

Building Suicide -Safer Access Clinics: Implementing Zero Suicide for Better Care



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Introductions

- 1 Name & Pronouns
- 2 Role & Organization or connection to suicide prevention
- 3 What you are looking forward to most this summer

OBJECTIVES

EXPECTATIONS AND OUTCOMES

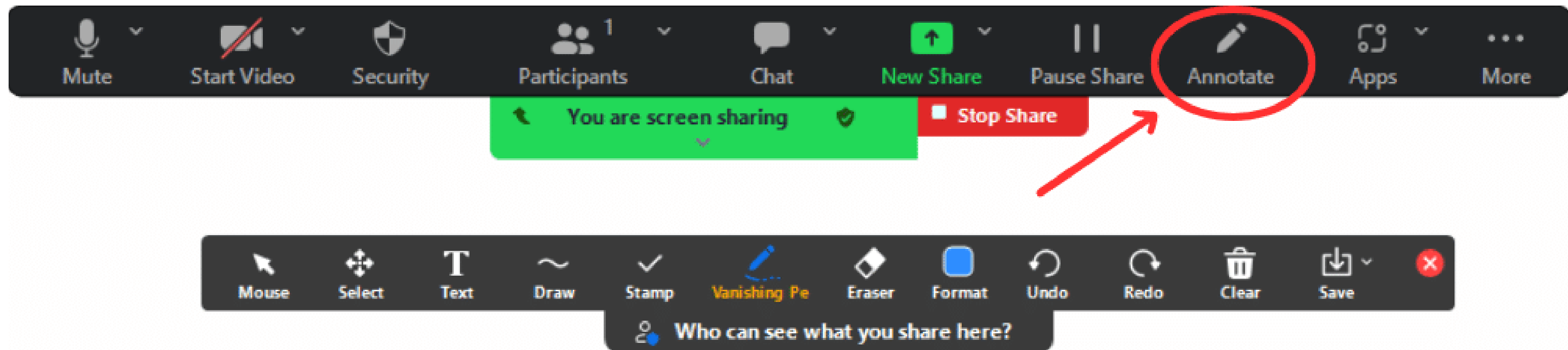
- 1 Participants will be able to identify the 7 elements of Zero Suicide and how they are actively applied in a clinical setting.
- 2 Through data, participants will be able to identify the impact Zero Suicide implementation can have in crisis care.
- 3 Participants will learn about the importance of assessing readiness for change, buy in for sustainability and identifying barriers to implementation.

A WORD ABOUT WORDS

Don't Use....	Instead Use...
"Committed suicide" "Completed suicide"	"Died by suicide" "Suicide death" "Suicide attempt"
"Successful/unsuccessful suicide attempt"	"Fatal suicide attempt" "Non-fatal suicide attempt" "Suicide attempt"
"Suicidal person"	"Person with suicidal thoughts or behaviors"
"Alarming increase..." or other sensational language	"Increase in suicide/suicide attempts..."

ACTIVITY

- Zero Suicide Workforce Survey
- Strongly agree to strongly disagree
- Zoom annotation



I believe suicide prevention is an important part of my professional role.



I am comfortable asking individuals direct and open questions about suicidal thoughts and behaviors.



I have received training at my organization or in my community related to suicide prevention.



My organization has clear policies and procedures in place that define each employee's role in preventing suicide.



The leadership at my organization or in my community has explicitly indicated that suicide prevention is a priority.



My organization provides me access to ongoing support and resources to further my understanding of suicide prevention.



Strongly Disagree



Disagree



**Neither Agree
or Disagree**



Agree



Strongly Agree

I feel that my organization would be responsive to issues that I bring up related to the safety of individuals at risk for suicide.



My organization has practices in place to support staff when a suicide occurs.



WHAT IS ZERO SUICIDE?

AUDIENCE ENGAGEMENT AND LANGUAGE

AUDIENCE ENGAGEMENT

Please use the Zoom chat function to enter what Zero Suicide is. No wrong answers!

DISCLAIMER

Zero Suicide can also be called suicide safer care. This change in language comes from input from individuals with lived experience.

