- Project Planning Tools
- Project Charter
- Project Plan

Resources to have on hand (or screen!):

- Zero Suicide Toolkit website: https://zerosuicide.edc.org/toolkit/zero-suicide-toolkitsm
- Zero Suicide Toolkit website > Lead > Zero Suicide Work Plan Template

Project Management 101

Many of you will have varying degrees of project management education or experience. This Toolkit aims to help guide you through some basic project management steps to enhance suicide prevention strategies in your workplace. If you don't have any formal education or experience, don't fret. As you work through the Toolkit, the authors intend to help simplify the project's implementation. Before you go any further – an important first step is to recognize and accept that there will be unknown and unexpected challenges throughout the implementation. As such, the authors will share some of their own experiences as "lessons learned" so that we can learn from one another in our endeavours of quality improvement.

Before we get started, let's look at some **key terms** outlined by the Project Management Institute:[1]

- Project: A temporary endeavour undertaken to create a unique product, service, or result.
- Project management: Application of knowledge, skills, tools, and techniques to project activities to meet the project requirements.

…and some **key points**:

- A project should be well defined in terms of timelines, scope, and resources
- Develop a diverse and skilled project team (more on page 20)
- Consider use of project management tools (more on pages 30-31), including the Zero Suicide Work Plan Template
- Make use of a project management process. You will notice that we've designed this Toolkit with the Deming Cycle (i.e. Plan, Do, Study, Act) framework to guide your project implementation

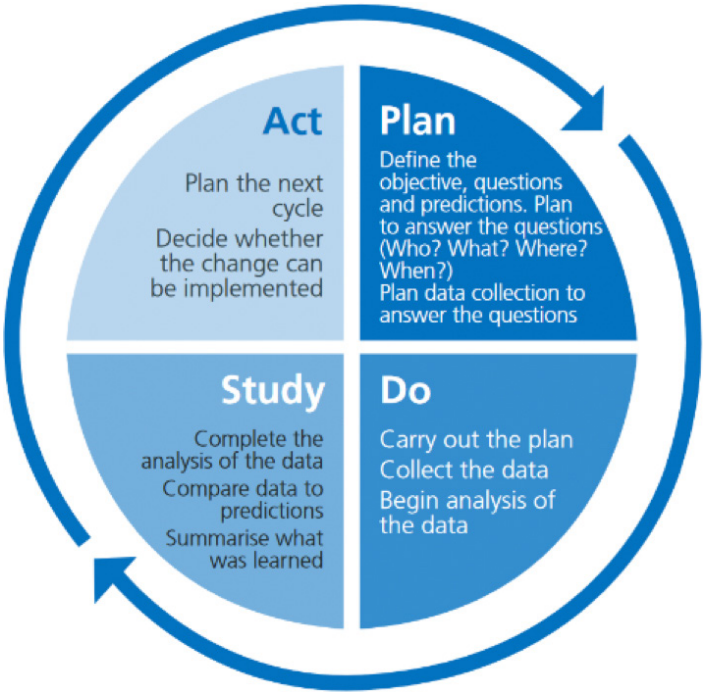

Image: Project Management Guide[2]

☐ Identify the **WHO (team):**

First up, we recommend that you consider who will make up your suicide prevention project team.

Who will authorize the project? **Who** will be the project's leader/sponsor?

1. _____
2. _____

Who will make up the project team?

1. _____
2. _____
3. _____
4. _____
5. _____

Consider who is skilled, passionate about, and has capacity to lead this work. At St. Joseph's the project team is made up of a:

1) Project Lead;

2) Clinical & Project Support Lead (peer) and;

3) Project Support Analyst

(Appendix A: Role Descriptions)

If applicable, **who** will make up the Steering Committee (i.e. those who help make formal project decisions)?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

The Steering Committee should have diverse membership.

At St. Joseph's this includes the project team, senior leadership, and someone with lived experience, including someone who has been closely impacted by a death by suicide.

At Niagara Region Mental Health this includes a program manager, psychiatrist, and staff from each service team.

Please see page 54 of the Plan 2.0 section to learn more about involving those with lived experience of suicide.

Next, we recommend you schedule weekly 60-90 minute meetings with your project team to work through the remaining elements of this Toolkit.

Meeting	Focus	Your scheduled meeting date and time:
1	Current State Analysis (Pg. 3-5)	
2	Organizational Self Study (Pg. 6)	
3	Define: Why, What, Where, When, and Who Else (Pg. 7-10)	
4	Workforce Survey (Pg. 11)	
5	Determine: What If (Pg. 12-13)	
6	Develop: Project Charter (Pg. 13)	
7	Develop: Project Plan (Pg. 14)	

Current State Analysis

Current state analysis refers to an understanding of an organization's progress towards a particular benchmark. For example, if the benchmark is "create a more suicide safe environment", the current state analysis would include identifying where your organization is in terms of meeting this goal. One major benefit of taking meaningful time to understand the organization's current state, is that you can also complete a parallel "gap analysis". Recognizing the gaps (i.e. what may hinder/create a barrier to achieving your goal) will help inform your roadmap to achieving your project goals.

With your project team, briefly jot down your organization's goal(s) as it relates to suicide prevention, management, and/or intervention, as well as some predicted gaps or obstacles in meeting these goals(s).

Goals E.g. Have all staff trained in suicide prevention	**Gaps** E.g. Limited staff education time/budget
1.	
2.	
3.	

TIP:

There are helpful online tools that can help identify gaps, problems, or root cause analysis such as the A3 template and the Fishbone Diagram.

A current state analysis is one of the most important first steps in a project, especially in our fast-paced, evolving, and fluid work environments. Those leading a project may perceive that they know the systems, processes, and environments of an organization well, but this is often not the reality when we consider how many perspectives make up the whole. Most organizations have diverse systems, processes, and cultures that are inherent in different service areas. Completing the current state analysis will initiate organizational participation early on, ensure that the project meets the true needs of the staff and clients, and provides opportunities to prevent potential issues.

Not completing the current state analysis with the justification of not wanting to uncover issues or starting the project faster will actually cost you more time during the implementation ("Do") phase. Let us share some examples:

With the intention of being innovative and staying current, the Zero Suicide team at St. Joseph's moved quickly in building the suicide screening tools in the Electronic Health Record (EHR). Without a clear understanding of the EHR's functionality to build the tool, there have been ongoing challenges with the data collection process, and unanticipated educational requirements for staff.

Analysis of St. Joseph's current state of suicide screening helped to inform organizational opportunities for improvement, including suicide screening data collection and reporting. Sound data informs project management, progress, and reporting.

Activity:

With your project team, ask someone to record the group members' responses to the following questions about suicide:

- Are there federal, provincial, and municipal statistics on suicide deaths/hospitalizations (for suicide attempt, suicidal ideation, and self-harm events)? (Tip- public health units often report on municipal suicide deaths).
- Who are "at-risk populations" for death by suicide in your community?
- How does your community talk about suicide? Respond to a suicide death?
- What are unique risk factors that affect at-risk populations in your community (e.g. culture, race, social determinants of health, etc.)?
- Are there unique protective factors in your community?
- Are there other organizations/committees invested in/working towards suicide prevention?
- Where and how do clients currently access support when in crisis?

Risk factors: Modifiable or non-modifiable characteristics of a person or their environment that increase the likelihood that they will die by suicide (e.g. financial difficulties, previous suicide attempt).

Protective factors: Factors that may mitigate the risk of suicide (e.g. supportive relationships, future goals, effective health care).

Next, we will shift to learn more about the current state of suicide prevention within your organization. There are two important Zero Suicide tools developed to further inform your current state analysis:

1) Organizational Self-Study for Non-Healthcare Organizations
2) Workforce Survey for Non-Healthcare Organizations

Both of these tools have been adapted for non-healthcare settings, so please ensure you have the correct version.

We recommend you send the Organizational Self Study for Non-Healthcare Organizations to the project team members and other staff you wish to participate. Ask them to complete this independently prior to your next meeting.

Zero Suicide Organizational Self Study for Non-Healthcare Organizations (Appendix B)

The Organizational Self Study is used early in the launch of a Zero Suicide Initiative to assess organizational strengths and weaknesses and to develop goals and a work plan. The Organizational Self Study should be completed by the project team and with the input from other staff.

Having each worked through the Organizational Self Study for Non-Healthcare Organizations independently, you can then review the questions as a project team. We encourage you to discuss differing responses amongst your team, and select a score that the majority of you agree best represents your organization's current state. Some organizations will only complete the tool collaboratively with the project team (and not independently), allowing for group consensus- this is where the value truly lies with this tool.

St. Joseph's key learning from the Organizational Self Study:

- The use of assessment tools and safety plans were inconsistent. Current practices relied on clinician and physician discretion, yet provided no formal or standard training on screening, assessment, lethal means restriction, safety planning, or suicide management plans.
- The Patient and Family Councils had not yet been involved in decision making processes related to suicide care.

Checkpoint:
Organizational Self Study for Non-Healthcare Organizations complete ☐

Next Step:

Now that you have completed the Organizational Self Study for Non-Healthcare Organizations, we recommend that you access the Zero Suicide Toolkit website > Lead > Zero Suicide Work Plan Template. You can utilize this in conjunction with this Toolkit throughout your implementation.

