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Division of Public and Behavioral Health

Nevada's Office of Suicide Prevention

Zero Suicide Project Coordinator

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May, 2020

Division of Public and Behavioral Health
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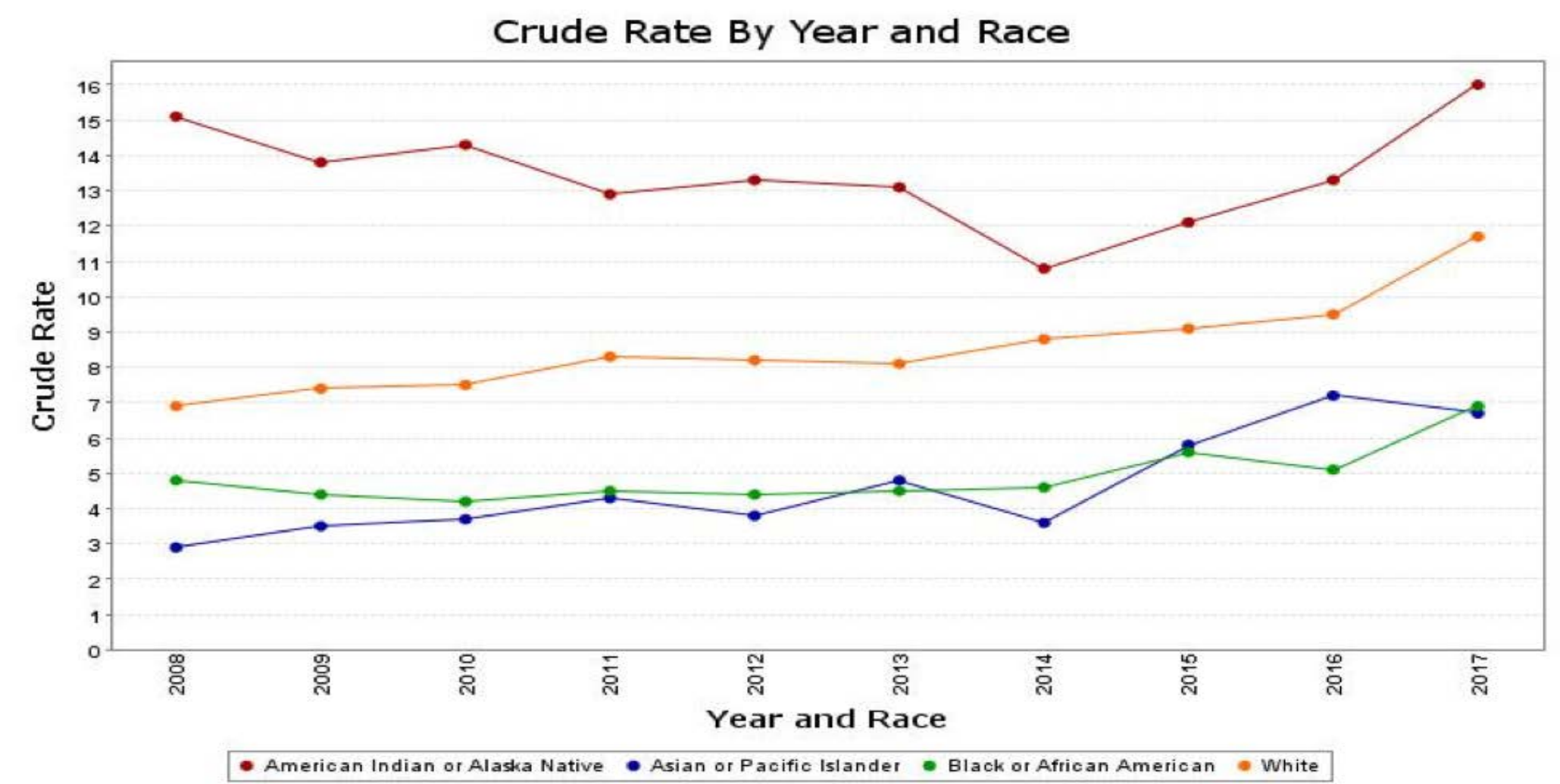
Helping people. It's who we are and what we do

ZERO Suicide
IN HEALTH AND BEHAVIORAL HEALTH CARE

WHERE ARE WE
AND WHERE ARE
WE GOING....



SUICIDE RATES



Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ocd-icd10.html> on Jun 29, 2019 12:20:42 PM

ZERO SUICIDE

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Native Indian dreamcatcher

ZERO SUICIDE INITIATIVE

- A highly effective framework to support suicide-safer care in health and behavioral health care systems
- Apply new knowledge about suicide
- Adaptable – not linear
- Looks at the uniqueness of cultures – Tribe itself, its healing ways, leadership
- Shift from fragmented suicide care toward a holistic and comprehensive approach to patient safety and quality improvement within healthcare systems.
- System-wide approaches have worked to prevent suicide:

Implemented into Chickasaw Nation: September 2016

ZERO Suicide
IN HEALTH AND BEHAVIORAL HEALTH CARE



TRAIN

Train staff to understand the unique physical, emotional, and spiritual needs of Indigenous people and feel comfortable and confident working with them, their families, and their Tribes.

IDENTIFY

Identify individuals at risk using evidence-based screening vetted by members of local Tribes and ensure those at risk are assessed by culturally- and suicide prevention-savvy clinicians.



