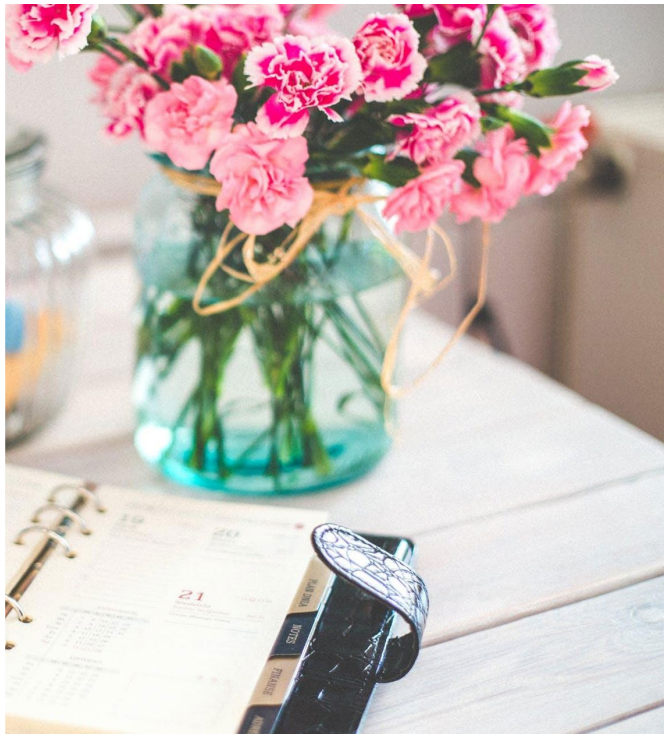
Day 2: Wisconsin Zero Suicide Training

WELCOME BACK!

Day 2 Agenda

- 9:00-9:55am- Welcome and Beliefs Activity
- 9:55-10:10am- BREAK
- 10:10-11:20am- ZS Element: ENGAGE
- 11:20-11:55am- ZS Element: TREAT
- 11:55-12:40pm- LUNCH BREAK
- 12:40-1:50pm- ZS Element: TRANSITION
- 1:50-2:40pm- ZS Element: IMPROVE
- 2:40-2:55pm- BREAK
- 2:55-3:25pm- Putting the Pieces Together
- 3:25-3:30pm- Closing



Mental Health America of Wisconsin

Head to the website by clicking this link or entering it manually: https://wzst2025.consider.it/ Insert your name, a pseudonym or “anonymous”, followed by your email and a password.

Respond to the Belief statement by selecting an opinion along the spectrum.

You may provide comments regarding your Belief anonymously by **unchecking** the box to “Sign your Name”.

“I believe suicide is okay in some situations, like when someone is terminally ill.”

“My religious beliefs tell me that suicide is wrong.”

“I believe that people should be stopped from killing themselves by any means necessary.”

Revisiting What We Bring to the Table

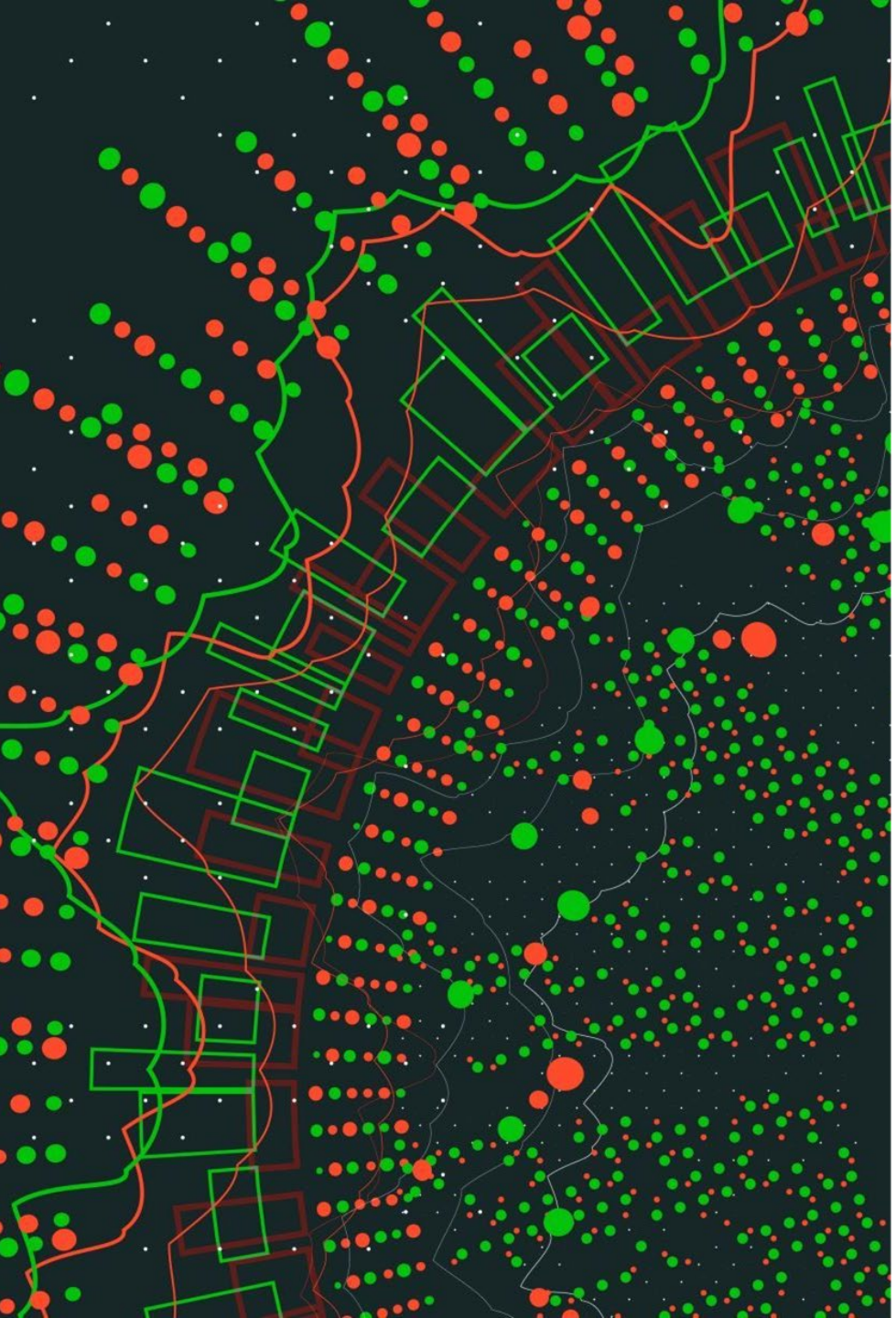
What has this exercise brought up for you?

