DOWNSTREAM SUICIDE PREVENTION:

Implementing Best Practices in Culturally Responsive Suicide Clinical Care

Joyce Chu, Ph.D.

joycepchu@gmail.com

Striving for Zero TA team

Licensed Clinical Psychologist

Director, Community Connections Psychological Associates

Professor, Palo Alto University

Join the table sorting activity!

WHAT IS YOUR COUNTY'S DEVELOPMENTAL STAGE

for Downstream Suicide Prevention Work?

Early Stages

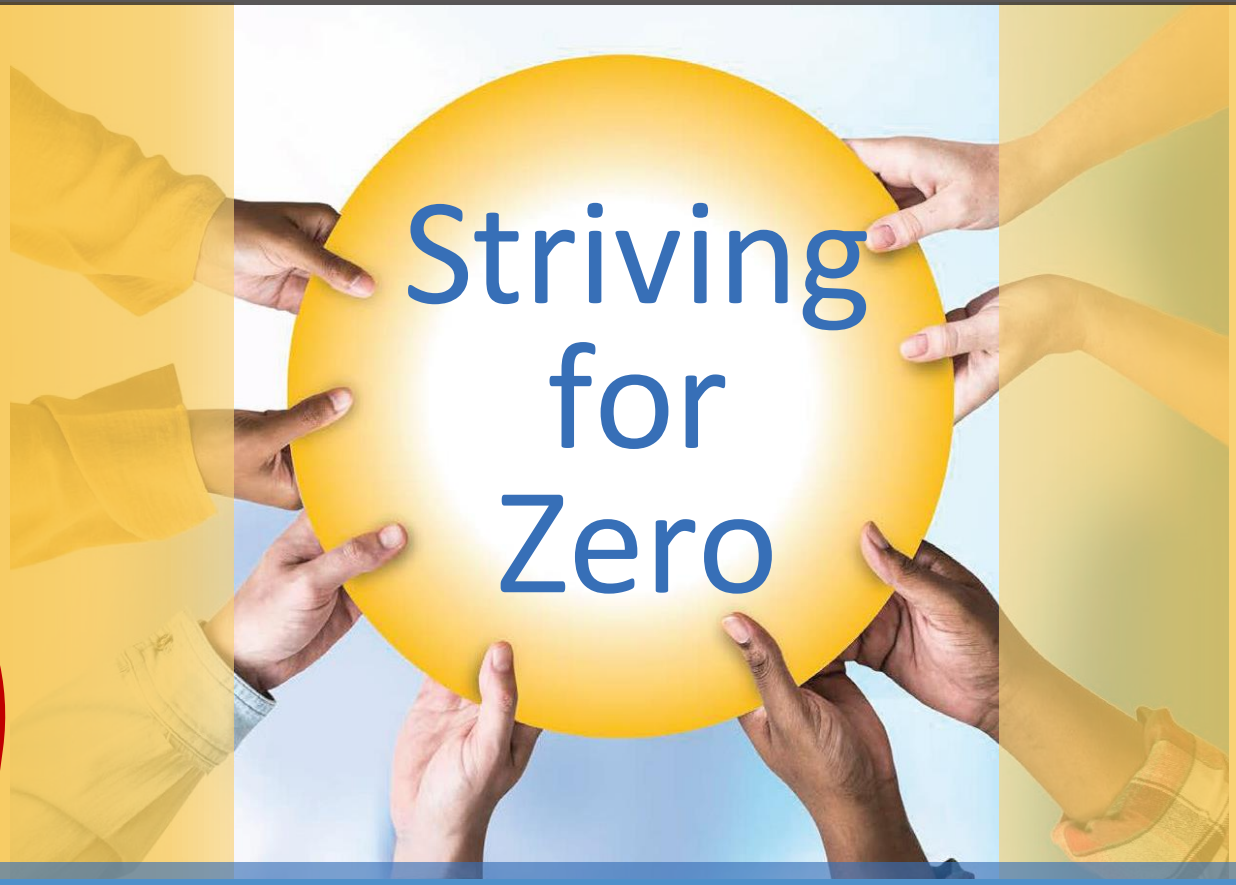
Counties who are just beginning to think about downstream suicide prevention, or who have some downstream efforts that haven't coalesced into specific goals or a plan.

Middle/Advanced Stages

Counties whose downstream efforts are a core component of their suicide prevention plan, programming, and/or implementation

Find a seat at a table labeled with your developmental stage
(Early vs. Middle/Advanced)

We encourage county team members to split up and sit at different tables, so that each of you can learn from colleagues across the state and bring diverse perspectives back to your county.



A Follow-Up

Striving for Zero Learning Collaborative

Module – Downstream Suicide Prevention– January 31, 2024

Support for people at risk for suicide or those supporting people at risk is available by calling the **Suicide and Crisis Lifeline:** Call or text 988

Apoyo y ayuda para personas a riesgo de suicidarse o para las personas que los apoyan está disponible llamando al **National Suicide Prevention Lifeline** 988

Improving Clinical Systems of Care: A Focus on Downstream Suicide Prevention

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https://communityconnections.net/consultation/

CommunityConnections
Psychological Associates, Inc.

Mego Lien, MPH, MIA

mego.lien@hhs.sccgov.org

Mego Lien is a public health professional with expertise in chronic disease and injury prevention. She created and oversees the Prevention Services Division at the County of Santa Clara's Behavioral Health Services Department (BHSD). Previously, she oversaw BHSD's Suicide Prevention Program and worked on Injury and Trauma Prevention at Prevention Institute, a national public health non-profit. Mego has ten years of prior global health experience in topics such as tobacco control, road safety, and violence prevention, working at institutions that include Vital Strategies, the Earth Institute, and the United Nations Development Programme.

Joyce Chu, PhD

joycepchu@gmail.com

Joyce Chu is a licensed Clinical Psychologist whose expertise lies in the areas of suicidology, diversity and culture, and community mental health. She is a Director of Community Connections Psychological Associates and holds a Professor position at Palo Alto University. Her work is focused around advancing the assessment and prevention of suicide for ethnic minority and LGBTQ populations, particularly in Asian Americans. She has published numerous works including a cultural theory and model of suicide and a tool that assists in accounting for cultural influences on suicide risk. She does work in program evaluation, suicide prevention organizational consultation, and training.

Christopher Weaver, PhD

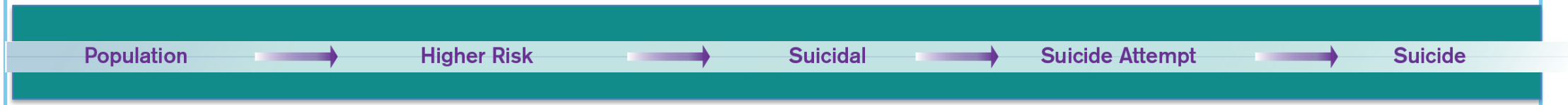
chrisweaver.phd@gmail.com

Chris Weaver is a licensed Clinical Psychologist whose expertise lies in the areas of forensics, suicide, assessment, substance use, violence, and trauma. He is a Director of Community Connections Psychological Associates and holds a Professor position at Palo Alto University. His work is in the areas of psychopathy and violence and suicide risk assessment, and more recently in the areas of substance abuse and psychological trauma. He does work in program evaluation, suicide prevention organizational consultation, and training.

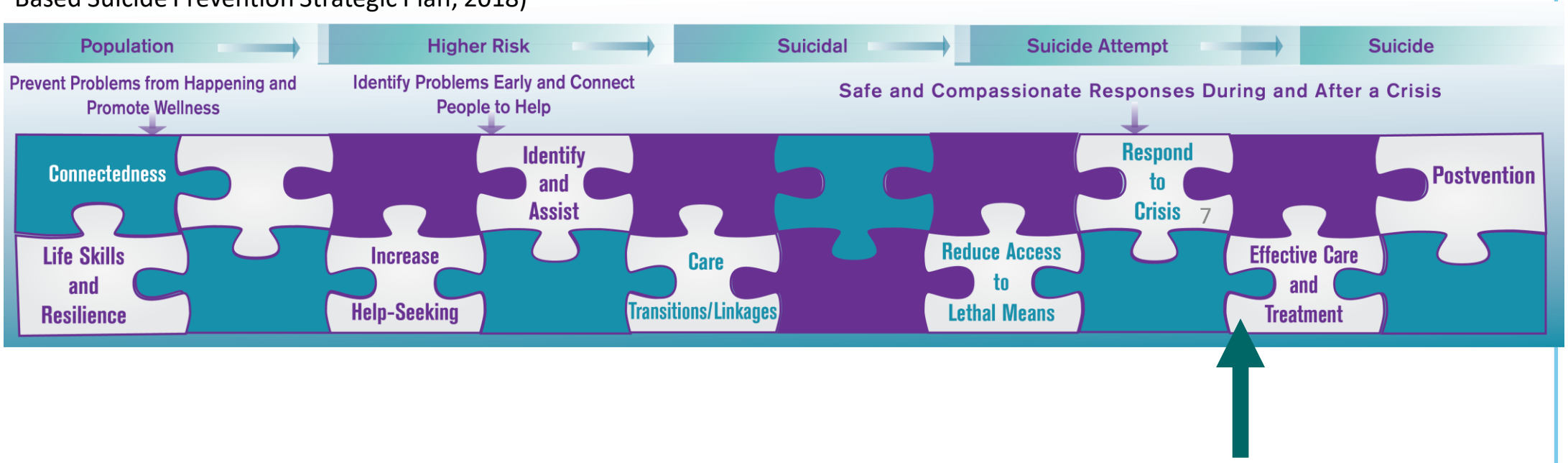
PURPOSE

Engage in collaborative planning to improve downstream suicide prevention in county clinical services, as part of a comprehensive suicide prevention strategic plan

Suicide Prevention Resource Center (SPRC)
Comprehensive Approach to Suicide Prevention

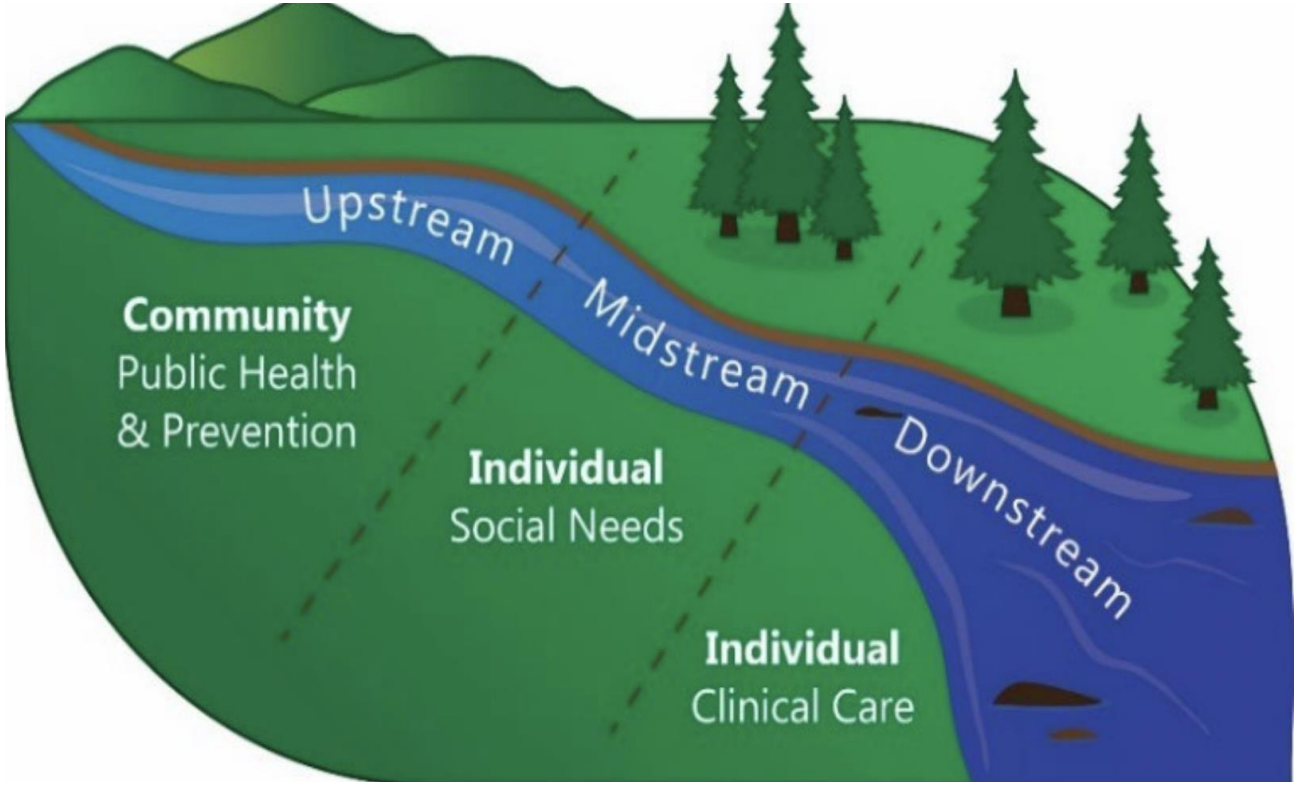


"The Suicidal Crisis Path is a model that intends to integrate multiple theoretical approaches and frameworks within the context of an individual's suicidal experience. In doing so, the purpose is to match intervention approaches with the timing, risk factors, and protective factors that would be the mechanisms to prevent a suicide from happening." (Lezine, D.A. & Whitaker, N.J., Fresno County Community-Based Suicide Prevention Strategic Plan, 2018)