INTRODUCTION TO ZERO SUICIDE



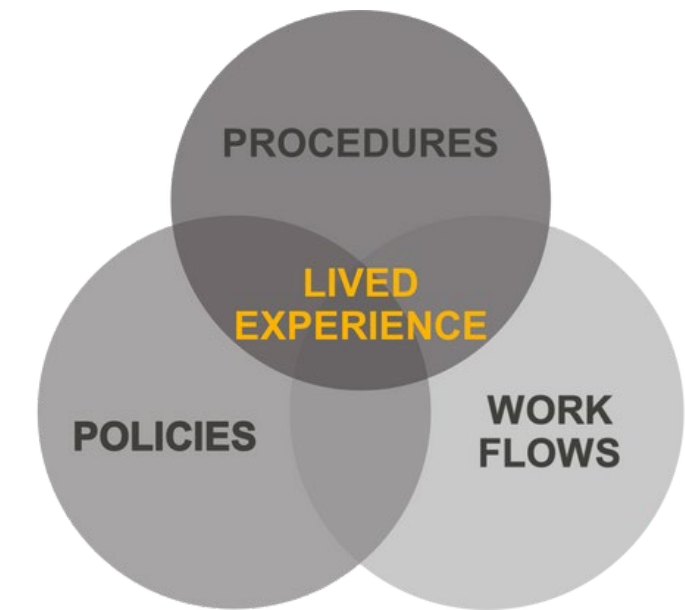
DEFINITION

Zero Suicide is a quality improvement model that works to implement system wide changes to improve the way behavioral and health care settings practice suicide care and prevention.



SEVEN ELEMENTS

The seven elements of zero suicide help operationalize the core components of the model to implement suicide safer care. The elements include: lead, train, identify, engage, treat, transition, and improve.



KEY COMPONENT

A key component of the framework is integrating lived experience. This includes both individuals with lived experience of suicide attempts or loss survivors. Ensuring inclusion in procedures, policies, and workflows.

ASPIRE TO ZERO

BRIEF INTRODUCTION





INTRODUCTION TO ACCESS CLINICS

OVERVIEW

Access Clinics, part of Milwaukee County Behavioral Health Services, offers culturally competent behavioral health and co-occurring care to Milwaukee County residents within their own communities.

ACCESSING CARE

Access Clinics provide crisis mental health care using a walk-in service model. This includes mental health and substance use assessment, therapeutic check-ins, peer support services, medication evaluations, and linkages to long-term support.

ZERO SUICIDE

Since 2015, Access Clinics have implemented a quality improvement project to enhance suicide prevention care using the Zero Suicide Framework.

