

Organizational Self-Study Addendums for Tribal or IHS-Led Health Systems

It is important to ensure that the Tribal community sees themselves as part of the team leading the effort to ensure that suicide-safer care is provided to their members. In order for that to happen, they must be able to see themselves in the tool that is designed to assess the system. This may provide some very intentional training of key Tribal leadership ensuring that they know the scope of suicide-safer care services provided in the health care system.

Ideally, the team will meet together to discuss and complete the [Zero Suicide Organizational Self-Study](#). This will act not only to educate the Tribal leadership, but to gain their input as well, aiding the system through understanding the perception of the community of the services provided. The following three items, pulled from the existing Organizational Self-Study, represent both the background/rationale and questions that may be amended to be resonant with the inclusion of Tribal communities in the process of implementing Zero Suicide in a Tribal or IHS-led health system. Suggested language for the background is bolded.

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 check to determine how closely the components of the Zero Suicide framework 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 with the implementation team, **including those of the Tribal leadership who have been invited to serve on the team**. Staff and **invited Tribal leaders** involved in the policymaking for and care of **Tribal individuals** 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. (Information about putting together a Zero Suicide implementation team can be found on our website.) While the Self-Study is not exhaustive with regard to all issues that can

affect suicide-safer care and outcomes, it does reflect components that define the Zero Suicide approach. For more information or clarification regarding any of the items in this Self-Study, please visit www.zerosuicide.com.

Each component of the Zero Suicide framework 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 framework. This tool should be completed by members of the implementation team who are responsible for developing and implementing the organization's Zero Suicide initiative **including Tribal leadership who have been invited to serve as members of the implementation team**.

Question 8

8. Create a leadership-driven, safety-oriented culture. Leadership includes that of the Tribes where services are being provided:

What is the role of Indigenous 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. Indigenous suicide attempt or loss survivors are not explicitly involved in the development of suicide prevention or postvention activities within the organization and there have been no attempts to examine how death by suicide is articulated within the Tribe.
2. Indigenous suicide attempt or loss survivors have ad hoc or informal roles within the organization, such as serving as volunteers or peer supports.
3. Indigenous 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. Indigenous suicide attempt and loss survivors participate as active members of decision-making teams, such as the Zero Suicide implementation team.
5. Indigenous 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. They

advise the system related to ways in which the Tribal community articulates death by suicide and assist with postvention activities when there is a loss in the community.

Question 9

9. Develop a culturally aware, competent, confident, and caring workforce:

How does the organization formally assess staff on their perception of their knowledge of the Tribes with whom they are working confidence, skills, and perceived support to care for Tribal individuals 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 knowledge of the cultures of the Tribes, or confidence and skills in providing suicide care.
2. Clinicians who provide direct care are routinely asked to provide suggestions for clinical training as well as training around the cultures of the Tribes where they provide services.
3. Clinical staff complete a formal assessment of knowledge of the cultures of the Tribes with whom they work, as well as skills, needs, and supports regarding suicide care. Training is tied to the results of this assessment.
4. A formal assessment of the perception of cultural knowledge, confidence, and skills in working with the Tribes to provide suicide care is completed by all staff (clinical and non-clinical). Comprehensive organizational training plans are tied to the results.
5. A formal assessment of the perception of cultural knowledge, confidence, and skills in working with the Tribes to provide suicide care is completed by all staff and reassessed at least every three years. Organizational training and policies are developed and enhanced in response to perceived staff challenges.

Question 15

15. Ensure every person has a culturally-appropriate suicide care management plan (pathway to care):

Which best describes the organization's approach to caring for and tracking Tribal people at risk for suicide?

A suicide care management plan should include the following:

- » Screening
- » Assessment and risk formulation
- » Safety planning
- » Lethal means restriction
- » Evidence-based/evidence-suggested treatment and/or the use of traditional medicine and Traditional Healers
- » Supportive contacts with individuals who don't show for appointments and during care transitions

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

1. Providers use best judgment in the care of Tribal individuals with suicidal thoughts or behaviors and seek consultation if needed. There is no formal guidance related to care for individuals at risk for suicide.
2. When suicide risk is detected, the care plan is limited to referral to the ED or screening and referral to a senior clinician.
3. All providers are expected to provide culturally-appropriate care to those at risk for suicide. The organization has guidance for care management for individuals at different risk levels, including frequency of contact, care planning, and safety planning.
4. Electronic or paper health records are enhanced to embed all suicide care management components listed above. Providers have clear protocols or policies for care management for individuals with suicidal thoughts or behaviors, and information sharing and collaboration among all relevant providers, including Traditional Healers, are documented. Staff receive guidance on and clearly understand the organization's suicide care management 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 electronic health records and reflects all of the suicide care management components listed above. Protocols for putting someone on and taking someone off a care management plan are clear. Staff hold regular case conferences about Tribal individuals who remain on suicide care management plans beyond a certain period established by the implementation team.

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