Downstream Suicide Prevention

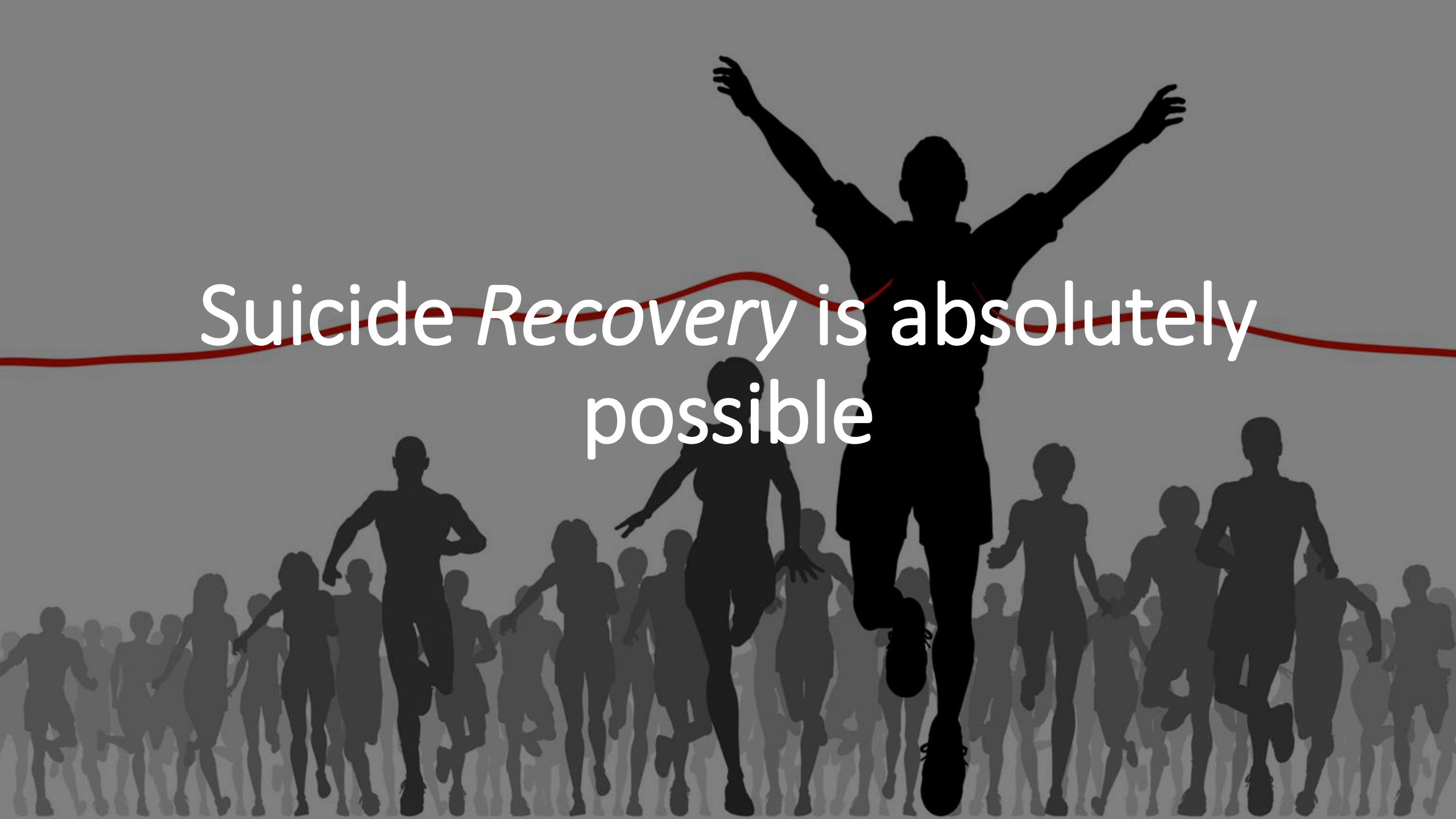
Crisis response and clinical activities that intervene and prevent suicide for individuals at risk. Examples: screening, assessment, safety planning, crisis response, mental health treatment / intervention, and reducing access to lethal means. Some also include postvention as a downstream effort.



https://www.whitehouse.gov/wp-content/uploads/2023/04/PCAST_Public-Health-Report_May2023.pdf

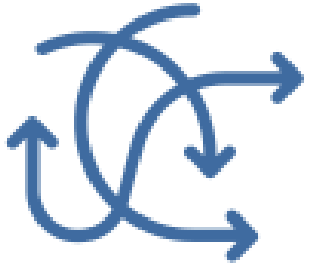
Why is Downstream Work Important?

Background Context


Suicide *Recovery* is absolutely possible

Missed Opportunities for Downstream Suicide Prevention

Incomplete



Lost

Fires

Culture & Diversity

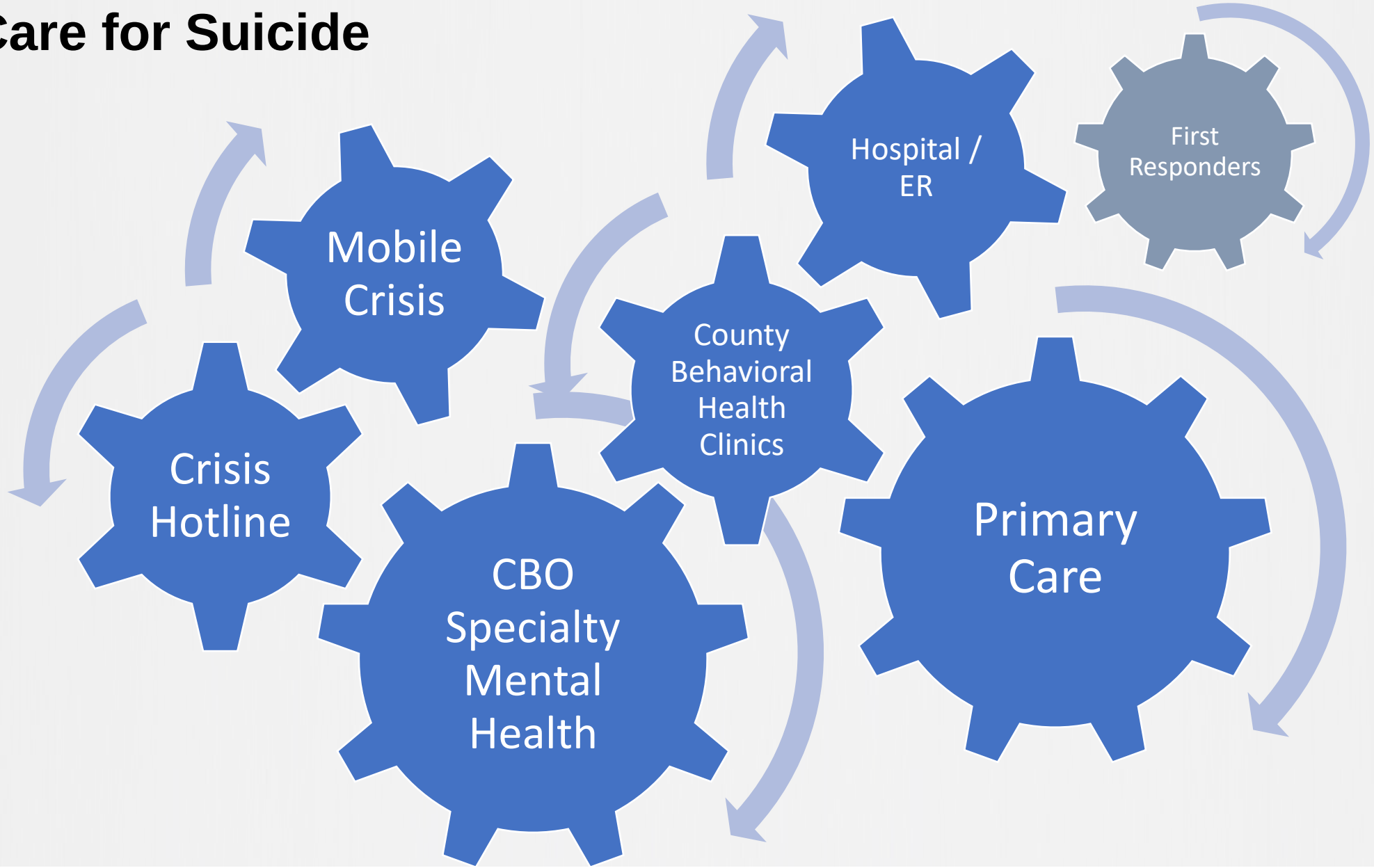
A Role for Downstream System Consultation: Enhancing Culturally Responsive Clinical Suicide Practices

In the County of Santa Clara

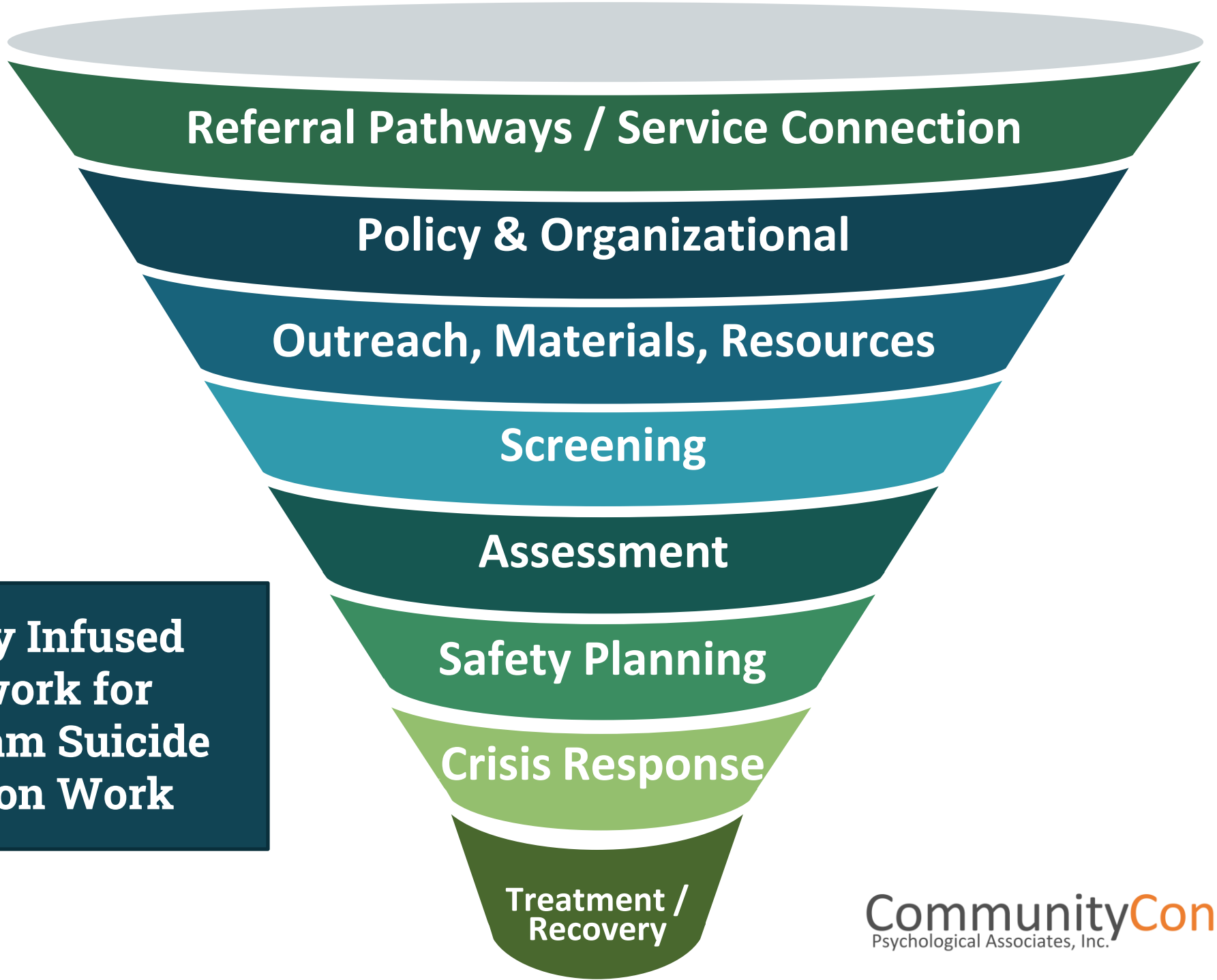
SANTA CLARA COUNTY
Behavioral Health Services

CommunityConnections
Psychological Associates, Inc.

A Coordinated and Culturally Responsive System of Clinical Care for Suicide



Culturally Infused Framework for Downstream Suicide Prevention Work



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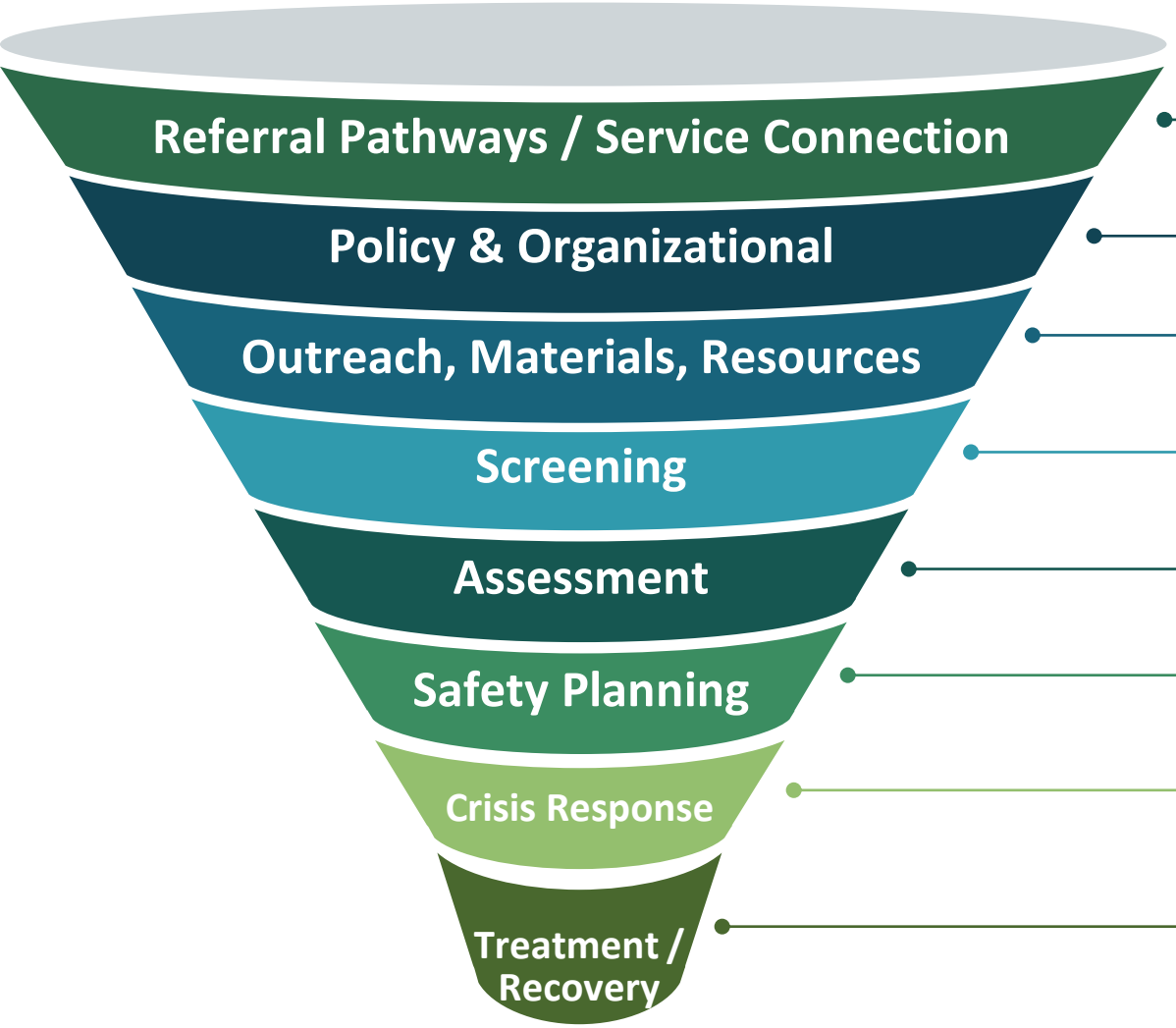
Culturally Infused Framework for Downstream Suicide Prevention Work