Zero Suicide in Access Clinics



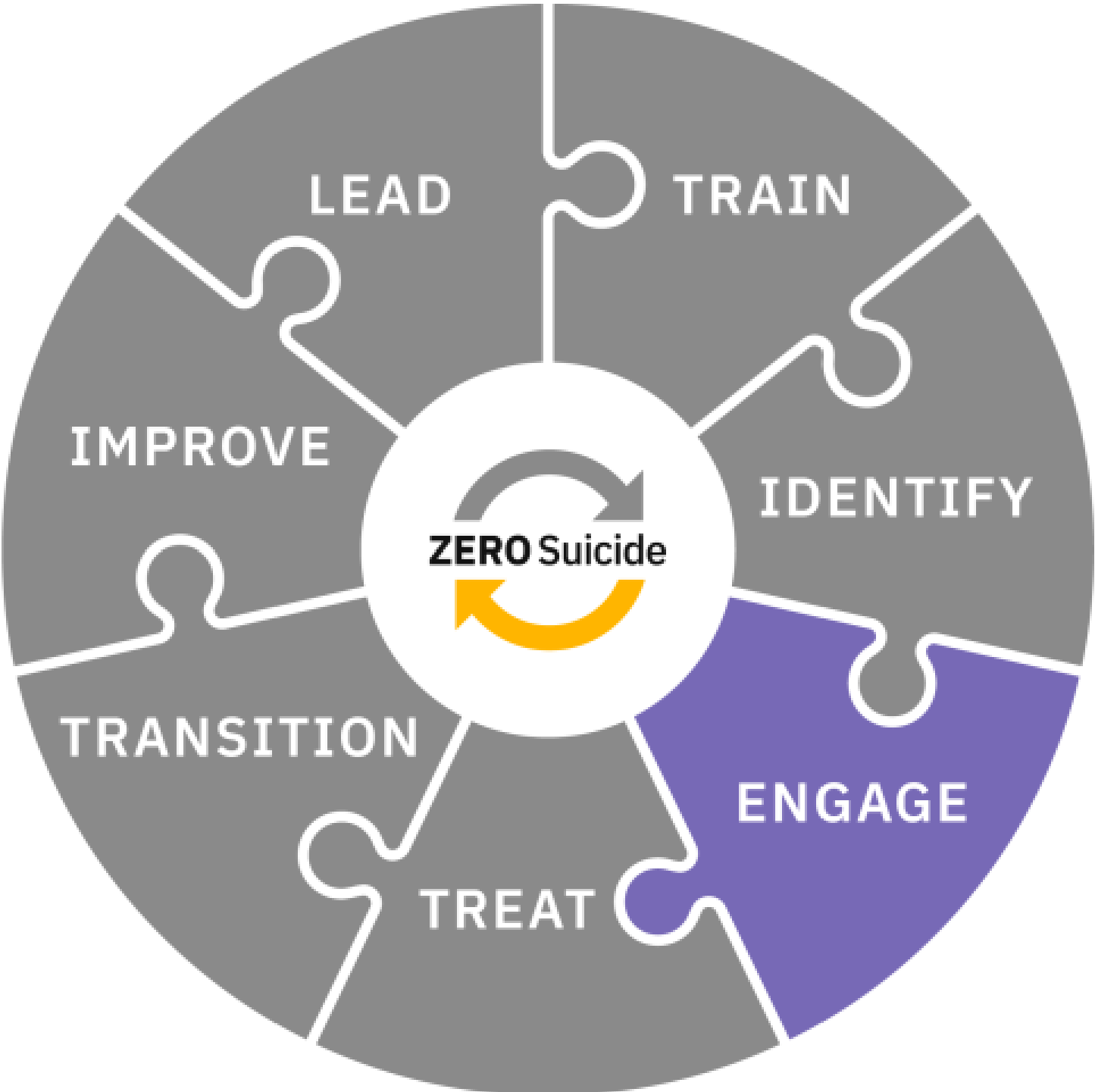
Zero Suicide in Access Clinics



Zero Suicide in Access Clinics



Zero Suicide in Access Clinics