☐ Define your organization's **WHY**:

Now that the Organizational Self Study for Non-Healthcare Organizations is complete, let's spend some time digesting what you have learnt about your organization, and continue identifying the 6 W's of your project.

Why does this project (focused on suicide prevention) matter to your organization?

(Note: Consider organizational goals as well as the mission, vision, and values. What impact will this have on staff?)

Why does this project matter for the clients you work alongside?

(Note: You may wish to engage with some clients to better learn what this would mean from their perspective).

☐ Define your organization's **WHAT**:

GOAL/OBJECTIVE:

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

What does your organization hope to achieve with this project?

1. _____

_____

2. _____

_____

3. _____

_____

What do you predict might happen with this project's implementation?

_____

_____

_____

_____

_____

_____

☐ Identify the WHERE & WHEN:

What services (where) will you implement the Zero Suicide project in?

Key considerations:

1. **Who** are the at-risk populations that you work alongside?
   Who will benefit from enhanced suicide prevention and why?
   Where (e.g. which service areas) are these clients located?
2. Service area feasibility: priorities, resources, timing, etc.
3. Will this be a rolling (phased) implementation?
   Or will you seek to implement the project in all target service areas at once?

At St. Joseph's, our 5-year project was planned in 3 phases:

1) Pilot phase (i.e. outpatient mental health programs)

2) Intra-organizational implementation
   (i.e. all mental health and some non-mental health programs)

3) Community extension and partnership

Identify where you plan to implement the project and when you intend for this to happen. Give yourself ample time to respond to delays (they will come) and to reflect between the phases of project implementation and areas you implement the project in.

Where	When

☐ Identify **WHO ELSE:**

Who are other key stakeholders and subject matter experts in suicide prevention that the project team will consult on an as needed basis?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Stakeholder: One who is involved in or affected by a course of action.

Stakeholders and subject matter experts may be those both internal and external to your organization.

How will you engage those with lived expertise as key stakeholders?

_____
_____
_____
_____
_____
_____
_____

At St. Joseph's, the Patient and Family Councils have been engaged throughout the project, beginning early on in the Planning Phase. The members have contributed meaningfully to the project's work, including presenting the idea of the Coping Plan (more on this later!) which is used for all clients within our organization today. A recent review identified that 70% of patients agreed that the Coping Plan has helped them work with clinicians to create a wellness plan.

At Niagara Region Mental Health, the Client Advisory Committee had input and involvement in the planning, delivery, and evaluation of services. This included providing advice and recommendations for high quality care provision.

Having a better understanding of "Who" and "When" for your project planning, it is time to further understand the current state of the staff training requirements with use of the Workforce Survey for Non-Healthcare Organizations.

Next step:

Before you proceed, it is time to introduce the Zero Suicide project and Workforce Survey (next!) to those staff in the service areas in which you plan to implement. You can utilize established forms of communication (e.g. e-mail, newsletter, meeting), and adapt the following: Zero Suicide Toolkit > Train > Sample Letter to Staff about Zero Suicide Workforce Survey.

Zero Suicide Workforce Survey for Non-Healthcare Organizations
(Appendix C)

The Workforce Survey is a tool for assessing staff knowledge, practices, and confidence in order to determine training needs. It takes an average of 10-15 minutes for staff to complete and responses are anonymous. The Workforce Survey for Non-Healthcare Organizations should be sent to those staff who will be a part of the early project implementation/service changes. For example, if you are choosing to pilot the project with one service area first, these staff should receive the survey. We encourage you and your team to review the Zero Suicide website resources which provide tips and tricks for administering the Workforce Survey. Determine the plan for administering the Workforce Survey for Non-Healthcare Organizations, and act!

TIPS:

- We recommend completing the survey on hard copy or electronically. You can build the survey electronically into Google Surveys, which helps to populate your results.
- Check out the Zero Suicide Toolkit: Train > Workforce Survey AND > Guidelines for Administering the Workforce Survey Remember to use the Workforce Survey for Non-Healthcare Organizations in Appendix C

Niagara Region Mental Health key learning from the Workforce Survey:

- Offer additional training to increase staff level of confidence in screening, assessment, and treatment protocols when suicide risk is identified.
- Identify a standardized and evidence-based treatment approach to treat suicidal clients and train staff accordingly.
- Implement more defined policies, procedures, and workflows for prevention, assessment, screening, treatment, and transitions in care.
- Implement a standardized tool for suicide screening and risk assessment.

Checkpoint:
Zero Suicide Workforce Survey for Non-Healthcare Organizations complete ☐

☐ Identify the WHAT IF:

The Project Management Institute (PMI) cites several articles that reference incomplete risk identification and management as one of the top mistakes in project implementation. "Risk" is defined in project management as "any uncertain event or condition that, if it occurs, has a positive or negative effect on a person's objectives".[3] In other words, risk is associated with uncertainty - things may not go as planned, and that could have a good or bad impact on the project.[3] Therefore, we need to be ready to expect the unexpected. Completing a current state analysis and planning your project will never capture the totality of the complex and fluid systems that we work in. The goal of risk identification and management is to maximize the positive effects of opportunities and minimize or eliminate negative threats to the project's objectives.[3]

Time to brainstorm. What potential risks do you predict with project implementation? Remember, risks may yield positive or negative outcomes. For example, staff may feel uncomfortable screening for suicide and be resistant to this change, or discussion around suicide prevention may bring up opportunities to improve environmental safety.

(Note: Always a good idea to ask your key stakeholders, as they can offer diverse perspectives.)

- _____
- _____
- _____
- _____

Now, take a moment to rank these risks, #1 representing the worst impact and so forth.

The next step is to consider how you can plan to respond to these risks should they arise. How will you plan to reduce/respond to each of these risks?

Risk	Risk Response
1.	
2.	
3.	
4.	
5.	

TIP:

Change resistance amongst staff is a common risk factor in project implementation, success, and sustainability. One strategy to reducing its impact is ensuring that staff with a wide range of influence are early adopters of the project implementation. Explaining WHY the project matters and having staff personally connect to this rationale is vital to achieve their "buy in."

Remember that new risks may present themselves throughout the entire life of the project. If a new risk does arise, spend some time thinking about potential impact and cycling back to your "current state analysis mind-set" to understand the root causes and events that led to this. With this greater understanding of what is going on, you can work to alleviate/resolve the risk.

Some tips from our experience are to: listen, be participatory throughout the project, get creative, remain flexible, and adapt! And don't forget to document any new risks as unexpected "findings" in your implementation (anecdotal data!).

Project Planning Tools

Developing a Project Charter

Project Charter: A short document that describes your project in its entirety – including its scope, objectives, and the roles of those involved.

There are several different templates of a Project Charter on the Internet. St. Joseph's has included a template of their Project Charter (Appendix D). The Project Charter should be developed and agreed upon as a team before developing your Project Plan.

Checkpoint:
Zero Suicide Project Charter complete ☐

Developing a Project Plan

Project Plan: Identifying, prioritizing, and assigning tasks to meet the project's objectives.

There are several different templates of a Project Plan available on the Internet. Please feel free to explore different options, and complete one that will suit the needs of your organization. St. Joseph's has included a template of their Project Plan (Appendix E).

Both the Project Charter and Project Plan documents should be shared with the project team and kept at your fingertips throughout your implementation.

Four key points in developing your Project Plan are:

- Ensure the development of the Project Plan is participatory;
- Develop SMART (i.e. Specific, Measurable, Achievable, Relevant, and Time-bound) goals;
- Refer to your Project Plan often to ensure you are not entering the dangerous "scope creep" project zone and;
- Document your progress along the way.

Scope creep: Refers to how a project's requirements tend to increase over a project lifecycle. This can feel like continuous, uncontrolled growth in the project after it begins, and the deliverables or features of the project expand from what was originally outlined.[4]

On a final note, it is very important that the Project Plan addresses how you will conduct an **evaluation** of the project and ensure that it is **sustainable**. Early project management literature identified the disregard of evaluation and sustainability planning, with one article identifying this as "…so important, yet so neglected".[5]

Evaluating a project is conducting an analysis of the goals that were completed and whether the project produced the results, expected benefits, or desired changes that were intended. We begin developing the evaluation and sustainability plans in the next sections of this Toolkit, but including goals related to your evaluation and project sustainability in your Project Plan can start at this stage. We encourage you to update your Project Plan as this becomes more refined later on. Re-visiting the Organizational Self-Study to see if staff rankings have changed over time is also helpful.

Think about the goals you identified for your organization:

How will we know that we have achieved these?

How will the project impact continue, once the implementation is complete?

How will the results be sustained once the project is complete?

TIP:

Begin to think about your evaluation plan and consider the scope and capacity of your organization. Are there other's (including external research collaboration opportunities such as a local College/University) who may be able to support the evaluation of the project's implementation? For example, NRMH was able to receive support from the Niagara Region Public Health Epidemiologist for evaluation support.

Checkpoint:
Zero Suicide Project Plan complete ☐

Great work having successfully started your project planning. In the next section of this Toolkit, you will narrow in on how the Zero Suicide framework will be adapted and implemented in your organization.