- Attuned to help preferences, communication styles, stigma, language needs
- DEI Suicide Prevention policies and statements – DEI leadership
- Compendium of Cultural Materials for clinicians and community
- Cultural idioms of distress in screening tools
- Culturally attuned static/dynamic approach/paperwork
- Cultural Model factors
- Attention to cultural bias and traumatization
- Cultural Model factors in case conceptualizations & treatment planning

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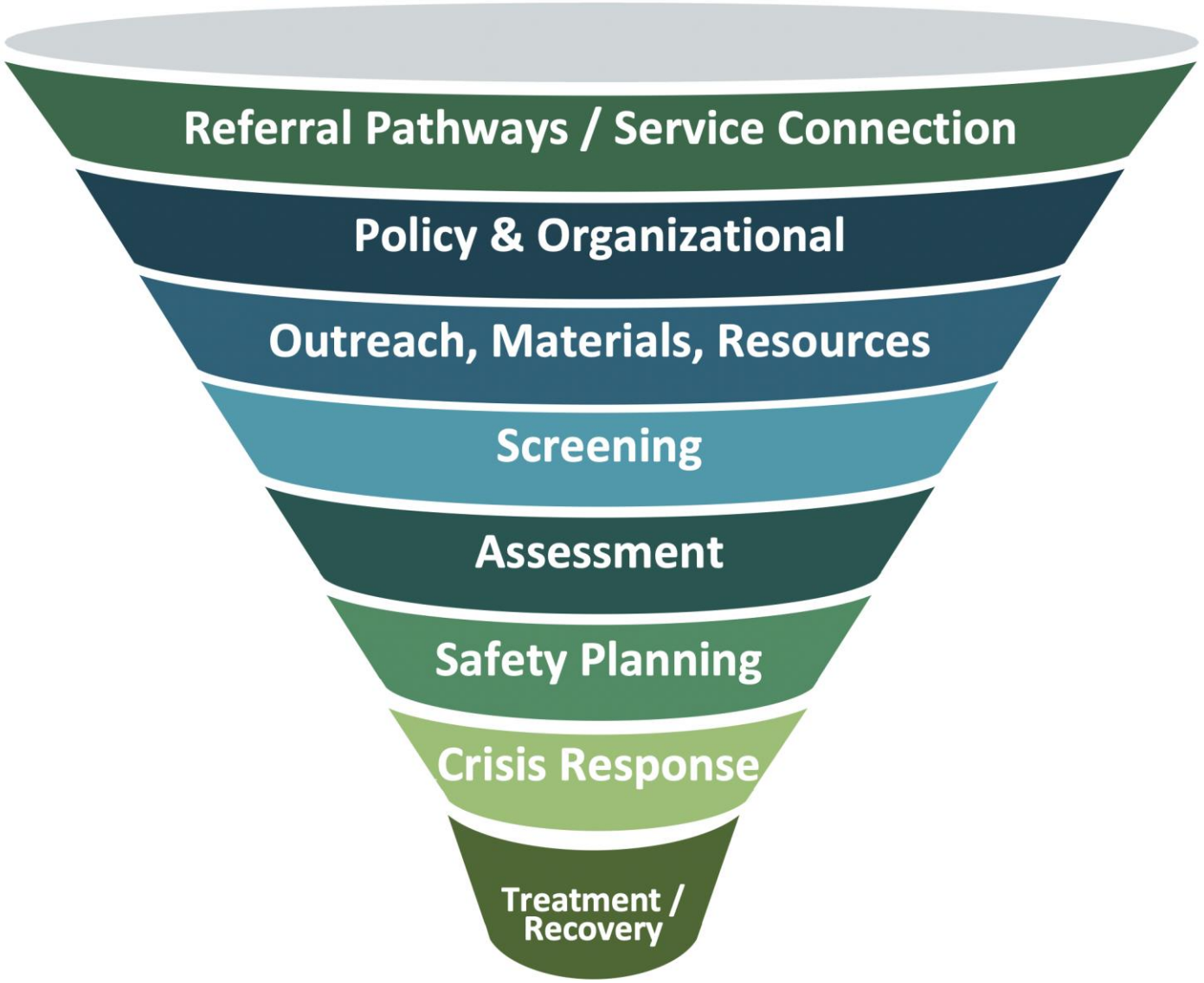
A prompt to brainstorm…

How healthy is your downstream clinical system?

Which parts of the funnel work and which need attention?



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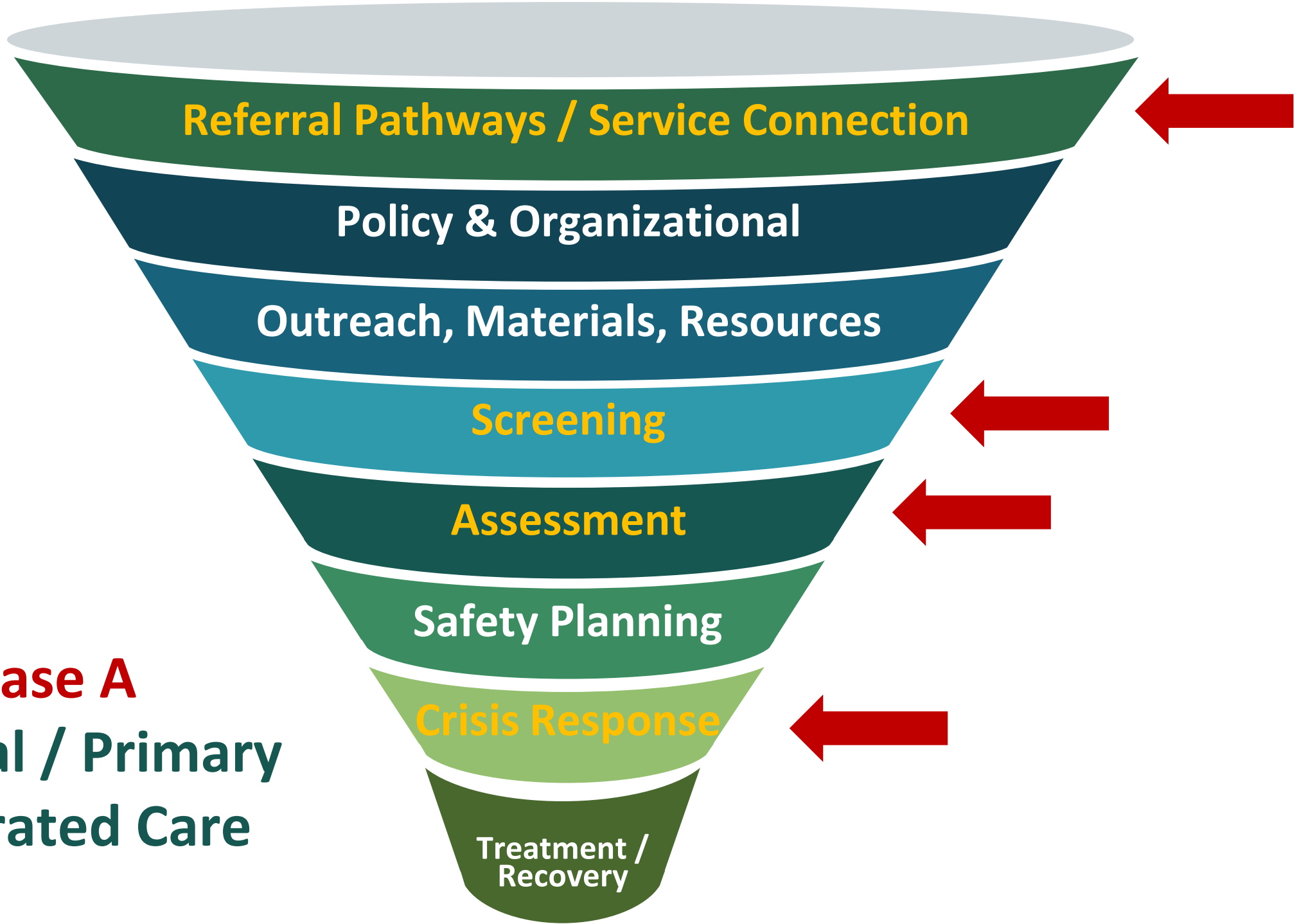
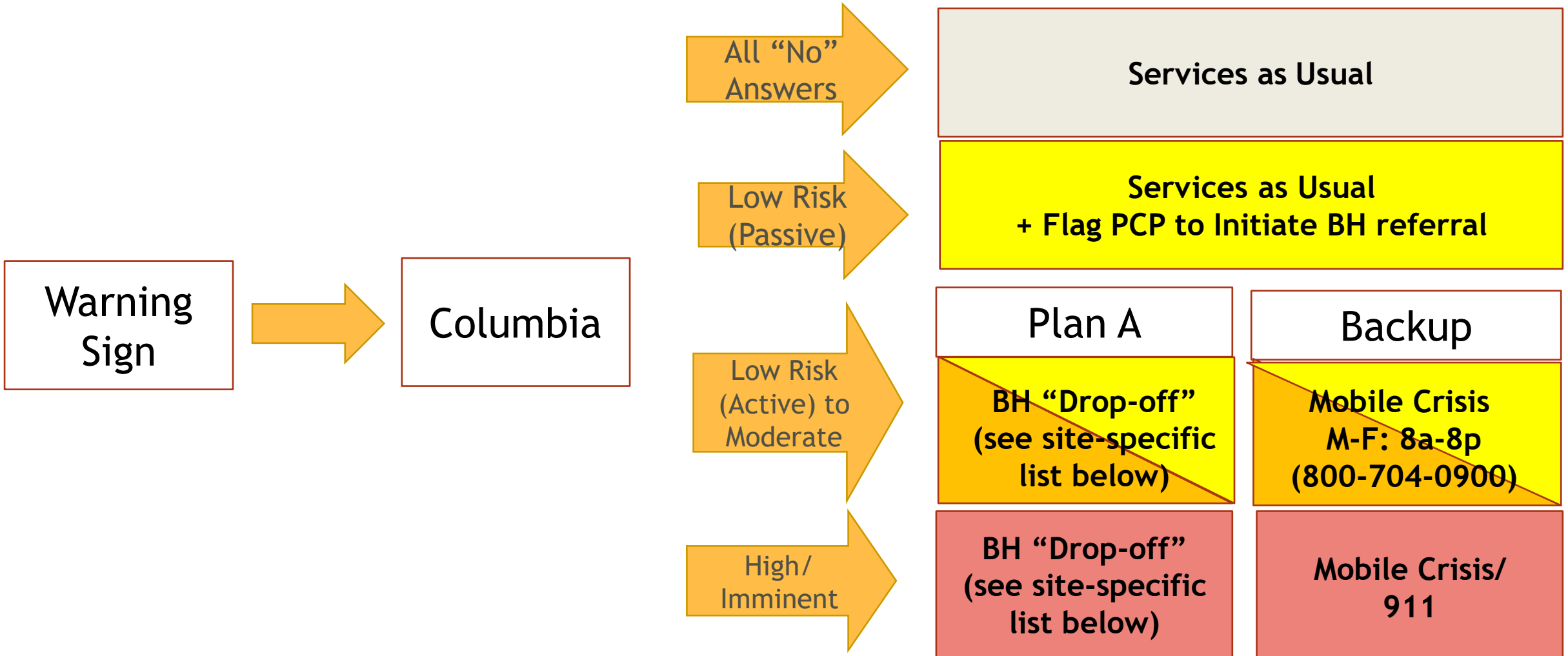
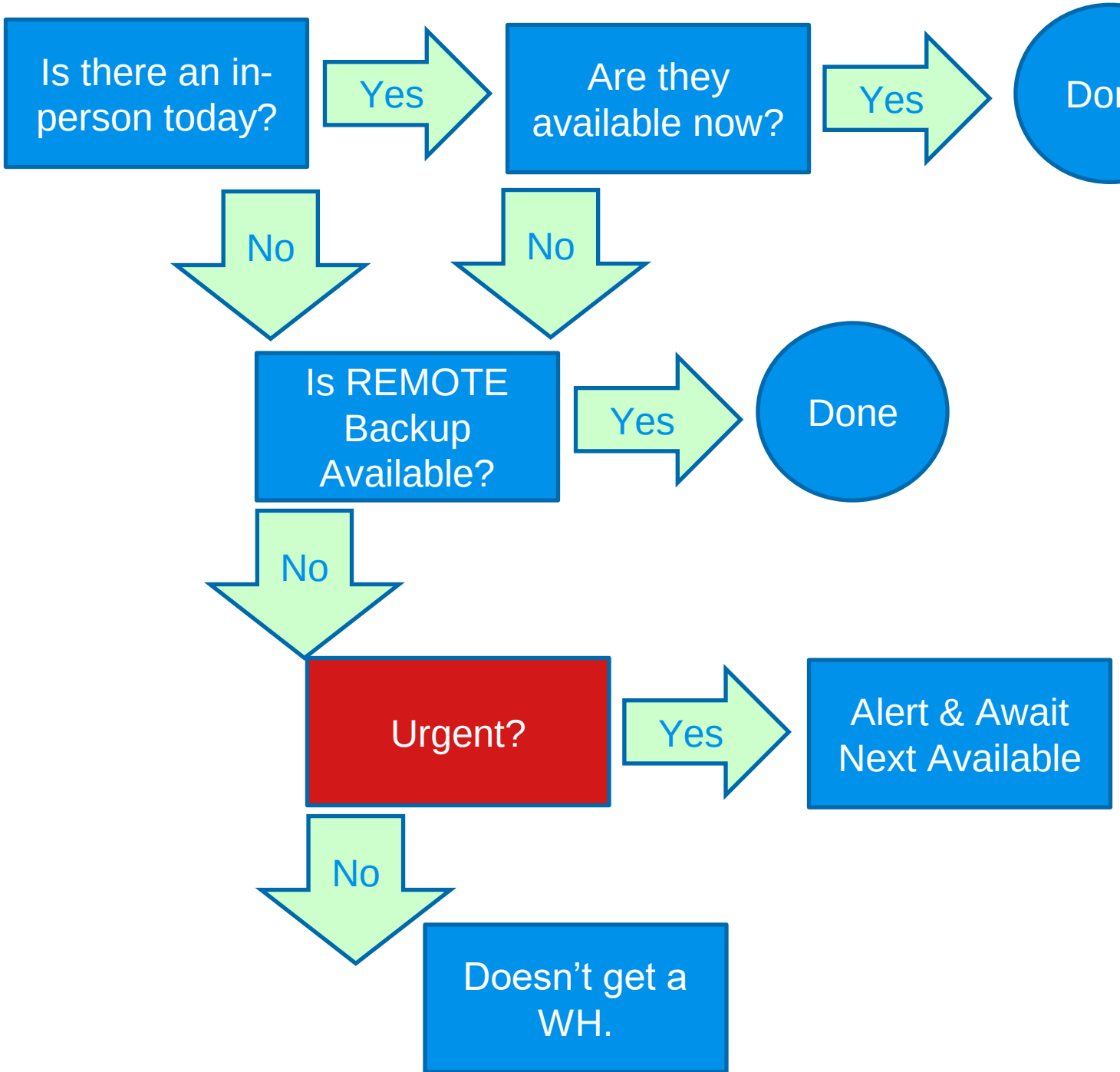


