

VA



U.S. Department
of Veterans Affairs

**VHA
COMMUNITY
SUICIDE
PREVENTION
LEARNING
COLLABORATIVE
(CO-ACT)**

Veteran Suicide Prevention Toolkit

VHA Community Suicide Prevention Learning Collaborative (CO-ACT)

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PREFACE

The toolkit provides materials to support the implementation of the VA/COmmunity LeArning CollaboraTive (CO-ACT). The model used in this toolkit is rooted in prior learning collaborative models conducted by the Institute for Healthcare Improvement (IHI) and the Zero Suicide Learning Collaborative model (Institute for Healthcare Improvement, 2003; National Council of Behavioral Health, 2015). The toolkit is designed to guide the development and implementation of suicide prevention programming in a wide range of organizations that serve or employ Veterans. The toolkit details strategies to support the rapid implementation of Veteran suicide prevention program components (i.e., suicide prevention strategies, providing Veteran suicide prevention training to all staff) for community organizations. This toolkit utilizes nomenclature from existing suicide prevention models and programs to classify the different types of program components available (Centers for Disease Control and Prevention [CDC], 2010; National Council of Behavioral Health, 2015; Office of the Surgeon General, & National Action Alliance for Suicide Prevention, 2012; Office of the Under Secretary of Defense for Personnel and Readiness, 2013; Office of the Under Secretary of Defense for Personnel and Readiness, 2017; Sisti & Joffe, 2018; Stone et al., 2017; U.S. Department of Veterans Affairs [VA], 2018a, 2018b, 2021; Zero Suicide [ZS], n.d.a). While Learning Collaborative partner organizations will differ in the specific suicide prevention program components selected for their respective organization, each will necessarily contain multiple types of prevention strategy classifications. Thus, understanding program component classification types is essential to building a strong and sustainable program. Resources found in this toolkit include best practices and evidence-based prevention strategies, illustrative examples, and resources for additional information.

For learning collaborative leaders, a corresponding learning collaborative manual describes a structured process for coordinating the VA/Community Veteran Suicide Prevention Learning Collaborative.

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VETERAN SUICIDE PREVENTION

Veteran Suicide Statistics

Suicide deaths among Veterans are 57.3% greater compared to non-Veterans (VA, 2022). Thus, Veterans represent a group at high risk for suicide, particularly in comparison to civilians. Among the Veteran community, Veterans not connected to VA healthcare have substantially higher rates of suicide compared to those who are connected (VA, 2022). Therefore, Veterans not using VA healthcare represent a critical population for suicide prevention outreach.

WHY ARE VETERANS AT HIGHER RISK FOR SUICIDE THAN CIVILIANS?

Veterans may have unique experiences and increased risk factors placing them at greater risk for suicide when compared to civilians. Risk factors may include: mental health disorder diagnosis (Boggs et al., 2018; Borges et al., 2010; DeBeer et al., 2014; DeBeer et al., 2018; Ilgen et al., 2010; Kimbrel et al., 2016; Lee et al., 2017; Skopp et al., 2016), relationship challenges (Steele et al., 2018), homelessness (Holliday et al., 2021; Tsai & Cao, 2019), financial difficulties or unemployment (Blosnich et al.; 2020; Boscarino et al., 2022), legal issues (Skopp et al., 2016; Steele et al., 2018), inadequate social support (DeBeer et al., 2014; Pietrzak et al., 2010, 2011). Further, past year transition from military service member to civilian places Veterans at greater risk for suicide (Ravindran et al., 2020), and experiencing a TBI places Veterans at 2.19 greater risk to die by suicide compared to Veterans who had not experienced a TBI (Hostetter et al., 2019). Other factors placing Veterans at higher risk for suicide include loneliness, thoughts of self-harm, low levels of gratitude, and trauma exposure (Nichter et al., 2021). Lastly, some Veterans are exposed to traumatic experiences (e.g., combat exposure), which, in some, may develop into PTSD and depression (Dedert et al., 2009), and may be associated with outcomes related to suicide (Bryan et al., 2015; Nichter et al., 2020). Comorbidities and co-occurring risk factors may further increase the risk of suicide among Veterans (DeBeer et al., 2017; Ilgen et al., 2007; Ilgen et al., 2010; Kimbrel et al., 2016; Lee et al., 2017; Nichter et al., 2021).

Further, the Interpersonal-Psychological Theory of Suicide Behavior posits that three conditions are present when one attempts suicide: perceived burdensomeness, thwarted belongingness, and acquired capability (Joiner, 2005; Van Orden et al., 2010). Perceived burdensomeness refers to feeling like one is a burden on those around them (Joiner, 2005). This concept is relevant to many Veterans, particularly those who sustained visible or invisible wounds of war and rely on family or friends for assistance in daily living (Selby et al., 2010). Thwarted belongingness means that one feels that they do not belong among their community, family, or friends (Joiner, 2005). This concept is highly relevant to Veterans as they often describe the transition from military life to civilian life as being “alien” (Ahern, et al., 2015; Selby et al., 2010). Acquired capability is the ability to get over the fear and pain of death to die by suicide (Joiner, 2005). This construct is also highly relevant to Veterans as military training and experiences can require them to engage in dangerous and painful experiences (Selby et al., 2010).

VA’s Suicide Prevention Efforts

In response to these findings, the VA developed and implemented a multicomponent suicide prevention program that is unmatched by other public or private health care systems. The VA takes a public health approach to suicide prevention. As detailed in its *10-year National Strategy for Preventing Veteran Suicide* (VA, 2018a), the VA calls on both clinical and community organizations to implement suicide prevention, intervention, and postvention services.



The National Strategy (VA, 2018a) outlines four pillars of suicide prevention: 1) Healthy and Empowered Veterans, Families, and Communities; 2) Clinical and Community Preventive Service; 3) Treatment, Recovery, and Support Services; and 4) Surveillance, Research, and Evaluation. Additionally, the VA strives to build community-based suicide prevention programs capable of reaching the substantial number of Veterans not accessing VA care for various reasons (VA, 2018a). For example, the VA Office of Mental Health and Suicide Prevention has implemented a new national initiative called Community-Based Interventions for Suicide Prevention (CBI-SP). This model builds upon the national strategy's four pillars strengthening the VA's focus on Veterans at high risk for suicide, and embracing collaborations across agencies and community partnerships in an effort to meet Veterans' needs within and outside the VA. CBI-SP supports the establishment of community-based suicide prevention coalitions to address three priority areas:

1. Increased identification of Veterans and family members within the community and increased screening for suicide risk
2. Increased connectedness within the community and across improved care transitions
3. Increased community-wide lethal means safety and safety planning

Building the Evidence for Community-Based Veteran Suicide Prevention

A community-based participatory research pilot program tested this model (DeBeer et al., 2020), and community organizations indicated that while their organizations' needs were consistent with many of the priorities of the VA, they also had additional implementation needs. The program components detailed in this toolkit are both consistent with the CBI-SP model goals and the additional needs of community-serving organizations. Examples of program implementations are included as a part of this toolkit.



BUILDING A VETERAN SUICIDE PREVENTION PROGRAM

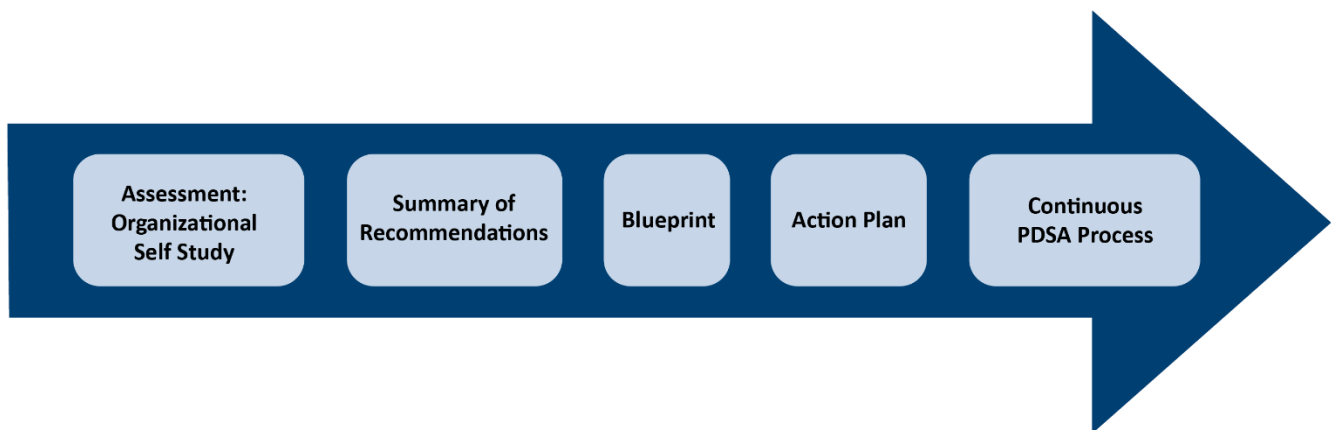
The CO-ACT learning collaborative is an intra- (within) and inter-organizational (between) intervention designed to improve Veteran suicide prevention programming within an organization, as well as relationships between organizations, including the VA. Learning collaborative activities focus on: (a) providing technical assistance and support in implementing a suicide prevention program within the organization; (b) building relationships and collaborations between the VA and community organizations to support Veteran suicide prevention; (c) developing and supporting coordinated relationships between community organizations to strengthen the community suicide prevention safety net.

Your organization will be assigned a learning collaborative leader, who will serve as the primary point of contact for the organization and will facilitate efforts in the learning collaborative focus points stated above.

At the beginning of the collaborative, the learning collaborative leader will request that your organizational team complete a survey regarding the organization’s structure and current activities. The learning collaborative leader will use the information gathered in this survey to determine the optimal path to build your Veteran suicide prevention program, resulting in a summary of recommendations. The learning collaborative consists of 6 quarterly calls of all organizations, and monthly facilitation calls. Facilitation calls will assist the organization in choosing changes to implement within the organization. They then become the start of the organization’s blueprint and action plan (see Figure 1). Figure 1 outlines the CO-ACT process for building a suicide prevention program.

Implementation activities are rooted in the integrated Promoting Action on Research Implementation in Health Services (iPARIHS) implementation model (Harvey & Kitson, 2015), in conjunction with Plan, Do, Study, Act (PDSA) cycles (Taylor et al., 2014). By applying the iPARIHS model, organizations are encouraged to examine multiple layers of context within their organization to identify barriers prior to the start of an implementation. PDSA cycles facilitate a process of continuous quality improvement and assist in breaking down larger implementations into smaller tasks. The next section describes how to build a blueprint for change within an organization, and how to take that blueprint and translate it into an action plan. These processes are designed to facilitate an organization’s rapid implementation of a Veteran suicide prevention program.

Figure 1. Learning Collaborative Process





Throughout this toolkit, two examples are used to illustrate methods of implementation: one organization that provides clinical services to Veterans from licensed mental health providers (or supervised trainees) and one organization that provides non-clinical services to Veterans.

Clinical Example: Implementation in an organization that provides direct clinical mental health services.

The organization, called “Clinical Organization” for this example, provides myriad services to Veterans, service members, and their families, including housing assistance, employment assistance, and mental healthcare. The organization receives 200 new Veterans per month in their system and consistently provides services to 3,000 Veterans per year. Most Veterans served by the organization do not receive mental health services. The organization primarily consists of graduate level psychology and social work interns from the local university, administrative staff with non-clinical duties, case managers, and a small number of licensed clinicians. The organization provides assessment and treatment for mental health symptoms to all Veterans regardless of era or discharge status. Organizational leads indicate that their clinical organization has struggled in the past with Veteran clients who have received services other than mental health, such as assistance with benefits applications, and have then died by suicide. The organization seeks to create systems to identify these Veterans and connect them with care.

Non-Clinical Example: Implementation in an organization that does not provide direct clinical mental health services.

The organization, referred to as “Non-Clinical Organization,” provides legal services to Veterans seeking an upgrade in their character of discharge to obtain access to VA healthcare and other benefits. The organization primarily consists of lawyers and individuals in administrative positions with non-clinical duties (i.e., paralegals, receptionists, and student interns). The organization does not provide mental health assessments or treatment. However, due to the stressful nature of seeking a discharge status change, some Veterans expressed suicidal ideation and behavior. The organization’s staff did not know how to manage these types of situations. This led to hurried responses when a Veteran expressed suicidal ideation and behavior, making it difficult to efficiently connect Veterans to needed services.



BUILDING THE BLUEPRINT AND THE ACTION PLAN

This toolkit provides a step-by-step process for building the blueprint and action plans. While the blueprint provides a roadmap to guide what an organization will implement to improve its Veteran suicide prevention programming, action plans detail how to enact the blueprint. The blueprint and action plans are reviewed and updated during monthly facilitation calls with the learning collaborative leader. Each organization also provides brief updates about their progress on the blueprint and action plans during the quarterly learning collaborative meetings. Blueprints and action plans are tailored to the needs of an organization, so they may vary widely across organizations.

Tables 1 (1.1, 1.2, 1.3) and 2 (2.1, 2.2) outline the components of the blueprint and illustrate their use by mapping the clinical example (Tables 1.1, 1.2, 1.3) and the non-clinical example (Tables 2.1, 2.2) onto them.

Tables 16 (16.1, 16.2, 16.3) and 17 (17.1, 17.2) outline the components of the action and illustrate their use by mapping the clinical example (Tables 16.1, 16.2, 16.3) and the non-clinical example (Tables 17.1, 17.2) onto them.



Table 1.1. Blueprint and Definitions: Clinical Example to Improve Screening Rates of Veteran Suicide Risk: Aim 1- Create a standardized process for suicide risk screening, including an SOP

Note. P/UP/SP/IP = Promotion, Universal Prevention, Selective Prevention, Indicated Prevention; SAMHSA = Substance Abuse and Mental Health Service Administration; SOP = Standard Operating Procedure

BLUEPRINT COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veteran suicide risk
Aim Statement	What an organization aims to achieve; include outcome(s)	<ul style="list-style-type: none"> Create a standardized process for suicide risk screening, including an SOP
Short-term Goal	Implementations reasonable to achieve on a short timeline	<ul style="list-style-type: none"> Draft SOP Select screening measures
Long-term Goal	The outcome an organization aims to achieve	<ul style="list-style-type: none"> Finalize SOP and screening procedures
Program Component	An organization's primary components of its suicide prevention program	<ul style="list-style-type: none"> Integrate suicide prevention into organizational policy
Prevention Strategies: P/UP/SP/IP	Suicide prevention program components specific to target populations	<ul style="list-style-type: none"> Universal Prevention
SAMHSA Prevention Types	Provides information regarding the spread of program components	<ul style="list-style-type: none"> Environmental Strategies
Best Practice vs. Evidence-Based	Using both evidence-based and best practices lead to a diversified program targeting multiple levels of prevention	<ul style="list-style-type: none"> Best Practice
Outcomes	Measurable performance goal that demonstrates success of the change	<ul style="list-style-type: none"> Finalized SOP is implemented
Metrics	The specific data collected to measure or determine progress	<ul style="list-style-type: none"> Finalized SOP is implemented

Table 1.2. Blueprint and Definitions: Clinical Example to Improve Screening Rates of Veteran Suicide Risk: Aim 2 - Train all agency staff on new suicide prevention SOP

Note. P/UP/SP/IP = Promotion, Universal Prevention, Selective Prevention, Indicated Prevention; SAMHSA = Substance Abuse and Mental Health Service Administration; SOP = Standard Operating Procedure

BLUEPRINT COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veteran suicide risk
Aim Statement	What an organization aims to achieve; include outcome(s)	<ul style="list-style-type: none"> Train all agency staff on new suicide prevention SOP
Short-term Goal	Implementations reasonable to achieve on a short timeline	<ul style="list-style-type: none"> Conduct in-person training for 75% of the staff, and record virtual training for remaining staff
Long-term Goal	The outcome an organization aims to achieve	<ul style="list-style-type: none"> All staff trained in suicide prevention procedures
Program Component	An organization's primary components of its suicide prevention program	<ul style="list-style-type: none"> Suicide prevention training for staff
Prevention Strategies: P/UP/SP/IP	Suicide prevention program components specific to target populations	<ul style="list-style-type: none"> Universal Prevention
SAMHSA Prevention Types	Provides information regarding the spread of program components	<ul style="list-style-type: none"> Prevention Education
Best Practice vs. Evidence-Based	Using both evidence-based and best practices lead to a diversified program targeting multiple levels of prevention	<ul style="list-style-type: none"> Best Practice
Outcomes	Measurable performance goal that demonstrates success of the change	<ul style="list-style-type: none"> 100% of staff trained
Metrics	The specific data collected to measure or determine progress	<ul style="list-style-type: none"> Staff knowledge of SOP post-training survey Number of staff trained Number of clients identified as at risk

Table 1.3. Blueprint and Definitions: Clinical Example to Improve Screening Rates of Veteran Suicide Risk: Aim 3 – Screen incoming Veterans for suicide risk

Note. P/UP/SP/IP = Promotion, Universal Prevention, Selective Prevention, Indicated Prevention; SAMHSA = Substance Abuse and Mental Health Service Administration