What have you learned regarding your own beliefs?

How might these beliefs impact your ability to talk openly about suicide?


NEVER GIVE UP

Break
15 minutes



Zero Suicide Element: Engage

ENGAGE ALL INDIVIDUALS AT-RISK OF SUICIDE USING A SUICIDE CARE MANAGEMENT PLAN.

Zero Suicide Element: Engage

In the Zero Suicide framework, ENGAGE broadly refers to:

- A pathway to care that instills hope and is recovery focused
- Collaborative safety planning
- Counseling on access to lethal means
- The steps taken by providers to maintain the patient's engagement in, and commitment to, their care while working collaboratively with the individual
- Maintaining communication with the individual between appointments and during transitions
- The pathway is embedded and documented in an electronic health record

Zero Suicide Element: Engage

Designing Suicide Care Management Guidelines should specify the following:

- The screening tool and criteria to indicate that the individual should be engaged in a pathway to care
- Provision of same-day access to a behavioral health professional for formulation of a clinical judgment of risk using a standard risk formulation framework
- Requirements and protocols for safety planning, crisis support planning, and lethal means safety
- The frequency of visits for a patient on a suicide care pathway
- Actions for the provider and system to take when an individual misses an appointment or stops engaging in care as well as educating individuals on those steps

Zero Suicide Element: Engage

(Continued)

- The process for communicating with an individual about their diagnosis, treatment expectations, and what it means to be on a suicide care pathway
- Parameters for continued contact with and support for the individual, especially during transitions in care
- The referral process to suicide-specific, evidence-based interventions
- How documentation of progress and symptom reduction will take place
- Criteria and protocols for closing out the suicide care pathway when an individual is ready

Zero Suicide Element: Engage

Safety Planning should incorporate four elements of evidence-based suicide risk reduction:

- identify, teach/instruct in brief problem-solving & coping skills
- enhance social supports and identifying emergency contacts
- a discussion of **lethal means safety** which focuses on increasing safe use and storage of lethal means, particularly firearms
- motivational enhancement for future treatment engagement

Zero Suicide Element: Engage

A safety plan (Brown & Stanley, 2012) **should**:

- Be brief, in the patient's own words, and easy to read
- Involve family members as full collaborative partners
- Include a plan to promote lethal means safety that addresses access to lethal means,
- Be in the patient's possession when they are released from care and be updated whenever warranted

Barbara Stanley Video

David Jobes Video

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems **without** contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact #_____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

The one thing that is most important to me and worth living for is:

_____

NOTE – Safety plans are not "no suicide contracts"

Greg Brown & Barbara Stanley 2017

Zero Suicide Element: Engage

A progression – from internal resources to outside availability

- Recognizing personal warning signs
- Identify internal coping strategies to use without need to contact others
- Socialize with others who offer support, serve as distraction from crisis
- Contact family member/friend who may help resolve crisis
- Contact mental health professional or agency
- Address lethal means safety

Caregiver Safety Plan (Catalpa – Children)

1. My risk is…

2. Things inside/outside of my body that would tell my family, friends, and safe people that I am at risk

3. Things I can do to feel better

4. Things parents/caregivers can do or avoid

5. People I can contact to talk about my self-harming and/or suicidal thoughts,

and can help me stay safe:

Name(s): Contact Method(s):

6. Things my family or I can do to help keep me safe

 Remove or Lock up all Firearms in the home

 Remove unnecessary medications, and lock up all prescription and over the counter medication

 Lock up all sharps from the home (razors, kitchen knives, razor blades, box cutters, etc.)

***Drop box (increased supervision, 24 hour wake supervision, bedroom door remains open, remove access to vehicles, complete morning and evening safety checks, restrict unsupervised passes at school, sleeping in the same room as parent,)

 ***Drop box (stay around other people, avoid dangerous situations, inform safe people when I am having thoughts of harming myself)

7. Professionals I can contact if I continue to have self-harming and/or suicidal thoughts:

 Counselor: Agency: Phone #: Catalpa Health (during and after clinic hours) 750-7000

from: Brady Center to Prevent Gun Violence

See also:

Duration of Suicidal Crises

Lethal Means Counseling

Zero Suicide Element: Engage

Planning consistent with lethal means safety creates the time and space needed to allow other interventions to reduce suicidal ideation.

Assess whether the individual has access to or thought about lethal means:

- firearms in particular
- other means such as prescription medication, chemicals, knives, ligatures, etc.

Have a discussion about safe storage or removing firearms, other weapons, or lethal means such as medication during the crisis.