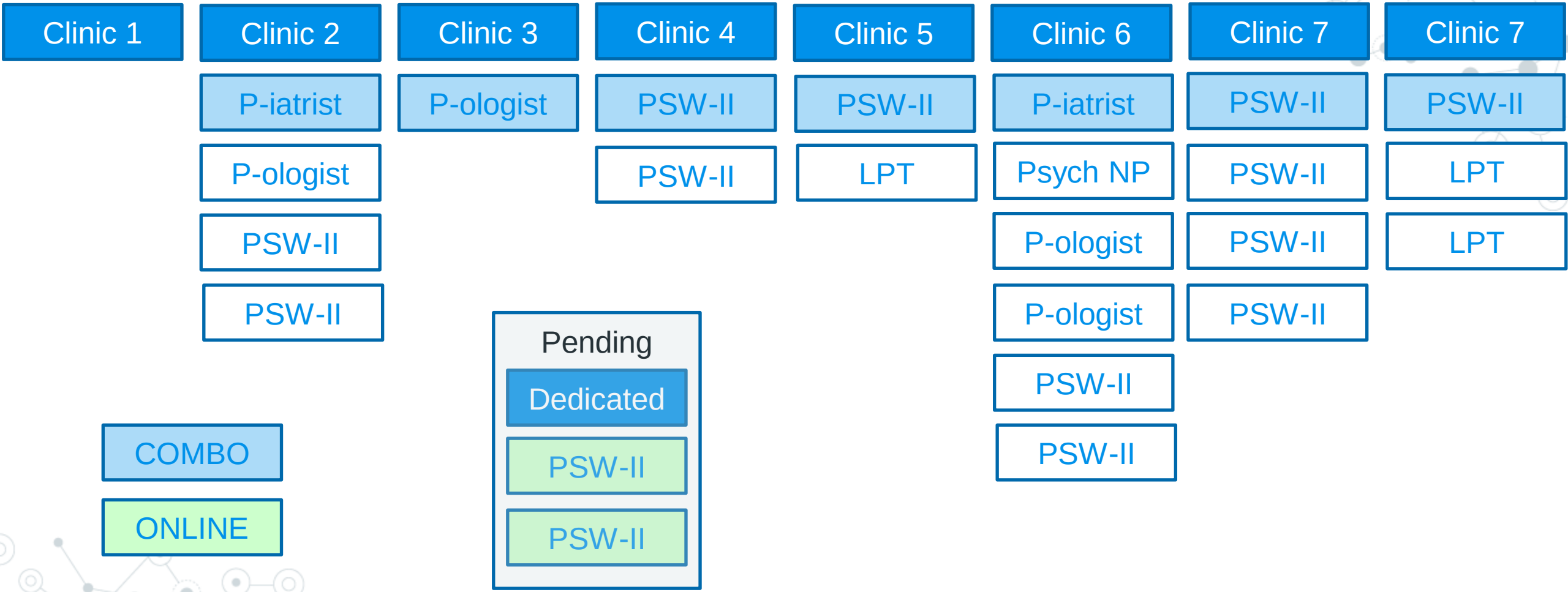
Case A
Medical / Primary Integrated Care

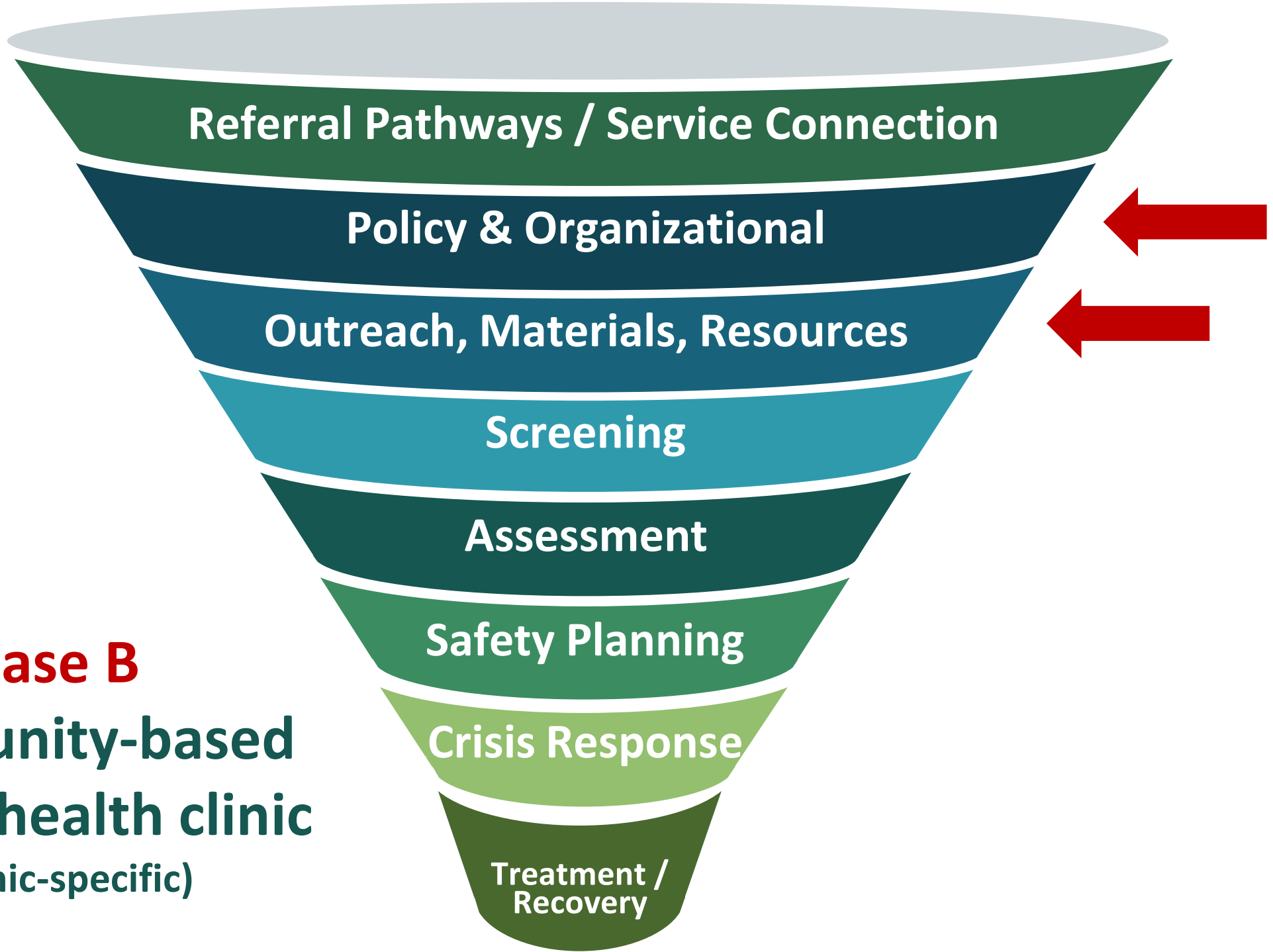
Referral workflow




Is there an in-person today?
Yes
Are they available now?
Yes
Done
No
No
Is REMOTE Backup Available?
Yes
Done
No
Urgent?
Yes
Alert & Await Next Available
No
Doesn't get a WH.

Option 1: Prioritizing Clinician Equality – 7 rotations – DAY 1





Case B

Community-based mental health clinic

(ethnic-specific)

BEHAVIORAL HEALTH POLICIES & PROCEDURES	Case B Suicide Prevention Policy & Procedures DRAFT Version: _____	
Policy ID:	Approved by:	Effective Date:
HIPAA Section:	Policy Custodian:	Last Updated:

Applies to:	Peer Specialist	LPHA	Interns / Practicums	Volunteers
	Family Partner	Clinician	Program Specialist	MD

PURPOSE & GOALS

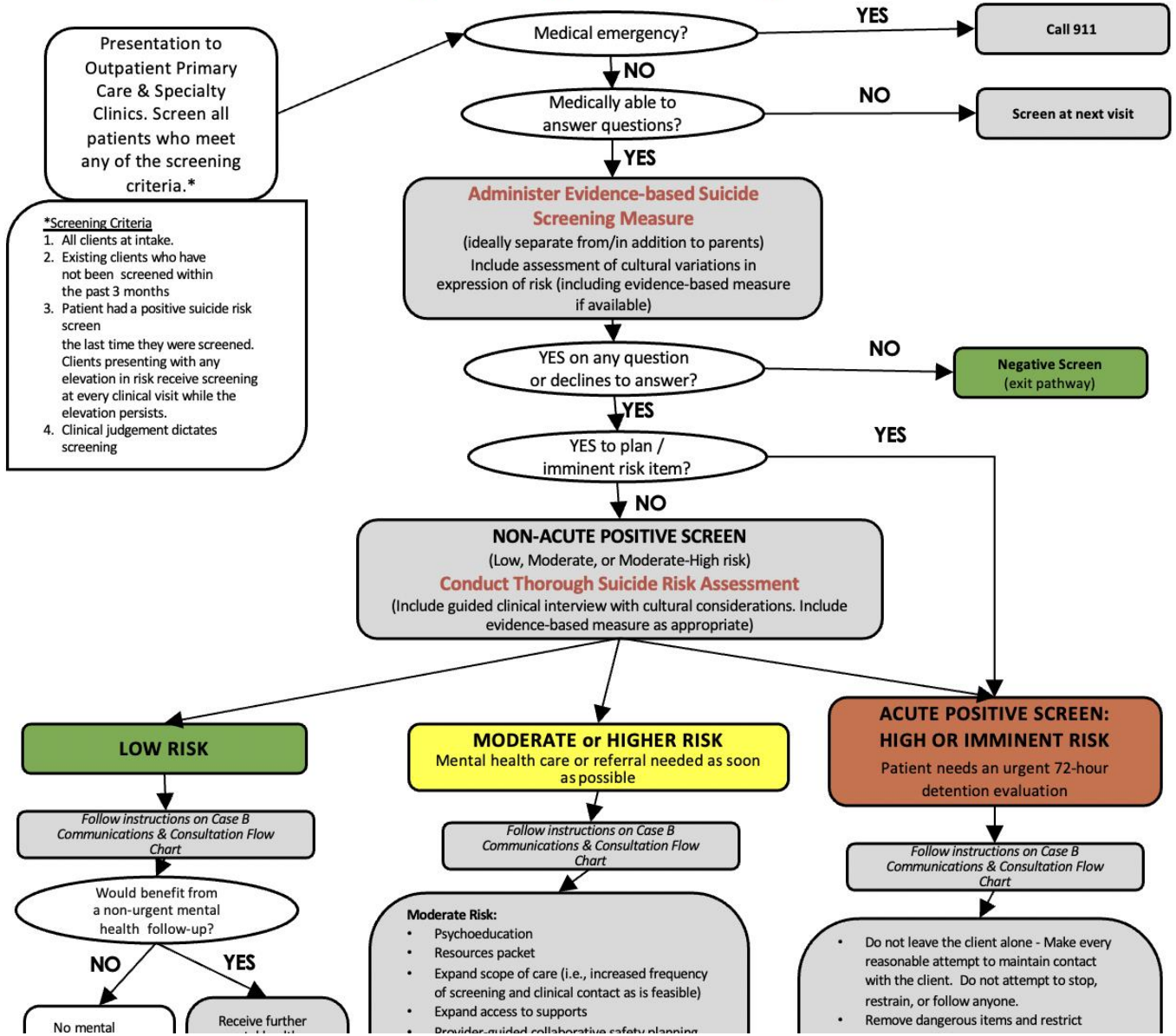
The purpose of this policy is to set in place procedures and expectations for CASE B to take proactive steps to prevent, manage, and respond to client suicide attempts and deaths by suicide. This policy seeks to:

- State and define CASE B's intention to meet and exceed minimum standards of care in suicide risk screening, assessment, and intervention
- Set minimum boundaries for the use of evidence-based assessment techniques, including minimum cultural sophistication of evaluation processes.
- Empower clinicians to be able to make adjustments as needed for cultural fit or to keep abreast of moving science.
- Formally link assessment outcomes to minimum expected interventions.

RELATIONSHIP BETWEEN THIS POLICY AND CLINICAL GUIDELINES:

To facilitate the above purpose and goals, this policy is written to work in concert with separate, more specific, Suicide Prevention Clinical Guidelines. Those guidelines are expected to be fluid in nature, reflecting the changing nature of resources (internal and external) and evolutions in culturally-informed suicide prevention science and policy. CASE B staff are encouraged to

Case B Suicide Risk Screening & Management Pathway



Suicide Prevention and Management Resource Library

Resources to Help People

Whether for yourself, a family member, a colleague or a client, find national and local resources to help people struggling with suicide risk.

Resources for Staff

Momentum has support services for staff to help with all manner of challenges, including stressors coming from managing suicide risk.

Tools for Clinicians

Find assessment and training resources to help you provide clinical care to diverse Momentum consumers.

Name

- LGBTQ Resource Flyer_Vietnamese.pdf
- LGBTQ Resource Flyer_English.pdf
- LGBTQ Resource Flyer_Chinese.pdf
- LGBTQ Resource Flyer_Spanish.pdf

Name

- MH Guide for Immigrants_Spanish.pdf
- MH Guide for Immigrants_English.pdf
- MH Guide for Immigrants_Chinese.pdf
- MH Guide for Immigrants_Vietnamese.pdf
- MH Guide for Immigrants_Tagalog.pdf

Name

- PHQ9_Arabic-for-Israel.pdf
- PHQ9-Spanish.pdf
- PHQ-9-German.pdf
- PHQ-9-Portuguese.pdf
- PHQ9_Arabic-for-Tunisia.pdf
- PHQ-9-Vietnamese.pdf
- PHQ-9-Italian.pdf
- PHQ9_Dutch-for-Belgium.pdf
- PHQ-9-Russian.pdf
- PHQ9_Africaans-for-South-Africa.pdf
- PHQ9_Traditional-Chinese-for-Hong-Kon...