BLUEPRINT COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veteran suicide risk
Aim Statement	What an organization aims to achieve; include outcome(s)	<ul style="list-style-type: none"> Screen incoming Veterans for suicide risk
Short-term Goal	Implementations reasonable to achieve on a short timeline	<ul style="list-style-type: none"> Screen 25% of Veterans who interact with the organization within the next 3-months
Long-term Goal	The outcome an organization aims to achieve	<ul style="list-style-type: none"> Screen 100% of Veterans who interact with the organization
Program Component	An organization’s primary components of its suicide prevention program	<ul style="list-style-type: none"> Screening
Prevention Strategies: P/UP/SP/IP	Suicide prevention program components specific to target populations	<ul style="list-style-type: none"> Universal Prevention
SAMHSA Prevention Types	Provides information regarding the spread of program components	<ul style="list-style-type: none"> Environmental Strategies
Best Practice vs. Evidence-Based	Using both evidence-based and best practices lead to a diversified program targeting multiple levels of prevention	<ul style="list-style-type: none"> Evidence-Based
Outcomes	Measurable performance goal that demonstrates success of the change	<ul style="list-style-type: none"> Number of Veterans screened in 3 months
Metrics	The specific data collected to measure or determine progress	<ul style="list-style-type: none"> Number of Veterans screened

Table 2.1. Blueprint and Definitions: Non-Clinical Example to improve Access to Care and Outcomes for Veterans At-Risk for Suicide: Aim 1 – Develop an SOP for when and how to refer an at-risk Veteran

Note. P/UP/SP/IP = Promotion, Universal Prevention, Selective Prevention, Indicated Prevention; SAMHSA = Substance Abuse and Mental Health Service Administration; SOP = Standard Operating Procedure

BLUEPRINT COMPONENTS	DEFINITIONS	NON-CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve access to care and outcomes for Veterans at-risk for suicide
Aim Statement	What an organization aims to achieve; include outcome(s)	<ul style="list-style-type: none"> Develop an SOP for when and how to refer an at-risk Veteran
Short-term Goal	Implementations reasonable to achieve on a short timeline	<ul style="list-style-type: none"> Draft SOP
Long-term Goal	The outcome an organization aims to achieve	<ul style="list-style-type: none"> SOP is created and implemented
Program Component	An organization's primary components of its suicide prevention program	<ul style="list-style-type: none"> Integrate suicide prevention into organizational policy
Prevention Strategies: P/UP/SP/IP	Suicide prevention program components specific to target populations	<ul style="list-style-type: none"> Universal Prevention
SAMHSA Prevention Types	Provides information regarding the spread of program components	<ul style="list-style-type: none"> Environmental Strategies
Best Practice vs. Evidence-Based	Using both evidence-based and best practices lead to a diversified program targeting multiple levels of prevention	<ul style="list-style-type: none"> Best Practice
Outcomes	Measurable performance goal that demonstrates success of the change	<ul style="list-style-type: none"> Finalized SOP is implemented
Metrics	The specific data collected to measure or determine progress	<ul style="list-style-type: none"> Finalized SOP is implemented

Table 2.2. Blueprint and Definitions: Non-Clinical Example to Improve Access to Care and Outcomes for Veterans At-Risk for Suicide: Aim 2 – Train all staff on new SOP

Note. P/UP/SP/IP = Promotion, Universal Prevention, Selective Prevention, Indicated Prevention; SAMHSA = Substance Abuse and Mental Health Service Administration; SOP = Standard Operating Procedure

BLUEPRINT COMPONENTS	DEFINITIONS	NON-CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve access to care and outcomes for Veterans at risk for suicide
Aim Statement	What an organization aims to achieve; include outcome(s)	<ul style="list-style-type: none"> Train all staff on new SOP
Short-term Goal	Implementations reasonable to achieve on a short timeline	<ul style="list-style-type: none"> Conduct in-person training for 25% of the staff
Long-term Goal	The outcome an organization aims to achieve	<ul style="list-style-type: none"> Plan 2 additional trainings and a virtual training to train 100% of staff
Program Component	An organization's primary components of its suicide prevention program	<ul style="list-style-type: none"> Suicide prevention training for staff
Prevention Strategies: P/UP/SP/IP	Suicide prevention program components specific to target populations	<ul style="list-style-type: none"> Universal Prevention
SAMHSA Prevention Types	Provides information regarding the spread of program components	<ul style="list-style-type: none"> Prevention Education
Best Practice vs. Evidence-Based	Using both evidence-based and best practices lead to a diversified program targeting multiple levels of prevention	<ul style="list-style-type: none"> Best Practice
Outcomes	Measurable performance goal that demonstrates success of the change	<ul style="list-style-type: none"> 100% of staff trained
Metrics	The specific data collected to measure or determine progress	<ul style="list-style-type: none"> 100% of staff trained Number of Veterans referred to additional services



Blueprint definitions

CHANGE TARGET

A change target is conceptualized as a change that the organization will make to achieve their desired outcome (IHI, 2003).

Clinical Example

The organization's change target is "to improve screening for Veterans who interact with the organization for suicide risk" (see Tables 1.1, 1.2, and 1.3).

Non-Clinical Example

The organization's change target is "to improve access to care and outcomes for Veterans who are identified as at-risk for suicide" (see Tables 2.1 and 2.2).

AIM STATEMENT

Aims are a succinct statement of what the organization is aiming to achieve through implementation (IHI, 2003). Aims should be measurable and include specifics about the population an organization reaches and describe the outcomes to be assessed. At times, the project may drift from the stated aims. Thus, it is optimal to continually revisit and reevaluate the aims. As testing and implementation continue, aims may need to be amended. Change targets may consist of one implementation or multiple sub-implementations.

As teams develop aims, they should consider the following questions:

1. What does your organization aim to accomplish?
2. What measurable outcomes are your organization going to achieve through the implementation?
3. What population will your organization impact?

Clinical Example

The clinical organization's change target of "improve screening rates for Veteran suicide risk" is broken down into 3 sub-aims (see Tables 3.1, 3.2, and 3.3):

1. Create a standardized process for suicide risk screening, including a standardized operating procedure (SOP; see Table 3.1).
2. Train all agency staff on new suicide prevention SOP (see Table 3.2).
3. Screen all incoming Veterans for suicide risk (see Table 3.3).

Non-Clinical Example

Non-clinical organization's change target of "improve access to care and outcomes for Veterans who are identified as at-risk for suicide" is broken down into 2 sub-aims (see Tables 4.1 and 4.2):

1. Develop an SOP for when and how to refer an at-risk Veteran (see Table 4.1).
2. Train all staff in new SOP. Non-clinical organizations will not conduct regular screening. They will develop a process to guide staff in connecting a Veteran to care if they express suicidal ideation or behavior. Thus, there is no third sub-aim of instituting a continual process of screening (see Table 4.2).



GOALS

Goals reflect the specific actions that will be taken on a set timeline (IHI, 2003). Goals should be clear and focus on changes that will be most effective in producing results.

Short-term Goals. Short-term goals consist of implementations that are reasonable to achieve on a short timeline. Typically, short-term goals are reasonably completed in 1 to 3 months.

Long-term Goals. Long-term goals reflect the outcome the organization aims to achieve. Typically, long-term goals are reasonably completed in 12 to 18 months, depending on the complexity of the implementation.

Clinical Example

The clinical organization's change target of "improve screening rates for Veteran suicide risk" is broken down into 3 sub-aims (see Tables 3.1, 3.2, and 3.3).

1. For the first sub-aim, "Create a standardized process for suicide risk screening, including an SOP," the short-term goals are to: (a) draft the SOP; and (b) select screening measures. The long-term goal is to finalize the SOP and screening procedures (see Table 3.1).
2. For the second aim, "Train all agency staff in new suicide prevention SOP," the short-term goal is to conduct in-person training for 75% of the staff and record virtual training for the remaining staff (see Table 3.2). The long-term goal is for all staff to be trained in suicide prevention procedures.
3. For the third aim, "Screen incoming Veterans for suicide risk," the short-term goal is to ramp up this implementation by screening 25% of Veterans who interact with this organization within three months (see Table 3.3). The long-term goal is to screen 100% of Veterans who interact with the organization.

Non-Clinical Example

Non-clinical organization's change target of "improve access to care and outcomes for Veterans who are identified as at-risk for suicide" is broken down into 2 sub-aims (see Tables 4.1 and 4.2).

1. For the first sub-aim, "Develop an SOP for when and how to refer an at-risk Veteran," the short-term goal is to draft an initial SOP (see Table 4.1). Typically, this is completed with consultation and resources provided by the learning collaborative leader. Depending on the organization's internal processes, the SOP may need to undergo additional internal revisions and approval processes. The organization will likely continually consult with the learning collaborative leader as the SOP is drafted and revised. The long-term goal for this sub-aim is a final SOP that is implemented.
2. For the second sub-aim, "Train all staff on the new SOP," the short-term goal is to hold an initial in-person training for 25% of staff (see Table 4.2). Training will often depend on the organization's capacity to train. Depending on the size and availability of staff, multiple trainings may need to be offered. The long-term goal for this sub-aim is to plan two additional trainings and a virtual training to train 100% of the staff.

Table 3.1. Blueprint and Definitions: Clinical Example for Change Target, Aim Statement, Short-term Goal, and Long-term Goal to Improve Screening Rates of Veteran Suicide Risk: Aim 1 - Create a standardized process for suicide risk screening, including an SOP

Note. SOP = Standard Operating Procedure

BLUEPRINT COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veteran suicide risk
Aim Statement	What an organization aims to achieve; include outcome(s)	<ul style="list-style-type: none"> Create a standardized process for suicide risk screening, including an SOP
Short-term Goal	Implementations reasonable to achieve on a short timeline	<ul style="list-style-type: none"> Draft SOP Select screening measures
Long-term Goal	The outcome an organization aims to achieve	<ul style="list-style-type: none"> Finalize SOP and screening procedures

Table 3.2. Blueprint and Definitions: Clinical Example for Change Target, Aim Statement, Short-term Goal, and Long-term Goal to Improve Screening Rates of Veteran Suicide Risk: Aim 2 - Train all agency staff on new suicide prevention SOP

Note. SOP = Standard Operating Procedure

BLUEPRINT COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veteran suicide risk
Aim Statement	What an organization aims to achieve; include outcome(s)	<ul style="list-style-type: none"> Train all agency staff on new suicide prevention SOP
Short-term Goal	Implementations reasonable to achieve on a short timeline	<ul style="list-style-type: none"> Conduct in-person training for 75% of the staff and record virtual training for remaining staff
Long-term Goal	The outcome an organization aims to achieve	<ul style="list-style-type: none"> All staff trained in suicide prevention procedures

Table 3.3. Blueprint and Definitions: Clinical Example for Change Target, Aim Statement, Short-term Goal, and Long-term Goal to Improve Screening Rates of Veteran Suicide Risk: Aim 3 - Screen incoming Veterans for suicide risk

BLUEPRINT COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veteran suicide risk
Aim Statement	What an organization aims to achieve; include outcome(s)	<ul style="list-style-type: none"> Screen incoming Veterans for suicide risk
Short-term Goal	Implementations reasonable to achieve on a short timeline	<ul style="list-style-type: none"> Screen 25% of Veterans who interact with the organization within the next 3 months
Long-term Goal	The outcome an organization aims to achieve	<ul style="list-style-type: none"> Screen 100% of Veterans who interact with the organization

Table 4.1. *Blueprint and Definitions: Non-Clinical Example for Change Target, Aim Statement, Short-term Goal, and Long-term Goal to Improve Access to Care and Outcomes for Veterans At-Risk for Suicide: Aim 1 - Develop an SOP for when and how to refer an at-risk Veteran*

Note. SOP = Standard Operating Procedure

BLUEPRINT COMPONENTS	DEFINITIONS	NON-CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve access to care and outcomes for Veterans at risk for suicide
Aim Statement	What an organization aims to achieve; include outcome(s)	<ul style="list-style-type: none"> Develop an SOP for when and how to refer an at-risk Veteran
Short-term Goal	Implementations reasonable to achieve on a short timeline	<ul style="list-style-type: none"> Draft SOP
Long-term Goal	The outcome an organization aims to achieve	<ul style="list-style-type: none"> SOP is created and implemented

Table 4.2. Blueprint and Definitions: Non-Clinical Example for Change Target, Aim Statement, Short-term Goal, and Long-term Goal to Improve Access to Care and Outcomes for Veterans At-Risk for Suicide: Aim 2 –Train all staff on new SOP

Note. SOP = Standard Operating Procedure

BLUEPRINT COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve access to care and outcomes for Veterans at risk for suicide
Aim Statement	What an organization aims to achieve; include outcome(s)	<ul style="list-style-type: none"> Train all staff on new SOP
Short-term Goal	Implementations reasonable to achieve on a short timeline	<ul style="list-style-type: none"> Conduct in-person training for 25% of the staff
Long-term Goal	The outcome an organization aims to achieve	<ul style="list-style-type: none"> Plan 2 additional trainings and a virtual training to train 100% of staff

SUICIDE PREVENTION PROGRAM COMPONENTS

Program Components

The toolkit uses the term “program component” to refer to best practice or evidence-based suicide prevention, intervention, or postvention service options that an organization plans to implement while participating in the learning collaborative. Program component options detailed in this toolkit were drawn from existing programs and models of both Veteran suicide prevention and civilian suicide prevention. Refer to the [Implementation Strategies section](#) at the end of the toolkit for a variety of program components that organizations can implement throughout the learning collaborative.

Suicide Prevention Programs and Models

Suicide prevention programs or models were selected for inclusion in the toolkit if:

- they advance prevention efforts with Veteran or military populations, or
- they advance prevention in community organizations that serve Veteran or military populations.

Four programs/models are included: the Department of Veterans Affairs Suicide Prevention Program (VA, 2018a, 2018b), the Defense Suicide Prevention Program (DoD; Office of the Under Secretary of Defense for Personnel and Readiness, 2013; Office of the Under Secretary of Defense for Personnel and Readiness, 2017), the Zero Suicide program (Sisti & Joffe, 2018; Zero Suicide Institute, n.d.a), and the Division of Violence Protection National Center for Injury Prevention and Control-Centers for Disease Control and Prevention program (Centers for Disease Control and Prevention [CDC], 2010; Stone et al., 2017). While the CDC and Zero Suicide guidelines lack a direct focus on Veterans or military populations, they are applicable to state, community, and healthcare organizations.

VETERANS AFFAIRS (VA)

The VA has a robust suicide prevention program that is rooted in a public health approach (VA, 2018a). The public health approach is essential to the VA’s overarching suicide prevention goal to reach all Veterans, including those not eligible or enrolled in VA care. To accomplish this, the VA commits resources to equip both VA healthcare facilities and Veteran-serving clinical or non-clinical organizations within the community. The VA frequently collaborates with national, state, and local stakeholders, such as medical, private, and Veteran service organizations.

DEPARTMENT OF DEFENSE (DOD)

The DoD developed its suicide prevention program based on the National Strategy for Suicide Prevention (Office of the Under Secretary of Defense for Personnel and Readiness, 2013; Office of the Under Secretary of Defense for Personnel and Readiness, 2017). DoD policies focus on creating an environment that fosters suicide prevention education, including awareness of behaviors leading to increased resilience, as well as encouraging and destigmatizing personnel seeking behavioral health care services. DoD has established policies around mental health referral, evaluation, and treatment for active duty and reservists determined to be at-risk for harming themselves or others.

ZERO SUICIDE (ZS)

The Zero Suicide framework views all suicide deaths as preventable and provides a system-wide and comprehensive approach to promote patient safety, ensure continuous quality improvement, and prevent fragmentation of suicide care (Sisti & Joffe, 2018; Zero Suicide, n.d.a). Unique to the Zero Suicide model is its approach to creating change at the system level and its stance towards elevating suicide prevention care as a core component of healthcare services.

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

The CDC published a comprehensive technical package detailing information regarding suicide prevention programs, policies, and evidence-based or best practices (CDC, 2010; Stone et al., 2017). The goal of the package is to improve community-based suicide prevention through implementing best practices in suicide prevention. The CDC's technical package focuses on communities broadly and does not directly focus on services for Veteran or military populations.

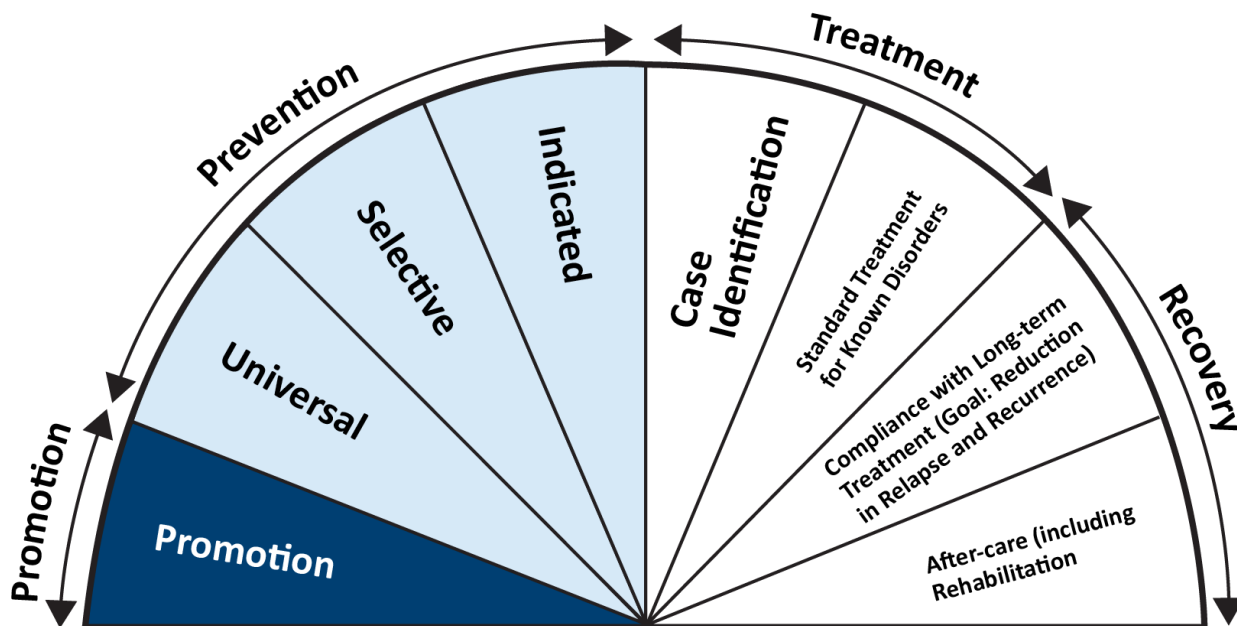
PREVENTION TYPES

Prevention Classifications

Existing prevention frameworks informed the development of this toolkit. These models provide a foundation from which to understand Veteran suicide prevention and the implementation of Veteran suicide prevention program components within organizations. The toolkit draws from two separate models, the Mental Health Intervention Spectrum (see Figure 2), adapted from the National Academy of Medicine Continuum of Care Model (Gordon et al., 1983; Institute of Medicine, 1994; National Research Council and Institute of Medicine, 2009; see Table 5) and the SAMHSA Prevention Model (HHS SAMHSA, 2017; see Table 6). All program components described below are categorized by prevention strategy. Ideally, organizations will implement program components from multiple prevention strategies. Understanding differing levels of prevention strategies will assist organizations in developing a robust and diverse Veteran suicide prevention program. The process for creating a program with diverse prevention strategies is described below.