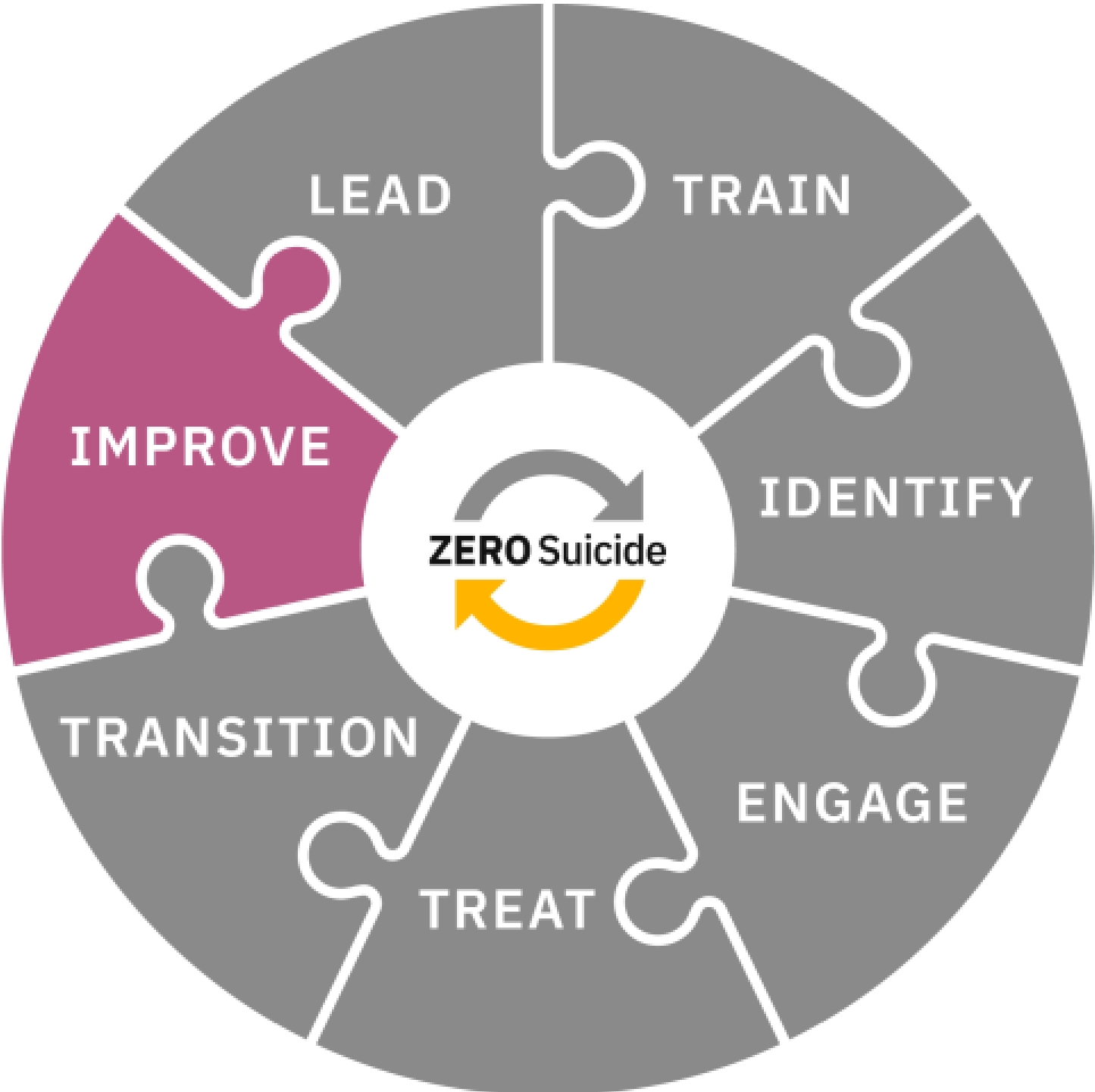
Zero Suicide in Access Clinics



Zero Suicide in Access Clinics



Zero Suicide in Access Clinics



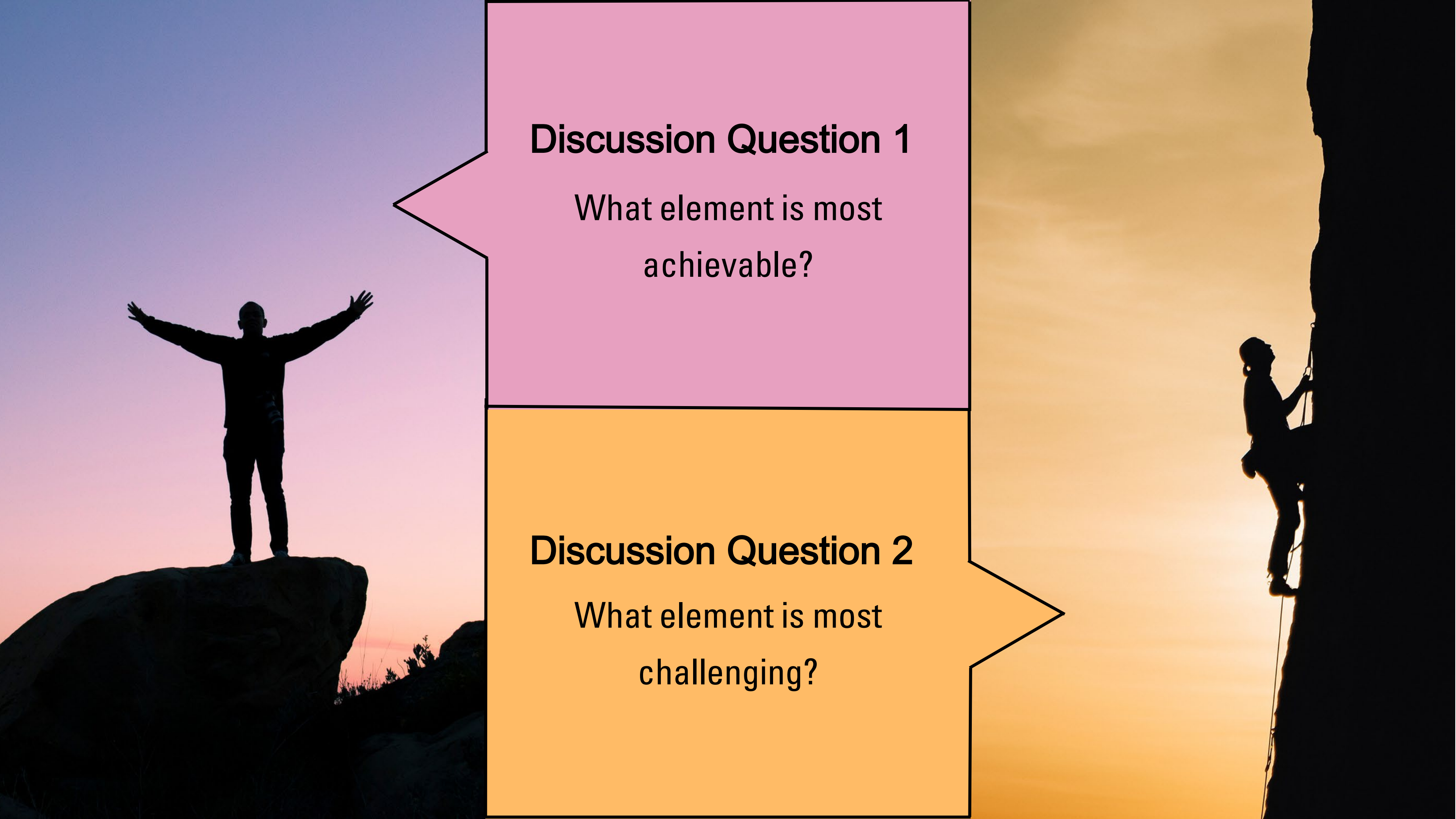
DO YOU HAVE QUESTIONS SO FAR?