COUNTY OF SANTA CLARA SUICIDE PREVENTION

For those who may prefer resources outside of those offered by Momentum, the County of Santa Clara's Suicide Prevention Program provides a suite of services to address community and individual needs following a suicide. Program offerings are no-cost and include the following:

Trainings and Consultation on Safety Messaging and Reporting on Suicides

These trainings are designed for youth, media professionals, and general audiences.

Suicide Prevention Trainings

- Foundational workshops for community members to recognize cultural suicide and mental health warning signs and connect people to help
- Clinical culturally-infused suicide assessment and treatment workshops for mental health professionals

Critical Incident Stress Management and Response Support

- CISM is a highly structured intervention for traumatic incident first responders.
- CISR professionals respond to a scene following a traumatic accident. The Bill Wilson CISR team collaborates with local agencies to ensure comprehensive critical incident response plans.

Student and School Community Support

Sarah Ruiz (sruiz@momentummh.org) is signed in

- *The HEARD Alliance* is a collection of health care professionals helping Bay Area communities promote well-being and prevent suicide in adolescents and young adults. Offerings include:
  - K-12 mental health/suicide prevention kits, including a *postvention kit*.
  - School-based support, including assistance with *Kognito online health simulations for educators*.
  - Postvention protocol review and development assistance.

For more information visit:

Suicide Prevention & Crisis

Crisis and Suicide Prevention Lifeline 24/7: Dial 9-8-8

CRISIS TEXT LINE 24/7: Text *RENEW* to 741741

CRISIS TEXT LINE en español 24/7: Envía un mensaje de texto con la palabra *COMUNIDAD* al 741741

Suicide Assessment Note

Patient Name:
Patient Age:
Gender Identity
Race or Ethnicity:
Sexual Orientation:
Other Cultural Identities:
Translator Used: Yes/No?
Preferred Language:

Sociocultural History:

Patient's Current Location:
-Asked patient to verify location and address in case of emergency *[if it's a telehealth visit]*

Permissions / Release of Information:
Obtained the following permissions /ROI forms to communicate with collateral contacts in case of increased suicide risk: *[list names/numbers]*

Obtained verbal consent to call pt's emergency contact as listed below in case of an emergency.

Suicide Screening
Suicide screening was completed using the [*Specific name of the measure/version – e.g., COLUMBIA PROTOCOL*], an evidence-based tool for determining level of risk and initial corresponding level of referral. This screening procedure determined that this patient's level of risk to be (yellow = low; orange = moderate; red = high).

<u>Columbia Protocol</u>
[Author: Distribute all 6 items among the 3 categories below]
1. "Have you wished you were dead or wished you could go to sleep and not wake up?"
2. "Have you actually had any thoughts about killing yourself?"
3. "Have you thought about how you might do this?"
4. "Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the

Assessing Clinician:

The individual listed above was assessed for risk of danger to self by the assessing clinician using a interview and conceptualization method that has been empirically demonstrated to improve consideration and communication of key risk factors.

Formal psychometric instruments that are empirically-validated to screen for suicide risk or assess for risk and protective factors also exists. The individual was

-
-
-

Static Risk Factors: SA249StaticRiskFactors
Dynamic Risk Factors: SA249ClinicalDynamicRiskFactors

Risk factors denied by the individual were SA249APARiskFactors
Risk factors that were not yet assessed were SA249APARiskFactors

-
-
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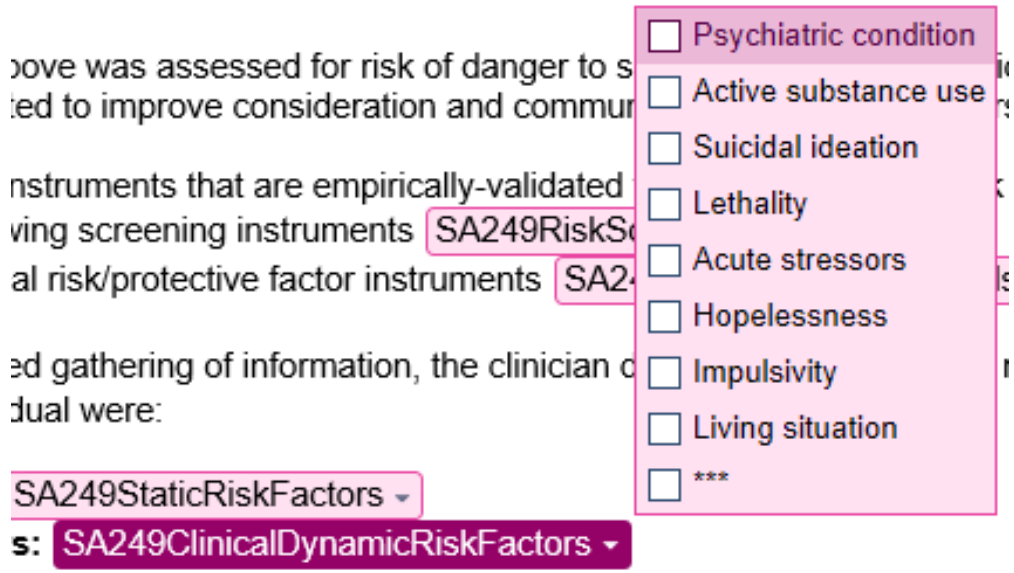


Case C Risk Dashboard

Patient Name: Chris Weaver ID: 1234567

SUMMARY AT-A-GLANCE

Most recent risk determination: Moderate on 1/15/22 Most recent hospitalization: N/A

Known long-term risk factors: Impulsivity, Substance Abuse Hx, Unstable Housing

Known fluctuating risk factors: Family Discord, Active Substance, Work Stressors

Tracking Aggression Risk

Multiple instances of being physically hostile with staff when emotional/upset

Known Coping/Safety Recommendations

[Auto-fill items from safety planning sections. Add the word "Contact:" in front of items from the "People I Can Ask for Help" or "Professionals I Can Contact During a Crisis" sections]

Reasons for Living

[Auto-fill items from "Reasons for Living Card" safety planning section]

DETAILED SUICIDE RISK TRACKING

Tracking Ideation, Intent, Plans, Means

Most Recent Columbia: Moderate (needs referral to BH assessment) on 1/15/22

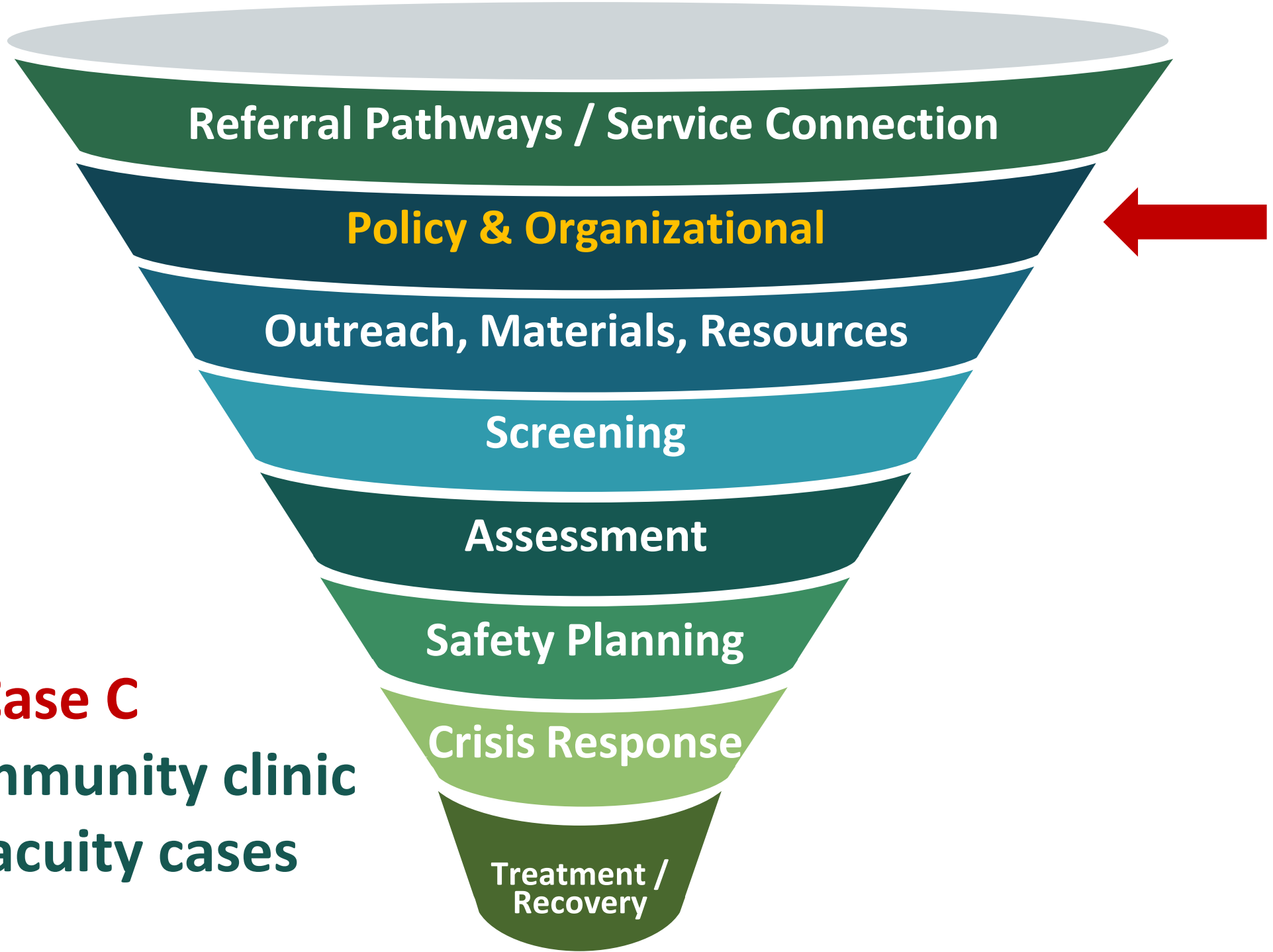
Administer New | See Full History

Tracking Detailed Static Risk Factors

FACTOR	MOST RECENT SCORE					
Impulsivity	○ Unknown	○ No	○ Maybe	○ Yes	Add Comments	See Full History
Substance Abuse Hx	○ Unknown	○ No	○ Maybe	○ Yes	Add Comments	See Full History
Minority Stressors	○ Unknown	○ No	○ Maybe	○ Yes	Add Comments	See Full History
…						
Overall Static Risk	○ Unknown	○ Low	○ Moderate	○ High	Add Comments	See Full History

Tracking Aggression Risk Add Comments | See Full History

Safety Planning Components *(note: continued below)*



Case C

Large community clinic – high acuity cases

A *System* of Downstream TRAINING

- A *System* of training is needed – not just one-off trainings
- Cover content *and* policies/ procedures
- Availability is key (onboarding, and at all times “PRN”)
- Practice (with cases after; integrate into supervision / consultation groups)
- Infuse using cultural frameworks
- Train everyone (in the service provision system)

2021 Suicide Prevention Month

A six-month series of suicide enhancements and strengths

OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY
Culture & Underserved Populations	Assessment and Documentation	Community Support Following A Suicide Loss	Safety Planning and Treatment	Crises and 5150s: Practical Policies and Procedures

Supported by (Case C) stand-out strengths in: Team-supportive Environments, Strong Therapeutic Relationships, and Safety Planning Know-How. Bolstered by: Trainings, Stakeholder-driven input & Organizational leadership, support & communications.

http://www.besensitivebebrave.com

BE SENSITIVE, BE BRAVE
FOR SUICIDE PREVENTION

A Culturally Infused Workshop on Suicide Prevention for Communtiy Members

"Be Sensitive, Be Brave for Suicide Prevention" infuses culture and diversity throughout a foundational workshop on suicide prevention. This free workshop teaches community members to act as eyes and ears for suicidal distress and to connect individuals to help.

- Identify signs of suicide
- Ask if someone is considering suicide sensitively and confidently
- Connect individuals with the appropriate support
- Approach suicide prevention in a culturally sensitive manner
- Respond to community needs and decrease stigma

TIME:
DATE:
REGISTER AT
OR SCAN

BE SENSITIVE, BE BRAVE
FOR MENTAL HEALTH

A Culturally Infused Workshop on Mental Health

"Be Sensitive, Be Brave for Mental Health" infuses culture and diversity throughout a foundational workshop on mental health. This free workshop prepares community members to help friends and loved ones during times of distress. Learn how to recognize mental health conditions, what to do when someone needs support, and tools for maintaining good mental health.

- Identify if someone is in mental distress
- Practice being sensitive and brave in helping others
- Increase awareness of mental health resources
- Build resilience using a recipe for mental health
- Build cultural sensitivity around mental health
- Respond to community needs and decrease stigma

TIME:
DATE:
REGISTER AT
OR SCAN

Suicide Prevention 201:

Advancing Suicide Prevention & Management for Diverse Clientele

Joyce Chu, PhD
Clinical Psychologist

Christopher Weaver, PhD
Clinical Psychologist

6 CE credits

Target audience: Post-licensure instruction

Beginning, intermediate, or advanced levels Board of Behavioral Sciences or Board of Psychology

CE Course Overview: This workshop will provide instruction and a forum for clinical discussion and case practice, on the current standards of practice for suicide prevention and management. A useable framework and accessible guidelines will ensure that workshop participants are able to competently manage suicide risk, incorporating the latest standards in suicide science and practice.

Throughout its content, this workshop address the management of suicide in diverse populations. Attendees will learn state-of-science theoretical, measurement, and applied research as practical approaches to assist clinicians in accounting for cultural influences on suicide risk among diverse populations. Aims are to provide guidance to advance culturally competent suicide research and practice.

Contact: community.connections.psych@gmail.com

Learning Objectives

- Identify 6 key steps of assessing & managing suicide risk
- Apply standard approaches to suicide risk assessment & inquiry
- Identify major components of safety planning, suicide risk case conceptualization, and treatment planning while accounting for important clinical documentation & legal considerations
- Discuss the latest research on cultural differences in suicide, & culturally competent assessment & prevention of suicide among ethnic minority & LGBTQ populations
- Apply a guiding framework & assessment tools/approaches that advance culturally competent suicide practice w/ diverse clients

APA APPROVED SPONSOR

Community Connections Psychological Associates, Inc. is approved by the American Psychological Association to sponsor continuing education for psychologists. Community Connections Psychological Associates, Inc maintains responsibility for this program and its content. There is no known commercial support for this program.
Note: APA CE credits are accepted by the CA Board of Behavioral Sciences and the Board of Psychology. Check your licensing body for confirmation

OCTOBER, PART 1

Culture and Suicide Prevention 101: Be Sensitive, Be Brave for Suicide Prevention

Evelyn Quintanilla and Jay Donoghue, MPH

This workshop is ideal for any client-facing, administrative, or support staff who would like to learn to recognize warning signs of suicide and get someone connected with help. "Culture and Suicide Prevention 101: Be Sensitive, Be Brave for Suicide Prevention" is foundational workshop in suicide prevention that teaches community members to act as eyes and ears for suicidal distress and to help connect individuals with appropriate services. Workshop participants will learn to recognize suicide risk, how to ask individuals if they are thinking about suicide, and connect them with help. This workshop will discuss navigating conversations about suicide across diverse populations, with the aim of equipping community members to be culturally responsive within their communities.