Figure 2. *The Mental Health Intervention Spectrum*

Note. Figure from: <https://www.mass.gov/doc/samhsa-behavioral-health-continuum-of-care-overview-9232019/download>; Adapted from The National Research Council and Institute of Medicine. (2009). *Defining the Scope of Prevention*. In *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities* (pp. 59–70). Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, D.C. The National Academies Press. Adapted from Institute of Medicine, 1994, p. 23)





MENTAL HEALTH INTERVENTION SPECTRUM: PROMOTION, UNIVERSAL PREVENTION, SELECTIVE PREVENTION, AND INDICATED PREVENTION STRATEGIES

The Mental Health Intervention Spectrum is rooted in the National Academy of Medicine’s (NAM; formerly named Institute of Medicine) prevention model and outlines strategies from promotion to recovery (see Figure 2 and Table 5; Gordon et al., 1983; Institute of Medicine, 1994; National Research Council and Institute of Medicine, 2009; HHS SAMHSA, n.d.a). Through a lens of Veteran suicide prevention, indicated through promotion strategies (see areas highlighted in blue Figure 2) are a primary focus. While promotion efforts target the general public, prevention strategies are divided into three stages that target populations ranging from general to specific. As such, prevention efforts can be universal prevention, selective prevention, or indicated prevention (highlighted light blue in Figure 2). Please refer to Table 5 for Mental Health Intervention Spectrum strategies, definitions, and examples.

Table 5. *The National Research Council and The National Academy of Medicine (NAM, formerly Institute of Medicine [IOM]) Prevention Strategies*

Note. Adapted from: National Research Council and Institute of Medicine. (2009). Defining the Scope of Prevention. In Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities (pp. 59–70). Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education. Washington, D.C.: The National Academies Press.

INTERVENTION TYPE	DEFINITIONS	SUICIDE PREVENTION EXAMPLES
Promotion	Targets the general public or whole population and aims to promote mental health and enhance an individual’s ability to achieve well-being.	<ul style="list-style-type: none"> Positive coping skills education Military cultural competency training for providers Screening for Veteran status
Universal Prevention	Targets everyone in the general population. Includes proactive awareness and education on suicide prevention resources and eliminates the stigma of being associated with mental health services.	<ul style="list-style-type: none"> Promotional materials for suicide prevention All-staff training Collaborative partnerships between organizations
Selective Prevention	Targets individuals or subgroups, based on biological or social risk factors, whose suicide risk is significantly higher than average. Designed to reduce suicidal behaviors among specific populations.	<ul style="list-style-type: none"> Addressing co-occurring mental health conditions Post suicide support for survivors (i.e., postvention) Educating family members
Indicated Prevention	Targets individuals who are considered at high risk due to a prior suicide attempt or current suicidal ideation.	<ul style="list-style-type: none"> Safety plan/Crisis response plan Lethal means counseling Suicide prevention crisis line
Mixed Prevention	Depending on the method being used, the level of intervention required, and the population targeted, multiple strategies and/or classifications can be applied to shape unique solutions to prevent elevation of suicide risk or further suicide attempts.	<ul style="list-style-type: none"> Suicide prevention coordinators Predictive analytics and outreach Suicide risk screening



THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) PREVENTION CLASSIFICATIONS

SAMHSA’s prevention strategy classification system complements the National Academy of Medicine Mental Health Intervention Spectrum. While SAMHSA’s model was originally created to target substance abuse, the strategies are relevant and applicable to suicide prevention efforts (see Table 6; HHS SAMHSA, 2017).

Table 6. *Classification of SAMHSA Prevention Strategies*

INTERVENTION STRATEGY	DEFINITIONS	VA PROGRAM EXAMPLES
Information dissemination	Increases knowledge and changes attitudes through communication.	<ul style="list-style-type: none"> Promotional materials for suicide prevention information
Prevention education	Provides suicide prevention education to those at risk or to providers	<ul style="list-style-type: none"> Lethal means training Suicide prevention training for all staff
Positive alternatives	Activities that promote fun, challenging, and constructive ways to learn new skills.	<ul style="list-style-type: none"> Promote connectedness
Environmental strategies	Changes made to address risk factors and increase protective factors.	<ul style="list-style-type: none"> Integrate suicide prevention into policy Quality improvement programs Ensuring a safe environment of care
Community-based processes	Strengthens the community’s safety net to prevent suicide attempts.	<ul style="list-style-type: none"> Community partnerships
Identification of problems and referral to services	Determines when individuals at high-risk require intensive interventions.	<ul style="list-style-type: none"> Suicide Prevention Coordinators Contact following acute or missed care

Building the Blueprint: Promotion and Prevention Strategy Types

The blueprint specifies the promotion, universal prevention, selective prevention, and indicated prevention strategies of your organization’s program components.

Clinical Example

The clinical example’s change target of “improve screening rates for Veteran suicide risk” is comprised of three sub-aims and its associated program component (see Tables 7.1, 7.2, 7.3). All three sub-aims fall under the universal prevention category of prevention strategies.

- For the first sub-aim (see Table 7.1), “Create a standardized process for suicide risk screening, including an SOP,” and the third sub-aim (see Table 7.3), “Screen incoming Veterans for suicide risk,” the SAMHSA strategy is environmental strategies.
- For the second sub-aim (see Table 7.2), “Train all agency staff on new suicide prevention SOP,” the SAMHSA strategy is prevention education.

Non-Clinical Example

The non-clinical example’s change target of “improve access to care and outcomes for Veterans who are identified as at-risk for suicide,” both sub-aims fall under the strategy of universal prevention (see Tables 8.1 and 8.2).

1. For the first sub-aim, “Develop an SOP for when and how to refer an at-risk Veteran,” the SAMHSA strategy is environmental strategies (see Table 8.1).
2. For the second sub-aim, “Train all staff in new SOP,” the strategy is prevention education (see Table 8.2).

Best Practice vs. Evidence-Based Strategies

Similar to prevention categories, it is important to understand whether a program component is best practice or evidence-based (Community Toolbox: Analyzing Community Problems and Designing and Adapting Community Interventions, n.d.; Driever, 2002; Goode & Piedalue, 1999; National Cancer Center at the National Institutes of Health, n.d.; Sackett et al., 1996; VA/DoD, 2019).

BEST PRACTICE

A generally accepted treatment, technique, or method that is accepted by medical experts and used by healthcare professionals as proper treatment for certain types of disorders (National Cancer Center at the National Institutes of Health, n.d.), which has proven helpful over time and conferred by an authoritative entity as being measurable, replicable, and notably successful (VA/DoD, 2019).

EVIDENCE-BASED

A treatment or practice that has undergone scientific evaluation to validate its effectiveness. Such practices have shown consistent effectiveness in research and have been recognized in peer-reviewed scientific journals (Community Toolbox: Analyzing Community Problems and Designing and Adapting Community Interventions, n.d.; Driever, 2002; Goode & Piedalue, 1999; Sackett et al., 1996; VA/DoD, 2019).

Consistent with types of prevention strategies, it is ideal to choose a combination of evidence-based and best practices program components.

Clinical Example

The clinical organization’s change target of “improve screening rates for Veteran suicide risk” is broken down into 3 sub-aims (see Tables 7.1, 7.2, and 7.3):

1. In the first sub-aim, “Create a standardized process for suicide risk screening, including an SOP” is best practices (see Table 7.1).
2. For the second aim, “Train all agency staff in new suicide prevention SOP” is best practices (see Table 7.2).
3. For the third aim, “Screen incoming Veterans for suicide risk” is evidence-based (see Table 7.3).

Table 7.1. Blueprint and Definitions: Clinical Example for Change Target through Best Practice vs. Evidence-Based to Improve Screening Rates of Veteran Suicide Risk: Aim 1 - Create a standardized process for suicide risk screening, including an SOP

Note. P/UP/SP/IP = Promotion, Universal Prevention, Selective Prevention, Indicated Prevention; SAMHSA = Substance Abuse and Mental Health Service Administration; SOP = Standard Operating Procedure

BLUEPRINT COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veteran suicide risk
Aim Statement	What an organization aims to achieve; include outcome(s)	<ul style="list-style-type: none"> Create a standardized process for suicide risk screening, including an SOP
Short-term Goal	Implementations reasonable to achieve on a short timeline	<ul style="list-style-type: none"> Draft SOP Select screening measures
Long-term Goal	The outcome an organization aims to achieve	<ul style="list-style-type: none"> Finalize SOP and screening procedures
Program Component	An organization’s primary components of its suicide prevention program	<ul style="list-style-type: none"> Integrate suicide prevention into organizational policy
Prevention Strategies: P/UP/SP/IP	Suicide prevention program components specific to target populations	<ul style="list-style-type: none"> Universal Prevention
SAMHSA Prevention Types	Provides information regarding the spread of program components	<ul style="list-style-type: none"> Environmental Strategies
Best Practice vs. Evidence-Based	Using both evidence-based and best practices lead to a diversified program targeting multiple levels of prevention	<ul style="list-style-type: none"> Best Practice

Table 7.2. Blueprint and Definitions: Clinical Example for Change Target through Best Practice vs. Evidence-Based to Improve Screening Rates of Veteran Suicide Risk: Aim 2 - Train all agency staff on new suicide prevention SOP

Note. P/UP/SP/IP = Promotion, Universal Prevention, Selective Prevention, Indicated Prevention; SAMHSA = Substance Abuse and Mental Health Service Administration; SOP = Standard Operating Procedure

BLUEPRINT COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veteran suicide risk
Aim Statement	What an organization aims to achieve; include outcome(s)	<ul style="list-style-type: none"> Train all agency staff on new suicide prevention SOP
Short-term Goal	Implementations reasonable to achieve on a short timeline	<ul style="list-style-type: none"> Conduct in-person training for 75% of the staff and record virtual training for remaining staff
Long-term Goal	The outcome an organization aims to achieve	<ul style="list-style-type: none"> All staff trained in suicide prevention SOP
Program Component	An organization's primary components of its suicide prevention program	<ul style="list-style-type: none"> Suicide prevention training for staff
Prevention Strategies: P/UP/SP/IP	Suicide prevention program components specific to target populations	<ul style="list-style-type: none"> Universal Prevention
SAMHSA Prevention Types	Provides information regarding the spread of program components	<ul style="list-style-type: none"> Prevention Education
Best Practice vs. Evidence-Based	Using both evidence-based and best practices lead to a diversified program targeting multiple levels of prevention	<ul style="list-style-type: none"> Best Practice

Table 7.3. Blueprint and Definitions: Clinical Example for Change Target through Best Practice vs. Evidence-Based to Improve Screening Rates of Veteran Suicide Risk: Aim 3 - Screen incoming Veterans for suicide risk

Note. P/UP/SP/IP = Promotion, Universal Prevention, Selective Prevention, Indicated Prevention; SAMHSA = Substance Abuse and Mental Health Service Administration

BLUEPRINT COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veteran suicide risk
Aim Statement	What an organization aims to achieve; include outcome(s)	<ul style="list-style-type: none"> Screen incoming Veterans for suicide risk
Short-term Goal	Implementations reasonable to achieve on a short timeline	<ul style="list-style-type: none"> Screen 25% of Veterans who interact with the organization within the next 3-months
Long-term Goal	The outcome an organization aims to achieve	<ul style="list-style-type: none"> Screen 100% of Veterans who interact with the organization
Program Component	An organization's primary components of its suicide prevention program	<ul style="list-style-type: none"> Screening
Prevention Strategies: P/UP/SP/IP	Suicide prevention program components specific to target populations	<ul style="list-style-type: none"> Universal Prevention
SAMHSA Prevention Types	Provides information regarding the spread of program components	<ul style="list-style-type: none"> Environmental Strategies
Best Practice vs. Evidence-Based	Using both evidence-based and best practices lead to a diversified program targeting multiple levels of prevention	<ul style="list-style-type: none"> Evidence-based

Non-Clinical Example

Non-clinical organization’s change target of “improve access to care and outcomes for Veterans who are identified as at-risk for suicide” is broken down into 2 sub-aims (see Tables 8.1 and 8.2).

1. The first sub-aim, “Develop an SOP for when and how to refer an at-risk Veteran” is best practices (see Table 8.1).
2. The second sub-aim, “Train all staff on the new SOP” is best practices (see Table 8.2).

Table 8.1. Blueprint and Definitions: Non-Clinical Example for Change Target through Best Practice vs. Evidence Based to Improve Access to Care and Outcomes for Veterans At-Risk for Suicide: Aim 1 - Develop an SOP for when and how to refer an at-risk Veteran

Note. P/UP/SP/IP = Promotion, Universal Prevention, Selective Prevention, Indicated Prevention; SAMHSA = Substance Abuse and Mental Health Service Administration; SOP = Standard Operating Procedure

BLUEPRINT COMPONENTS	DEFINITIONS	NON-CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve access to care and outcomes for Veterans at risk for suicide
Aim Statement	What an organization aims to achieve; include outcome(s)	<ul style="list-style-type: none"> Develop an SOP for when and how to refer an at-risk Veteran
Short-term Goal	Implementations reasonable to achieve on a short timeline	<ul style="list-style-type: none"> Draft SOP
Long-term Goal	The outcome an organization aims to achieve	<ul style="list-style-type: none"> SOP is created and implemented
Program Component	An organization’s primary components of its suicide prevention program	<ul style="list-style-type: none"> Integrate suicide prevention into organizational policy
Prevention Strategies: P/UP/SP/IP	Suicide prevention program components specific to target populations	<ul style="list-style-type: none"> Universal Prevention
SAMHSA Prevention Types	Provides information regarding the spread of program components	<ul style="list-style-type: none"> Environmental Strategies
Best Practice vs. Evidence-Based	Using both evidence-based and best practices lead to a diversified program targeting multiple levels of prevention	<ul style="list-style-type: none"> Best Practice

Table 8.2. Blueprint and Definitions: Non-Clinical Example for Change Target through Best Practice vs. Evidence Based to Improve Access to Care and Outcomes for Veterans At-Risk for Suicide: Aim 2 – Train all staff on new SOP

Note. P/UP/SP/IP = Promotion, Universal Prevention, Selective Prevention, Indicated Prevention; SAMHSA = Substance Abuse and Mental Health Service Administration; SOP = Standard Operating Procedure

BLUEPRINT COMPONENTS	DEFINITIONS	NON-CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve access to care and outcomes for Veterans at risk for suicide
Aim Statement	What an organization aims to achieve; include outcome(s)	<ul style="list-style-type: none"> Train all staff in new SOP
Short-term Goal	Implementations reasonable to achieve on a short timeline	<ul style="list-style-type: none"> Conduct in-person training for 25% of the staff
Long-term Goal	The outcome an organization aims to achieve	<ul style="list-style-type: none"> Plan 2 additional trainings and a virtual training to train 100% of staff
Program Component	An organization's primary components of its suicide prevention program	<ul style="list-style-type: none"> Suicide prevention training for staff
Prevention Strategies: P/UP/SP/IP	Suicide prevention program components specific to target populations	<ul style="list-style-type: none"> Universal Prevention
SAMHSA Prevention Types	Provides information regarding the spread of program components	<ul style="list-style-type: none"> Prevention Education
Best Practice vs. Evidence-Based	Using both evidence-based and best practices lead to a diversified program targeting multiple levels of prevention	<ul style="list-style-type: none"> Best Practice

PROGRAM COMPONENT NAVIGATION

Strategy Page Organization

On each strategy page, you will find the strategy’s definition, program implementation examples, appropriate references, and a chart indicating the strategy’s various classifications. An example classification chart is depicted in Figure 3.

Figure 3. Program Component Classifications

Note. SAMHSA = Substance Abuse and Mental Health Service Administration; CBI-SP = Community-based Intervention – Suicide Prevention; SMVF = Service Members, Veterans, and Families

Prevention Strategy:	→	Indicates the strategy’s Intervention Type. (see pg. 37)
SAMHSA Category:	→	Indicates the strategy’s SAMHSA Classification. (see pg. 37)
Program Inclusion:	→	Indicates the noteworthy suicide prevention program utilize strategy. (see pg. 37)
Best Practice or Evidence-Based Practice:	→	Indicates whether the strategy is a Best Practice or an Evidence-Based Practice. (see pg. 37)
Community Based Intervention Category:	→	Indicates the focused priority areas across CBI-SP Unifying Model. (see pg. 38)
Element From the Zero Suicide Toolkit:	→	Indicates whether the strategy is a focused priority area for SMVF Suicide Prevention. (see pg. 38)

Blueprint Definitions

PROMOTION/PREVENTION STRATEGY TYPE

The National Research Council and The National Academy of Medicine classified interventions for each strategy: promotion, universal prevention, selective prevention, indicated prevention, mixed prevention (P/UP/SP/IP; Gordon et al., 1983; Institute of Medicine, 1994; National Research Council and Institute of Medicine, 2009).