Prevent Firearm Suicide: https://preventfirearmsuicide.efsgv.org/

Firearm Prevention and Lethal Means Safety VA: https://www.va.gov/reach/lethal-means/

Transforming Tribal Communities: Indigenous Perspectives on Suicide Prevention

https://www.hsph.harvard.edu/means-matter/gun-shop-project

https://theactionalliance.org/sites/default/files/lethal_means_and_suicide_prevention-a_guide_for_community_and_industry_leaders_final.pdf

Lock, Stock, and Barrel: https://www.pediatrics.wisc.edu/wp-content/uploads/2024/02/BighamPedsMR1.22.24.pdf

Lock, Stock, and Barrel

https://www.cbsnews.com/news/gun-violence-doctors-counsel-patients-firearm-safety-at-home/

Dr. Bigham's contact information:

- James.bigham@wisc.edu

The Means Receipt

Questions?? Contact your provider: _____

In an emergency call _____ or **Call 911**
(Local crisis hotline)

Client's name: _____

Support individual's name: _____

Address: _____

Phone number: _____ Email address: _____

Type of means being restricted: _____

☐ Removal (describe) _____

☐ Secure (describe) _____

Safety Measures: _____

_____

_____

Release terms: _____

_____

_____ _____
Supporter's Signature Date

adaptation from Bryan, Stone and Rudd 2011

Zero Suicide Element: Engage

- Applied Suicide Intervention Skills Training (ASIST)
- Collaborative Assessment and Management of Suicidality (CAMS)
- Counseling on Access to Lethal Means (CALM): https://zerosuicidetraining.edc.org/enrol/index.php?id=20

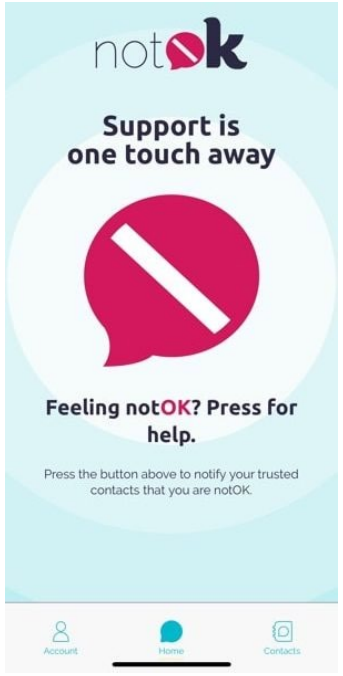
Online Resources on Reducing Access to Lethal Means:

- Means Matter: Lethal Means Counseling
- CALM – Counseling on Access to Lethal Means (2016)

Apps for suicide safety care

Mental Health America of Wisconsin

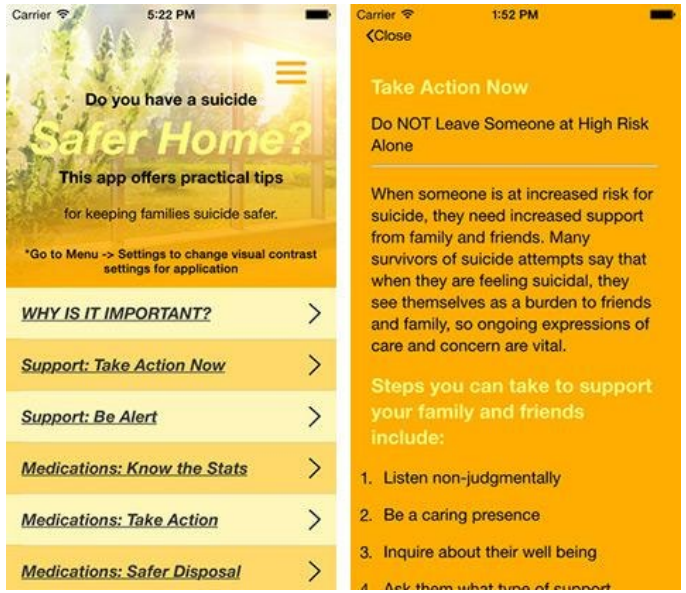
Suicide Safety Plan



NotOk App

Suicide Safe SAMHSA

A Friend Asks App



ASK App

Resources for Former Guard and Reserve Members

Example: Suicide Care Management Pathway at a Multifaceted Organization

Safety + Empathy + Trust = Engagement

Foundation:

- Confidentiality
- Compassion
- Leadership
- Non-punitive pathways

ENGAGE

Embed lived experience from the start of implementation to shift culture and practice.

There is a 300% increased risk for suicide in the week after discharge from a psychiatric inpatient stay and a 200% increased risk for suicide in the 30 days after discharge. (Chung et al., 2019)

(Chris Wojnar, 2025 ZS CoP Presentation)

Zero Suicide Element: Engage

Consumer perspective of safety planning

- Client's wording
- Working document
- Friends and places client will call
- Places client will comfortably go
- Should be done collaboratively
- Leave the consumer with hope!
- Should be reviewed at least once a year and when there is a change in someone's life
- Resources to include on the safety plan:
  - Wisconsin Peer-Run Respites
  - Call or Text 988, or chat at https://988lifeline.org/
  - Text HOPELINE- 741741
  - Peer support lines

Implementation Planning: Engage

- Do we/should we use safety plans? How are staff trained on these? How do we audit for best practices?
- What is our policy for counseling on access to lethal means? How can we monitor whether access has been reduced?
- What might a suicide care management pathway look like in our organization? What are the barriers to accomplishing this?
- Are you engaged in any collaborative efforts to network with other individuals and/or organizations to enhance access to services or improve the referral process for those at-risk?

Zero Suicide Element: Treat

USE EFFECTIVE, EVIDENCE-BASED TREATMENTS THAT DIRECTLY TARGET SUICIDE RISK

Zero Suicide Element: Treat

Use of evidence-based interventions designed to target suicide risk directly.