References

1. Project Management Institute. (2020). *What is project management*? https://www.pmi.org/about/learn-about-pmi/what-is-project-management
2. Project Management Guide. (2013). *PMBOK 5 knowledge areas and processes*. https://www.pmvista.com/pmbok-knowledge-areas-and-processes/
3. Lukas, J. A. & Clare, R. (2011). Top 10 mistakes made in managing project risks. Paper presented at PMI® Global Congress 2011—North America, Dallas, TX. Newtown Square, PA: Project Management Institute.
4. Cracknell, B. (1993) Evaluation feedback: So important, yet so neglected!, *Project Appraisa*l, 8(2), 77-82. doi: 10.1080/02688867.1993.9726891
5. Larson, R. & Larson, E. (2009). Top five causes of scope creep ... and what to do about them. Paper presented at PMI® Global Congress 2009—North America, Orlando, FL. Newtown Square, PA: Project Management Institute.

Appendices

Appendix A: St. Joseph's Zero Suicide Implementation Team Role Descriptions

Appendix B: Zero Suicide Organizational Self Study for Non-Healthcare Organizations

Appendix C: Zero Suicide Workforce Survey for Non-Healthcare Organizations

Appendix D: St. Joseph's Project Charter Template

Appendix E: St. Joseph's Project Plan Template

St. Joseph's Zero Suicide Team Role Descriptions

Project Lead

The Project Lead will provide leadership in directing and monitoring the sustainability of the Zero Suicide Initiative. The Project Lead actively engages with stakeholders, builds partnerships, and leads and supports the translation of the initiative's future vision.

One of the primary responsibilities of the Project Lead is Zero Suicide Initiative planning, implementation, evaluation, sustainability monitoring, and continuous quality improvement. This role requires skills in project management to aid in organizational change, improvement initiatives, and strategic planning. Important to this role is innovation, participatory leadership, team building, and communication of the Initiatives status or results. The Project Lead is often tasked with decision making as it relates to the Initiative and must use conflict resolution and critical thinking in resolving issues and overcoming barriers.

Clinical (Staff) Lead

The Clinical Lead role involves three specific areas of focus, including providing clinical support for the elements of the Zero Suicide project, providing project support to develop, implement and evaluate Zero Suicide objectives (including knowledge translation), and also supporting data collection and evaluation. Through a process of continuous quality improvement, the role incorporates identifying and advocating for best practices related to suicide care, such as enhancing safe transitions of care.

The Clinical Lead duties include facilitation of Zero Suicide implementation tools, reviewing, revising and developing relevant policies and procedures as required, and optimizing and sustaining success in areas using the Zero Suicide tools. Responsibilities involve supporting sustainability of the project through ongoing training/education and developing standard tools for communication. Supporting data collection is completed through review of reports and patient safety events to support meeting organizational standards, policies and procedures.

Project Support Analyst

The role of the Project Support Analyst has several responsibilities, all with a focus around data. The individual in this role continuously collects, analyzes, and reports on data throughout the implementation of the Zero Suicide Initiative.

With this data collection/analysis/report development, the Project Support Analyst works in collaboration with the Zero Suicide Team to improve quality, performance, and results of the Initiative. Supporting and educating staff regarding the compliance rates of suicide screening tools is also provided. Monthly, the Project Support Analyst participates in steering committee meetings to present the data findings, and occasionally attends interprofessional meetings focused on quality improvement and safety.

ZERO SUICIDE ORGANIZATIONAL SELF-STUDY

Name of Organization

City, Province

Date Study Completed:

Team members completing study:

Name	Role
Name	Role
Name	Role
Name	Role
Name	Role

Background:

The organizational self-study is designed to allow you to assess what components of the comprehensive Zero Suicide approach your organization currently has in place. The self-study can be used early in the launch of a Zero Suicide initiative to assess organizational strengths and weaknesses and to develop a work plan. Later in your implementation efforts, the self-study can be used as a fidelity tool to determine how closely the components of the Zero Suicide model are being followed and as an opportunity to identify areas for improvement. We recommend taking the self-study at launch and then at 12-month intervals.

Staff involved in the policymaking and who provide service for clients at risk for suicide should complete the self-study as part of an implementation team. The team should complete this tool together during one of their initial meetings (note: information about putting together a Zero Suicide implementation team can be found on the ZEROSuicide website). While the self-study is not exhaustive with regard to all issues that can affect suicide management, it does reflect components that define the Zero Suicide approach.

Each component of the Zero Suicide model is measured on a rating scale from 1 to 5, described below. The scale is intended to balance minimal reporting burden with measuring implementation for the most essential parts of the model. This tool should be completed by members of the implementation team who are responsible for developing and implementing the organization's Zero Suicide initiative.

Please note that this document has been adapted from the Suicide Prevention Resource Centre's Organizational Self Study, version 1.11.17. This version does not constitute endorsement by the EDC. The original copy can be found: http://zerosuicide.edc.org/resources/zero-suicide-organizational-self-study

General guide to rating:

Anchors, or specific expectations, are included for most components following this guide.

Rating	Description
1	Routine procedures for this item. The organization has not yet focused specifically on developing or embedding a suicide prevention and intervention approach for this activity.
2	Initial actions toward improvement taken for this item. The organization has taken some preliminary or early steps to focus on improving suicide prevention and intervention.
3	Several steps towards improvement made for this item. The organization has made several steps towards advancing an improved suicide approach.
4	Near comprehensive practices in place for this item. The organization has significantly advanced its suicide prevention and intervention approach.
5	Comprehensive practices in place for this item. The organization has embedded suicide prevention and intervention in its approach and now relies on monitoring and maintenance to ensure sustainability and continuous quality improvement.

Key Definitions:

- **Care:** Originally developed for the health care sector, the term *'care'* is frequently cited in this document. Because care is provided in many capacities, we encourage you to think about this term more broadly as service provision as it relates to responding to and managing suicidality.

- **Client:** The term *'client'* can be broadly applied to those in which the organization provides service to, including a: individual, patient, resident, service user, customer, colleague, employee, or staff.

- **Documentation:** The term 'documentation' refers to written/electronic communication.

- **Lethal means restriction:** People who attempt suicide do so with a variety of methods, or '*means*' (e.g. overdose, firearm). The term "lethal" is important because some methods are more harmful or destructive than others. Restricting and reducing access to lethal means (e.g. safe dosages of medication at home, removing/locking up a firearm) is one of the most successful strategies in preventing suicide.

- **Organization:** The term *'organization'* is meant to represent the service that works alongside other people and is seeking to improve suicide prevention and may be broadly applied to: agencies, services, institutions, places of work, communities of worship, interest groups, etc.

- **Regulated Health Care Provider:** A Regulated Health Care Provider (RHCP) is a health care provider that is accountable to a regulatory college which ensures that they deliver health services in a safe, professional and ethical manner. RHCP's are accountable for ensuring they have the knowledge, skill and judgment required of their practice. The roles typically involved in mental health care include: Registered Social Worker, Registered Nurse/Practical Nurse, Physician, Nurse Practitioner, Pharmacist, Psychologist, Psychotherapist, and Occupational Therapist. **A non-regulated health care provider** refers to any other employee/staff member.

- **Suicide:** The act or an instance of taking one's own life voluntarily and intentionally.

- **Treatment:** For the purpose of this document, *'treatment'* refers to evidence-based management and care for a mental illness or suicidality (including psychotherapy) that can only be provided by a Regulated Health Care Provider.

1. Create a leadership-driven, safety-oriented culture:

What type of commitment has leadership made to prevent/reduce suicide and provide a suicide safer organization?

This item refers to the development of formal policies, processes, or guidelines in one or more of the following areas:

- Workforce training
- Suicide screening
- Suicide risk assessment and risk formulation
- Suicide care management plan
- Safety planning
- Lethal means restriction
- Referral to evidence-based treatment
- Contact with clients with known suicide risk who don't show for appointments or usual/expected visits
- Follow-up with clients with known suicide risk during significant transitions or following discharge

Please select the number where your organization falls on a scale of 1–5.		
	1	The organization has no processes specific to suicide prevention and care, other than what to do when someone mentions suicide during intake, a session, or visit to your organization.
	2	The organization has 1–2 formal processes specific to suicide prevention and intervention.
	3	The organization has written processes specific to suicide prevention and intervention. They have been developed for at least 3 different components of the Zero Suicide framework.
	4	The organization has processes and protocols specific to suicide prevention and intervention. They address at least 5 components of the Zero Suicide framework. Staff receive training on processes as part of their orientations or when new ones developed. Processes are reviewed and modified at least annually.
	5	Processes address all components of Zero Suicide listed above. Staff receives annual training on processes and when new ones are introduced. Processes are reviewed and modified annually and as needed.

If you wish to describe or elaborate on this item, please do so in the space provided below. (Character limit: 1,208)

As the Zero Suicide approach relies on the formalization of several policies intended to establish guidelines and promote the adoption of safer suicide care, please consider whether you have established, written policies as well as staff training in the following areas:

	Do you have a written agency protocol specific to this component of suicide care? (yes/no)	Is this component embedded and easily identifiable in your written documentation? (yes/no)	Do you provide staff training specific to this component of suicide care? (yes/no)	Additional Comments (Character limit: 126)
1. Screening				
2. Assessment				
3. Lethal means restriction				
4. Safety planning				
5. Suicide care management plan				

2. Create a leadership-driven, safety-oriented culture:

What type of formal commitment has leadership made through staffing to reduce suicide and provide safer suicide care?