SAMHSA CATEGORY

Lists the Classification of SAMHSA Prevention Strategies for each strategy: information dissemination, prevention education, positive alternatives, environmental strategies, community-based processes, and identification of problems and referral to services (HHS SAMHSA, 2017, n.d.a).

PROGRAM INCLUSION

Lists the program(s) from which each strategy was derived (e.g., Department of Veterans Affairs [VA], Department of Defense [DoD], Centers for Disease Control and Prevention [CDC], Zero Suicide [ZS]).

BEST PRACTICE VS. EVIDENCE-BASED STRATEGIES

Each strategy in the toolkit is labeled as an evidence-based practice or best practice. This distinction indicates the degree of empirical support underpinning a practice (Community Toolbox: Analyzing Community Problems

and Designing and Adapting Community Interventions, n.d.; Driever, 2002; Goode & Piedaloe, 1999; National Cancer Center at the National Institutes of Health, n.d.; Sackett et al., 1996; VA/DoD, 2019).

COMMUNITY-BASED INITIATIVES

The VA has developed several community-based initiatives for suicide prevention (VA, 2018a). The top three Veteran suicide prevention strategies highlighted by these community initiatives are:

- identifying service members, Veterans, and their family members (SMVF), and screening for suicide risk
- Promoting connectedness and improving care transitions
- increasing lethal means safety and safety planning

ZERO SUICIDE CLASSIFICATION

The Zero Suicide Toolkit outlines several processes for suicide prevention (Zero Suicide, n.d.a). Some organizations participate in Zero Suicide, which complements the VA/Community Learning Collaborative. The Zero Suicide Classification section denotes the categories of Zero Suicide which allows organizations can determine how these implementations coincide with their ongoing Zero Suicide implementations. For some organizations, these categories are not applicable. Classifications from Zero Suicide include:

- **Lead**
 - Implementations that create change and promote suicide prevention practices at a systems level
- **Train**
 - Ensuring that staff have proper training in order to provide outstanding suicide prevention care
- **Identify**
 - Use screening tools to identify individuals at risk for suicide
- **Engage**
 - Use suicide care management plans for individuals identified as being at-risk for suicide
- **Treat**
 - Intervene to reduce suicide risk by using evidenced-based treatments and other best practices
- **Transition**
 - Use techniques such as warm hand-offs and supportive care to ensure that at-risk individuals stay connected to the organization
- **Improve**
 - Use processes of quality improvement to continually build and advance the organization's suicide prevention program

PAGE NAVIGATION

Each page identifies a suicide prevention intervention strategy, the strategy's definition, program examples from where the strategy derives, and resources for additional information.

STRATEGY DEFINITION

Suicide prevention programs were created to carefully identify suicide prevention strategies beneficial to the VA and community suicide prevention services. Once the learning collaborative leaders compiled an initial list of all program components, similar strategies were combined and re-defined in a manner that ensured the integrity of the original definition.

PROGRAM EXAMPLES

Examples based on each program's information source were drawn from each of the four suicide prevention programs: VA, DoD, CDC, and ZS. Examples from the pilot of this project are also presented.

RESOURCES

Recommended resources for information and tools for successful implementation of your program.

CHOOSING STRATEGIES THAT FIT THE ORGANIZATION'S PROGRAM

When choosing the strategies best suited for your organization, consider your level of involvement with at-risk Veterans, and which resources are the most accessible and feasible to implement. For instance, mental health providers may find evidence-based treatments and assessment tools for suicide risk to be the most beneficial for their practice. Meanwhile, community members who interact with Veterans outside of a health care encounter may find that providing promotional materials and training staff in military cultural competency the most practical approach. The learning collaborative leader will assist you in choosing the program components that best fit your organization.

EXERCISE: UNDERSTANDING THE SPREAD OF PROGRAM COMPONENTS

This exercise aids your organization in understanding the spread of your program components in terms of the SAMHSA and NAM Models.

To conduct this exercise, refer to Table 9 and Table 1.1:

1. Go to the program component section of your organization's blueprint and find the program component name. In the clinical example (see Table 1.1), sub-aim 1, the program component is "integrate suicide prevention into organizational policy."
2. Next, go to the Prevention Strategies: P/UP/SP/IP section and examine the prevention type. In the clinical example, sub-aim 1 is universal prevention (for further details, see Table 5).
3. Then, go to the SAMHSA prevention type section and gather that prevention type information. In the clinical example, sub-aim 1 is environmental strategies (for further details, see Table 6).
4. Continue this process for each program component.

This matrix aids in conceptualizing the spread of the different program component implementations. As you work to build your organization's Veteran suicide prevention program, continue to categorize each program component. Ideally, program components will be spread across different types of SAMHSA and NAM prevention strategies, representing a diversity of strategies. However, some organizations will have fewer selective prevention and indicated prevention strategies if they do not provide clinical services.



Clinical Example

Reviewing the clinical example, all strategies are universal prevention, and there are two that are environmental strategies (see Table 9). Using this information, it is recommended that if the organization is deciding their next implementation, that they consider other promotion and prevention strategy types (P/UP/SP/IP): promotion, universal prevention, selective prevention, indicated prevention, mixed prevention; SAMHSA: information dissemination, positive alternatives, community-based processes, and identification of problems and referral to services.

Table 9. Program Component Spread: Clinical Example

SAMHSA AND NAM PREVENTION STRATEGIES	PROMOTION	UNIVERSAL PREVENTION	SELECTIVE PREVENTION	INDICATED PREVENTION	MIXED PREVENTION
BLANK	Place any promotion program components in this box. There will be no corresponding SAMHSA prevention category	Place any universal prevention strategy/no corresponding SAMHSA program component in this box	Place any selective prevention strategy/no corresponding SAMHSA program component in this box	Place any indicated prevention strategy/no corresponding SAMHSA program component in this box	Place any mixed prevention strategy/no corresponding SAMHSA program component in this box
INFORMATION DISSEMINATION	Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component.	Place any universal prevention and information dissemination program components in this box	Place any selective prevention and information dissemination program components in this box	Place any indicated prevention and information dissemination program components in this box	Place any mixed prevention and information dissemination program components in this box
PREVENTION EDUCATION	Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component.	Suicide prevention training for staff	Place any selective prevention and prevention education program components in this box	Place any indicated prevention and prevention education program components in this box	Place any mixed prevention and prevention education program components in this box
POSITIVE ALTERNATIVES	Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component.	Place any universal prevention and positive alternatives program components in this box	Place any selective prevention and positive alternatives program components in this box	Place any indicated prevention and positive alternatives program components in this box	Place any mixed prevention and positive alternatives program components in this box





<p>ENVIRONMENTAL STRATEGIES</p>	<p>Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component.</p>	<p>Integrate suicide prevention into organizational policies</p> <ul style="list-style-type: none"> • Screening for military sexual trauma 	<p>Place any selective and environmental strategies program components in this box</p>	<p>Place any indicated prevention and environmental strategies program components in this box</p>	<p>Place any mixed prevention and environmental strategies program components in this box</p>
<p>COMMUNITY-BASED PROCESSES</p>	<p>Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component.</p>	<p>Place any universal prevention and community-based processes program components in this box</p>	<p>Place any selective prevention and community-based processes program components in this box</p>	<p>Place any indicated prevention and community-based processes program components in this box</p>	<p>Place any mixed prevention and community-based processes program components in this box</p>
<p>IDENTIFICATION OF PROBLEMS AND REFERRAL TO SERVICES</p>	<p>Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component.</p>	<p>Place any universal prevention and identification of problems and referral to services program components in this box</p>	<p>Place any selective prevention and identification of problems and referral to services program components in this box</p>	<p>Place any indicated prevention and identification of problems and referral to services program components in this box</p>	<p>Place any mixed prevention and identification of problems and referral to services program components in this box</p>





Non-Clinical Example

Following the procedure for the clinical example, use Table 10 and Table 2.1. In the non-clinical example, all prevention strategies are universal prevention. SAMHSA prevention strategies are prevention education, and environmental strategies (see Table 10). Based on this program spread, the organization would be advised to choose additional NAM prevention strategy program components classified as promotion, universal prevention, selective prevention, indicated prevention, or mixed prevention, and additional SAMHSA prevention strategies classified as information dissemination, positive alternatives, community-based processes, or identification of problems and referral to services. Of note, depending on the services provided by the non-clinical organization, certain selective or indicated prevention strategies that involve mental health practitioners with clinical licenses may not be applicable to the organization.

Table 10. Program Spread: Non-Clinical Example

SAMHSA AND NAM PREVENTION STRATEGIES	PROMOTION	UNIVERSAL PREVENTION	SELECTIVE PREVENTION	INDICATED PREVENTION	MIXED PREVENTION
BLANK	Screening for veteran/family member status	Place any universal prevention strategy/no corresponding SAMHSA program component in this box	Place any selective prevention strategy/no corresponding SAMHSA program component in this box	Place any indicated prevention strategy/no corresponding SAMHSA program component in this box	Place any mixed prevention strategy/no corresponding SAMHSA program component in this box
INFORMATION DISSEMINATION	Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component.	Place any universal prevention and information dissemination program components in this box	Place any selective prevention and information dissemination program components in this box	Place any indicated prevention and information dissemination program components in this box	Place any mixed prevention and information dissemination program components in this box
PREVENTION EDUCATION	Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component.	Suicide prevention training for staff	Place any selective prevention and prevention education program components in this box	Place any indicated prevention and prevention education program components in this box	Place any mixed prevention and prevention education program components in this box
POSITIVE ALTERNATIVES	Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component.	Place any universal prevention and positive alternatives program components in this box	Place any selective prevention and positive alternatives program components in this box	Place any indicated prevention and positive alternatives program components in this box	Place any mixed prevention and positive alternatives program components in this box





<p>ENVIRONMENTAL STRATEGIES</p>	<p>Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component.</p>	<p>Integrate suicide prevention into organizational policies</p>	<p>Place any selective prevention and environmental strategies program components in this box</p>	<p>Place any indicated prevention and environmental strategies program components in this box</p>	<p>Place any mixed prevention and environmental strategies program components in this box</p>
<p>COMMUNITY-BASED PROCESSES</p>	<p>Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component.</p>	<p>Place any universal prevention and community-based processes program components in this box</p>	<p>Place any selective prevention and community-based processes program components in this box</p>	<p>Place any indicated prevention and community-based processes program components in this box</p>	<p>Place any mixed prevention and community-based processes program components in this box</p>
<p>IDENTIFICATION OF PROBLEMS AND REFERRAL TO SERVICES</p>	<p>Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component.</p>	<p>Place any indicated prevention and identification of problems and referral to services program components in this box</p>	<p>Place any selective prevention and identification of problems and referral to services program components in this box</p>	<p>Place any indicated prevention and identification of problems and referral to services program components in this box</p>	<p>Place any mixed prevention and identification of problems and referral to services program components in this box</p>





Clinical Example from the Learning Collaborative Pilot

Table 11 outlines the program spread of a clinical organization conducted in the pilot of this project. The implementations in the table represent the organization’s program at the end of the learning collaborative. The clinical organization implemented program components at all levels of prevention in both P/UP/SP/IP prevention strategies and SAMHSA prevention strategies. Overall, their program is diversified in terms of prevention types.

Table 11. Example of a Completed Program Spread: Clinical Organization

SAMHSA AND NAM PREVENTION STRATEGIES	PROMOTION	UNIVERSAL PREVENTION	SELECTIVE PREVENTION	INDICATED PREVENTION	MIXED PREVENTION
BLANK	Military cultural competency training	Place any universal prevention strategy/no corresponding SAMHSA program component in this box	Place any selective prevention strategy/no corresponding SAMHSA program component in this box	Place any indicated prevention strategy/no corresponding SAMHSA program component in this box	Place any mixed prevention strategy/no corresponding SAMHSA program component in this box
INFORMATION DISSEMINATION	Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component.	Promotional Materials	Place any selective prevention and information dissemination program components in this box	Place any indicated prevention and information dissemination program components in this box	Place any mixed prevention and information dissemination program components in this box
PREVENTION EDUCATION	Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component.	Suicide prevention training for staff	Place any selective prevention and prevention education program components in this box	Veteran suicide prevention clinical consultation	Place any mixed prevention and prevention education program components in this box
POSITIVE ALTERNATIVES	Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component.	Place any universal prevention and positive alternatives program components in this box	Post-suicide support for survivors	Place any indicated prevention and positive alternatives program components in this box	Place any mixed prevention and positive alternatives program components in this box
ENVIRONMENTAL STRATEGIES	Blank - If NAM strategy is Promotion, there will be	Quality Improvement	Place any selective prevention and environmental	Investigate every	Screening for Veteran status





	no SAMHSA prevention program component.		strategies program components in this box	suicide/Root cause analysis	
COMMUNITY-BASED PROCESSES	Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component.	Collaborative Partnerships	Place any selective prevention and community-based processes program components in this box	Place any indicated prevention and community-based processes program components in this box	Place any mixed prevention and community-based processes program components in this box
IDENTIFICATION OF PROBLEMS AND REFERRAL TO SERVICES	Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component.	Place any universal prevention and identification of problems and referral to services program components in this box	Place any selective prevention and identification of problems and referral to services program components in this box	Flagging for Veteran status in the medical record	Place any mixed prevention and identification of problems and referral to services program components in this box

Non-Clinical Example from the Learning Collaborative Pilot

Table 12 outlines the program spread of the final implementations for a non-clinical organization. Like the clinical example, this organization was able to implement program components that spanned all prevention types except for promotion.



Table 12. Example of a Completed Program Spread: Non-Clinical Organization

SAMHSA AND NAM PREVENTION STRATEGIES	PROMOTION	UNIVERSAL PREVENTION	SELECTIVE PREVENTION	INDICATED PREVENTION	MIXED PREVENTION
BLANK	Place any promotion strategy/no corresponding SAMHSA program component in this box	Organizational culture of suicide prevention	Place any selective prevention strategy/no corresponding SAMHSA program component in this box	Place any indicated prevention strategy/no corresponding SAMHSA program component in this box	Place any mixed prevention strategy/no corresponding SAMHSA program component in this box
INFORMATION DISSEMINATION	Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component	Place any universal prevention and information dissemination program components in this box	Place any selective prevention and information dissemination program components in this box	Place any indicated prevention and information dissemination program components in this box	Place any mixed prevention and information dissemination program components in this box
PREVENTION EDUCATION	Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component	Promotional Materials	Place any selective prevention and prevention education program components in this box	Place any indicated prevention and prevention education program components in this box	Place any mixed prevention and prevention education program components in this box
POSITIVE ALTERNATIVES	Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component.	Suicide prevention training for staff	Post-suicide support for survivors	Place any indicated prevention and positive alternatives program components in this box	Place any mixed prevention and positive alternatives program components in this box
ENVIRONMENTAL STRATEGIES	Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component.	Place any universal prevention and environmental strategies program components in this box	Place any selective prevention and environmental strategies program components in this box	Investigate every suicide/Root cause analysis	Screening for Veteran status
COMMUNITY-BASED PROCESSES	Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention	<ul style="list-style-type: none"> • Integrate Suicide Prevention into Policy • Quality Improvement 	Place any selective prevention and community-based processes program components in this box	Place any indicated prevention and community-based processes program	Place any mixed prevention and community-based processes program components in this box





	program component.			components in this box	
IDENTIFICATION OF PROBLEMS AND REFERRAL TO SERVICES	Blank - If NAM strategy is Promotion, there will be no SAMHSA prevention program component.	Collaborative Partnerships	Place any selective prevention and identification of problems and referral to services program components in this box	Contact with at-risk individuals	Place any mixed prevention and identification of problems and referral to services n program components in this box



PROGRAM EVALUATION

Outcomes and Metrics

OUTCOMES

It is essential to define outcomes of the change target that is being implemented. The outcome ultimately provides information regarding whether the change was successful. The outcome should be a measurable performance goal that demonstrates success of the change. The overarching, long term outcome the learning collaborative seeks to achieve is a reduction in Veteran suicide deaths. However, this outcome is often difficult to measure and analyze due to the rarity of the event within a single organization. Oftentimes, there are more proximal outcome measures for suicide deaths, such as suicidal ideation, or other outcomes related to the implementation.

Clinical Example

The clinical organization's change target of "improve screening rates for Veteran suicide risk" is broken down into 3 sub-aims (see Tables 13.1, 13.2, and 13.3):

1. For the first sub-aim, "Create a standardized process for suicide risk screening, including an SOP," the outcome is a finalized and successfully implemented SOP (see Table 13.1).
2. For the second aim, "Train all agency staff in new suicide prevention SOP," the outcome is to train 100% of staff on the finalized SOP (see Table 13.2).
3. For the third aim, "Screen incoming Veterans for suicide risk," the outcome is the number of Veterans screened in 3 months (see Table 13.3).

Non-Clinical Example

The non-clinical organization's change target of "improve access to care and outcomes for Veterans who are identified as at-risk for suicide" is broken down into 2 sub-aims (see Tables 14.1 and 14.2).

1. For the first sub-aim, "Develop an SOP for when and how to refer an at-risk Veteran," the outcome is a finalized and successfully implemented SOP (see Table 14.1).
2. For the second sub-aim, "Train all staff on the new SOP," the outcome is training 100% of staff on the finalized SOP (see Table 14.2).