- **Treat suicide risk versus mental illness**
- Provide evidence-based interventions
  - Non-demanding “caring contacts” (will discuss this further later)
  - Structured, problem-solving therapies
  - Collaborative assessment and treatment planning
- Provide care in the least restrictive setting
  - Crisis Support and Follow-up
  - Brief Intervention and Follow-up
  - Emergency Respite Care, Hospitalization, Mobile Crisis teams and telemedicine

Link to video

Zero Suicide Element: Treat

Evidence based-research informed Interventions for Suicide Risk

Collaborative Assessment and Management of Suicidality (CAMS-Dr David Jobes)

Cognitive Behavioral Therapy for Suicide Prevention (CBT-Dr Aaron Beck)

Dialectical Behavior Therapy (DBT-Marsha Linehan)

Alternatives to Clinical Approaches

Alternatives to traditional Inpatient or Outpatient Treatment services do exist for those that do not prefer clinical services. A thorough assessment will help guide what level of care is most appropriate for your client. Knowledge of these alternatives is critical to ensure continuity and safety. (MHA evidence for peer support)

Peer support (certified peer specialists may be billable to alternative funding sources)

i.e.: Medicaid, CCS, CSP

Respite care might be available in your community

Now Matters Now

Ursula Whiteside, PhD

- Certified DBT clinician
- CEO of Nowmattersnow.org
- Clinical Faculty at the University of Washington
- She has lived experience and hopes to decrease the gap between “us and them”
- Video: APA 2019 Main Stage: Ursula Whiteside on Suicide Prevention YouTube

Break
45 minutes

Zero Suicide Element: Transition

TRANSITION INDIVIDUALS THROUGH CARE WITH WARM HAND-OFFS AND SUPPORTIVE CONTACTS.

Zero Suicide Element: Transition

Care transitions are high-risk times for patients

Have inclusive policies for safe care transitions that:

- address suicide risk at every visit
- provide guidance for successful care transitions and specify the contacts and supports needed throughout the process
- create bridges & monitoring
- remove barriers to scheduling a patient's follow-up appointments.

Safe Care Transitions for Suicide Prevention

Support Safe Care Transitions and Create Organizational Linkages

Zero Suicide Element: Transition

Essential Organizational Components

- Policies provide clear guidance for successful care transitions and specify the contacts and supports needed throughout the process to manage the transitions.
- Staff are provided training (initial and ongoing) appropriate for their role, on the importance of transitions and the organizational procedures to support transitioning individuals.
- Care transition activities (e.g., phone calls to the individual or collaborating providers, postcards sent, and responses) are recorded in the organization's health record.
- Data are collected to identify gaps in care or training to continuously improve the processes and procedures regarding transitions of care.

Zero Suicide Element: Transition

Essential Organizational Components (continued)

- A Just Culture spirit is maintained, particularly if there is an adverse event, and a systems-improvement focus is kept instead of a culture that faults individual service providers.
- Leaders facilitate MOUs or other collaborative relationships between their organization and other organizations to improve the processes of interorganizational transitions. https://zerosuicide.edc.org/resources/resource-database/memorandum-understanding-between-inpatient-and-outpatient

Zero Suicide Element: Transition

Best practice for a more successful care transition

- Collaboratively update the individual's safety plan before referral (if a safety plan was done)
- Provide lethal means counseling or review plan to reduce access to lethal means before discharge (i.e., particularly related to firearms and any medication provided to the individual)
- Obtain release of information from individual to enable direct communication, if necessary, between the referring and new provider
- Ensure the individual has had direct contact with the new provider through a warm handoff **Link to SoundCloud "Warm Hand-Off"**

Zero Suicide Element: Transition

Best practice for a more successful care transition (continued)

- Address any potential barriers to attending the appointment with the individual (e.g., transportation)
- Send records to the new care provider several days in advance of the appointment
- Contact the individual and/or the new provider within 24-48 hours to confirm transition and document the contact
- Follow up with the individual if the appointment was not kept and provide additional support, address barriers, etc.

Zero Suicide Element: Transition

- Standardize training and train all staff on policies and procedures on how to conduct a successful hand-off for safe care transitions.
- Ensure that patients receive education about the model of care and the rationale for treatment as they move from one clinician to another, or from one agency/setting to another.
- Assist the individual in understanding and navigating the system of potential supports, preferably from a peer.
- Monitor to ensure that care transitions are documented and flagged for action in an electronic health record or a paper record.
- Monitor the success of interventions to improve hand-off communication

Zero Suicide Element: Transition

Rapid Referral

Rapid follow-up and referral involves taking steps during an emergency department visit or before discharge from inpatient care to facilitate immediate access to an outpatient treatment appointment for the patient, preferably within 24–48 hours after discharge.

Organization policies should provide for:

- Scheduling the first outpatient appointment before the patient is discharged, if the outpatient provider is reachable
- Leaving a message with the outpatient provider to request priority scheduling for the patient upon discharge, if the provider is not reachable

Zero Suicide Element: Transition

Caring Contacts

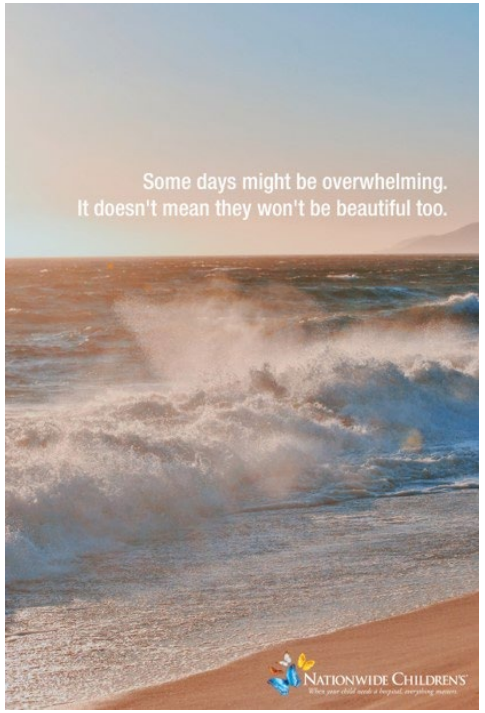
Caring contacts are brief communications with patients during care transitions such as discharge from treatment or when patients miss appointments, has dropped out of treatment or been difficult to engage with. These contacts:

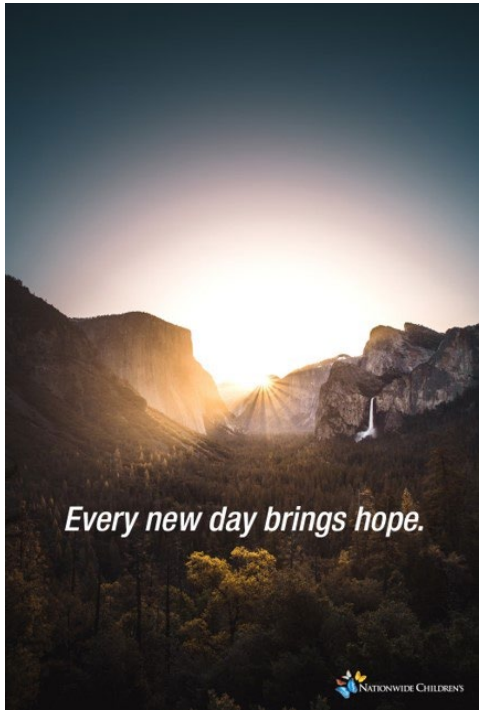
- Allow care providers to show continued support for a patient
- can promote a patient's feeling of connection to treatment, and
- increase his or her participation in collaborative treatment.

- **What are caring contacts?** https://caringcontacts.info/CCinfo.html
- NetCare Caring Cards Ideas
- Centerstone Suicide Prevention Pathway Caring Letter
- Video: " How Caring Letters Prevent Suicide"
- Caring Texts: A Strength-Based, Suicide Prevention Study in 4 Native Communities

Zero Suicide Element: Transition

Caring Contact examples on the Zero Suicide website





Caring Contacts: Give Tangible Hope - Training with Ursula ...

Nationwide Children's Caring Contacts

Zero Suicide Element: Transition

Other Bridging/Transition Strategies

- Brief patient education that helps the patient understand his or her condition and what treatment options exist to facilitate patient and family follow-through
- Assistance with understanding and navigating the system of potential supports, preferably from a peer. Sometimes called peer or community-bridging
- Onsite counseling by staff from a community-based organization who can then see the patient for follow-up care after discharge
- Providing the patient with a copy of his or her safety plan or updating a safety plan to make sure it is relevant for the current level of care
- Utilize Crisis Services to Supplement Care

UPLIFT WI
HERE WHEN YOU NEED AN EAR

R & R House
Mental Health America of Wisconsin

Zero Suicide Element: Transition

Utilize community organizations and programming in the least restrictive environments

- Peer run respite
- Peer Support warm lines
- Educational groups
- Support groups:
  - Alt2Su
  - Survivors Helping Survivors
- Peer coaches for substance use disorders

Implementation Planning: Treat/Transition

- How can your organization improve its ability to directly treat suicidal thoughts and behaviors?
- How does your organization stay connected with clients during times of transition or discharge?
- Are you aware of any “cracks” in the system that contribute to individuals not receiving adequate follow-up services? What will it take to improve this?
- Are there policies and procedures in place to coordinate, track and monitor individuals who are at-risk?
- What can be done to improve the system-wide approach to coordinating care between agencies for those at-risk?

Zero Suicide Element: Improve

APPLY A DATA-DRIVEN QUALITY IMPROVEMENT APPROACH TO INFORM SYSTEM CHANGES THAT WILL LEAD TO IMPROVED PATIENT OUTCOMES AND BETTER CARE FOR THOSE AT RISK.

Zero Suicide Element: Improve

The Zero Suicide Model of Quality Improvement:

- Driven by data
- Rooted in a just culture
- Tied to fidelity

Zero Suicide Element: Improve

Data-driven quality improvement is essential to ensure improved patient outcomes and better care for those at risk of suicide.

Zero Suicide Element: Improve

Specifying all aspects of suicide care in the clinical workflow and monitored in an electronic health record will provide necessary data to identify successes and failures in care

Zero Suicide Element: Improve

Continuous quality improvement can only be effectively implemented in a safety-oriented, "just" culture free of blame for individual clinicians when a patient attempts or dies by suicide (Coffey, 2015).

What is a “Just Culture”?

The single greatest impediment to error prevention in the medical industry is “that we punish people for making mistakes.”

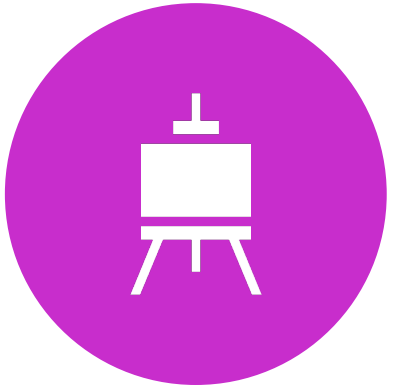
Dr. Lucian Leape Professor,

Harvard School of Public Health Testimony before Congress on Health Care Quality Improvement

The Behaviors We Can Expect

- Human error
- At-risk behavior
- Reckless behavior

Just Culture is about:



CREATING AN OPEN, FAIR, AND JUST CULTURE

CREATING A LEARNING CULTURE

DESIGNING SAFE SYSTEMS

While traditionally, health care's culture has held individuals accountable for all errors or mishaps that befall patients under their care…

A just culture recognizes that individual practitioners should not be held accountable for system failings over which they have no control.