Please select the number where your organization falls on a scale of 1–5.		
	1	The organization does not have dedicated staff to build and manage suicide care processes.
	2	The organization has one leadership or supervisory individual who is responsible for developing suicide-related processes and care expectations. Responsibilities are diffuse. Individual does not have the authority to change policies.
	3	The organization has assembled an implementation team that meets on an as-needed basis to discuss suicide care. The team has authority to identify and recommend changes to suicide care practices.
	4	The organization has a formal Zero Suicide implementation team that meets regularly. The team is responsible for developing guidelines and sharing with staff.
	5	The Zero Suicide implementation team meets regularly and is composed of members with a variety of experience and educational backgrounds. Staff members serve on the team for terms of one to two years. The team modifies processes based on data review and staff input.

If you wish to describe or elaborate on this item, please do so in the space provided below. (Character limit: 1,320)

3. Create a leadership-driven, safety-oriented culture:

What is the role of suicide attempt and loss survivors in the organization's design, implementation, and improvement of suicide care policies and activities?

Please select the number where your organization falls on a scale of 1–5.		
	1	Suicide attempt or loss survivors are not explicitly involved in the development of suicide prevention activities within the organization.
	2	Suicide attempt or loss survivors have ad hoc or informal roles within the organization, such as serving as volunteers or peer supports.
	3	Suicide attempt or loss survivors are specifically and formally included in the organization's general approach to suicide care, but involvement is limited to one specific activity, such as leading a support group or staffing a crisis hotline. Survivors informally provide input into the organization's suicide care policies.
	4	Suicide attempt and loss survivors participate as active members of decision-making teams, such as the Zero Suicide implementation team.
	5	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.

If you wish to describe or elaborate on this item, please do so in the space provided below. (Character limit: 1,320)

4. Develop a competent, confident, and caring workforce:

How does the organization formally **assess staff** on their perception of their confidence, skills, and perceived support to work alongside clients at risk for suicide?

Please select the number where your organization falls on a scale of 1–5.		
	1	There is no formal assessment of staff on their perception of confidence and skills in providing suicide care.
	2	Staff who work directly with clients are routinely asked to provide suggestions for training.
	3	Staff complete a formal assessment of skills, needs, and supports regarding suicide prevention and intervention. Training is tied to the results of this assessment.
	4	A formal assessment of the perception of confidence and skills in providing suicide support is completed by all staff. Comprehensive organizational training plans are tied to the results.
	5	A formal assessment of the perception of confidence and skills in providing suicide support is completed by all staff and reassessed at least every three years. Organizational training and policies are developed and enhanced in response to actual and perceived staff weaknesses.

If you wish to describe or elaborate on this item, please do so in the space provided below. (Character limit: 1,425)

5. Develop a competent, confident, and caring workforce:

What **basic** training on identifying people at risk for suicide or providing suicide care has been provided to staff?

Please select the number where your organization falls on a scale of 1–5.		
	1	There is no organization-supported training on suicide care and no requirement for staff to complete training on suicide risk identification.
	2	Training is available on suicide risk identification and care through the organization but not required of staff.
	3	Training is required of select staff (e.g. crisis staff) and is available throughout the organization.
	4	Training on suicide risk identification and care is required of all organization staff. The training used is considered a best practice and was not internally developed.
	5	Training on suicide risk identification and care is required of all organization staff. The training used is considered a best practice. Staff repeat training at regular intervals.

Please indicate the training approach or curriculum the organization uses to train all staff on suicide risk identification and care:

- ❒ ASIST (Applied Suicide Intervention Skills Training)
- ❒ QPR (Question, Persuade, and Refer)
- ❒ QPR for Nurses
- ❒ QPR for Physicians, Physician Assistants, Nurse Practitioners and Others
- ❒ safeTALK
- ❒ Mental Health First Aid
- ❒ Centre for Suicide Prevention Workshops
- ❒ Other (please name) _____

____ Please indicate the minimum number of hours of training required annually for staff in suicide prevention and intervention.

If you wish to describe or elaborate on any item, please do so in the space provided below. (Character limit: 1,054)

6. Develop a competent, confident, and caring workforce:

What **advanced** training on identifying people at risk for suicide, suicide assessment, risk formulation, and ongoing intervention has been provided to staff?

Please select the number where your organization falls on a scale of 1–5.		
	1	There is no organization-supported training on identification of people at risk for suicide, suicide assessment, risk formulation, and ongoing management, and no requirement for staff to complete training on suicide.
	2	Training is available on identification of people at risk for suicide, suicide assessment, risk formulation, and ongoing management through the organization, but it is not required of staff.
	3	Training is required of select staff (e.g., psychiatrists) and is available throughout the organization.
	4	Training on identification of people at risk for suicide, suicide assessment, risk formulation, and ongoing management is required of all clinical staff. The training used is considered evidence- based and was not internally developed.
	5	Training on identification of people at risk for suicide, suicide assessment, risk formulation, and ongoing management is required of all staff. The training used is considered a best practice. Staff repeat training at regular intervals.

Please indicate any training approach or curriculum the organization uses to train staff on advanced suicide prevention skills:

- ❒ AMSR (Assessing and Managing Suicide Risk)
- ❒ CASE Approach (Chronological Assessment of Suicide Events)
- ❒ SafeSide Suicide Prevention Training
- ❒ RRSR-MH (Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians)
- ❒ RRSR-PC (Recognizing and Responding to Suicide Risk in Primary Care)
- ❒ suicide to Hope
- ❒ QPRT (Question, Persuade, Refer and Treat)
- ❒ Other (please name): _____

If you wish to describe or elaborate on any item, please do so in the space provided below. (Character limit: 820)

7. Systematically identify and assess suicide risk:

What are the organization's policies or procedures for **screening** for suicide risk?

Please select the number where your organization falls on a scale of 1–5.		
	1	There is no systematic screening for suicide risk.
	2	Clients in designated higher-risk programs or categories (e.g. crisis calls) are screened.
	3	Suicide risk is screened at first meaningful contact for all clients.
	4	Suicide risk is screened at first meaningful contact for all clients and is reassessed at every visit for those at risk.
	5	Suicide risk is screened at first meaningful contact for all clients and is reassessed at every visit for those at risk. Suicide risk is also screened when a client has a change in status: significant transition, change in setting, change to new service, or potential new risk factors (e.g., change in life circumstances, such as divorce, unemployment, or a diagnosed illness).

If you wish to describe or elaborate on this item, please do so in the space provided below. (Character limit: 1,444)

8. Systematically identify and assess suicide risk:

How does the organization **screen** for suicide risk in the people it serves?

☐ Please select the number where your organization falls on a scale of 1–5.		
	1	The organization relies on the discretion of its staff regarding suicide risk.
	2	The organization developed its own suicide screening tool but not all staff are required to use it.
	3	The organization developed its own suicide screening tool that all staff are required to use.
	4	The organization uses a validated screening tool that all staff are required to use.
	5	The organization uses a validated screening tool and staff receive training on its use and are required to use it.

If a suicidality screening tool is used, identify the screener used: ☐ PHQ-9 ☐ PHQ-3 ☐ Columbia Suicide Severity Rating-Scale (C-SSRS) ☐ National Suicide Prevention Lifeline Risk Assessment Standards ☐ Other tool (please name): _____

If you wish to describe or elaborate on any item, please do so in the space provided below. (Character limit: 1,416)

9. Systematically identify and assess suicide risk:

How does the organization **assess** suicide risk among those who screened positive (i.e. at risk)?

***Note**- Only Regulated Health Care Providers (RHCP's) can complete formal suicide assessment.*

Please select the number where your organization falls on a scale of 1–5.		
	1	The policy is to send clients who have screened positive for suicide to the emergency department/other community agency for clearance AND/OR there is no routine procedure for risk assessments that follow the use of a suicide screen.
	2	If your organization has a regulated health care provider (RHCP), a suicide risk assessment is required after a positive screen. The process or tool used for risk assessment is up to the discretion of the RHCP.
	3	If your organization has a RHCP, they conduct risk assessments use a standardized risk assessment tool, which may have been developed in-house. All clients who screen positive for suicide have a risk assessment. Suicide risk assessments are documented/communicated and appropriate team members can access this information.
	4	If your organization has a RHCP, all clients with risk identified, either at screening for the first meaningful visit or at any other point while engaged with your organization, are assessed by the RHCP with validated instruments or established protocols and who have received training. Assessment includes both risk and protective factors.
	5	If your organization has a RHCP, a suicide risk assessment is completed using a validated instrument and/or established protocol that includes assessment of both risk and protective factors and risk formulation. The RHCP received training on the risk assessment tool and approach. Risk is reassessed and integrated into every visit for at risk clients.

If you wish to describe or elaborate on this item, please do so in the space provided below. (Character limit: 1,444)

10. Ensure every client has a suicide care management plan (pathway to care):

Which best describes the organization's approach to supporting and tracking client's at risk for suicide?

A suicide care management plan should include the following:

- Screening
- Process for referral to evidence-based treatment
- Suicide risk assessment and risk formulation if applicable
- Safety planning
- Supportive contacts with clients who don't show for appointments or usual/expected visits, and during significant transitions
- Lethal means restriction

Please select the number where your organization falls on a scale of 1–5.

