

Is Your System Ready to Implement Zero Suicide?

We are a health or behavioral health program in Indian Country or in an urban setting serving Indigenous communities.

Yes

No

Zero Suicide is not a framework for social service agencies, faith/spiritual groups, schools, etc. Zero Suicide is a framework designed for health and behavioral health care programs, but you have a role too. Get your organization trained on SafeTalk, ASIST, or other “gatekeeper” type training that will help your members recognize when someone needs help and how to act immediately to keep them safe.

We are familiar with the Zero Suicide as a framework for health and behavioral health care designed to help make our care safe for all people who come for services.

Yes

No

Read the [Zero Suicide Toolkit](#) followed by [The Best and Promising Practices for the Implementation of Zero Suicide in Indian Country](#) at zerosuicide.com. Join the [Zero Suicide email list](#).

Our leadership is committed to creating a system that provides safer suicide care and we have a team of people who believe in that mission.

Yes

No

Investigate surveillance data on loss of lives to suicide for the Tribal or urban Native communities in which your system is located. Present that data to leadership of your system to help make a case for implementation. Download free information from zerosuicide.com and from sprc.org to strengthen your presentation.

We have enough support of leadership from at least one department so that we could begin to implement Zero Suicide using universal screening for every person who enters our system.

Yes

No

Zero Suicide is an effort undertaken by the entire system and cannot be championed by one person. It is a change in the culture of the health or behavioral health care system as a whole. Follow recommendation above to create a team of people in leadership who can become champions.

Right now, our community is in crisis with the loss of several of our members to suicide, and we want to implement Zero Suicide within our system. Is this a good time to do so?

No

A community crisis is not the time to implement Zero Suicide. Implementation deserves dedication to the effort and focused attention to ensure forward movement. Provide support to the community with resources, connection with the leaders and Traditional Healers to facilitate community meetings and postvention efforts such as Talking Circles and other forms of healing used by the members of the Tribe.

We have a robust electronic health record or other methods to capture data we need to ensure that we are always improving our services.

Yes

No

Data is critical to the implementation of Zero Suicide in any health or behavioral health care system. It helps the system review processes, outcomes, trends, and successes. It tracks people who may be at risk for suicide and alerts others in the system also working with the individual that extra care and attention must be paid. It helps with follow-up and safe transitions from one level of care to the next. Some systems do not have an electronic health record. These systems may create codes for each of the functions related specifically to Zero Suicide implementation (screening, assessment, treatment, referral, follow-up, etc.) then investigate the creation of reports from the billing system to aid in the development of a plan for continuous quality improvement.

Your system is ready to implement Zero Suicide.

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