OCTOBER, PART 2

Culture and Suicide Prevention 201: Cultural Issues in Suicide Prevention for Diverse and Underserved Clients

Joyce Chu, Ph.D.

This workshop is ideal for any client-facing staff who may be responsible for screening, assessing, managing, or treating clients in suicidal distress. In October, Case C's 6-month suicide prevention initiative will focus on culture and underserved populations in suicide prevention. Dr. Joyce Chu, national expert on culture/diversity and suicide, will give a workshop addressing the management of suicide in culturally diverse clients. We invite all clinical staff to come learn state-of-science theoretical, measurement, and practice approaches to assist clinicians in accounting for cultural influences on suicide risk. Aims are to provide guidance to advance culturally responsive suicide prevention services.

NOVEMBER

Suicide Risk Assessment and Documentation

Christopher M. Weaver, Ph.D.

In November, Case C's 6-month suicide prevention initiative will focus on assessment and documentation in suicide prevention. Dr. Christopher Weaver, a national expert on law and mental health, forensic psychology, and suicide assessment, will give a workshop addressing comprehensive assessment and streamlined documentation of suicide risk in culturally diverse clients. We invite all clinical staff to come learn a usable, evidence-based approach to improving your clinical decision-making process in suicide assessment, along with tools that will help you with documentation and paperwork. Aims are to provide guidance to advance culturally responsive suicide prevention services.

DECEMBER

Case C Community Support Following a Loss

Speaker Name 1

This course is the fourth in a series on suicide prevention and is intended to discuss various aspects of Vicarious Trauma and community supports available to Case C employees. Vicarious trauma will shed a lens on the experience of innately stressful aspects of the service delivery and resources for employees to access.

JANUARY

Treatment of suicide risk with Dialectical Behavioral Therapy

Janice Kuo, Ph.D.

This presentation will offer a primer on the key theoretical underpinnings of dialectical behavior therapy (DBT) and how it relates to the conceptualization and treatment of disorders characterized by emotion dysregulation (e.g., borderline personality disorder) and suicidal behaviors. Participants will learn how to implement a chain analysis to assess the occurrence of suicidal behaviors, and apply suicide risk management and crisis strategies to target suicidal behaviors.

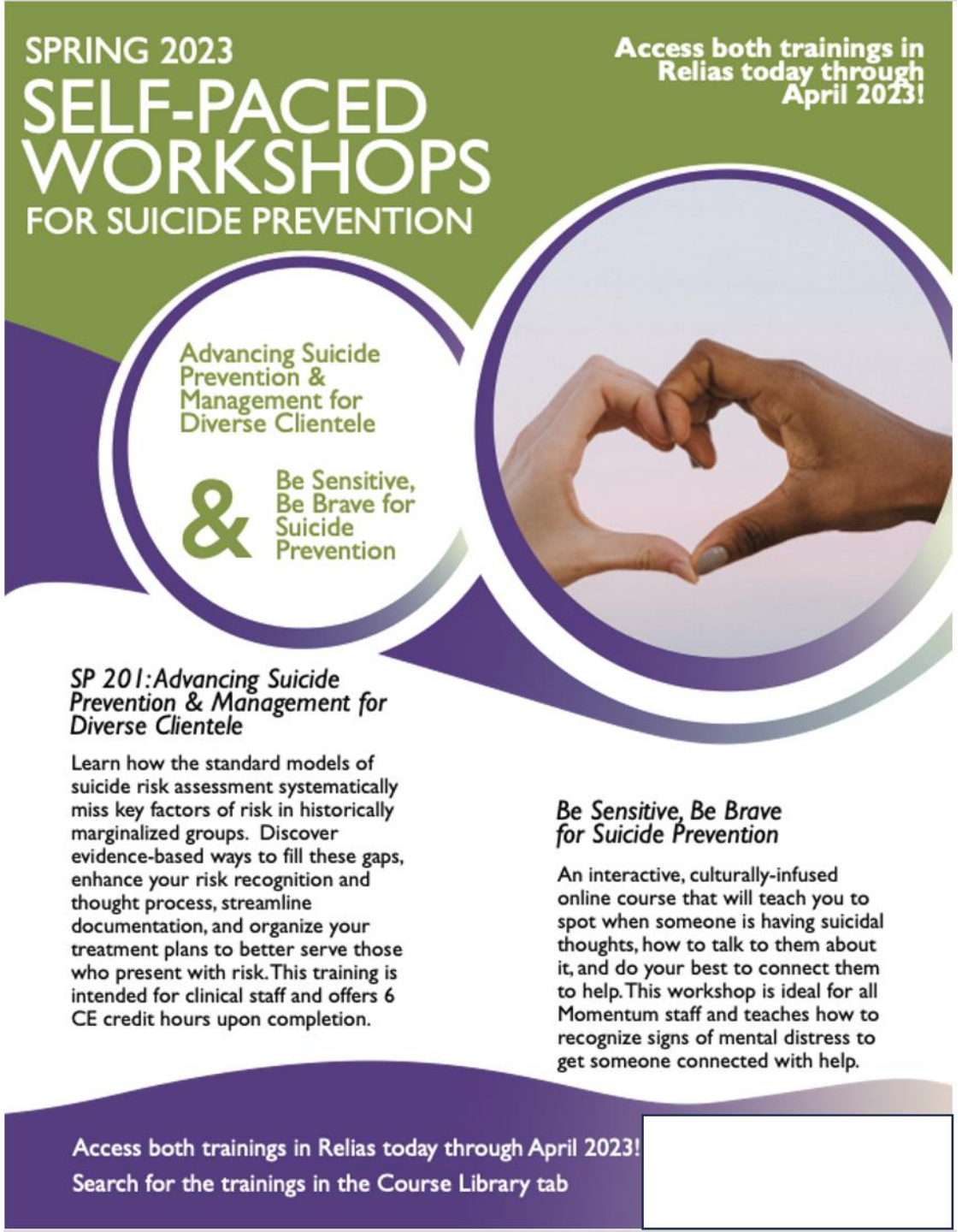
FEBRUARY

5150: Practical Policies and Procedures, A Panel Discussion

Speaker Names 2-5

Case C's Suicide Prevention series will conclude with a panel and didactic event titled "Crisis and 5150s: Practical Policies and Procedures." Participants will learn from a panel of Case C staff in different programs and roles who have experience with 5150 holds, The panel will discuss challenges and solutions related to 5150 crisis situations, and will be opened with a brief didactic about the mechanics of placing 5150 holds at Case C by speaker 2.

2023 Re-Launch With an Eye on Sustainability



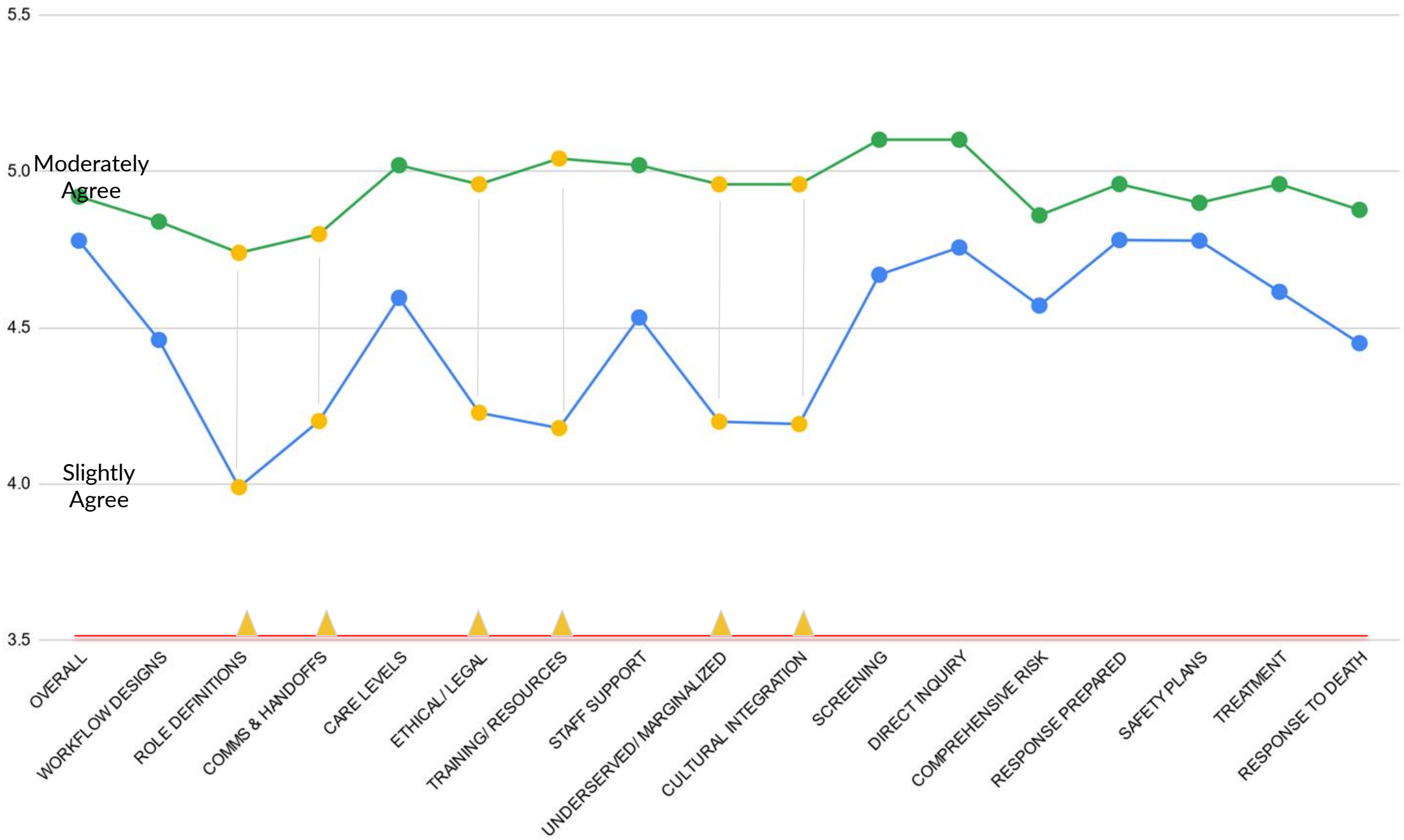
Integration into daily team meetings & supervision

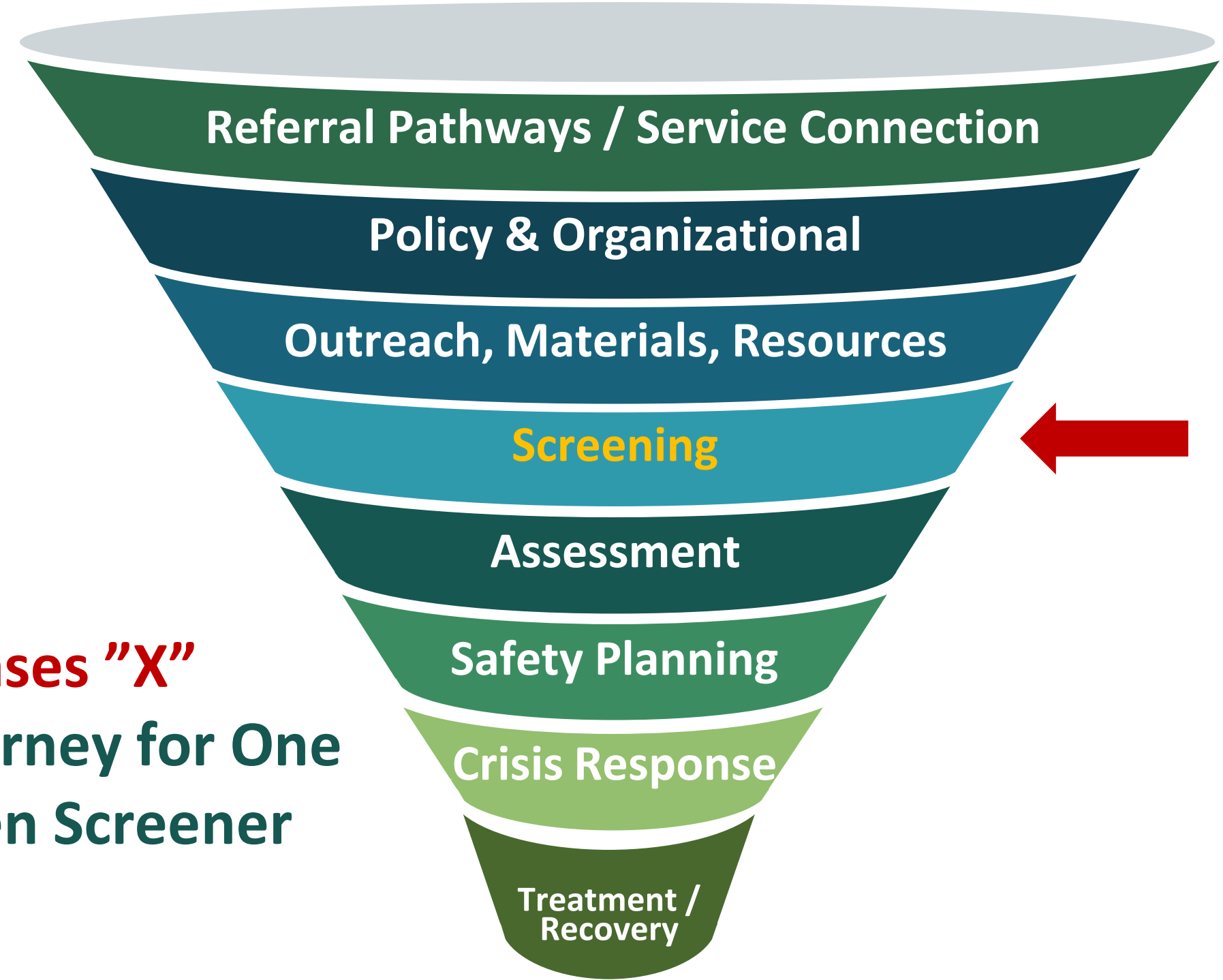
Facilitator's Guide
Culture & Suicide Prevention Discussion Groups
Joyce Chu, Ph.D. (joycepchu@gmail.com)

Discussion Questions

1. Do you have any cases where cultural idioms of distress or cultural warning signs may be at play?
    - For example, any cases where you think suicidal distress may being missed?
    - Any alternative screeners or suicide questions you should consider?
    - Any ways that your client prefers to be supported by you because of communication/interpersonal style?