METRICS

Metrics outline the specific data collected to measure progress on the desired outcome. The metrics report the impact of the change that you make. This information will be used to plan future implementation cycles. In the example, the metrics are similar to the outcomes, and at times they are the same. However, in some circumstances, the metric may specify the data collection needed to determine progress on the outcome. For example, if you are implementing an evidence-based treatment that targets suicidal ideation, the outcome may be a reduction in suicidal ideation, while the metric may be the change in score on a specific measure that assesses suicidal ideation, such as the Columbia Suicide Severity Rating Scale (Posner et al., 2011).



Clinical Example

The clinical organization's change target of "improve screening rates for Veteran suicide risk" is broken down into 3 sub-aims (see Tables 13.1, 13.2, and 13.3):

1. For the first sub-aim, "Create a standardized process for suicide risk screening, including an SOP," the metric is a finalized and successfully implemented SOP, which is the same as the outcome (see Table 13.1).
2. For the second aim, "Train all agency staff in new suicide prevention SOP," the metric is staff knowledge of the SOP as measured by a post-training survey and number of staff who completed training (see Table 13.2). The metric regarding staff knowledge is different from the outcome of staff training and includes more specific measurable data needed to assess the outcome.
3. For the third aim, "Screen incoming Veterans for suicide risk," the metric is number of Veterans screened in three months, which is the same as the outcome (see Table 13.3).

Non-Clinical Example

The non-clinical organization's change target of "improve access to care and outcomes for Veterans who are identified as at-risk for suicide" is broken down into 2 sub-aims (see Tables 14.1 and 14.2).

1. For the first sub-aim, "Develop an SOP for when and how to refer an at-risk Veteran," the metric for the first sub-aim is a finalized and successfully implemented SOP, which is the same as the outcome (see Table 14.1).
2. For the second sub-aim, "Train all staff on the new SOP," the first metric is 100% of staff trained, which is the same as the outcome (see Table 14.2). The second metric of the second sub-aim is the number of Veterans referred for additional services. This second metric provides additional information regarding whether the implementation resulted in the desired outcome.



Refer to Table 15 and Figure 4 for a blank blueprint template.

Table 13.1. Blueprint and Definitions: Clinical Example for Outcomes and Metrics to Improve Screening Rates of Veterans Suicide Risk: Aim 1 - Create a standardized process for suicide risk screening, including an SOP

Note. P/UP/SP/IP = Promotion, Universal Prevention, Selective Prevention, Indicated Prevention; SAMHSA = Substance Abuse and Mental Health Service Administration; SOP = Standard Operating Procedure

BLUEPRINT COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veteran suicide risk
Aim Statement	What an organization aims to achieve; include outcome(s)	<ul style="list-style-type: none"> Create a standardized process for suicide risk screening, including an SOP
Short-term Goal	Implementations reasonable to achieve on a short timeline	<ul style="list-style-type: none"> Draft SOP Select screening measures
Long-term Goal	The outcome an organization aims to achieve	<ul style="list-style-type: none"> Finalize SOP and screening procedures
Program Component	An organization's primary components of its suicide prevention program	<ul style="list-style-type: none"> Integrate suicide prevention into organizational policy
Prevention Strategies: P/UP/SP/IP	Suicide prevention program components specific to target populations	<ul style="list-style-type: none"> Universal Prevention
SAMHSA Prevention Types	Provides information regarding the spread of program components	<ul style="list-style-type: none"> Environmental Strategies
Best Practice vs. Evidence-Based	Using both evidence-based and best practices lead to a diversified program targeting multiple levels of prevention	<ul style="list-style-type: none"> Best Practice
Outcomes	Measurable performance goal that demonstrates success of the change	<ul style="list-style-type: none"> Finalized SOP is implemented
Metrics	The specific data collected to measure or determine progress	<ul style="list-style-type: none"> Finalized SOP is implemented

Table 13.2. Blueprint and Definitions: Clinical Example for Outcomes and Metrics to Improve Screening Rates of Veterans Suicide Risk: Aim 2 - Train all agency staff on new suicide prevention SOP

Note. P/UP/SP/IP = Promotion, Universal Prevention, Selective Prevention, Indicated Prevention; SAMHSA = Substance Abuse and Mental Health Service Administration; SOP = Standard Operating Procedure

BLUEPRINT COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veteran suicide risk
Aim Statement	What an organization aims to achieve; include outcome(s)	<ul style="list-style-type: none"> Train all agency staff on new suicide prevention SOP
Short-term Goal	Implementations reasonable to achieve on a short timeline	<ul style="list-style-type: none"> Conduct in-person training for 75% of the staff and record virtual training for remaining staff
Long-term Goal	The outcome an organization aims to achieve	<ul style="list-style-type: none"> All staff trained in suicide prevention procedures
Program Component	An organization's primary components of its suicide prevention program	<ul style="list-style-type: none"> Suicide prevention training for staff
Prevention Strategies: P/UP/SP/IP	Suicide prevention program components specific to target populations	<ul style="list-style-type: none"> Universal Prevention
SAMHSA Prevention Types	Provides information regarding the spread of program components	<ul style="list-style-type: none"> Prevention Education
Best Practice vs. Evidence-Based	Using both evidence-based and best practices lead to a diversified program targeting multiple levels of prevention	<ul style="list-style-type: none"> Best Practice
Outcomes	Measurable performance goal that demonstrates success of the change	<ul style="list-style-type: none"> 100% of staff trained
Metrics	The specific data collected to measure or determine progress	<ul style="list-style-type: none"> Staff knowledge of SOP post-training survey Number of staff trained Number of clients identified as at risk

Table 13.3. Blueprint and Definitions: Clinical Example for Outcomes and Metrics to Improve Screening Rates of Veterans Suicide Risk: Aim 3- Screen incoming Veterans for suicide risk

Note. P/UP/SP/IP = Promotion, Universal Prevention, Selective Prevention, Indicated Prevention; SAMHSA = Substance Abuse and Mental Health Service Administration

BLUEPRINT COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veteran suicide risk
Aim Statement	What an organization aims to achieve; include outcome(s)	<ul style="list-style-type: none"> Screen incoming Veterans for suicide risk
Short-term Goal	Implementations reasonable to achieve on a short timeline	<ul style="list-style-type: none"> Screen 25% of Veterans who interact with the organization within the next 3-months
Long-term Goal	The outcome an organization aims to achieve	<ul style="list-style-type: none"> Screen 100% of Veterans who interact with the organization
Program Component	An organization's primary components of its suicide prevention program	<ul style="list-style-type: none"> Screening
Prevention Strategies: P/UP/SP/IP	Suicide prevention program components specific to target populations	<ul style="list-style-type: none"> Universal Prevention
SAMHSA Prevention Types	Provides information regarding the spread of program components	<ul style="list-style-type: none"> Environmental Strategies
Best Practice vs. Evidence-Based	Using both evidence-based and best practices lead to a diversified program targeting multiple levels of prevention	<ul style="list-style-type: none"> Evidence-based
Outcomes	Measurable performance goal that demonstrates success of the change	<ul style="list-style-type: none"> Number of Veterans screened in 3 months
Metrics	The specific data collected to measure or determine progress	<ul style="list-style-type: none"> Number of Veterans Screened

Table 14.1: Blueprint and Definitions: Non-Clinical Example for Outcomes and Metrics to Improve Access to Care and Outcomes for Veterans At-risk for Suicide: Aim 1 - Develop an SOP for when and how to refer an at-risk Veteran

Note. P/UP/SP/IP = Promotion, Universal Prevention, Selective Prevention, Indicated Prevention; SAMHSA = Substance Abuse and Mental Health Service Administration; SOP = Standard Operating Procedure

BLUEPRINT COMPONENTS	DEFINITIONS	NON-CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve access to care and outcomes for Veterans at risk for suicide
Aim Statement	What an organization aims to achieve; include outcome(s)	<ul style="list-style-type: none"> Develop an SOP for when and how to refer an at-risk Veteran
Short-term Goal	Implementations reasonable to achieve on a short timeline	<ul style="list-style-type: none"> Draft SOP
Long-term Goal	The outcome an organization aims to achieve	<ul style="list-style-type: none"> SOP is created and implemented
Program Component	An organization's primary components of its suicide prevention program	<ul style="list-style-type: none"> Integrate suicide prevention into organizational policy
Prevention Strategies: P/UP/SP/IP	Suicide prevention program components specific to target populations	<ul style="list-style-type: none"> Universal Prevention
SAMHSA Prevention Types	Provides information regarding the spread of program components	<ul style="list-style-type: none"> Environmental Strategies
Best Practice vs. Evidence-Based	Using both evidence-based and best practices lead to a diversified program targeting multiple levels of prevention	<ul style="list-style-type: none"> Best Practice
Outcomes	Measurable performance goal that demonstrates success of the change	<ul style="list-style-type: none"> Final SOP is implemented
Metrics	The specific data collected to measure or determine progress	<ul style="list-style-type: none"> Final SOP is implemented

Table 14.2. Blueprint and Definitions: Non-Clinical Example for Outcomes and Metrics to Improve Access to Care and Outcomes for Veterans At-risk for Suicide: Aim 2 - Train all staff in new SOP

Note. P/UP/SP/IP = Promotion, Universal Prevention, Selective Prevention, Indicated Prevention; SAMHSA = Substance Abuse and Mental Health Service Administration; SOP = Standard Operating Procedure

BLUEPRINT COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve access to care and outcomes for Veterans at risk for suicide
Aim Statement	What an organization aims to achieve; include outcome(s)	<ul style="list-style-type: none"> Train all staff in new SOP
Short-term Goal	Implementations reasonable to achieve on a short timeline	<ul style="list-style-type: none"> Conduct in-person training for 25% of the staff
Long-term Goal	The outcome an organization aims to achieve	<ul style="list-style-type: none"> Plan 2 additional trainings and a virtual training to train 100% of staff
Program Component	An organization's primary components of its suicide prevention program	<ul style="list-style-type: none"> Suicide prevention training for staff
Prevention Strategies: P/UP/SP/IP	Suicide prevention program components specific to target populations	<ul style="list-style-type: none"> Universal Prevention
SAMHSA Prevention Types	Provides information regarding the spread of program components	<ul style="list-style-type: none"> Prevention Education
Best Practice vs. Evidence-Based	Using both evidence-based and best practices lead to a diversified program targeting multiple levels of prevention	<ul style="list-style-type: none"> Best Practice
Outcomes	Measurable performance goal that demonstrates success of the change	<ul style="list-style-type: none"> 100% of staff trained
Metrics	The specific data collected to measure or determine progress	<ul style="list-style-type: none"> # of Veterans referred to additional services

Table 15. Blank Blueprint

Note. P/UP/SP/IP = Promotion, Universal Prevention, Selective Prevention, Indicated Prevention; SAMHSA = Substance Abuse and Mental Health Service Administration

BLUEPRINT COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target	A change an organization makes to achieve a desired outcome	• N/A
Aim Statement	What an organization aims to achieve; include outcome(s)	• N/A
Short-term Goal	Implementations reasonable to achieve on a short timeline	• N/A
Long-term Goal	The outcome an organization aims to achieve	• N/A
Program Component	An organization's primary components of its suicide prevention program	• N/A
Prevention Strategies: P/UP/SP/IP	Suicide prevention program components specific to target populations	• N/A
SAMHSA Prevention Types	Provides information regarding the spread of program components	• N/A
Best Practice vs. Evidence-Based	Using both evidence-based and best practices lead to a diversified program targeting multiple levels of prevention	• N/A
Outcomes	Measurable performance goal that demonstrates success of the change	• N/A
Metrics	The specific data collected to measure or determine progress	• N/A

Figure 4. Blank Blueprint

Note. P/UP/SP/IP = Promotion, Universal Prevention, Selective Prevention, Indicated Prevention; SAMHSA = Substance Abuse and Mental Health Service Administration

BLUEPRINT COMPONENTS									
Change Target	Aim Statement	Short-term Goal	Long-term Goal	Program Component	Prevention Strategies: P/UP/SP/IP	SAMHSA Prevention Types	Best Practice vs. Evidence Based	Outcomes	Metrics



BUILDING THE ACTION PLAN: FACILITATING ORGANIZATIONAL CHANGE

Build The Action Plan

The action plan puts the blueprint into practice by creating a project management plan for the selected implementations. This toolkit guides organizations through the process of building the action plan. Blueprints and action plans are reviewed at each facilitation call. The action plan facilitates rapid implementation of the organization's Veteran suicide prevention program (see Tables 16.1, 16.2, 16.3, 17.1, and 17.2).

Action Plan Definitions

CHANGE TARGET/AIMS

A change an organization makes to achieve a desired outcome.

PREPARATORY TASKS

Tasks that are necessary to complete prior to starting the implementation.

PLAN, DO, STUDY, ACT (PDSA) CYCLES

- **Plan.** Create a plan to test the implementation.
- **Do.** Perform a small test of the implementation.
- **Study.** Analyze and study the results of the data.
- **Act.** Plan for next steps based on lessons learned from previous PDSA cycle.

IMPLEMENTATION CONSIDERATIONS

- **Context.** The setting in which the implementation takes place.
- **Innovation.** The change you are working on implementing.
- **Recipient.** Individuals/teams who are affected by or will influence the implementation efforts.

ACTION ITEMS

Identify the tasks or resources needed to carry out the implementation.

RESPONSIBLE PERSON(S)

Identify the person responsible for implementing each action item or change.

TIMELINE

Identify the timeline needed to implement each action item or change.

Tables 16.1, 16.2, and 16.3 outline the components of an action plan for the clinical example. Tables 17.1 and 17.2 outline the components of an action plan for the non-clinical example.



Table 16.1. Action Plan and Definitions: Clinical Example to Improve Screening Rates of Veteran Suicide Risk: Aim 1 - Develop an SOP for suicide risk screening

Note. SOP = Standard Operating Procedure

ACTION PLAN COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veteran suicide risk Develop an SOP for suicide risk screening
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> Pull current organizational policies Get approval to use sample SOPs from another agency
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> Create a screening SOP within the organization
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> Develop the SOP
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> Review by agency leadership and a frontline staff member
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> Revise SOP based on feedback
Implementation Considerations: Context	The setting in which the implementation takes place	<ul style="list-style-type: none"> Ensure screening procedures fit into workflow for frontline staff
Implementation Considerations: Innovation	The change you are working on implementing	<ul style="list-style-type: none"> Use accessible language on SOP for frontline staff (avoid jargon)
Implementation Considerations: Recipient	Individuals/ teams who are affected by or will influence the implementation efforts	<ul style="list-style-type: none"> Ensure that this change is discussed at staff meetings to prepare staff for implementation
Action Items <ul style="list-style-type: none"> Responsible person(s) Timeline 	Identify tasks or resources needed to carry out the implementation. <ul style="list-style-type: none"> Identify the person responsible to implement each action item or change Identify the timeline needed to implement each action item or change 	<ul style="list-style-type: none"> Pull organizational policies <ul style="list-style-type: none"> Responsible person(s): Sandeep Timeline: 8/1/2022 Get approval to use SOPs from another organization <ul style="list-style-type: none"> Responsible person(s): Amy Timeline: 8/1/2022 Draft SOP <ul style="list-style-type: none"> Responsible person(s): Omarion Timeline: 9/1/2022 Schedule meeting with leadership to discuss SOP <ul style="list-style-type: none"> Responsible person(s): Maria Timeline: 9/7/2022 Revise the SOP <ul style="list-style-type: none"> Responsible person(s): Omarion Timeline: 9/15/2022 Meet to finalize SOP <ul style="list-style-type: none"> Responsible person(s): Jerry Timeline: 9/30/2022



Table 16.2. Action Plan and Definitions: Clinical Example to Improve Screening Rates of Veteran Suicide Risk: Aim 2 - Train all agency staff on new suicide prevention SOP

Note. SOP = Standard Operating Procedure

ACTION PLAN COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veteran suicide risk Train all agency staff on new suicide prevention SOP
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> Set dates for training and identify trainer
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> Create staff training on SOP
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> Administer the training to 25% of staff
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> Address questions that arise during training Augment training based on feedback
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> Plan training for remainder of staff Complete training recording
Implementation Considerations: Context	The setting in which the implementation takes place	<ul style="list-style-type: none"> In training, address how the innovation fits into the workflow
Implementation Considerations: Innovation	The change you are working on implementing	<ul style="list-style-type: none"> Ensure training covers necessary suicide prevention information and fits within allotted training time
Implementation Considerations: Recipient	Individuals/ teams who are affected by or will influence the implementation efforts	<ul style="list-style-type: none"> Develop a brief post-training questionnaire to ensure staff knowledge SOP. Conduct 1- on 1- training for staff who score low
Action Items <ul style="list-style-type: none"> Responsible person(s) Timeline 	Identify tasks or resources needed to carry out the implementation <ul style="list-style-type: none"> Identify the person responsible to implement each action item or change Identify the timeline needed to implement each action item or change 	<ul style="list-style-type: none"> Identify the trainer <ul style="list-style-type: none"> Responsible person(s): Sandeep Timeline: 9/30/2022 Create staff training <ul style="list-style-type: none"> Responsible person(s): Omarion Timeline: 10/15/2022 Set training date <ul style="list-style-type: none"> Responsible person(s): Maria Timeline: 10/15/2022 Hold in person training for 25% of staff <ul style="list-style-type: none"> Responsible person(s): Sandeep Timeline: 10/15/2022 Consider feedback and revise as necessary <ul style="list-style-type: none"> Responsible person(s): Omarion Timeline: 11/30/2022 Record training <ul style="list-style-type: none"> Responsible person(s): Sandeep Timeline: 11/30/2022 Plan training for remainder of staff <ul style="list-style-type: none"> Responsible person(s): Jerry Timeline: 12/15/2022

Table 16.3. Action Plan and Definitions: Clinical Example to Improve Screening Rates of Veteran Suicide Risk: Aim 3 - Screen incoming Veterans for suicide risk