	1	Staff use their best discretion to support clients with suicidal thoughts or behaviors and seek consultation if needed. There is no formal guidance related to caring for individuals at risk for suicide.
	2	When suicide risk is detected, care is limited to suicide risk assessment and staff refer the situation to a senior staff member.
	3	All staff are expected to care for those at risk for suicide. The organization has guidance for supporting clients at different risk levels, including increasing frequency of contact, care planning/case management, and safety planning.
	4	Documentation is enhanced to embed all suicide prevention and intervention components listed above. Staff have clear protocols or policies for prevention and intervention for clients with suicidal thoughts or behaviors, and there is information sharing, documentation and collaboration among all relevant staff. Staff receive guidance on and clearly understand the organization's suicide prevention and intervention approach.
	5	Individuals at risk for suicide are placed on a suicide care management plan. The organization has a consistent approach to suicide care management, which is embedded in the documentation records and reflects all of the suicide prevention and intervention components listed above. Protocols for putting someone on and taking someone off a suicide management plan are clear. Staff have regular communication about clients who remain on a suicide care management plan beyond a certain time frame, which is established by the implementation team.

If you wish to describe or elaborate on this item, please do so in the space provided below. (Character limit: 702)

11. Collaborative safety planning:

What is the organization's approach to collaborative safety planning when an individual is at risk for suicide?

☐ Please select the number where your organization falls on a scale of 1–5.		
	1	Safety planning is neither systematically used by nor expected of staff.
	2	Safety plans are expected for all clients with elevated risk, but there is no formal guidance or policy around content. There is no standardized safety plan or documentation template. Plan quality varies across supports/ providers.
	3	Safety plans are developed for all individuals at elevated risk. Safety plans rely on formal supports or contact (e.g., call provider or helpline). Safety plans do not incorporate individualization, such as an individual's strengths and natural supports. Plan quality varies across supports/providers.
	4	Safety plans are developed for all clients at elevated risk and must include risks and triggers and concrete coping strategies. The safety plan is shared with the individual's identified support persons (with consent). All staff use the same safety plan template and receive training in how to create a collaborative safety plan.
	5	A safety plan is developed on the same day as the client is assessed positive for suicide risk. The safety plan is shared with the client's identified support persons (with consent). The safety plan identifies risks and triggers and provides concrete coping strategies, prioritized from most natural to most formal or restrictive. Other staff involved in care or transitions are aware of the safety plan. Safety plans are reviewed and modified as needed at every visit with a person at risk.

Please indicate whether or not the organization uses the Stanley/Brown safety plan template: ☐ YES ☐ NO

If no, identify the safety planning tool or approach the organization uses:

_____

If applicable, how frequently is the safety plan reviewed with the individual? _____

If you wish to describe or elaborate on this item, please do so in the space provided below. (Character limit: 851)

12. Collaborative restriction of access to lethal means:

What is the organization's approach to lethal means restriction?

Please select the number where your organization falls on a scale of 1–5.		
	1	Means restriction discussions and who to ask about lethal means are up to the staff member's discretion. Means restriction counseling is rarely documented.
	2	Means restriction is expected to be included on safety plans for all clients identified as at risk for suicide. Steps to restrict means are up to the staff member's discretion. The organization does not provide any training on counseling on access to lethal means.
	3	Means restriction is expected to be included on all safety plans. The organization provides training on counseling on access to lethal means. Steps to restrict means are up to the staff member's discretion. Client's identified support persons may or may not be involved in reducing access to lethal means.
	4	Means restriction is expected to be included on all safety plans, and client's identified support persons are included in means restriction planning. The organization provides training on counseling on access to lethal means. The organization sets policies regarding the minimum actions for restriction of access to means.
	5	Means restriction is expected to be included on all safety plans. Contacting client's identified supports (with consent) to confirm removal of lethal means is the required, standard expectation. The organization provides training on counseling on access to lethal means. Policies support these practices. Means restriction recommendations and plans are reviewed regularly while the individual is at an elevated risk.

If you wish to describe or elaborate on this item, please do so in the space provided below. (Character limit: 1,062)

13. Use or refer clients to effective, evidence-based treatments that directly target suicidal thoughts and behaviors: What is the organization's approach to **treatment** of suicidal thoughts and behaviors?
Note- *Only Regulated Health Care Providers (RHCP's) can provide formal suicide treatment.*

Please select the number where your organization falls on a scale of 1–5.		
	1	RHCP's rely on experience and best discretion in risk management and treatment for all mental health disorders. The organization does not use a formal model of treatment for those at risk for suicide, **OR** --- Non-RHCP staff rely on experience and best discretion in risk management and referral to appropriate suicide treatment.
	2	If the organization has a RHCP, they may use evidence-based treatments for some psychological disorders, but do not use evidence-based treatments that specifically target suicide, **OR** --- Non-RHCP staff may have some understanding of how to refer clients for mental health issues, but are not sure who to refer to, to specifically target suicide.
	3	Some RHCP staff have received specific training in treating suicidal thoughts and behaviors and may use this in their usual practices, **OR** --- Some non-RHCP staff may have received training in how to refer suicidal clients and may use this in their usual practices.
	4	Individuals with suicide risk receive empirically-supported treatment by RHCP's specifically for suicide (CAMS, CBT-SP or DBT) in addition to evidence-based treatments for other mental health issues. The organization regularly provides all RHCP's with access to competency-based training in empirically supported treatments targeting suicidal thoughts. --- Non-RHCP staff have received training in how to refer suicidal clients to evidence-based treatments as well as for other mental health issues. The organization regularly provides all non-RHCP's with training of community resources and referral processes.
	5	The organization has invested in evidence-based treatments for suicide care (CAMS, CBT-SP or DBT), with designated staff receiving training in these models. The organization has a model for sustaining staff training. The organization offers additional treatment modalities for those chronically or continuously screening at high risk for suicide, such as DBT groups or attempt survivor groups.

Please indicate if RHCP's in the organization receive formal training in a specific suicide treatment model:

☐ CAMS (Collaborative Assessment and Management of Suicidality)

☐ CBT-SP (Cognitive Behavioral Therapy for Suicide Prevention)

☐ DBT (Dialectical Behavior Therapy)

If you wish to describe or elaborate on this item, please do so in the space provided below. (Character limit: 1,057)

14. Provide continuous contact and support:

What is the organization's approach to engaging hard-to-reach individuals or those who are at risk and don't show for an appointments or usual/expected visit/shift?

Please select the number where your organization falls on a scale of 1–5.		
	1	There are no guidelines specific to reaching those at elevated suicide risk who don't show for a scheduled appointment or usual/expected visit/shift.
	2	The organization requires documentation of those individuals who have elevated suicide risk and don't show for an appointment or usual/expected visit/shift, but the parameters and methods for engaging hard-to-reach individuals are up to the staff member's discretion.
	3	Follow-up for individuals with suicide risk who don't show for an appointment or usual/expected visit/shift includes active outreach, such as phone calls to the individual or his or her family members, until contact/all appropriate efforts are made to ascertain the individual's safety.
	4	Follow-up for individuals with suicide risk who don't show for an appointment or usual/expected visit/shift includes active outreach, such as phone calls to the individual or his or her family members, until contact/all appropriate efforts are made to ascertain the individual's safety. Organizational protocols are in place that address follow-up after no-shows. Training for staff includes improving engagement efforts.
	5	The organization may have an established memorandum of understanding with an outside agency to conduct follow-up calls. Follow-up and supportive contact for individuals on suicide care management plans are systematically tracked in documentation. Follow-up for high-risk individuals includes documented contact with the person within eight hours of the missed appointment or usual/expected visit/shift. The organization has approaches, such as peer supports, peer-run crisis respite, home visits, or drop-in appointments, to address the needs of hard-to-reach clients.

If you wish to describe or elaborate on this item, please do so in the space provided below. (Character limit: 1,309)

15. Provide continuous contact and support:

What is the organization's approach to following up on clients of whom they are aware have recently been discharged from acute care settings (e.g., emergency departments, inpatient psychiatric hospitals)?

Please select the number where your organization falls on a scale of 1–5.		
	1	There are no specific guidelines for contact of those at elevated suicide risk following discharge from acute care settings or not accessing services as usual.
	2	The organization requires follow-up for individuals with suicide risk, but the parameters and methods are up to the individual staff member's discretion.
	3	Organizational guidelines are directed to the individual's level of risk and address one or more of the following: follow-up after crisis contact, transition from an emergency department, or transition from psychiatric hospitalization.
	4	Organizational guidelines are directed to the individual's level of risk and address follow-up after crisis contact, non-engagement in services, transition from an emergency department, or transition from psychiatric hospitalization. Follow-up for high-risk individuals includes distance outreach, such as letters, phone calls, or e-mails.
	5	Organizational guidelines are in place that address follow-up after crisis contact, no-shows, transition from an emergency department, or transition from psychiatric hospitalization. Follow-up for high-risk individuals includes in-person or virtual home or community visits when necessary. Follow-up and supportive contact for individuals on suicide care management plans are tracked in documentation. Policies state that follow-up contact after discharge from acute settings occurs within 24 hours.

If you wish to describe or elaborate on this item, please do so in the space provided below. (Character limit: 1,309)

16. Apply a data-driven quality improvement approach:

What is the organization's approach to reviewing deaths for those involved in your organization?