2. Any cases where the cultural suicide factors of MISC would change your assessment of suicide risk level or suicide management plan


5.5
5.0
4.5
4.0
3.5
Moderately Agree
Slightly Agree
OVERALL
WORKFLOW DESIGNS
ROLE DEFINITIONS
COMMS & HANDOFFS
CARE LEVELS
ETHICAL/ LEGAL
TRAINING/ RESOURCES
STAFF SUPPORT
UNDERSERVED/ MARGINALIZED
CULTURAL INTEGRATION
SCREENING
DIRECT INQUIRY
COMPREHENSIVE RISK
RESPONSE PREPARED
SAFETY PLANS
TREATMENT
RESPONSE TO DEATH



Cases "X"

The Journey for One Golden Screener

Suicide Prevention and Management Policy for Outpatient Services

SCREENING

As a minimum baseline, all clients will receive routine screening at initial intake and annually thereafter. Clients presenting with any elevation in risk receive screening at every clinical visit while the elevation persists. Clinical staff are encouraged to re-screen clients with relevant presenting issues, including but not limited to, stressors related to their cultural identities…

…Screening procedures will include the use of at least one evidence-based brief screener. If there is any indication of risk and the client identifies as part of a marginalized community, the screening will also include assessment of cultural variations in expression of risk (including…

SP Clinical Guidelines

The following clinical guidelines do not represent a comprehensive guide for suicide practice, but instead supplement and augment the content specified in its companion suicide prevention policy.

Screening

- When using a questionnaire or measure in screening procedures, staff may choose from a list of evidence-based suicide screeners. Recommended instruments are listed below; upon staff discretion, other evidence-based tools may also be used…

Risk Level determination process

For the Columbia Protocol, risk is determined by the category of the most concerning item that is endorsed. In this case, the highest category item endorsed was:

[Author: choose 1 of the following]

1. "wished you were dead", which is in the yellow tier indicating low risk.
2. "thoughts about killing yourself", which is in the yellow tier, indicating low risk with a need for behavioral health referral."
3. "how you might do this", which is in the orange tier, indicating moderate risk with a need for immediate behavioral health referral."

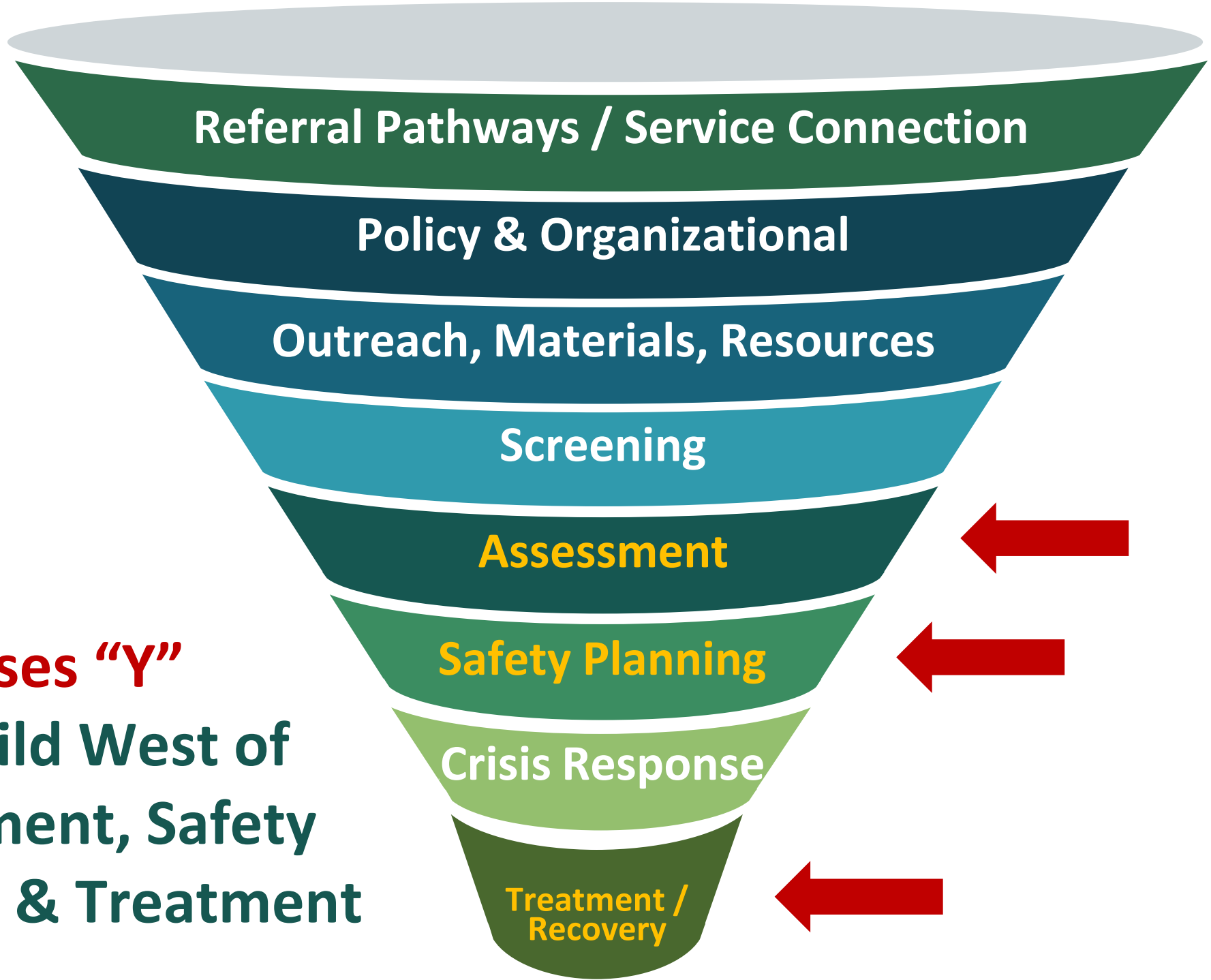
As the clinician, I agreed with this determination of [*LOW, LOW TO MODERATE, MODERATE, MODERATE TO HIGH, HIGH, IMMINENT*] risk.

Other Cultural Idioms of Suicidal Distress

[insert other expressions / symptoms – (e.g., headaches, fatigue, shame, emotions, behaviors, physical, etc.) – that may represent the diverse ways that suicidal ideation/intent/plan/means is showing up]

Comprehensive Suicide Assessment

The individual listed above was assessed for risk of danger to self by the assessing clinician using a



Cases "Y"

The Wild West of Assessment, Safety Planning, & Treatment

“Safety planned with client”

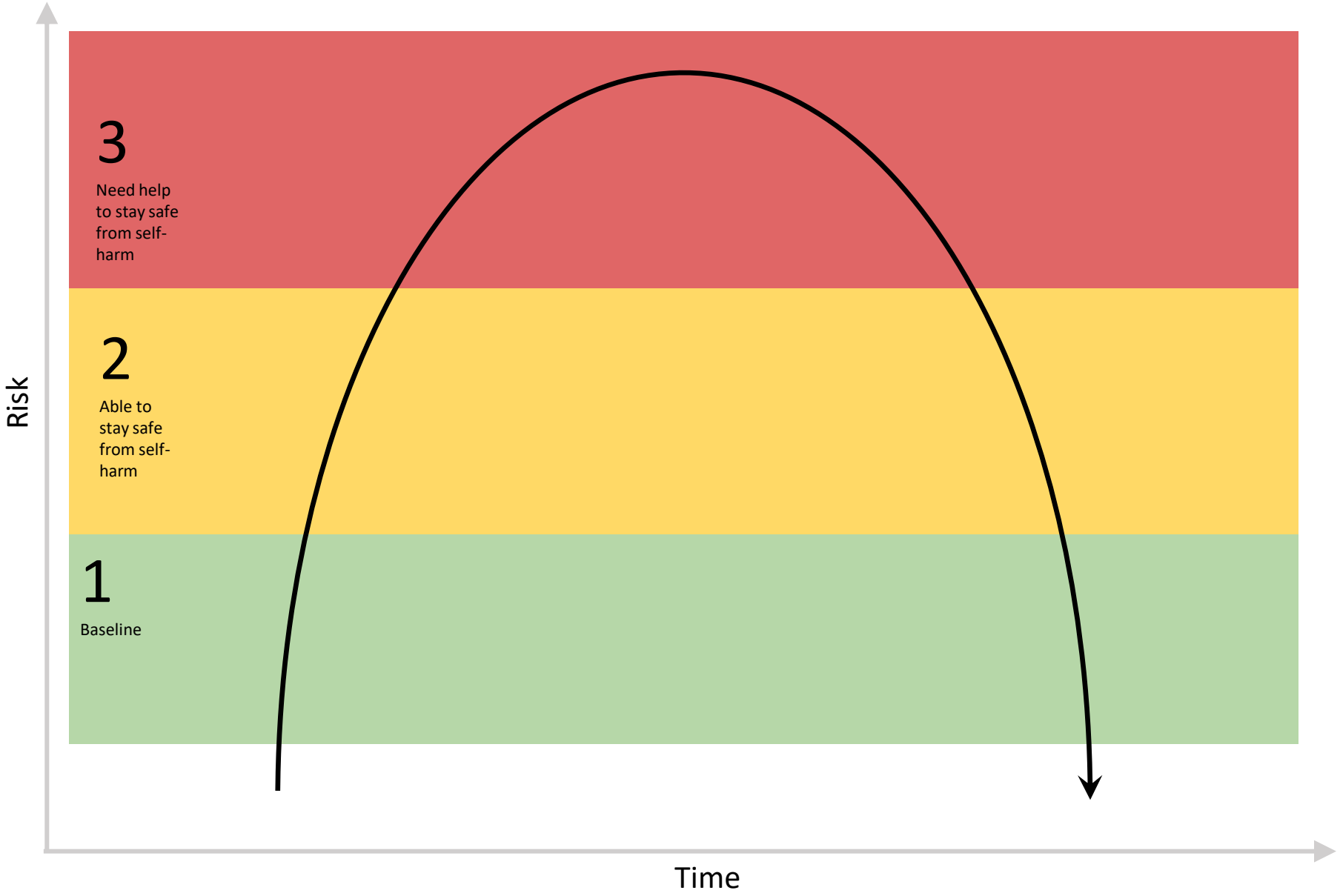
SAFETY PLAN

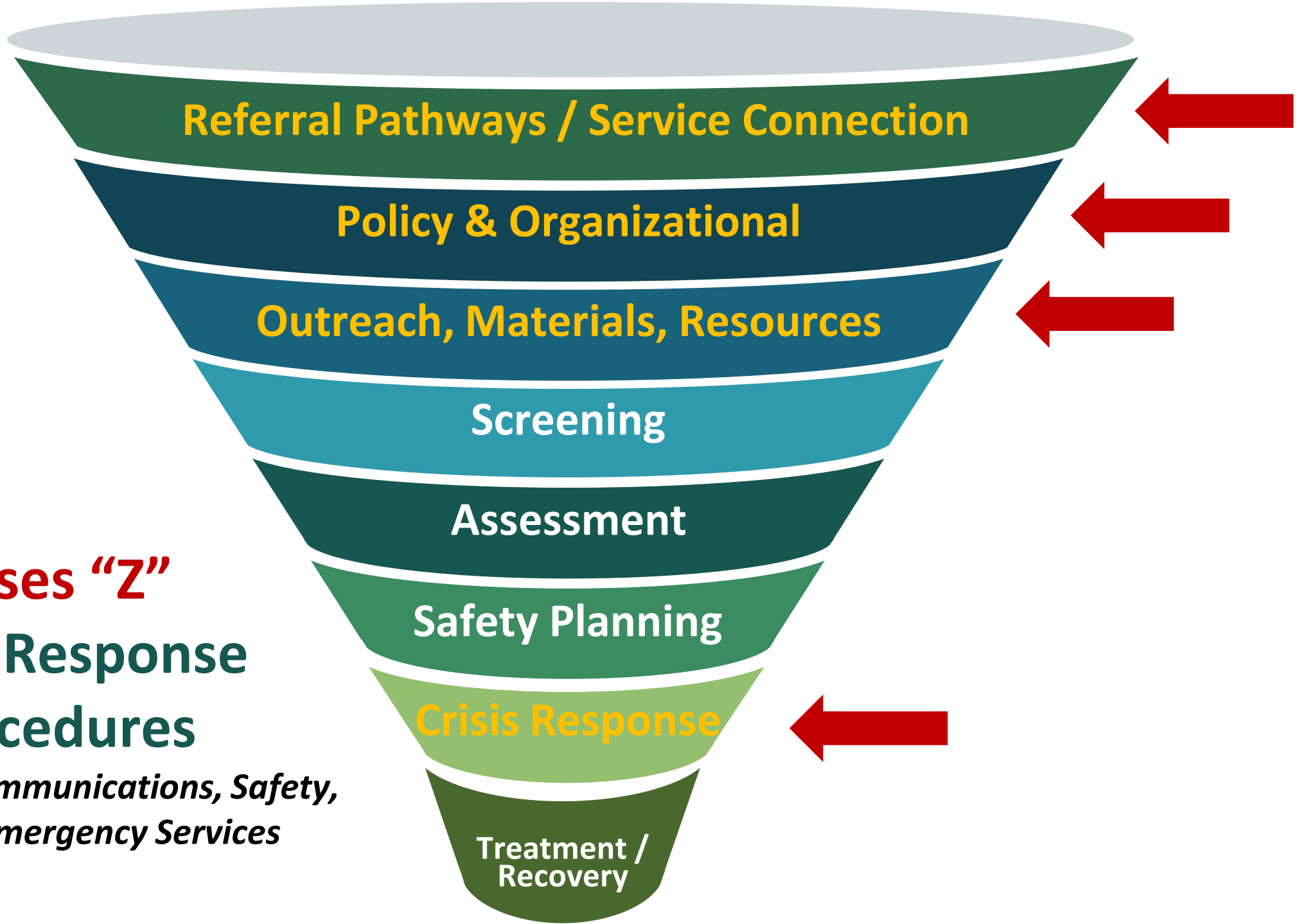
(Borges et al., 2010; Bryan et al., 2017; Stanley & Brown, 2009; Miller et al., 2017)

Warning Signs (Minority Stress, Idioms of Distress, Social Discord, Cultural Sanctions)	**Coping Strategies** (Idioms of Distress – Culturally congruent ways of expressing & coping)
Social Contacts & Settings That Provide Distraction (Idioms of Distress, Culturally responsive sources of help)	**People I Can Ask For Help** (Idioms of Distress, Culturally responsive sources of help)
Professionals I Can Contact During a Crisis (Culturally responsive sources of help)	**Making the Environment Safe (including Reducing Access to Lethal Means)** (Idioms of Distress-culturally preferred suicide means)
Reasons for Living (Cultural Sanctions-Cultural meaning of life events, etc.)	