ACTION PLAN COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> • Improve screening rates of Veteran suicide risk • Screen incoming Veterans for suicide risk
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> • Include screening measures in intake packets
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> • Schedule staff meeting detailing new procedure
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> • Conduct staff meeting detailing new procedure • Implement new screening practice
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> • Assess number of Veterans who screened positive and their referral for services
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> • Act further depending on results
Implementation Considerations: Context	The setting in which the implementation takes place	<ul style="list-style-type: none"> • Ensure screening aligns with screening packet and intake processes
Implementation Considerations: Innovation	The change you are working on implementing	<ul style="list-style-type: none"> • Utilize evidence-based assessments for screenings to capture positive screens
Implementation Considerations: Recipient	Individuals/ teams who are affected by or will influence the implementation efforts	<ul style="list-style-type: none"> • Train staff to refer Veterans who screen positive • Train staff to keep screening records
Action Items <ul style="list-style-type: none"> • Responsible person(s) • Timeline 	Identify tasks or resources needed to carry out the implementation <ul style="list-style-type: none"> • Identify the person responsible to implement each action item or change • Identify the timeline needed to implement each action item or change 	<ul style="list-style-type: none"> • Put measures into intake packets <ul style="list-style-type: none"> ○ Responsible person(s): Jose ○ Timeline: 10/1/2022 • Create tracking system for positive cases <ul style="list-style-type: none"> ○ Responsible person(s): Maria ○ Timeline: 10/1/2022 • Set up referral system <ul style="list-style-type: none"> ○ Responsible person(s): Brooke ○ Timeline: 10/1/2022 • Implement screening procedures <ul style="list-style-type: none"> ○ Responsible person(s): Deborah ○ Timeline: 12/1/2022

Table 17.1. Action Plan and Definitions: Non-Clinical Example to Improve Access to Care and Outcomes for Veterans At-Risk for Suicide: Aim 1 - Develop an SOP for when and how to refer an at-risk Veteran

Note. SOP = Standard Operating Procedure

ACTION PLAN COMPONENTS	DEFINITIONS	NON-CLINICAL EXAMPLE
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> • Improve access to care and outcomes for Veterans at-risk for suicide • Develop an SOP for when and how to refer an at-risk Veteran
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> • Obtain example SOPs from other non-clinical organizations • Identify local referral options • Contact referral options to establish relationships and referral procedures
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> • Create list of potential SOP components and consult organizational leadership to solidify
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> • Draft SOP for when and how to refer Veterans identified as at-risk for suicide
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> • Request and review feedback from organizational leadership and VA team
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> • Revise SOP as needed
Implementation Considerations: Context	The setting in which the implementation takes place	<ul style="list-style-type: none"> • Clarify use of SOP within flow of other organizational tasks
Implementation Considerations: Innovation	The change you are working on implementing	<ul style="list-style-type: none"> • Align SOP within organizational needs
Implementation Considerations: Recipient	Individuals/ teams who are affected by or will influence the implementation efforts	<ul style="list-style-type: none"> • Create user-friendly SOP for all staff, regardless of role within organization
Action Items <ul style="list-style-type: none"> • Responsible person(s) • Timeline 	Identify tasks or resources needed to carry out the implementation <ul style="list-style-type: none"> • Identify the person responsible to implement each action item or change • Identify the timeline needed to implement each action item or change 	<ul style="list-style-type: none"> • Obtain example SOPs <ul style="list-style-type: none"> ○ Responsible person(s): Suah ○ Timeline: 2/2022 • Identify and contact local referral options <ul style="list-style-type: none"> ○ Responsible person(s): Carlos ○ Timeline: 3/2022 • Meet with leadership and introduce SOP options <ul style="list-style-type: none"> ○ Responsible person(s): All team ○ Timeline: 5/2022 • Draft SOP <ul style="list-style-type: none"> ○ Responsible person(s): All team ○ Timeline: 6/2022 • Finalize SOP <ul style="list-style-type: none"> ○ Responsible person(s): then Suah, review ○ Timeline: 8/2022

Table 17.2. Action Plan and Definitions: Non-Clinical Example to Improve Access to Care and Outcomes for Veterans At-Risk for Suicide: Aim 2 - Train all staff on new SOP

Note. SOP = Standard Operating Procedure

ACTION PLAN COMPONENTS	DEFINITIONS	NON-CLINICAL EXAMPLE
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve access to care and outcomes for Veterans at-risk for suicide Train all staff on new SOP
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> Set dates for staff to attend or complete recorded training Create recording of training for those who cannot attend in-person
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> Determine appropriate level of staff training needed (i.e., foundational, advanced, or expert)
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> Conduct in-person training and share recorded training
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> Address questions that arise during training
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> Arrange for additional trainings if needed
Implementation Considerations: Context	The setting in which the implementation takes place	<ul style="list-style-type: none"> Consider frequency of training
Implementation Considerations: Innovation	The change you are working on implementing	<ul style="list-style-type: none"> Training reflects the non-clinical nature of the organization
Implementation Considerations: Recipient	Individuals/ teams who are affected by or will influence the implementation efforts	<ul style="list-style-type: none"> Training is within scope of practice for employees
Action Items <ul style="list-style-type: none"> Responsible person(s) Timeline 	Identify tasks or resources needed to carry out the implementation <ul style="list-style-type: none"> Identify the person responsible to implement each action item or change Identify the timeline needed to implement each action item or change 	<ul style="list-style-type: none"> Set training dates <ul style="list-style-type: none"> Responsible person(s): Christina Timeline: 7/2022 Create presentation <ul style="list-style-type: none"> Responsible person(s): Suah Timeline: 8/2022 Revise proposed training content <ul style="list-style-type: none"> Responsible person(s): All team Timeline: 9/2022 Conduct and record in-person training <ul style="list-style-type: none"> Responsible person(s): All team Timeline: 10/2022



CHANGE TARGET/AIM

The change target/aim comes from the originally created blueprint.

Clinical Example

Continuing with the initial blueprint examples, the clinical organization’s change target example is to “Improve screening rates of Veteran suicide risk” and is broken down into three sub-aims.

1. The first sub-aim is “Create a standardized process for suicide risk screening, including an SOP” (see Table 18.1).
2. The second sub-aim is “Train all agency staff on the new suicide prevention SOP” (see Table 18.2).
3. The third sub-aim is “Screen incoming Veterans for suicide risk” (see Table 18.3).

Non-Clinical Example

In the non-clinical example, the organization’s change target “improve access to care and outcomes for Veterans who are identified as at-risk for suicide” is broken down into two sub-aims.

1. The first sub-aims is “Develop an SOP for when and how to refer an at-risk Veteran” (see Table 19.1).
2. The second sub-aim is to “Train all staff in the new SOP” (see Table 19.2).

PLAN, DO, STUDY, ACT (PDSA) MODEL

The PDSA model is designed for quality improvement (Taylor et al., 2014). Of note, this model is flexible and can be revised as the cycle is completed. Identifying preparatory tasks is the first step (see Figure 5).

PREPARATORY TASKS AND PDSA

Preparatory tasks refer to tasks that are necessary to complete prior to starting implementation. These include activities needed to be able to carry out the PDSA cycle.

Clinical Example

The clinical organization’s change target of “improve screening rates for Veteran suicide risk” is broken down into 3 sub-aims (see Tables 18.1, 18.2, and 18.3).

1. For the first sub-aim, “Create a standardized process for suicide risk screening, including an SOP,” preparatory tasks include: (a) pull current organizational policies, and (b) get approval to use example SOPs from another agency (see Table 18.1).
2. For the second aim, “Train all agency staff in new suicide prevention SOP,” the preparatory tasks are: (a) set dates for training, (b) identify the trainer (see Table 18.2).
3. For the third aim, “Screen incoming Veterans for suicide risk,” the preparatory task is to include screening measures into intake packets (see Table 18.3).



Non-Clinical Example

The non-clinical organization's change target of "improve access to care and outcomes for Veterans who are identified as at-risk for suicide" is broken down into 2 sub-aims (see Tables 19.1 and 19.2).

1. For the first sub-aim, "Develop an SOP for when and how to refer an at-risk Veteran," preparatory tasks for the first implementation are: (a) obtain example SOPs from other non-clinical organizations, (b) identify local referral options, and (c) contact referral options to establish relationship and know how to best refer (see Table 19.1).
2. For the second sub-aim, "Train all staff on the new SOP," preparatory tasks are: (a) set dates for staff to attend or complete recorded Veteran suicide prevention training, and (b) create recording of training for those who cannot attend in person (see Table 19.2).



PDSA CYCLES

PDSA Cycles utilize the scientific method to answer:

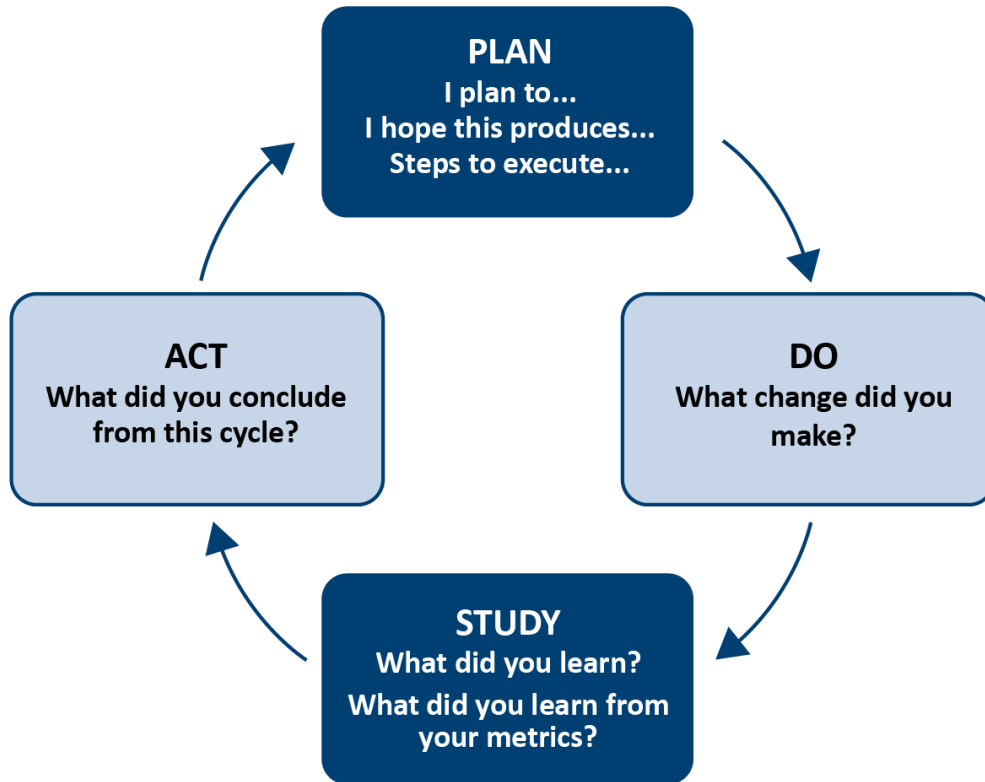
1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What change can we make that will result in improvement?

PDSA is a test of change that involves four steps:

1. **Plan** what you are going to do.
2. **Do** what you planned.
3. **Study** what happens.
4. **Take action** based on findings. A potential outcome may be to modify your plan and go through another cycle to test a revised change, or to make the change a part of continued operations.

PDSA cycles are repeated until the implementation produces the desired outcome and is running smoothly (see Figure 5).

Figure 5. Plan, Do, Study, Act (PDSA) Model





PLAN

Create a plan to test the implementation. This is the overall action step needed to implement the change. A breakdown of specific steps will occur later.

1. First, examine your change concept, aims statement, outcomes, and metrics on the blueprint.
2. State your question, and make a prediction of what you think will happen.
3. Create a plan to test the change.

Clinical Example

The clinical organization's change target of "improve screening rates for Veteran suicide risk" is broken down into 3 sub-aims (see Tables 18.1, 18.2, and 18.3).

1. For the first sub-aim, "Create a standardized process for suicide risk screening, including an SOP," the plan is to create an SOP suicide risk screening SOP for universal screening within the organization (see Table 18.1).
2. For the second aim, "Train all agency staff in new suicide prevention SOP," the plan is to create staff training on the SOP (see Table 18.2).
3. For the third aim, "Screen incoming Veterans for suicide risk," the plan is to schedule a staff meeting detailing the new SOP (see Table 18.3).

Non-Clinical Example

The non-clinical organization's change target of "improve access to care and outcomes for Veterans who are identified as at-risk for suicide" is broken down into 2 sub-aims (see Tables 19.1 and 19.2).

1. For the first sub-aim, "Develop an SOP for when and how to refer an at-risk Veteran," the plan is to make a list of potential SOP components and then seek consultation with organizational leadership on which may be the best fit (see Table 19.1).
2. For the second sub-aim, "Train all staff on the new SOP," the plan is to determine the appropriate level of staff training needed (see Table 19.2; i.e., foundational, advanced, or expert).

DO

Perform a small test of the implementation.

1. Implement the change.
2. Observe and record any facilitators, problems, or barriers.
3. Collect data.
4. Conduct data analysis.





Clinical Example

The clinical organization's change target of "improve screening rates for Veteran suicide risk" is broken down into 3 sub-aims (see Tables 18.1, 18.2, and 18.3).

1. For the first sub-aim, "Create a standardized process for suicide risk screening, including an SOP," the do step involves developing the SOP (see Table 18.1).
2. For the second aim, "Train all agency staff in new suicide prevention SOP," the do step is to administer the training to 25% of staff to stagger training since not all staff could attend the training at the same time (see Table 18.2).
3. For the third aim, "Screen incoming Veterans for suicide risk," the do step is to conduct a staff meeting detailing the new SOP and to implement a new screening practice (see Table 18.3).

Non-Clinical Example

The non-clinical organization's change target of "improve access to care and outcomes for Veterans who are identified as at-risk for suicide" is broken down into 2 sub-aims (see Tables 19.1 and 19.2).

1. For the first sub-aim, "Develop an SOP for when and how to refer an at-risk Veteran," the do step is to draft the SOP for referral procedures for Veterans identified as at risk for suicide (see Table 19.1).
2. For the second sub-aim, "Train all staff on the new SOP," the do step is to conduct in-person training and share recorded training (see Table 19.2).

STUDY

In the study phase, data collected as a part of the PDSA cycle is analyzed to determine results of the PDSA cycle.

1. Complete analysis of data.
2. Compare data to original prediction.
3. Create a summary of lessons learned in this process.

Clinical Example

The clinical organization's change target of "improve screening rates for Veteran suicide risk" is broken down into 3 sub-aims (see Tables 18.1, 18.2, and 18.3).

1. For the first sub-aim, "Create a standardized process for suicide risk screening, including an SOP," the study step is to conduct a review of the SOP by agency leadership and a frontline staff member (see Table 18.1).
2. For the second aim, "Train all agency staff in new suicide prevention SOP," the study step is to address questions from training and to augment training based on feedback (see Table 18.2).
3. For the third aim, "Screen incoming Veterans for suicide risk," the study step is to assess the number of Veterans who screened positive as well as their referral for services (see Table 18.3).





Non-Clinical Example

The non-clinical organization's change target of "improve access to care and outcomes for Veterans who are identified as at-risk for suicide" is broken down into 2 sub-aims (see Tables 19.1 and 19.2).

1. For the first sub-aim, "Develop an SOP for when and how to refer an at-risk Veteran," the study step is to request and review feedback from organizational leadership and the VA team (see Table 19.1).
2. For the second sub-aim, "Train all staff on the new SOP," the study step is to address the most frequently asked questions from training (see Table 19.2).

ACT

Plan for your organization's next steps based on lessons learned from this PDSA cycle. You may go back to your blueprint and modify your aims, or you may decide to implement the change on a larger scale. Start the process over again until you achieve a full implementation that is running smoothly.

Clinical Example

The clinical organization's change target of "improve screening rates for Veteran suicide risk" is broken down into 3 sub-aims (see Tables 18.1, 18.2, and 18.3).

1. For the first sub-aim, "Create a standardized process for suicide risk screening, including an SOP," the act step is to revise the SOP based on feedback (see Table 18.1).
2. For the second aim, "Train all agency staff in new suicide prevention SOP," the act step is to plan training for the remainder of staff and create a training recording so that staff have the option to complete a self-paced training (see Table 18.2).
3. For the third aim, "Screen incoming Veterans for suicide risk," the act step is to act based on results (see Table 18.3).

Non-Clinical Example

The non-clinical organization's change target of "improve access to care and outcomes for Veterans who are identified as at-risk for suicide" is broken down into 2 sub-aims (see Tables 19.1 and 19.2).

1. For the first sub-aim, "Develop an SOP for when and how to refer an at-risk Veteran," the act step is to revise the SOP as needed (see Table 19.1).
2. For the second sub-aim, "Train all staff on the new SOP," the act step is to arrange for additional staff trainings as needed (see Table 19.2).