TREAT

Treat suicide thoughts and behaviors using evidence-based treatments that respect the norms of local Tribes and their Traditional Healers.

TRANSITION

Transition individuals through culturally appropriate levels of care that include Traditional Healers and multilingual and symbolically relevant caring contacts.



ENGAGE

Engage individuals and their support people in a collaborative safety plan that celebrates Traditional healing practices, medicines, and Healers.



IMPROVE

Improve policies and procedures by gathering data in ways that are culturally responsive to individuals, families, and Tribes, who may then contribute suggestions that are incorporated.



ZERO SUICIDE WORKFORCE SURVEY...

5. Suicide Prevention in the Work Environment: Please indicate how much you disagree or agree with each of the following statements.

Respondents: All

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses	Average
I am familiar with the "Zero Suicide" initiative. Count Row %	97 19.88%	163 33.40%	96 19.67%	109 22.34%	23 4.71%	488	2.59
I understand my role and responsibilities related to suicide prevention within this organization. Count Row %	39 8.02%	94 19.34%	106 21.81%	162 33.33%	85 17.49%	486	3.33
I believe suicide prevention is an important part of my professional role. Count Row %	9 1.84%	22 4.51%	96 19.67%	153 31.35%	208 42.62%	488	4.08
The leadership at this organization has explicitly indicated that suicide prevention is a priority. Count Row %	34 6.98%	82 16.84%	128 26.28%	160 32.85%	83 17.04%	487	3.36
This organization has clear policies and procedures in place that define each employee's role in preventing suicide. Count Row %	41 8.45%	118 24.33%	180 37.11%	109 22.47%	37 7.63%	485	2.96
I have received training at this organization related to suicide prevention. Count Row %	92 18.97%	198 40.82%	85 17.53%	80 16.49%	30 6.19%	485	2.50
This organization provides me access to ongoing support and resources to further my understanding of suicide prevention. Count Row %	48 9.94%	97 20.08%	163 33.75%	124 25.67%	51 10.56%	483	3.07

30. Training and Resource Needs: In which of the following areas, if any, would you like more training, resources, or support?
(select all that apply). Respondents: ALL

Value	Percent	Responses
Identifying warning signs for suicide	67.22%	283
Suicide prevention and awareness	64.13%	270
Identifying risk factors for suicide	54.87%	231
Staff roles and responsibilities within your work environment	54.87%	231
Policies and procedures within your work environment	48.69%	205
Communicating with patients about suicide	47.03%	198
Crisis response procedures and de-escalation techniques	46.32%	195
Suicide screening practices	45.61%	192
Family, caregiver, and community supports	42.99%	181
Procedures for communicating about potentially suicidal patients	41.33%	174
Creating a safe physical environment for patients at risk for suicide	39.90%	168
Suicide risk assessment practices	38.00%	160
Understanding and navigating ethical and legal considerations	35.87%	151
Managing suicidal patients	34.44%	145
Collaborative safety planning for suicide	31.59%	133
Determining appropriate levels of care for patients at risk for suicide	31.12%	131
Epidemiology and the latest research findings related to suicide	28.98%	122
Aftercare and follow-up	28.98%	122
Suicide-specific treatment approaches	28.03%	118
Reducing access to lethal means outside the care environment	23.75%	100

ZERO SUICIDE WORKFORCE SURVEY: REQUEST FROM STAFF



WHERE ARE WE?

LEADERSHIP / TRAIN

- ZS Coordinator – continuously meeting and greeting key leaders and communities throughout our state
- ZS Workforce Survey – launching via SurveyMonkey/Gizmo; launched throughout the state (north, south, rural and frontier)
- Data from WFS is provided to individual partners, anonymously: break down department and organization; data can be provided by county and city if needed (survey is filled out correctly and enough responses are received). To date the data confirms Nevada's workforce is untrained in suicide prevention
- Champion Leadership Teams are for Academy. Teams have completed Organizational Self-Study for Academy. Wait list for 2nd academy.....
- Project Coordinator working on a statewide ZS toolkit: State resources, assessment tools/instructions, information, and more... Completed Summer 2021
- Adapt Zero Suicide

WHERE WE ARE GOING...



Apply for the grant
“Implement Zero
Suicide in Health
Systems” – No. SM-20-
015



Prepare for Second
Zero Suicide Academy



Statewide training and
support for
implementing Zero
Suicide into more health
and behavioral health
systems



Joint Commission,
Action Alliance for
Suicide Prevention,
Suicide Prevention
Resource Center



Supports “Crisis Now
Model”



Working on Zero
Suicide legislation
“2023”



Watch our statistics go
down

QUESTIONS....

Sometimes You Need To Look
At Life From A Different Perspective



Kitten on his back under a bed

CONTACTS

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REFERENCES:

- Zero Suicide <https://zerosuicide.sprc.org/>
- Henry Ford Institute <https://www.henryford.com/services/behavioral-health/zero-suicide>
- Google Images
- Texas Zero Suicide
- Arizona <https://magellanhealthinsights.com/category/suicide-prevention/>
- ZEST – <https://sites.utexas.edu/zest/>
- NYC Zero Suicide – <https://www.omh.ny.gov/omhweb/dqm/bqi/suicideasaneverevent.pdf>