Please select the number where your organization falls on a scale of 1–5.		
	1	At best, when a suicide or adverse event happens while the client is involved with your organization, staff meet to discuss the event.
	2	Root cause analysis is conducted on all suicide deaths of people accessing services.
	3	Data from all root cause analyses are routinely examined to look at trends and to make changes to policies.
	4	Root cause analysis is conducted on all suicide deaths of people accessing services as well as for those up to 30 days post mortem/ investigation. Policies and training are updated as a result.
	5	Root cause analysis is conducted on all suicide deaths of people accessing services as well as for those up to 6 months post mortem/investigation, and on all suicide attempts requiring medical attention. Policies and training are updated as a result.

If you wish to describe or elaborate on this item, please do so in the space provided below. (Character limit: 1,309)

17. Apply a data-driven quality improvement approach:

What is the organization's approach to measuring suicide deaths?

Please select the number where your organization falls on a scale of 1–5.		
	1	The organization has no policy or process to measure suicide deaths for those accessing their services.
	2	The organization measures the number of deaths for those who are accessing their services based primarily on report from family/friends.
	3	The organization has specific internal approaches to measuring and reporting on all suicide deaths for clients accessing their services as well as those up to 30 days post mortem/investigation. Deaths are confirmed through coroner or medical examiner reports.
	4	The organization annually cross checks clients against vital statistics data or other federal data (e.g. collaborating with coroner's office) to determine the number of deaths for those receiving services up to 30 days post mortem/investigation.
	5	The organization annually cross checks clients against vital statistics (e.g. collaborating with coroner's office) to determine the number of deaths for those receiving services. The organization tracks suicide deaths among clients for up to 6 months post mortem/investigation.

If you wish to describe or elaborate on this item, please do so in the space provided below. (Character limit: 1,327)

18. Apply a data-driven quality improvement approach:

What is the organization's approach to suicide prevention and intervention quality improvement activities?

Please select the number where your organization falls on a scale of 1–5.		
	1	The organization has no specific policies related to suicide prevention and intervention, and it does not focus on suicide care other than care as usual. Suicide care is left to the discretion of the individual staff member.
	2	Suicide prevention and intervention is discussed as part of employee training and by those in supervision.
	3	Early discussions about using technology and/or enhanced record keeping to track and chart suicide management are underway. Suicide prevention and intervention is partially embedded in documentation.
	4	Suicide prevention and intervention is partially embedded in documentation. Data from documentation and suicide care management plans are examined for fidelity to organizational policies, and discussed by the team responsible for this.
	5	Suicide prevention and intervention is entirely embedded in documentation (at least every two months) by a designated team to determine that staff are adhering to suicide prevention and intervention policies and to assess for reductions in suicide. Documentation is updated regularly as the team reviews data and makes changes.

If you wish to describe or elaborate on this item, please do so in the space provided below. (Character limit: 1,202)

Once your implementation team has completed this organizational self-study using this document, the results can be reviewed to assess organizational strengths and opportunities for development across each component.

ZERO SUICIDE WORKFORCE SURVEY

The Zero Suicide Workforce Survey is a tool to assess staff knowledge, practices, and confidence.

This survey is part of our organizational mission to adopt a system-wide approach to caring for individuals who may be at risk for suicide. Recognizing that variability exists in staff education and experience working with people at risk for suicide, we intend to use the results of this survey to help determine the training needs of our staff.

All responses are anonymous. Please answer honestly so that we can best serve both our staff and clients who may be at risk for suicide. Be thoughtful about your answers even if you do not work directly with clients who may be at risk for suicide. We believe that suicide prevention is a shared responsibility among everyone in our organization. Please pay attention to the directions, as they will navigate you through the questions based on how you respond. Also, unless it is otherwise indicated, please mark only one answer per question. **It is anticipated that it will take you 10-20 minutes to complete this survey.** By answering this survey, you give your consent to participate; however, you may terminate your participation at any time.

Please ensure you read through the Key Definitions found on the next page prior to beginning the survey.

We thank you in advance for your participation and for your dedication to suicide prevention.

Please note that this document has been adapted from the Suicide Prevention Resource Centre's Workforce Survey, version May 2019. This version does not constitute endorsement by the EDC. The original copy can be found: http://zerosuicide.edc.org/sites/default/files/ZS%20Workforce%20Survey%20July%202020.pdf

Key Definitions:

- **Care:** Originally developed for the health care sector, the term '*care'* is frequently cited in this document. Because care is provided in many capacities, we encourage you to think about this term more broadly as service provision as it relates to responding to and managing suicidality.

- **Client:** The term *'client'* can be broadly applied to those in which the organization provides service to, including a: individual, patient, resident, service user, customer, colleague, employee, or staff.

- **Documentation:** The term 'documentation' refers to written/electronic communication.

- **Lethal means restriction:** People who attempt suicide do so with a variety of methods, or '*means*' (e.g. overdose, firearm). The term "lethal" is important because some methods are more harmful or destructive than others. Restricting and reducing access to lethal means (e.g. safe dosages of medication at home, removing/locking up a firearm) is one of the most successful strategies in preventing suicide.

- **Non-residential Setting**: Individuals who may be at risk for suicide are provided services with no potential for overnight stay.

- **Organization:** The term *'organization'* is meant to represent the service that works alongside other people and is seeking to improve suicide prevention and may be broadly applied to: agencies, services, institutions, places of work, communities of worship, interest groups, etc.

- **Regulated Health Professional:** A Regulated Health Professional (RHP) is a health care provider that is accountable to a regulatory college which ensures that they deliver health services in a safe, professional and ethical manner. RHP's are accountable for ensuring they have the knowledge, skill and judgment required of their practice. The roles typically involved in mental health care include: Registered Social Worker, Registered Nurse/Practical Nurse, Physician, Nurse Practitioner, Pharmacist, Psychologist, Psychotherapist, and Occupational Therapist. **A non-regulated professional** refers to any other employee/staff member.

- **Residential Setting:** Individuals who may be at risk for suicide have potential to stay overnight or for a period of consecutive nights.

- **Suicide:** The act or an instance of taking one's own life voluntarily and intentionally.

- **Treatment:** For the purpose of this document, *'treatment'* refers to evidence-based management and care for a mental illness or suicidality (including psychotherapy) that can only be provided by a Regulated Health Professional.

Section 1. Your Work Environment

Thank you for participating in this survey. In the first series of questions we would like to learn more about your work environment and your role within that environment.

1. In which of the following settings do you work? (See Definitions) [Required Item – used later for branching]

☐ Residential setting ☐ Non-residential setting ☐ Both

2. Please indicate the program you work in:

_____

2a. Is this your first time taking part in the Zero Suicide Workforce Survey at your current organization? (choose one)

☐ No ☐ Yes

3. Please choose the one category below that ***best*** describes your primary professional role. (choose one)

- ☐ Management (Administrators, Supervisors, Managers, Coordinators)
- ☐ Business, Administrative, and Clerical (Accounting, Reception, Human Resources, Billing, Records, Information Technology)
- ☐ Facility Operations (Dietary, Housekeeping, Maintenance, Security, Transportation)
- ☐ Behavioral Health Clinician (Counselor, Social Worker, Substance Abuse Counselor, Therapist, Psychologist)
- ☐ Adjunct Therapist (Activity, Occupational, Physical, Rehabilitation)
- ☐ Case Management
- ☐ Crisis Services
- ☐ Physical Health Care/Medication Management (Physician, Nurse Practitioner, Physician's Assistant)
- ☐ Nursing (Nurse, Registered Nurse)
- ☐ Psychiatry (Psychiatrist, Psychiatric Nurse Practitioner)
- ☐ Technician (Mental Health Technician, Behavioral Technician, Client Care Assistance, Residential Technician)
- ☐ Client Observer
- ☐ Support Worker
- ☐ Outreach Worker
- ☐ Educator (Teach, Health Educator/Promoter)
- ☐ Group Facilitator
- ☐ Housing Support Worker
- ☐ Volunteer
- ☐ Other

4. As part of this role, do you *directly interact with individuals who may be at risk for suicide* either in person or from a distance/virtually during your day-to-day duties within the organization? This includes things such as answering phones, scheduling appointments, conducting check-ins, and other interaction with clients. [Required Item]

☐ No ☐ Yes

Please indicate how much you disagree or agree with each of the following statements. [Note: Only complete for residential settings]

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5. I know the organizational protocols for ensuring a safe physical environment for individuals who may be at risk for suicide (including safety precautions around entry, visitors, client belongings, and physical structures in the facility).	☐	☐	☐	☐	☐
6. I know what to do when I have concerns about potential means for suicide in the physical environment in our facility.	☐	☐	☐	☐	☐

Section 2. Suicide Prevention Within Your Work Environment

The next series of questions ask you to reflect on suicide prevention within your work environment.