Feel free to make this an open discussion for questions or clarifications before proceeding.



BRAIN BREAK





Discussion Question 1

What element is most achievable?

Discussion Question 2

What element is most challenging?

USING DATA

Data is an essential component of the Zero Suicide initiative. The improve element focuses on using data to:

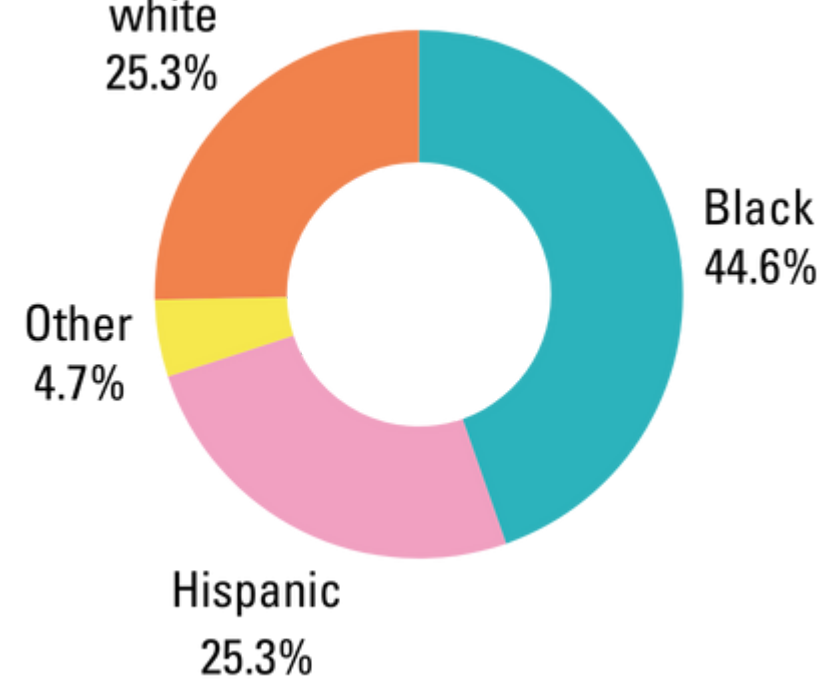
1. Identify areas for improvement
2. Tracking progress over time
3. Guiding decision- making
4. Ensuring fidelity to model
5. Supporting continuous learning
6. Ensuring interventions enhance patient safety and satisfaction



