Zero Suicide
Clinical Activities Flowsheet

START HERE

Screening

-Every patient, every visit
-High risk patients screened at every visit regardless of reason for visit

Tier 1
PHQ-9

Tier 2,3
SAFE-T

Assessment

-All positive patients assessed for suicide severity

Tier 1
CSSRS-t

Tier 2,3
CSSRS

Treat/Engage/Transfer

Stepped Care Model

All Tiers
**Safety Planning*
**Lethal Means Counseling*
**Rapid Referrals (Safe Transitions)*
**Warm Handoffs*

Tier 1
In-clinic tx
*Req. activities

Tier 2,3
In-clinic tx as available
*Req. activities

High risk patients are re-engaged at every visit

Safe Care Pathway is documented in EHR

Follow-Up

-Caring Contacts
-Documentation
-Re-engagement
-Continued in-clinic treatment

Improve

For the State:
-Report SPARS data
-Report sentinel events to State, and IHS (if required)

Internal
-Regular chart review
-Repeated Org. Self Survey and Workforce Survey
-Annual Data Elements Worksheet

**Make necessary adjustments to workflow*

Clinical Implementation Team

-Conducts surveys for org. and staff
-Writes protocols for organization
-Provides oversight for clinical activities
-Coordinates trainings for clinical staff
-Works with Community Advisory Board
-Drives referral network
-Implements postvention plan for clinic
-Participates in postvention implementation in wider community

Community Advisory Board

-Builds referral network
-Implements postvention plan for wider community
-Receives feedback from community members
-Coordinates trainings for community members
-Referral members share data with each other for wraparound care
-Provide guidance for suicide reporting
-Deliver health messaging about suicide prevention to community