Table 18.1. Action Plan and Definitions: Clinical Example Change Target through Plan, Do, Study, Act to Improve Screening Rates of Veteran Suicide Risk: Aim 1 - Develop SOP for suicide risk screening

Note. SOP = Standard Operating Procedure

ACTION PLAN COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veterans at-risk for suicide Develop SOP for suicide risk screening
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> Pull current organizational policies Get approval to use sample SOPs from another agency
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> Create a screening SOP within the organization
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> Develop the SOP
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> Review by agency leadership and a frontline staff member
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> Revise SOP based on feedback

Table 18.2. Action Plan and Definitions: Clinical Example Change Target through Plan, Do, Study Act to Improve Screening Rates of Veteran Suicide Risk: Aim 2 – Train all agency staff on new suicide prevention SOP

Note. SOP = Standard Operating Procedure

ACTION PLAN COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veteran suicide risk Train all agency staff on new suicide prevention SOP
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> Set dates for training and identify trainer
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> Create staff training on SOP
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> Administer the training to 25% of staff
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> Address questions that arise during Augment training based on feedback
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> Plan training for remainder of staff Complete training recording



Table 18.3. Action Plan and Definitions: Clinical Example Change Target through Plan, Do, Study, Act to Improve Screening Rates of Veteran Suicide Risk: Aim 3 - Screen incoming Veterans for suicide risk

ACTION PLAN COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veteran suicide risk Screen incoming Veterans for suicide risk
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> Include screening measures in intake packets
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> Schedule staff meeting detailing new procedure
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> Conduct staff meeting detailing new procedure Implement new screening practice
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> Assess number of Veterans who screened positive and their referral for services
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> Act further depending on results

Table 19.1. Action Plan: Non-Clinical Example Change Target through Plan, Do, Study, Act to Improve Access to Care and Outcomes for Veterans At-Risk for Suicide: Aim 1 - Develop an SOP for when and how to refer an at-risk Veteran

Note. SOP = Standard Operating Procedure

ACTION PLAN COMPONENTS	DEFINITIONS	NON-CLINICAL EXAMPLE
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve access to care and outcomes for Veterans at-risk for suicide Develop an SOP for when and how to refer an at-risk Veteran
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> Obtain example SOPs from other non-clinical organizations Identify local referral options Contact referral options to establish relationship and referral procedures
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> Create list of potential SOP components and consult with organizational leadership to solidify
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> Draft SOP for when and how to refer Veterans identified as at-risk for suicide
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> Request and review feedback from organizational leadership and VA team
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> Revise SOP as needed

Table 19.2. Action Plan: Non-Clinical Example Change Target through Plan, Do, Study, Act to Improve Access to Care and Outcomes for Veterans At-Risk for Suicide: Aim 2 - Train all staff on new SOP

Note. SOP = Standard Operating Procedure

ACTION PLAN COMPONENTS	DEFINITIONS	NON-CLINICAL EXAMPLE
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve access to care and outcomes for Veterans at-risk for suicide Train all staff on new SOP
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> Set dates for staff to attend or complete recorded training Create recording of training for those who cannot attend in-person
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> Determine appropriate level of staff training needed (i.e., foundational, advanced, or expert)
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> Conduct in-person training and share recorded training
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> Address questions that arise during training
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> Arrange for additional trainings if needed

IMPLEMENTATION SCIENCE

The learning collaborative uses implementation science to facilitate rapid implementation of Veteran suicide prevention program components into an organization (Harvey & Kitson, 2015). Examining potential barriers to successful implementation as the organization begins the process helps the organization conduct a smoother PDSA cycle.

IMPLEMENTATION CONSIDERATIONS

CONTEXT

Context refers to the setting in which the implementation takes place, including the characteristics within the department and the organization (see Tables 20.1, 20.2, 20.3, 21.1, and 21.2).

Examples of context include:

1. Leadership support
 - a) Does leadership support this change through formal processes (e.g., SOPs, dedicated time for trainings)?
 - b) Does leadership informally support this change through expressed desire for changes?
2. The particular culture of the department or organization
 - a) How has staff responded to change initiatives in the past?
 - b) Who are internal champions that other staff look to for guidance?
3. Past implementation experiences
 - a) Were past implementations successful?
 - b) If not, the team may be discouraged from future implementation. Conversely, if past implementations were successful, this may provide additional motivation to continue the implementation process.



4. Ability to facilitate change
 - a) Do staff have the resources they need to implement the change?
 - b) Are all departments involved working as a team to facilitate the change?
5. Data-driven evaluation and feedback process
 - a) Create processes that assess the effectiveness of the intervention and use feedback to change the process for continuous improvement.
6. Environment of learning
 - a) Actively facilitate an environment that promotes continuous learning.

Clinical Example

The clinical organization's change target of "improve screening rates for Veteran suicide risk" is broken down into 3 sub-aims (see Tables 20.1, 20.2, and 20.3).

1. For the first sub-aim, "Create a standardized process for suicide risk screening, including an SOP," the context consideration is to ensure screening procedures fit into workflow for frontline staff (see Table 20.1).
2. For the second aim, "Train all agency staff in new suicide prevention SOP," the context consideration is to ensure training also covers how the innovation will fit into the workflow (see Table 20.2).
3. For the third aim, "Screen incoming Veterans for suicide risk," the context consideration is to ensure screening aligns with the screening packet and intake processes (see Table 20.3).

Non-Clinical Example

The non-clinical organization's change target of "improve access to care and outcomes for Veterans who are identified as at-risk for suicide" is broken down into 2 sub-aims (see Tables 21.1 and 21.2).

1. For the first sub-aim, "Develop an SOP for when and how to refer an at-risk Veteran," the context consideration is to clarify the use of the SOP within the flow of other organizational tasks (see Table 21.1).
2. For the second sub-aim, "Train all staff on the new SOP," the context consideration is that the organization will consider the required frequency of the training (see Table 22.2). For example, the organization may consider whether this is a one-time training during onboarding or an annual training.





INNOVATION

An innovation is the change you are working on implementing.

Examples of innovation include:

1. Evidence-based or best practice
 - a) Is the innovation rooted within evidence-based or best practice interventions to create change?
2. Clear
 - a) Is the innovation and the implementation process easy to understand?
3. Compatibility with existing organizational practices
 - a) Does the innovation fit within existing organizational practices?
 - b) Is the proposed implementation designed to be compatible with Veteran needs?
 - c) Have potential barriers between the innovation and existing practices been identified, and have plans on how to overcome these barriers been developed?
4. Usability
 - a) What is the projected acceptability of the innovation by the persons implementing the process?
 - b) Can the recipient easily use the innovation?
5. Advantages of innovation
 - a) What are the ways that this innovation improves upon existing innovations?
 - b) What are the advantages to using this innovation?
 - c) What are the disadvantages to using this innovation?
6. Trial and error
 - a) Is the implementation able to be initially tested before full implementation to ensure it is usable?
7. Observable results
 - a) How can the implementation be observed? Can the implementation be observed and measured either quantitatively or qualitatively?

Clinical Example

The clinical organization's change target of "improve screening rates for Veteran suicide risk" is broken down into 3 sub-aims (see Tables 20.1, 20.2, and 20.3).

1. For the first sub-aim, "Create a standardized process for suicide risk screening, including an SOP," the innovation is to use accessible language on the SOP by avoiding jargon to improve clarity for frontline staff (see Table 20.1).
2. For the second aim, "Train all agency staff in new suicide prevention SOP," the innovation is to ensure the training covers necessary suicide prevention information and fits within the allotted training time (see Table 20.2).
3. For the third aim, "Screen incoming Veterans for suicide risk," the innovation is to ensure screening processes capture positive screens through evidence-based assessments (see Table 20.3).



Non-Clinical Example

The non-clinical organization's change target of "improve access to care and outcomes for Veterans who are identified as at-risk for suicide" is broken down into 2 sub-aims (see Tables 21.1 and 21.2).

1. For the first sub-aim, "Develop an SOP for when and how to refer an at-risk Veteran," the innovation is to align the SOP within organizational needs (see Table 21.1).
2. For the second sub-aim, "Train all staff on the new SOP," the innovation is to ensure the training reflects the non-clinical nature of the organization (see Table 21.2).

RECIPIENTS

Individuals/teams who are affected by or will influence the implementation efforts. Examples of recipient factors include:

1. Motivation
 - a) Are recipients motivated to make changes?
2. Recipient's beliefs and values
 - a) Is the proposed innovation dependable, reliable, consistent, efficient, and sustainable?
 - b) What is important for this organization to leave as its legacy?
3. Recipient's goals
 - a) Does the organization set and clearly define specific goals for present and future innovations? If so, what documents, procedures, or trainings are in place to support these goals?
4. Recipient's skills and knowledge
 - a) Does the organization ensure internal facilitators are equipped with the required skills and knowledge for the specific innovation being implemented?
5. Teamwork and collaboration
 - a) Will the recipient be supported through teamwork and collaboration to implement the innovation?
 - b) Has the organization assigned a team of individuals to work collaboratively from beginning to end to ensure a project is implemented?
 - c) Has the organization defined the roles of its team members and provided the team with the necessary resources to ensure the project is implemented?
6. Power and authority
 - a) Does the recipient have the power and authority to implement change?
7. Boundaries
 - a) Has the organization clearly advertised its expectations of recipients regarding potential change?



Clinical Example

The clinical organization’s change target of “improve screening rates for Veteran suicide risk” is broken down into 3 sub-aims (see Tables 20.1, 20.2, and 20.3).

For all aims, the recipients are the staff.

1. For the first sub-aim, “Create a standardized process for suicide risk screening, including an SOP,” the recipient consideration is to ensure that this change is discussed at staff meetings to prepare staff for implementation (see Table 20.1).
2. For the second aim, “Train all agency staff in new suicide prevention SOP,” the recipient consideration is to ensure the staff have a thorough knowledge of the procedures (see Table 20.2). To this end, the group will develop a brief post-training survey to accompany the training to ensure staff knowledge of procedures. If a staff member scores low on the post-training survey, the trainers will conduct a one-on-one training.
3. For the third aim, “Screen incoming Veterans for suicide risk,” the recipient consideration is to consider for recipients include ensuring staff are trained on how to refer someone who screens positive, and ensuring staff know how to keep records of screenings (see Table 20.3).

Non-Clinical Example

The non-clinical organization’s change target of “improve access to care and outcomes for Veterans who are identified as at-risk for suicide” is broken down into 2 sub-aims (see Tables 21.1 and 21.2).

For all aims, the recipients are the staff.

1. For the first sub-aim, “Develop an SOP for when and how to refer an at-risk Veteran,” the recipient consideration is that the SOP needs to be user-friendly for all staff, regardless of their role within the organization (see Table 21.1). Even if the organization has clinical mental health staff, the SOP needs to be written for and accessible to all employees, regardless of their prior mental health training. Creating an SOP that only targets clinical mental health staff will make it challenging to implement with non-clinical staff.
2. For the second sub-aim, “Train all staff on the new SOP,” the recipient consideration is that the training needs to remain within the scope of practice for all employees (see Table 21.2).



Table 20.1. Action Plan and Definitions: Clinical Example Change Target through Implementation Considerations to Improve Screening Rates of Veteran Suicide Risk: Aim 1 - Develop SOP for suicide risk screening

Note. SOP = Standard Operating Procedure

ACTION PLAN COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veterans at risk for suicide Develop SOP for suicide risk screening
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> Pull current organizational policies Get approval to use sample SOPs from another agency
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> Create potential list of SOP components for universal suicide risk screening within the organization
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> Draft SOP
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> Request and review feedback from organizational leadership, frontline staff member, and VA team
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> Revise SOP as needed
Implementation Considerations: Context	The setting in which the implementation takes place	<ul style="list-style-type: none"> Ensure screening procedures fit into frontline staff workflow
Implementation Considerations: Innovation	The change you are working on implementing	<ul style="list-style-type: none"> SOP includes accessible language for frontline staff (avoid jargon)
Implementation Considerations: Recipient	Individuals/ teams who are affected by or will influence the implementation efforts	<ul style="list-style-type: none"> Discuss change at staff meetings to prepare for implementation

Table 20.2. Action Plan and Definitions: Clinical Example Change Target through Implementation Considerations to Improve Screening Rates of Veteran Suicide Risk: Aim 2 - Train all staff on new suicide prevention SOP

Note. SOP = Standard Operating Procedure

ACTION PLAN COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veterans at risk for suicide Train all staff on new suicide prevention SOP
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> Set dates for training and identify trainer
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> Create staff training on SOP
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> Administer the training to 25% of staff
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> Address questions that arise during training Augment training based on feedback
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> Plan training for remainder of staff Complete training recording
Implementation Considerations: Context	The setting in which the implementation takes place	<ul style="list-style-type: none"> In training, address how the innovation fits into the workflow



Implementation Considerations: Innovation	The change you are working on implementing	<ul style="list-style-type: none"> Ensure training covers necessary suicide prevention information and fits within allotted training time
Implementation Considerations: Recipient	Individuals/ teams who are affected by or will influence the implementation efforts	<ul style="list-style-type: none"> Develop a brief post-training survey to ensure staff knowledge of SOP. Conduct 1- on 1- training for staff who score low.

Table 20.3. Action Plan and Definitions: Clinical Example Change Target through Implementation Considerations to Improve Screening Rates of Veteran Suicide Risk: Aim 3- Screen incoming Veterans for suicide risk

ACTION PLAN COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veterans at risk for suicide Screen incoming Veterans for suicide risk
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> Include screening measures in intake packets
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> Schedule staff meeting detailing new procedure
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> Conduct staff meeting detailing new procedure Implement new screening practice
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> Assess number of Veterans who screened positive and their referral for services
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> Act further depending on results
Implementation Considerations: Context	The setting in which the implementation takes place	<ul style="list-style-type: none"> Ensure screening aligns with screening packet and intake processes
Implementation Considerations: Innovation	The change you are working on implementing	<ul style="list-style-type: none"> Utilize evidence-based assessments for screenings to capture positive screens
Implementation Considerations: Recipient	Individuals/ teams who are affected by or will influence the implementation efforts	<ul style="list-style-type: none"> Train staff on referral process for Veterans who screen positive Train staff to keep screening records.



Table 21.1. Action Plan and Definitions: Non-Clinical Example Change Target through Implementation Considerations to Improve Access to Care and Outcomes for Veterans At-Risk for Suicide: Aim 1- Develop an SOP for when and how to refer an at-risk Veteran

Note. SOP = Standard Operating Procedure

ACTION PLAN COMPONENTS	DEFINITIONS	NON-CLINICAL EXAMPLE
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve access to care and outcomes for Veterans at risk for suicide Develop an SOP for when and how to refer an at-risk Veteran
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> Obtain example SOPs from other non-clinical organizations Identify local referral options Contact referral partners to establish relationship and referral procedures
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> Create list of potential SOP components and consult with organizational leadership to solidify
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> Draft SOP for when and how to refer Veterans identified as at-risk for suicide
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> Request and review feedback from organizational leadership, frontline staff member, and VA team
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> Revise SOP as needed
Implementation Considerations: Context	The setting in which the implementation takes place	<ul style="list-style-type: none"> Clarify use of SOP within flow of other organizational tasks
Implementation Considerations: Innovation	The change you are working on implementing	<ul style="list-style-type: none"> Align SOP with organizational needs
Implementation Considerations: Recipient	Individuals/ teams who are affected by or will influence the implementation efforts	<ul style="list-style-type: none"> Create user-friendly SOP for all staff, regardless of role within organization

Table 21.2. Action Plan and Definitions: Non-Clinical Example Change Target through Implementation Considerations to Improve Access to Care and Outcomes for Veterans At-Risk for Suicide: Aim 2- Train all staff on new SOP

Note. SOP = Standard Operating Procedure

ACTION PLAN COMPONENTS	DEFINITIONS	NON-CLINICAL EXAMPLE
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve access to care and outcomes for Veterans at risk for suicide Train all staff on new SOP
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> Set dates for staff to attend or complete recorded training Create recording of training for those who cannot attend in-person
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> Determine appropriate level of staff training needed (i.e., foundational, advanced, or expert)
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> Conduct in-person training and share recorded training
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> Address questions that arise during training
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> Arrange for additional trainings if needed
Implementation Considerations: Context	The setting in which the implementation takes place	<ul style="list-style-type: none"> Consider frequency of training
Implementation Considerations: Innovation	The change you are working on implementing	<ul style="list-style-type: none"> Training reflects the non-clinical nature of the organization
Implementation Considerations: Recipient	Individuals/ teams who are affected by or will influence the implementation efforts	<ul style="list-style-type: none"> Training is within scope of practice for employees



ACTION ITEMS

It is critical to identify the tasks or action items and resources needed to carry out the implementation. In this section, action items can be broken down into several incremental tasks needed to achieve the desired change. These action items will be reviewed and revised these actions during the monthly during facilitation calls with the learning collaborative leader. Considerations for action items include:

1. What action or change will occur?
2. What resources (e.g., staff) and tasks are required to implement these changes?

Action items should be broken down into the smallest tasks possible. In terms of implementation, it is best to identify as many action items as possible. It is possible that teams may not be ready to begin work on an action item, but looking ahead is essential to keep the implementation moving forward swiftly.

Clinical Example

The clinical organization's change target of "improve screening rates for Veteran suicide risk" is broken down into 3 sub-aims (see Tables 22.1, 22.2, and 22.3):

1. For the first sub-aim, "Create a standardized process for suicide risk screening, including an SOP," action items identified as the next steps in the PDSA cycle in the first aim include: (a) pull organizational policies, (b) attain approval to use SOPs from another organization, (c) draft SOP, (d) schedule a meeting to discuss SOP, and (e) schedule a follow-up meeting to finalize SOP (see Table 22.1).
2. For the second aim, "Train all agency staff in new suicide prevention SOP," action items include: (a) identify the trainer, (b) create staff training, (c) set date for training, (d) hold in-person training, (e) review feedback and revise as needed, (f) record training, and (g) plan training for remaining employees (see Table 22.2).
3. For the third aim, "Screen incoming Veterans for suicide risk," the action items include: (a) create tracking system for positive cases, (b) set up referral system, and (c) implement screening procedures (see Table 22.3).

Non-Clinical Example

The non-clinical organization's change target of "improve access to care and outcomes for Veterans who are identified as at-risk for suicide" is broken down into 2 sub-aims (see Tables 23.1 and 23.2).