Please indicate how much you disagree or agree with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
7. I am familiar with the "Zero Suicide" initiative.	☐	☐	☐	☐	☐
8. I understand my role and responsibilities related to suicide prevention within this organization.	☐	☐	☐	☐	☐
9. I believe suicide prevention is an important part of my professional role.	☐	☐	☐	☐	☐
10. The leadership at this organization has explicitly indicated that suicide prevention is a priority.	☐	☐	☐	☐	☐
11. This organization has clear policies and procedures in place that define each employee's role in preventing suicide.	☐	☐	☐	☐	☐
12. I have received training at this organization related to suicide prevention.	☐	☐	☐	☐	☐
13. This organization provides me access to ongoing support and resources to further my understanding of suicide prevention.	☐	☐	☐	☐	☐
14. I feel that my organization would be responsive to issues that I bring up related to client safety.	☐	☐	☐	☐	☐

15. While working at this organization, I have directly or indirectly interacted with a client who ended their life by suicide. [Required Item]

☐ Yes, it has happened once ☐ Yes, it has happened more than once ☐ No ☐ I Don't Know

Please indicate how much you disagree or agree with each of the following statements. [Note: Only complete if "Yes" to #15]

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
16. I felt supported by this organization when a suicide occurred.	☐	☐	☐	☐	☐
17. I felt blamed when a client died by suicide.	☐	☐	☐	☐	☐
18. This organization has practices in place to support staff when a suicide occurs.	☐	☐	☐	☐	☐

Section 3. Recognizing When Clients May Be At Risk for Suicide

We are interested in learning about your knowledge and comfort related to recognizing when a client may be at elevated risk for suicide.

Please indicate how much you disagree or agree with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
19. I have the knowledge and training needed to *recognize* when a client may be at elevated risk for suicide.	☐	☐	☐	☐	☐
20. I am knowledgeable about warning signs for suicide.	☐	☐	☐	☐	☐
21. I know what organizational procedures to follow when I suspect that a client may be at elevated risk for suicide.	☐	☐	☐	☐	☐
22. I am confident in my ability to respond when I suspect a client may be at elevated risk for suicide.	☐	☐	☐	☐	☐
23. I am comfortable asking individuals who may be at risk for suicide direct and open questions about suicidal thoughts and behaviors.	☐	☐	☐	☐	☐

24. Have you ever received training on how to *recognize* the warning signs that a client may be at elevated risk for suicide?..... ☐ No [go to #26] ☐ Yes [go to #25] [Required Item]

25. Has your current organization provided you with training on how to *recognize* the warning signs that a client may be at elevated risk for suicide?..... ☐ No ☐ Yes

Section 4. Screening and Assessing Clients for Suicide Risk [Note: Only those who interact with individuals who may be at risk for suicide, i.e. "Yes" toQ4. All other respondents may proceed to #66]

The next questions are about screening clients who may be at elevated risk for suicide.

26. You indicated earlier that you directly interact with individuals who may be at risk for suicide either in person or from a distance/virtually during your day-to-day duties within the organization. Which of the following groups do you *primarily* work with?
☐ Children ☐ Adolescents ☐ Adults ☐ Older Adults

27. Are you responsible for conducting *screenings* for suicide risk? .... ☐ No [proceed to #32] ☐ Yes [proceed to #28] [Req]

Please indicate how much you disagree or agree with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
28. I have the knowledge and skills needed to screen clients for suicide risk.	☐	☐	☐	☐	☐
29. I know our organizational procedures for screening	☐	☐	☐	☐	☐

clients for suicide risk.					
30. I am confident in my ability to screen a client for suicide risk.	☐	☐	☐	☐	☐
31. I am comfortable screening clients for suicide risk.	☐	☐	☐	☐	☐

Clients who screen positive for suicide risk should be assessed to inform staff decision making. This is sometimes referred to as a suicide risk assessment. Suicide risk assessments are most often completed by a regulated health professional who has the knowledge, skill and judgment required to do so.

32. Are you a regulated health professional who is responsible for conducting *suicide risk assessments* for clients who screen positive for suicide risk? ☐ Yes [proceed to #33] [Required Item] ☐ No [proceed to #42]

Note: If you are a non-regulated health professional and complete suicide risk assessments, please ensure that you follow all organizational policies, procedures and expectations in doing so.

Please indicate how much you disagree or agree with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
33. I have the knowledge and skills needed to conduct a suicide risk assessment.	☐	☐	☐	☐	☐
34. I am knowledgeable about risk factors for suicide.	☐	☐	☐	☐	☐
35. I obtain information about risk and protective factors when conducting suicide risk assessments.	☐	☐	☐	☐	☐
36. I assess the client's access to lethal means as part of a suicide risk assessment.	☐	☐	☐	☐	☐
37. I assess the client's suicide plans and intentions as part of a suicide risk assessment.	☐	☐	☐	☐	☐
38. I know what organizational procedures exist regarding suicide risk assessments.	☐	☐	☐	☐	☐
39. I am confident in my ability to conduct a suicide risk assessment.	☐	☐	☐	☐	☐
40. I am comfortable conducting a suicide risk assessment.	☐	☐	☐	☐	☐
41. I know the referral process to follow when a suicide risk assessment indicates the client needs additional clinical care.	☐	☐	☐	☐	☐

Section 5. Training on Suicide Screening and Suicide Risk Assessment

These next questions are about any training you may have received on suicide screening and suicide risk assessment – even if this is not part of your current professional duties.

42. Have you ever received training on conducting suicide screenings or conducting suicide risk assessments?..... ☐ Yes [proceed to #43] [Required Item] ☐ No [proceed to #45]

43. Has your current organization provided you with training on conducting suicide screenings or conducting suicide risk assessments? ☐ Yes ☐ No

44. Which of the following trainings, if any, have you ever taken on *screening* or *suicide risk assessment*? (select all that apply)
    - ☐ Assessing and Managing Suicide Risk (AMSR)
    - ☐ Chronological Assessment of Suicide Events (CASE) Approach
    - ☐ Commitment to Living
    - ☐ Columbia Suicide Severity Rating Scale (C-SSRS)
    - ☐ Question, Persuade, Refer, Treat (QPRT) Suicide Risk Assessment and Management Training (not basic QPR training)
    - ☐ Recognizing and Responding to Suicide Risk (RRSR)
    - ☐ Suicide to Hope
    - ☐ An in-service or webinar training at my organization
    - ☐ An in-service or webinar training at a former organization
    - ☐ A different training on suicide *screening* or *suicide risk assessment* (please specify): _____

45. Do you use a standard tool, assessment instrument, or rubric for suicide screening or risk assessment?
    ☐ Yes [proceed to #46] [Required Item] ☐ No [proceed to #47] ☐ Not applicable

46. Which of the following tools, screening and assessment instruments, or rubrics, if any, do you use? (select all that apply)
    - ☐ Asking Suicide-Screening Questions (ASQ)
    - ☐ Beck's Suicide Intent Scale (SIS)
    - ☐ Columbia Suicide Severity Rating Scale (C-SSRS)
    - ☐ National Suicide Lifeline Risk Assessment Standards
    - ☐ Personal Health Questionnaire (PHQ)-3
    - ☐ Personal Health Questionnaire (PHQ)-9
    - ☐ Risk Assessment Matrix (RAM)
    - ☐ Risk of Suicide Questionnaire (RSQ)
    - ☐ Risk Formulation with Risk Status and Risk State
    - ☐ SAFE-T
    - ☐ Suicide to Hope
    - ☐ Suicide Ideation Questionnaire (SIQ or SIQ-JR)
    - ☐ A tool, instrument, or rubric developed by my organization (please specify): _____
    - ☐ A different tool, instrument, or rubric not developed by my organization (please specify): _____

Section 6. Providing Support to Individuals at Risk

These questions are for staff responsible for providing service to clients determined to be at elevated risk for suicide.

47. Do you provide direct service to clients who have been identified as being at elevated risk for suicide based on their risk assessment?
☐ Yes [proceed to #48] [Required Item] ☐ No [proceed to #52]

Please indicate how much you disagree or agree with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
48. I have the knowledge and skills needed to provide service to clients who have been identified as being at elevated risk for suicide.	☐	☐	☐	☐	☐
49. I am familiar with the referral process at this organization related to things such as safety planning, restricting access to lethal means, documentation, and other procedures for caring for clients at elevated risk of suicide.	☐	☐	☐	☐	☐
50. I am confident in my ability to provide service to clients who have been identified as being at elevated risk for suicide.	☐	☐	☐	☐	☐
51. I am comfortable providing service to clients who have been identified as being at elevated risk for suicide.	☐	☐	☐	☐	☐

52. Have you taken a *Safety Planning Intervention for Suicide Prevention* training?
☐ No ☐ Yes

53. Have you taken the *Counseling on Access to Lethal Means* (CALM) course either online or in person?
☐ No ☐ Yes

Section 7. Use of Evidence-Based Treatments That Directly Target Suicidality

These questions are for Regulated Health Professionals who deliver suicide-specific evidence-based *clinical treatment* (e.g. Collaborative Assessment and Management of Suicidality (CAMS), Cognitive Behavioural Therapy for Suicide Prevention (CBT-SP), or Dialectical Behavioural Therapy (DBT) to clients who are identified as being at elevated risk for suicide.

54. Do you provide clinical treatment (e.g. CAMS, CBT-SP, DBT) to clients who have been identified as being at elevated risk for suicide?
    ☐ No [proceed to #59] ☐ Yes [proceed to #55] [Required Item]

Please indicate how much you disagree or agree with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
55. I have received training on suicide-specific evidence-based treatment approaches (e.g. CAMS, CBT-SP, DBT).	☐	☐	☐	☐	☐
56. I am confident in my ability to provide clinical treatment to clients with suicidal thoughts or behaviors.	☐	☐	☐	☐	☐
57. I am comfortable providing clinical treatment to clients with suicidal thoughts or behaviors.	☐	☐	☐	☐	☐

58. In which of the following suicide-specific evidence-based treatment approaches, if any, have you received training? (select all that apply)

    ☒ CAMS (Collaborative Assessment and Management of Suicide)
    ☐ CBT-SP (Cognitive Behavior Therapy for Suicide Prevention)
    ☐ DBT (Dialectical Behavior Therapy)
    ☐ Another training (please specify): _____
    None

Section 8. Care Transitions

These questions are for staff responsible for ensuring that clients identified as being at elevated risk for suicide are supported during transitions in care.