Note: Noted in red are potential categories of culture & diversity factors (e.g., from the Cultural Theory and Model of Suicide or others) that may affect the relevant safety plan components. The lists provided may not exhaustive or all-inclusive.

Communication about safety



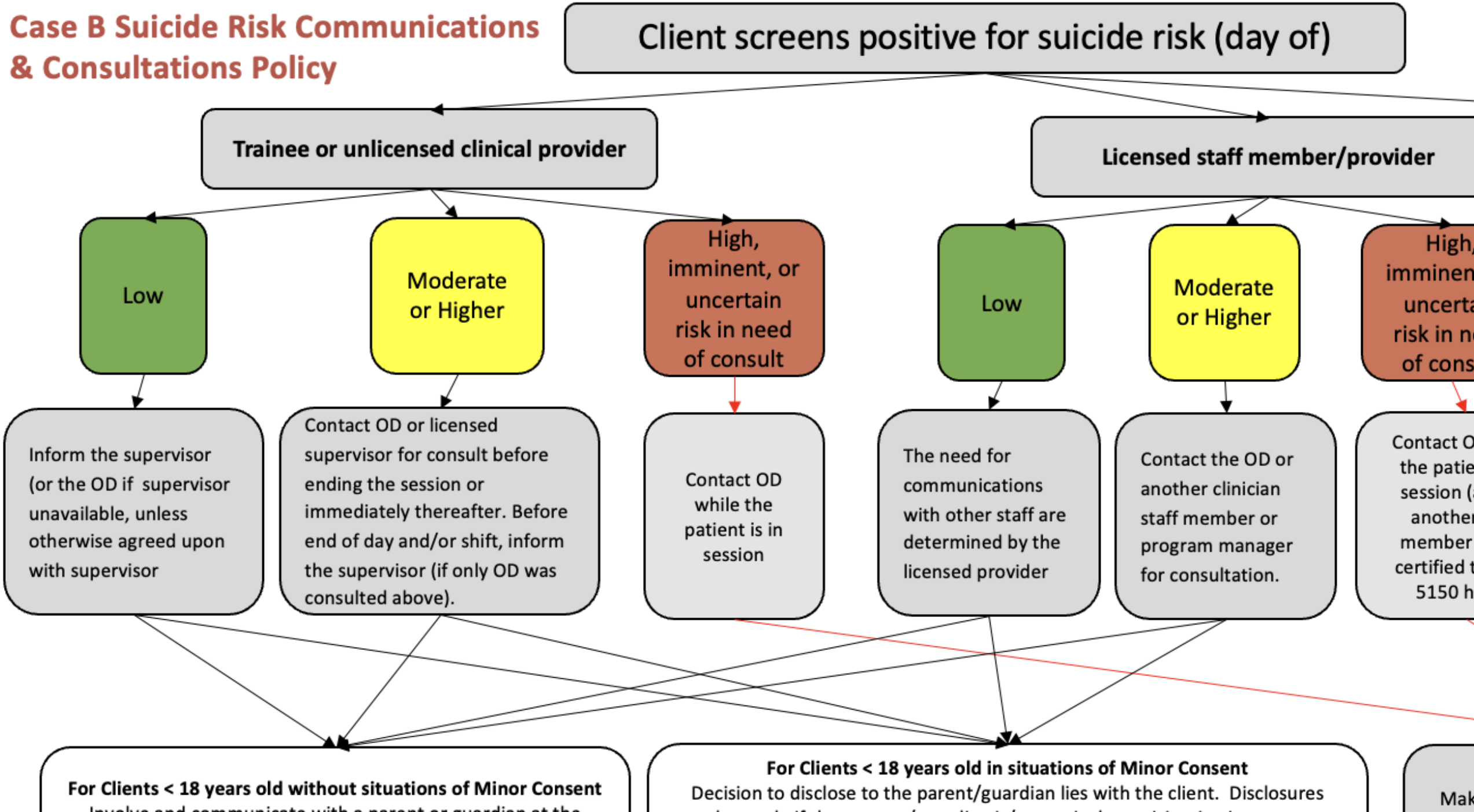


Cases "Z"

Crisis Response Procedures

Workflows, Communications, Safety, Access to Emergency Services

Case B Suicide Risk Communications & Consultations Policy



Different options for on-call and safety from Cases A-D

Safety

- Panic button at front desk
- Security officer available on-call
- Policy to have two people waiting in 5150 / 5585 situations at all times
- 911 (CIT) as backup

On-call

- Rotating On-Duty Officer
- Inpatient providers and psychiatrist as on-call
- Chain of command (i.e., Psychiatrist → Supervising behavioral health clinician → Supervising senior manager → Admin on-call)
- Combination of virtual & in-person across clinics to cover a multi-clinic system
- 988 and 911 as back-up

Note: Differentiate processes for licensed vs. unlicensed; 5150-certified vs. not certified

Referral Pathways / Service Connection

Common Struggles

- Unclear Communication pathways
- Lack of coordination between service entities
- Wait times for service connection / provider back line
- Not enough available services
- Referral pathways don't fit cultural needs

Critical Components

- Communication channels
- Warm handoff systems
- Follow-up care coordination procedures
- Complete workflow (within and outside of each service entity)
- Sufficiently resourced mental health services
- Service connection pathways that are culturally attuned (to cultural help preferences, stigma, communication styles, language needs)

Policy & Organizational

Common Struggles

- Insufficient training system
- Staffing / Personnel
- Policies: Non-existent, uncoordinated, or mixed with clinical guidelines
- Scattered SP resources
- Insufficient technology and documentation assistance

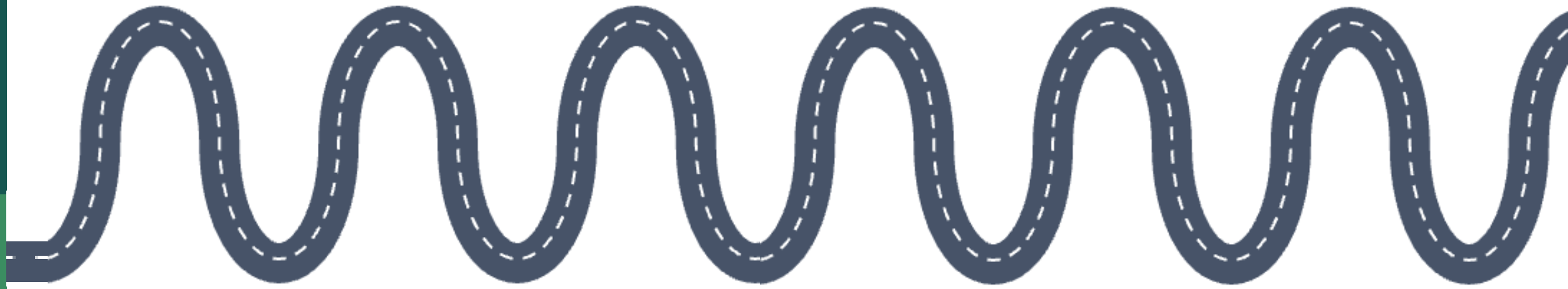
Critical Components

- Training (at onboarding, always accessible, comprehensive in staff role and content, culturally infused)
- Staffing / Personnel (SP coordinator, security, on-call, all staff trained)
- DEI-infused SP Policy & Procedures across all clinics
- Internal resource infrastructure (internal website, easily accessible, repository for SP documents)
- Technology & Documentation (electronic health records, culturally infused documentation templates, panic buttons)
- DEI-commitment by leadership

Planning for Change

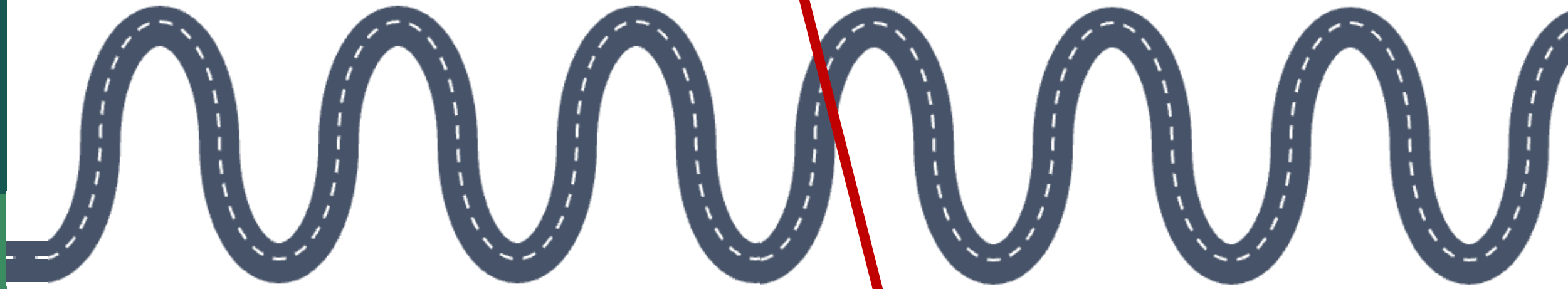
“Without leaps of imagination or dreaming, we lose the excitement of possibilities. Dreaming, after all is a form of planning.” – Gloria Steinem

Change Steps / Process



1. Downstream mapping of clinical systems & workflows
2. Structural supports (funding, strategic plan)
3. Identify change agent
4. Build downstream workgroup or coalition
5. Identify cultural framework, diversity strengths / gaps
6. Needs assessment (identify gaps & strengths)
7. Develop critical components
8. Data & Evaluation
9. Develop training system for critical components
10. Pilot test
11. Implement, iterate, & communicate

Change Steps / Process



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Early Stages

Middle/Advanced Stages

Change agent leader(s)

Potential options

- External consultant
- Internal Leadership
- Designated SP coordinator / change leader

Along with a downstream SP workgroup or coalition


Downstream Suicide
Prevention is Team Sport

Action Learning Worksheet

Individual Reflection (10 min)

Use the Action Learning Worksheet to self-assess strengths and growth areas for your downstream suicide prevention work

Community Discussion About Downstream Work

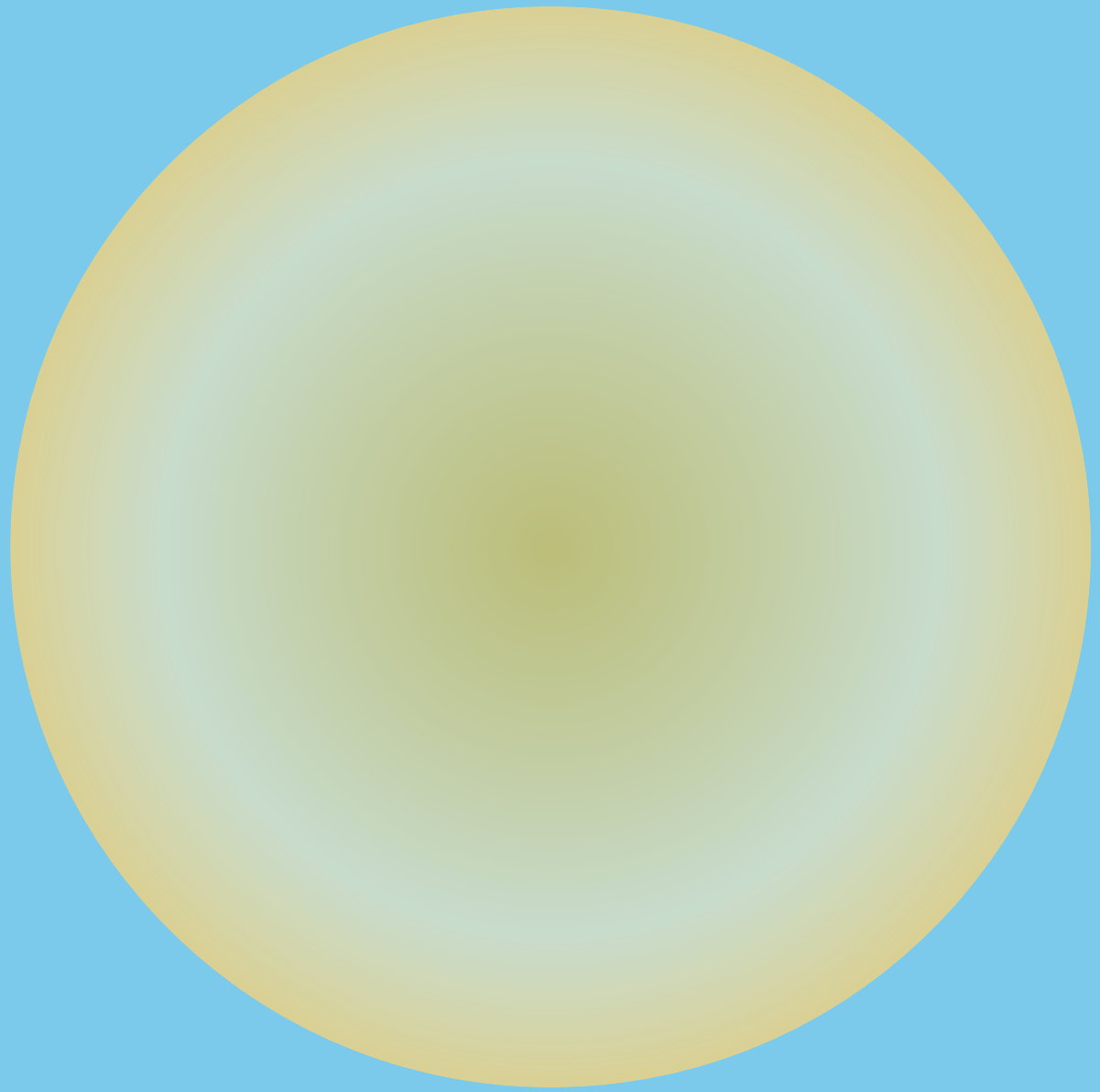
1. **Share your experiences & wisdom**
   - Describe your downstream efforts and/or plans to date
   - Share any advice and wisdom that you've learned from your downstream efforts to date

2. **Learning Lessons & Collaborative Consultation**
   - What have been the biggest challenges? Any learning lessons you'd like to share? Any questions for consultation from the group?

3. **Identify Action Item**
   - What is one goal, action item, or takeaway for your downstream suicide prevention work?

Group Report-Outs

Q&A



Thank you for your time

For more information please contact: jana@yoursocialmarketer.com

Support for people at risk for suicide or those supporting people at risk is available by calling the **National Suicide Prevention Lifeline** 1-800-273-TALK (8255) or 988

Apoyo y ayuda para personas a riesgo de suicidarse o para las personas que los apoyan está disponible llamando al **National Suicide Prevention Lifeline** **1-**888-682-9454 o 988