A just culture also recognizes many errors represent predictable interactions between human operators and the systems in which they work.

A just culture recognizes that competent professionals make mistakes.

A just culture acknowledges that even competent professionals will develop unhealthy norms (shortcuts, "routine rule violations").

A just culture has zero tolerance for reckless behavior.

It’s About Changing Managerial Expectations

01

Knowing my risks – Investigating the source of errors and at-risk behaviors

02

Turning events into an understanding of risk

03

Designing safe systems

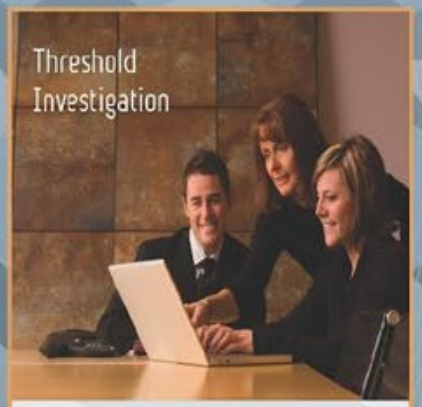
- Providing tools to staff that support risk elimination

04

Facilitating safe choices

- Consoling
- Coaching
- Disciplining as necessary

The Just Culture Algorithm™ v3.1



- What happened?
- What normally happens?
- What does procedure require? (if applicable)
- Why did it happen?
- How was the organization managing the risk?

Did an employee put an organizational interest or value in harm's way?

- Potential or actual harm to persons
- Potential or actual harm to property

Did the employee breach a duty to follow a procedural rule in a system designed by the employer?

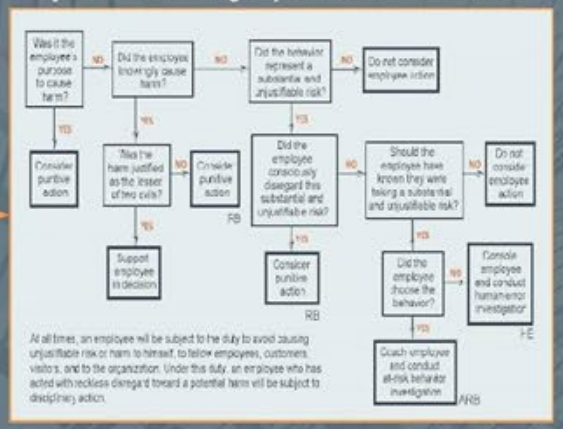
- Rule specifies how to perform the job
- System largely controlled by employer

Did the employee breach a duty to produce an outcome?

- Rule specifies the outcome to be achieved
- System largely controlled by employee

* If unsure, default to duty to follow a procedural rule

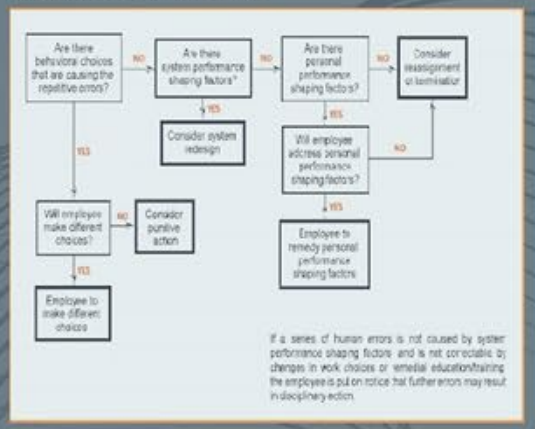
Duty to Avoid Causing Unjustifiable Risk or Harm



Actions

	With System	With Employee
Human Error (HE)	Modify system performance shaping factors	Console employee Remedial action
At-Risk Behavior (ARB)	Modify system performance shaping factors	Coach employee Remedial action
Reckless Behavior (RB)		Punitive action Remedial action

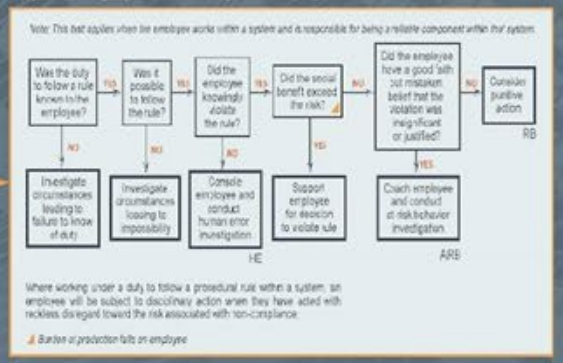
Repetitive Human Errors



Actions

	With System	With Employee
Repetitive Errors	Modify system performance shaping factors	Employee to address personal performance shaping factors Employee to make better behavioral choices

Duty to Follow a Procedural Rule
(system largely controlled by the employer)