For the following questions, ***transitions in care*** include safely discharging and/or transitioning clients who may be at risk for suicide following acute care (hospital) admissions for mental health concerns/suicidality.

59. Are you responsible for ensuring safe care transitions for clients who have been identified as being at elevated risk for suicide?..... ☐ Yes [proceed to #60] [Required Item] ☐ No [proceed to #66]

Please indicate how much you disagree or agree with each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
60. I have the knowledge and skills needed to work with clients who may be at risk for suicide during their transitions in care.	☐	☐	☐	☐	☐
61. I am familiar with organizational procedures for working with clients who may be at risk for suicide during their transitions in care.	☐	☐	☐	☐	☐
62. I am confident in my ability to work with clients who may be at risk for suicide during their transitions in care.	☐	☐	☐	☐	☐
63. I am confident in my ability to work with family members or other support persons who may be involved during a client's transitions in care.	☐	☐	☐	☐	☐
64. I am familiar with organizational procedures for ensuring that client health information is shared appropriately during a client's transitions in care.	☐	☐	☐	☐	☐
65. I am comfortable working with= clients who may be at risk for suicide during their transitions in care.	☐	☐	☐	☐	☐

Section 9. Training and Resource Needs

Staff members should have the necessary skills (appropriate to their role), to provide caring and effective assistance to clients who may be at risk for suicide.

66. In which of the following areas, if any, would you like more training, resources, or support? (select all that apply)

- ☐ Suicide prevention and awareness
- ☐ Epidemiology and the latest research findings related to suicide
- ☐ Identifying warning signs for suicide
- ☐ Communicating with clients who may be at risk for suicide about suicide
- ☐ Suicide screening practices
- ☐ Identifying risk factors for suicide
- ☐ Suicide risk assessment practices
- ☐ Crisis response procedures
- ☐ Suicide de-escalation techniques
- ☐ Managing clients who may be at risk for suicide
- ☐ Collaborative safety planning for suicide
- ☐ Awareness of community supports and resources
- ☐ Understanding and navigating ethical and legal considerations related to suicide
- ☐ Policies and procedures within your work environment
- ☐ Staff roles and responsibilities within your work environment
- ☐ Reducing access to lethal means outside the care environment (e.g. client's home)
- ☐ Creating a safe physical environment for clients who may be at risk for suicide
- ☐ Other (please specify)
- ☐

[Organization logo]

Project Charter

Project Name:

Current Phase:

Hospital(s):

Executive Sponsor:

Project Sponsors:

Clinical/Physician Leads:

Project Lead:

Prepared by:

Contributors:

Date Issued

Version:

Date:

Project Charter Purpose

The project charter defines the scope, objectives, and overall approach for the work to be completed. It is a critical element for initiating, planning, executing, controlling, and assessing the project. It should be the single point of reference on the project for project goals and objectives, scope, organization, estimates, work plan, and budget. In addition, it serves as a contract between the Project Team and the Project Sponsors, stating what will be delivered according to the budget, time constraints, risks, resources, and standards agreed upon for the project.

Document Review/Revision History

Version	*Date*	*Author/Editor*	*Comments*

Date:

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Date:

Section A:

1.0 Project Definition: Initiation Phase (Stage 2- Definition)

1.1 Link to Organization Strategy

1.2 Project Purpose

1.3 Project Objectives

Date:

1.4 Outcome Measurement Metrics / Success Criteria

Project Objective	Success Criterion / Indicator Description	Measurement / Data Collection Strategy	Target	By Whom & How Frequently

Date:

1.5 Project Priority Management

Parameter	Priority			Describe Priority
	1	2	3	
Time				
Cost				
Scope				

1.6 Organizational Change

Type of Change	Level	Description of the Change
Developmental		
Transitional		
Transformational		

Section B: Planning Phase (Stage 3 – Scope/Feasibility)

2.0 Project Parameters

2.1 Scope

2.1.1 Project Scope Includes:

2.1.2 Project Scope Does Not Include:

2.2 Assumptions

2.3 Constraints

2.4 Dependencies

Dependent Project/Work Name and Project/Work Manager	Dependency Type (describe how these are linked)	Potential Risks or Issues

Date:

3.0 Risks

Risk	Probability (High/Med/Low)	Impact (High/Med/Low)	Action to Prevent/Manage Risk

4.0 Stakeholder Analysis

Stakeholder	Interest/Stake	Project Role/Involvement

5.0 Budget (excl. OSI Clinic)

	Dollars	Comment	Class of Estimate (A/B/C/D)
ONE TIME COSTS:			

Date:

6.0 Schedule

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7.0 Project Strategy

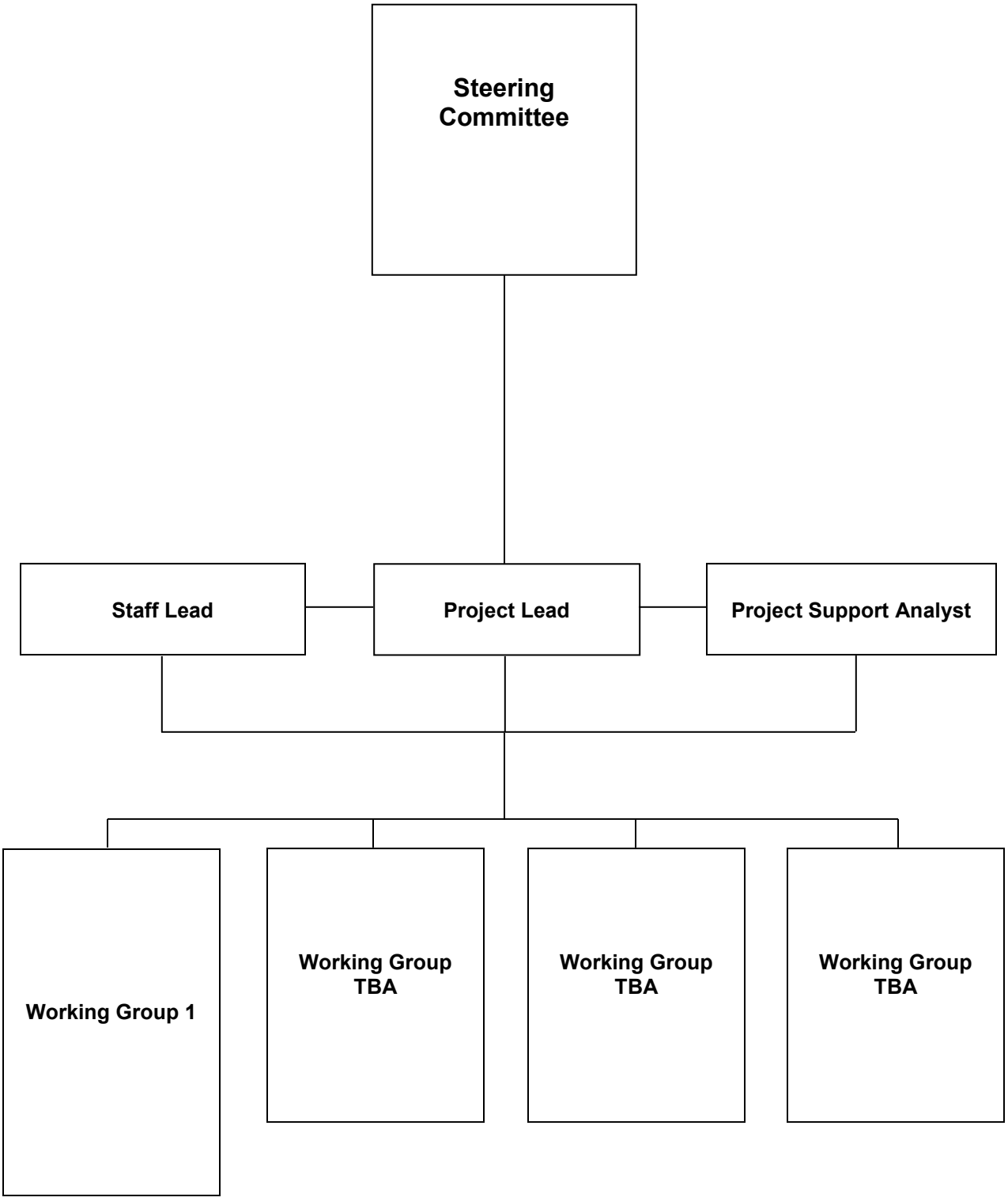
8.0 Change Strategy

Content

People

Process

9.0 Project Governance Structure



Date:

10.0 Approvals

10.1 Charter

Name, Project Role	*Signature*	*Date*

Date:

Organization's Zero Suicide Project Plan

[Dates]

Goal / Objective	Deliverable	Tasks / Actions Required	Responsibility/ Stakeholders	Timeframe	Status / Comments

Goal / Objective	Deliverable	Tasks / Actions Required	Responsibility/ Stakeholders	Timeframe	Status / Comments

NOTES