USING DATA

DATA TO INFORM THE IMPROVEMENT PROJECT

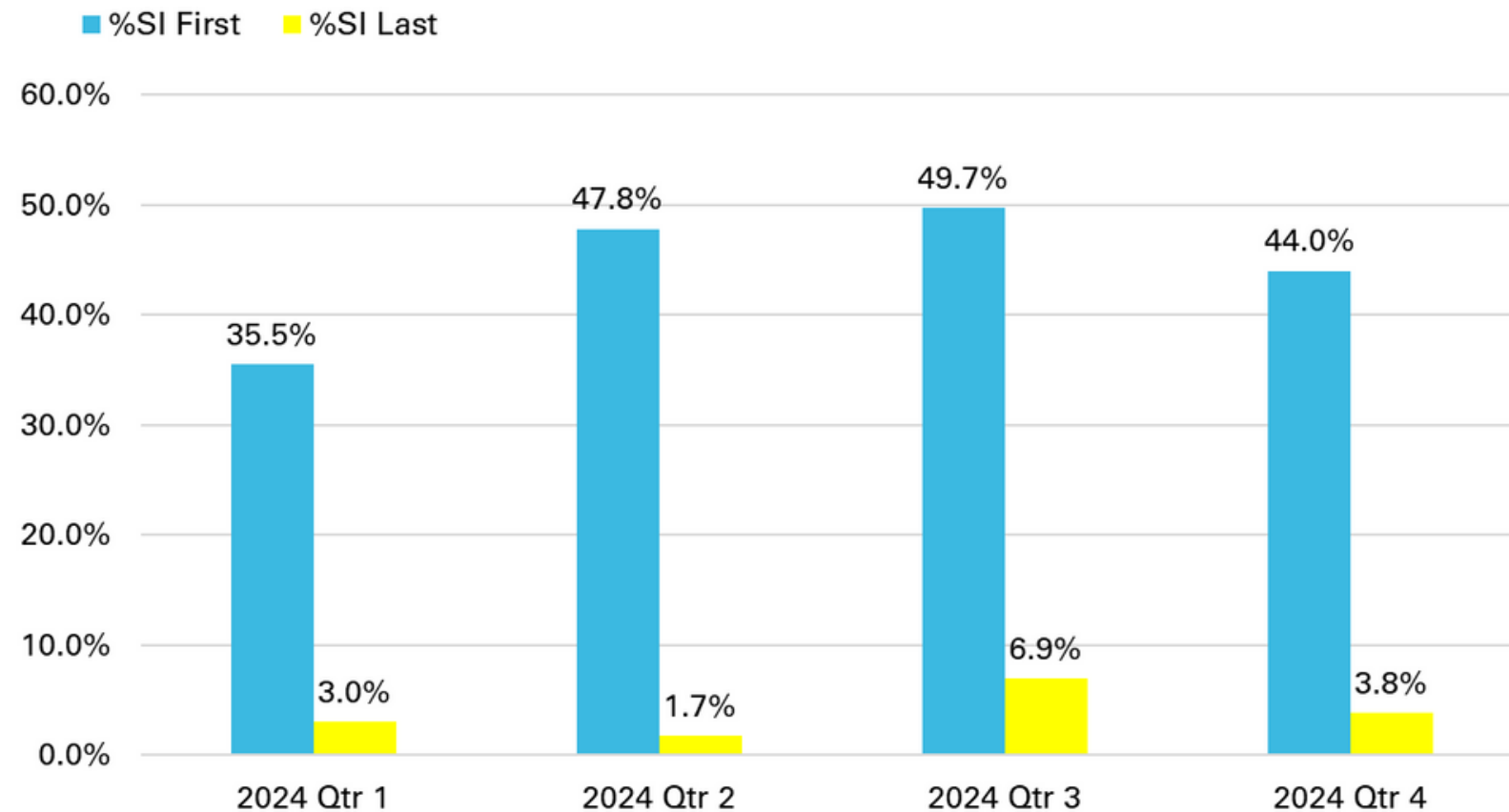
Race/Ethnicity of Individuals with Moderate and High Suicide Risk Levels