Actions

	With System	With Employee
Human Error (HE)	Modify system performance shaping factors	Console employee Remedial action
At-Risk Behavior (ARB)	Modify system performance shaping factors	Coach employee Remedial action
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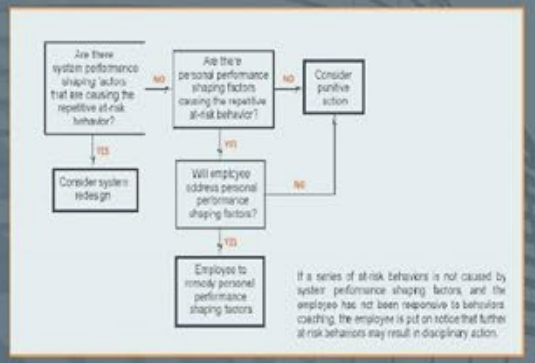
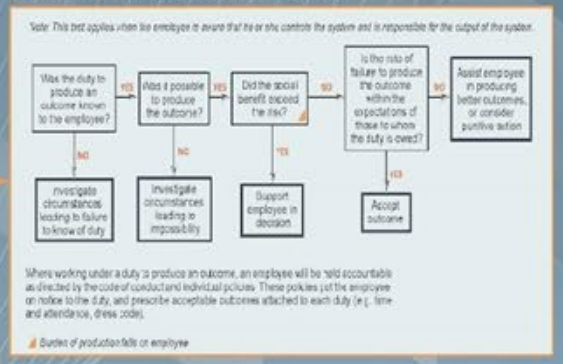
Repetitive At-Risk Behaviors



Actions

	With System	With Employee
Repetitive At-Risk Behaviors	Modify system performance shaping factors	Employee to address personal performance shaping factors Employee to make better behavioral choices

Duty to Produce an Outcome
(system largely controlled by the employee)



Actions

	With System	With Employee
Duty to Produce Outcome	Modify system performance shaping factors	Help employee produce better outcomes Punitive action

Definitions

AT-RISK BEHAVIOR - behavioral choice that increases risk where risk is not recognized or is mistakenly believed to be justified

COACHING - supportive discussion with the employee on the need to engage in safe behavioral choices

COUNSELING - a first step in disciplinary action, putting the employee on notice that performance is unacceptable

DISCIPLINARY ACTION - actions beyond remedial, up to and including punitive action or termination

HUMAN ERROR - inadvertently doing other than what should have been done; a slip, lapse, or mistake

IMPOSSIBILITY - condition outside of employee's control that prevents duty from being fulfilled

KNOWINGLY CAUSE HARM - having knowledge that harm is practically certain to occur

PERFORMANCE SHAPING FACTORS - attributes that impact the likelihood of human errors or behavioral drift

PUNITIVE ACTION - punitive deterrent to cause an individual or group to refrain from undesired behavioral choices

PURPOSE TO CAUSE HARM - conscious objective to cause harm

RECKLESS BEHAVIOR - behavioral choice to consciously disregard a substantial and unjustifiable risk

REMEDIAL ACTION - actions taken to aid employee including education, training, assignment to task appropriate to knowledge and skill

SUBSTANTIAL AND UNJUSTIFIABLE RISK - a behavior where the risk of harm outweighs the social benefit attached to the behavior

Zero Suicide Element: Improve

A data-driven quality improvement approach involves assessing two main categories:

- Fidelity to the essential systems, policy, and patient-care components of the Zero Suicide model
- Patient-care outcomes that should come about when the organization implements those essential components

Zero Suicide Element: Improve

Assess Fidelity to the Zero Suicide Model

- Create a plan to assess the organization's fidelity to the Zero Suicide model.
- Completing a fidelity assessment will allow you to:
  - Determine how closely the elements of the Zero Suicide model are being followed
  - Check on quality
  - Help identify opportunities for improvement

Zero Suicide Element: Improve

Measure Patient-Care Outcomes

- Create a plan to set patient-care goals and to evaluate the outcomes that systems, policy, and patient-care changes are designed to produce.
- Create a plan to collect and review patient-care data every six to twelve months.
- Provide feedback regularly to senior leadership and staff on progress toward patient-care goals in conjunction with the systems, policy, and patient-care practice changes being made in the organization's Zero Suicide approach.

Zero Suicide Element: Improve

To assist in this process, the Zero Suicide Data Elements Worksheet provides suggestions for what data elements to measure in an evaluation plan.

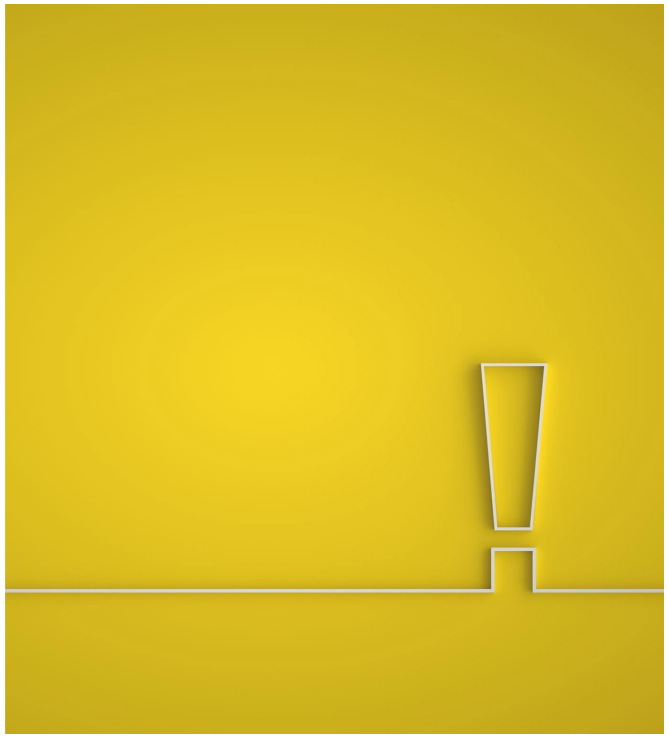
These include:

Screening	Assessment	Safety plan development	Lethal means counseling	Missed appointment follow-up	Acute care transition

Zero Suicide Element: Improve

The Data Elements Worksheet suggests additional rates that are useful for health and behavioral health care organizations to examine, if possible:

- ED usage
- Inpatient admissions
- Number of suicide attempts among all patients
- Number of suicide attempts among patients with identified risk
- Suicide among all patients
- Suicide among patients with identified suicide risk



Zero Suicide Element: Improve

Apply Data-driven Quality Improvement: A Work Plan

The basic next step to measure improvements in the quality of suicide care is to:

- Enlist the implementation team in developing an evaluation plan, including a plan to evaluate progress

- Additional resources to help develop the plans:
  - Quick Guide to Getting Started with Zero Suicide
  - Zero Suicide Work Plan Template

Zero Suicide Element: Improve

Addressing Environmental Factors in Inpatient/Residential Settings

CMS Ligature Initiative

Patient Safety Assessment Tool (VA)

Implementation Planning: Improve

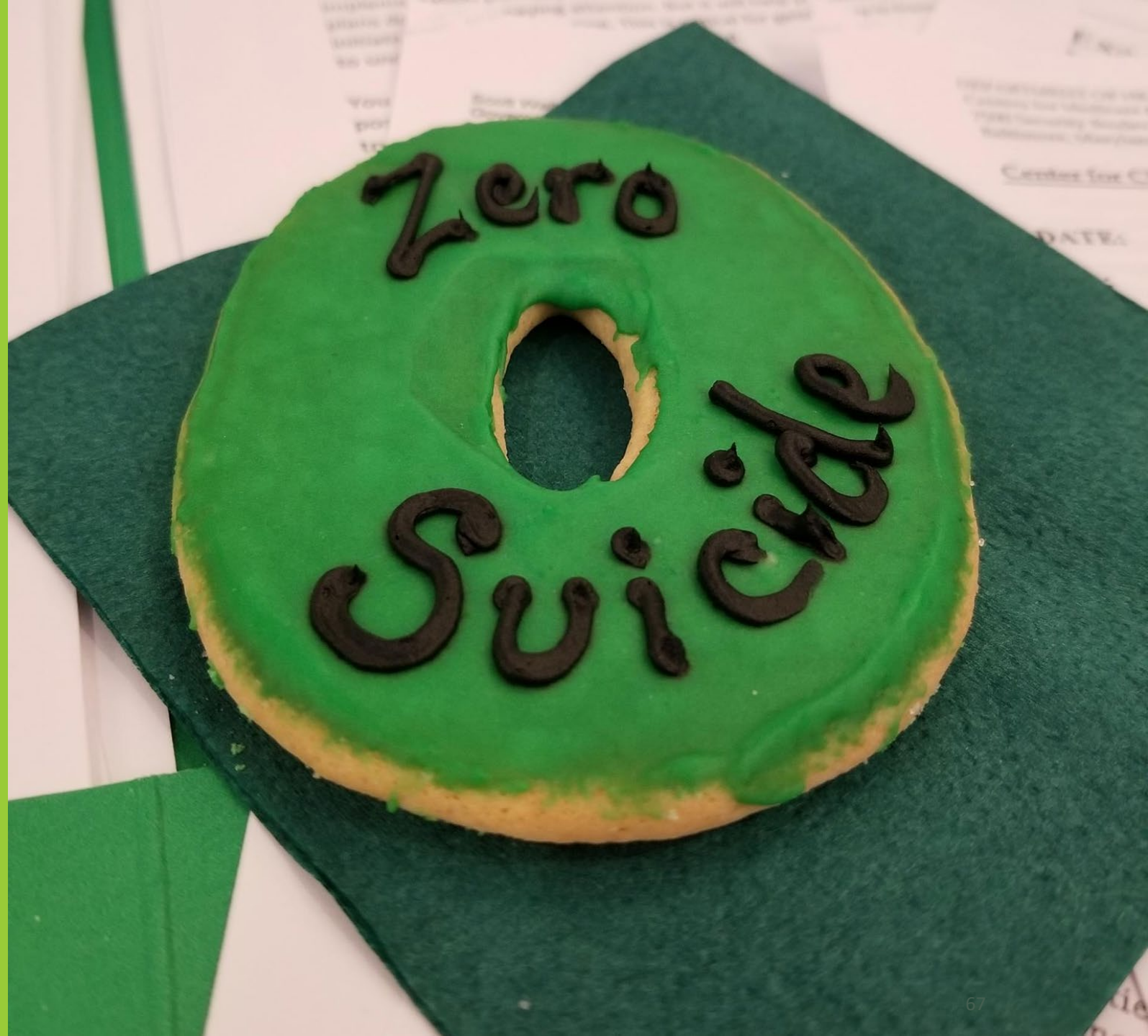
How this can best be incorporated into the work that you do and what support will need to accomplish that?

Identify how your organization could become more involved in suicide prevention by collecting data. How would you collect it, who can help and how will you report it to your groups?

What are some steps you believe you could engage in to enhance community awareness regarding suicide prevention and work to decrease stigma for those seeking care/services?

BREAK

15 MINUTES



Putting the Pieces Together

ORGANIZATIONAL GOAL SETTING

Where do we go from here???

Implementation Planning: Overall

- Looking at the items you have identified over the past three days, which ones are critical for getting you off to a solid start in the first three months?
- Given what you have identified as areas to address, system capacity to implement change, and opportunities for synergy with other initiatives, which items would you prioritize to work on during the coming year?

Please email your notes to Kelsey at kelsey@mhawisconsin.org.

Team Top Priorities & Final Thoughts

- Centers for Independence/Whole Health Clinical Group- CRC
- GLITC N CREW
- Red Cliff Community Health Center
- SSM Health of Wisconsin
- ThedaCare Behavioral Health

Final Wrap Up

questions or comments?

please complete your evaluation survey! ☺

LINK TO EVALUATION SURVEY

CEH FORM