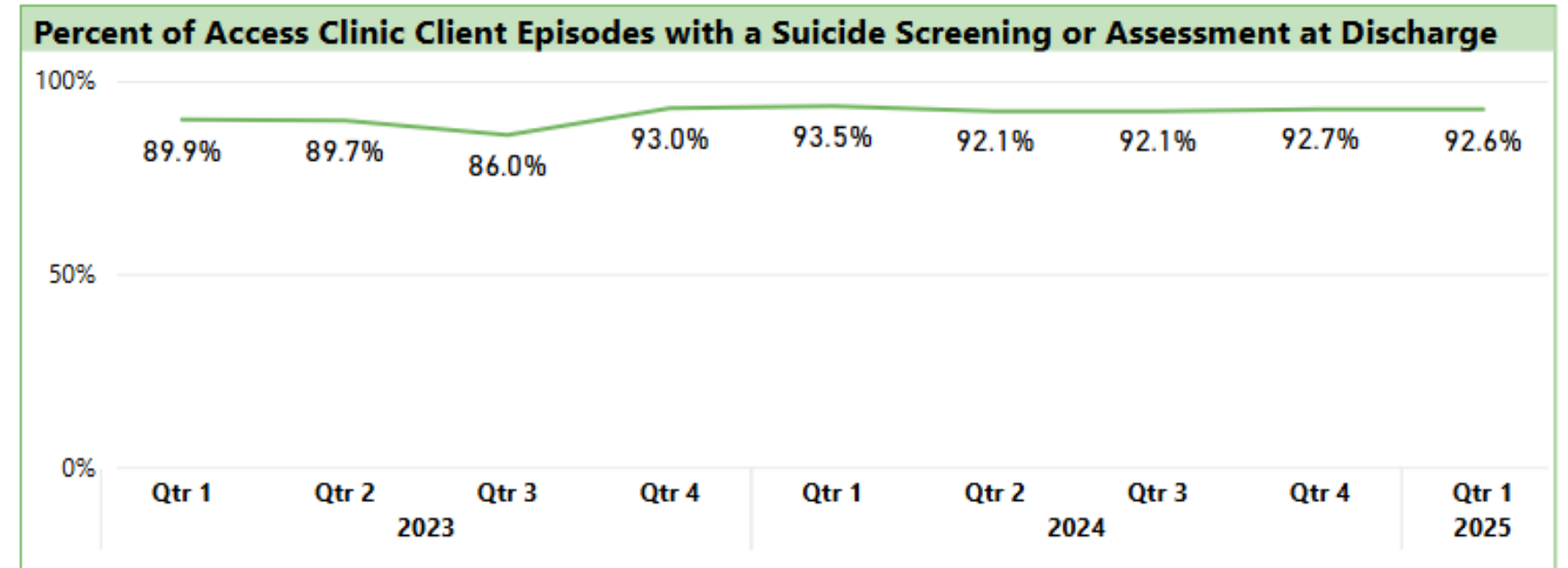
Sex of Individuals with Moderate and High Suicide Risk Levels



% of Clients Endorsing Suicidal Ideation at Initial and Last Assessment in 2024



% of Clients Screened and Assessed in 2023, 2024, and 2025



CHALLENGES TO IMPLEMENTATION

STAFF TURNOVER

Staff turnover can impact the implementation of Zero Suicide.

We have addressed it through:

- Training and engagement
- With new staff comes new perspectives
- Continuous leadership buy-in

SPECTRUM OF SERVICES

BHS and DHHS offer a wide array of programs. This has created a challenge to implementation. We have addressed it through:

- Program specific policies and procedures
- Ensuring representation across workgroups

BUY-IN

Buy-in impacts the process improvement and sustainability of the initiative. We have worked to address it through:

- Data driven decision making
- Sharing out about success
- Utilizing champions

SUICIDE SAFER CARE WORKS

- A new study suggests that by adopting Zero Suicide model, health care systems across the country and beyond **can reduce suicide rates among their patients by 25%**
 - Ahmedani BK, Penfold RB, Frank C, et al. Zero Suicide Model Implementation and Suicide Attempt Rates in Outpatient Mental Health Care. JAMA Netw Open. 2025;8(4):e253721.
doi:10.1001/jamanetworkopen.2025.3721

BREAKOUT ROOMS

Question 1

What is (or what do you think would be) the biggest barrier to implementation of Zero Suicide in your organization?

Question 2

What would be your first step (or next step) to implementing Zero Suicide at your organization?

QUESTIONS



THANK YOU!

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