1. For the first sub-aim, "Develop an SOP for when and how to refer an at-risk Veteran," the action items include: (a) obtain example SOPs, (b) identify and contact local referral options, (c) meet with leadership and introduce SOP options, d) Draft SOP, and (e) finalize SOP (see Table 23.1).
2. For the second sub-aim, "Train all staff on the new SOP," the action items include: (a) set training dates, (b) create presentation, (c) revise proposed training content, and (d) conduct and record in-person training (see Table 23.2).





RESPONSIBLE PERSON(S) AND TIMELINE

For each action item, it is critical to identify the person on the team who will be responsible for shepherding that implementation (IHI, 2003; see Tables 22.1, 22.2, 22.3, 23.1, and 23.2) and the timeline in which the action item will be completed. When a responsible person is identified, there is less confusion regarding who is responsible for a particular action item. During facilitation calls, each team member will report their progress on their assigned action items.

Refer to Table 24 and Figure 6 for a blank action plans.



Table 22.1. Action Plan and Definitions: Clinical Example to Improve Screening Rates of Veteran Suicide Risk: Aim 1- Develop SOP for suicide risk screening

Note. SOP = Standard Operating Procedure

ACTION PLAN COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veteran suicide risk Develop SOP for suicide risk screening
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> Pull current organizational policies Get approval to use sample SOPs from another agency
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> Create a screening SOP within the organization
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> Develop the SOP
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> Review by agency leadership and a frontline staff member
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> Revise SOP based on feedback
Implementation Considerations: Context	The setting in which the implementation takes place	<ul style="list-style-type: none"> Ensure screening procedures fit into workflow for frontline staff
Implementation Considerations: Innovation	The change you are working on implementing	<ul style="list-style-type: none"> Use accessible language on SOP for frontline staff (avoid jargon)
Implementation Considerations: Recipient	Individuals/ teams who are affected by or will influence the implementation efforts	<ul style="list-style-type: none"> Ensure that this change is discussed at staff meetings to prepare staff for implementation
Action Items <ul style="list-style-type: none"> Responsible person(s) Timeline 	Identify tasks or resources needed to carry out the implementation <ul style="list-style-type: none"> Identify the person responsible to implement each action item or change Identify the timeline needed to implement each action item or change 	<ul style="list-style-type: none"> Pull organizational policies <ul style="list-style-type: none"> Responsible person(s): Sandeep Timeline: 8/1/2022 Get approval to use SOPs from another organization <ul style="list-style-type: none"> Responsible person(s): Amy Timeline: 8/1/2022 Draft SOP <ul style="list-style-type: none"> Responsible person(s): Omarion Timeline: 9/1/2022 Schedule meeting with leadership to discuss SOP <ul style="list-style-type: none"> Responsible person(s): Maria Timeline: 9/7/2022 Revise the SOP <ul style="list-style-type: none"> Responsible person(s): Omarion Timeline: 9/15/2022 Meet to finalize SOP <ul style="list-style-type: none"> Responsible person(s): Jerry Timeline: 9/30/2022

Table 22.2. Action Plan and Definitions: Clinical Example to Improve Screening Rates of Veteran Suicide Risk: Aim 2- Train all agency staff on new suicide prevention SOP

Note. SOP = Standard Operating Procedure

ACTION PLAN COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veteran suicide risk Train all agency staff on new suicide prevention SOP
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> Set dates for training and identify trainer
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> Create staff training on SOP
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> Administer the training to 25% of staff
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> Address questions that arise during training Augment training based on feedback
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> Plan training for remainder of staff Complete training recording
Implementation Considerations: Context	The setting in which the implementation takes place	<ul style="list-style-type: none"> In training, address how the innovation fits into the workflow
Implementation Considerations: Innovation	The change you are working on implementing	<ul style="list-style-type: none"> Ensure training covers necessary suicide prevention information and fits within allotted training time
Implementation Considerations: Recipient	Individuals/ teams who are affected by or will influence the implementation efforts	<ul style="list-style-type: none"> Develop a brief post-training survey to ensure staff knowledge of SOP. Conduct 1- on 1- training for staff who score low.
Action Items <ul style="list-style-type: none"> Responsible person(s) Timeline 	Identify tasks or resources needed to carry out the implementation <ul style="list-style-type: none"> Identify the person responsible to implement each action item or change Identify the timeline needed to implement each action item or change 	<ul style="list-style-type: none"> Identify the trainer <ul style="list-style-type: none"> Responsible person(s): Sandeep Timeline: 9/30/2022 Create staff training <ul style="list-style-type: none"> Responsible person(s): Omarion Timeline: 10/15/2022 Set training date <ul style="list-style-type: none"> Responsible person(s): Maria Timeline: 10/15/2022 Hold in person training for 25% of staff <ul style="list-style-type: none"> Responsible person(s): Sandeep Timeline: 10/15/2022 Consider feedback and revise as necessary <ul style="list-style-type: none"> Responsible person(s): Omarion Timeline: 11/30/2022 Record training <ul style="list-style-type: none"> Responsible person(s): Sandeep Timeline: 11/30/2022 Plan training for remainder of staff <ul style="list-style-type: none"> Responsible person(s): Jerry Timeline: 12/15/2022



Table 22.3. Action Plan and Definitions: Clinical Example to Improve Screening Rates of Veteran Suicide Risk: Aim 3 - Screen incoming Veterans for suicide risk

ACTION PLAN COMPONENTS	DEFINITIONS	CLINICAL EXAMPLE
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve screening rates of Veteran suicide risk Screen incoming Veterans for suicide risk
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> Include screening measures in intake packets
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> Schedule staff meeting detailing new procedure
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> Conduct staff meeting detailing new procedure Implement new screening procedures
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> Assess number of Veterans who screened positive and their referral for services
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> Act further depending on results
Implementation Considerations: Context	The setting in which the implementation takes place	<ul style="list-style-type: none"> Ensure screening aligns with screening and intake processes
Implementation Considerations: Innovation	The change you are working on implementing	<ul style="list-style-type: none"> Utilize evidence-based assessments for screening to capture positive screens
Implementation Considerations: Recipient	Individuals/ teams who are affected by or will influence the implementation efforts	<ul style="list-style-type: none"> Train staff to refer Veterans who screen positive Train staff to keep screening records
Action Items <ul style="list-style-type: none"> Responsible person(s) Timeline 	Identify tasks or resources needed to carry out the implementation <ul style="list-style-type: none"> Identify the person responsible to implement each action item or change Identify the timeline needed to implement each action item or change 	<ul style="list-style-type: none"> Put measures into intake packets <ul style="list-style-type: none"> Responsible person(s): Jose Timeline: 10/1/2022 Create tracking system for positive cases <ul style="list-style-type: none"> Responsible person(s): Maria Timeline: 10/1/2022 Set up referral system <ul style="list-style-type: none"> Responsible person(s): Brooke Timeline: 10/1/2022 Implement screening procedures <ul style="list-style-type: none"> Responsible person(s): Deborah Timeline: 12/1/2022



Table 23.1. Action Plan and Definitions: Non-Clinical Example to Improve Access to Care and Outcomes for Veterans At-Risk for Suicide: Aim 1 - Develop an SOP for when and how to refer an at-risk Veteran

Note. SOP = Standard Operating Procedure

ACTION PLAN COMPONENTS	DEFINITIONS	NON-CLINICAL EXAMPLE
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> • Improve access to care and outcomes for Veterans at-risk for suicide • Develop an SOP for when and how to refer an at-risk Veteran
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> • Obtain example SOPs from other non-clinical orgs. • Identify local referral options • Contact referral options to establish relationships and referral procedures
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> • Create list of potential SOP components and consult organizational leadership to solidify
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> • Draft SOP for when and how to refer Veterans identified as at-risk for suicide
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> • Request and review feedback from organizational leadership and VA team
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> • Revise SOP as needed
Implementation Considerations: Context	The setting in which the implementation takes place	<ul style="list-style-type: none"> • SOP needs to be clear regarding when it should be used within flow of other organizational tasks
Implementation Considerations: Innovation	The change you are working on implementing	<ul style="list-style-type: none"> • SOP needs to fit the context and organizational needs
Implementation Considerations: Recipient	Individuals/ teams who are affected by or will influence the implementation efforts	<ul style="list-style-type: none"> • Needs to be user-friendly for all staff, regardless of role within organization
Action Items <ul style="list-style-type: none"> • Responsible person(s) • Timeline 	Identify tasks or resources needed to carry out the implementation <ul style="list-style-type: none"> • Identify the person responsible to implement each action item or change • Identify the timeline needed to implement each action item or change 	<ul style="list-style-type: none"> • Obtain example SOPs <ul style="list-style-type: none"> ○ Responsible person(s): Suah ○ Timeline: 2/2022 • Identify and contact local referral options <ul style="list-style-type: none"> ○ Responsible person(s): Carlos ○ Timeline: 3/2022 • Meet with leadership and introduce SOP options <ul style="list-style-type: none"> ○ Responsible person(s): All team ○ Timeline: 5/2022 • Draft SOP <ul style="list-style-type: none"> ○ Responsible person(s): All team ○ Timeline: 6/2022 • Finalize SOP <ul style="list-style-type: none"> ○ Responsible person(s): then Suah, review ○ Timeline: 8/2022



Table 23.2. Action Plan and Definitions: Non-Clinical Example to Improve Access to Care and Outcomes for Veterans At-Risk for Suicide: Aim 2 - Train all staff on new SOP

Note. SOP = Standard Operating Procedure

ACTION PLAN COMPONENTS	DEFINITIONS	NON-CLINICAL EXAMPLE
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> Improve access to care and outcomes for Veterans at-risk for suicide Train all staff on new SOP
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> Set dates for staff to attend or complete recorded training Create recording of training for those who cannot attend in-person
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> Determine appropriate level of staff training needed (i.e., foundational, advanced, or expert)
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> Conduct in-person training and share recorded training
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> Address questions that arise during training
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> Arrange for additional trainings if needed
Implementation Considerations: Context	The setting in which the implementation takes place	<ul style="list-style-type: none"> Consider frequency of training
Implementation Considerations: Innovation	The change you are working on implementing	<ul style="list-style-type: none"> Training reflects the non-clinical nature of the organization
Implementation Considerations: Recipient	Individuals/ teams who are affected by or will influence the implementation efforts	<ul style="list-style-type: none"> Training is within scope of practice for employees
Action Items <ul style="list-style-type: none"> Responsible person(s) Timeline 	Identify tasks or resources needed to carry out the implementation <ul style="list-style-type: none"> Identify the person responsible to implement each action item or change Identify the timeline needed to implement each action item or change 	<ul style="list-style-type: none"> Set training dates <ul style="list-style-type: none"> Responsible person(s): Christina Timeline: 7/2022 Create presentation <ul style="list-style-type: none"> Responsible person(s): Suah Timeline: 8/2022 Revise proposed training context <ul style="list-style-type: none"> Responsible person(s): All team Timeline: 9/2022 Hold in-person training and record it <ul style="list-style-type: none"> Responsible person(s): All team Timeline: 10/2022





Table 24. *Blank Action Plan and Definitions*

ACTION PLAN COMPONENTS	DEFINITIONS	ACTION PLAN NOTES
Change Target/Aim	A change an organization makes to achieve a desired outcome	<ul style="list-style-type: none"> • N/A
Preparatory Tasks	Tasks that are necessary to complete prior to starting the implementation	<ul style="list-style-type: none"> • N/A
PDSA: Plan	Create a plan to test the implementation	<ul style="list-style-type: none"> • N/A
PDSA: Do	Perform a small test of the implementation	<ul style="list-style-type: none"> • N/A
PDSA: Study	Analyze and study the results of the data	<ul style="list-style-type: none"> • N/A
PDSA: Act	Plan for next steps based on lessons learned from previous PDSA cycle	<ul style="list-style-type: none"> • N/A
Implementation Considerations: Context	The setting in which the implementation takes place	<ul style="list-style-type: none"> • N/A
Implementation Considerations: Innovation	The change you are working on implementing	<ul style="list-style-type: none"> • N/A
Implementation Considerations: Recipient	Individuals/ teams who are affected by or will influence the implementation efforts	<ul style="list-style-type: none"> • N/A
Action Items <ul style="list-style-type: none"> • Responsible person • Timeline 	Identify tasks or resources needed to carry out the implementation <ul style="list-style-type: none"> • Identify the person responsible to implement each action item or change • Identify the timeline needed to implement each action item or change 	<ul style="list-style-type: none"> • Action Item <ul style="list-style-type: none"> ○ Responsible person ○ Timeline

Figure 6. Blank action plan

ACTION PLAN COMPONENTS											
Change Target/Aim	Preparatory Tasks	Plan	Do	Study	Act	Implementation Considerations			Action Items	Responsible Person(s)	Timeline
						Context	Innovation	Recipient			

IMPLEMENTATION STRATEGIES

- [Promotion Strategies](#)
- [Universal Prevention Strategies](#)
- [Selective Prevention Strategies](#)
- [Indicated Prevention Strategies](#)
- [Mixed Prevention Strategies](#)

PROMOTION STRATEGIES

Promotion Strategies

A promotion-level intervention is used to target the entire population and aims to promote mental health and enhance an individual's ability to achieve well-being. Promotion-level interventions include:

- Positive Coping Skills Education
- Offer Faith- and/or Spiritual-Based Support
- Organizational Culture: Promoting a Protective Environment of Wellness
- Military Cultural Competency Training for Staff
- Screening for Veteran Status and Veteran Family Member Status

POSITIVE COPING SKILLS EDUCATION

Prevention Strategy: Promotion

SAMHSA Category: N/A

Program Inclusion: DoD, ZS, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: N/A

Element From the Zero Suicide Toolkit: N/A

Strategy Definition

Assist individuals in learning an array of positive coping skills to prevent suicidal crises from occurring. These programs focus on building the individual's positive coping skills so they are better able to manage difficult situations.

Program Examples

VA

Lack of engagement in health-promoting behaviors is associated with suicide risk in Veterans (DeBeer et al., 2016). The VA offers exercise and nutrition programs that focus on health promotion. The VA MOVE program is a weight management program focused on healthy eating and physical activity (Dahn et al., 2011). Additionally, the VA provides nutrition consultation and services to Veterans to promote a healthy lifestyle.

CDC

Programs focused on social-emotional learning and family relations help teach individuals important skills related to coping and problem solving, as well as improving social support through healthy relationships. An example of one such program, *Incredible Years*, is a comprehensive group training program designed to improve preventative factors such as promoting connectedness. This program addresses mental health symptoms while improving coping skills. Another program, *Strengthening Families*, focuses on assisting parents in improving their relationship with their child or children through improving parent-child interactions. While the impact of these programs has not been studied in the context of suicide prevention, the coping skills developed in these programs may protect against suicide risk (Kumpfer & Brown, 2019; Kumpfer & Magalhaes, 2018).

Resources

- To learn more about the VA MOVE program, go to: <https://www.move.va.gov/>
- To learn more about the VA's nutrition services, go to: <https://www.nutrition.va.gov/>
- To learn more about the Incredible Years program, go to: <https://incredibleyears.com/>

OFFER FAITH- AND/OR SPIRITUAL-BASED SUPPORT

Prevention Strategy: Promotion

SAMHSA Category: N/A

Program Inclusion: VA, DoD, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: N/A

Element From the Zero Suicide Toolkit: LEAD, TRAIN, IDENTIFY, ENGAGE, TREAT, TRANSITION, IMPROVE

Strategy Definition

Offer faith-based resources to enhance connectedness, especially among individuals who may be isolated or marginalized. Spiritual-based support is complementary or can be an alternative to mental health services.

Program Examples

VA

VA Chaplains are available for spiritual counseling, grief and loss care, assistance with decision making and communication, and family support. They can also assist Veterans in connecting with other religious VA and community resources.

ZS

Zero Suicide has developed a specific toolkit for tribal communities (Zero Suicide, n.d.b). This toolkit outlines how to implement Zero Suicide in a culturally responsive manner, including incorporating spiritual practices into suicide prevention.

RESOURCES

- For more information on the VA Chaplain program, please go to: <https://www.patientcare.va.gov/chaplain/index.asp>
- The National Action Alliance has developed a program, “Faith. Hope. Life. Celebrating Reasons to Live.” For more information, visit: <https://theactionalliance.org/faith-hope-life>
- The Zero Suicide toolkit for implementation in Indian Country can be accessed here: <https://zerosuicide.edc.org/toolkit/toolkit-adaptations/indian-country>

ORGANIZATIONAL CULTURE: PROMOTING A PROTECTIVE ENVIRONMENT OF WELLNESS

Prevention Strategy: Promotion

SAMHSA Category: N/A

Program Inclusion: VA, DoD, ZS, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: N/A

Element From the Zero Suicide Toolkit: LEAD

Strategy Definition

Organizational culture promoting overall physical and mental health wellness.

Program Examples

DoD

Engagement in health-promoting behaviors is a protective factor against suicide risk (DeBeer et al., 2016). To promote physical wellness, *Total Force Fitness* focuses on a service member's entire health throughout their military career. *Total Force Fitness* concentrates on dimensions of fitness: physical, environmental, medical, dental, nutritional, spiritual, psychological, social, and financial.

Resources

- To learn more about the DoD's Total Force Fitness program, go to: <https://www.health.mil/Military-Health-Topics/Total-Force-Fitness>

MILITARY CULTURAL COMPETENCY TRAINING FOR STAFF

Prevention Strategy: Promotion

SAMHSA Category: N/A

Program Inclusion: VA, DoD

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Identify Service Members, Veterans, and Family Members, and Screen for Suicide Risk

Element From the Zero Suicide Toolkit: N/A

Strategy Definition

Military cultural competency training for organizations and practitioners who support the care of service members, Veterans, and their families.

Program Examples

VA

The VA offers employees Veteran cultural competency training. This training educates employees and VA healthcare providers on military culture and seeks to bridge the gap between Veteran patients and civilian providers through understanding and empathy (VA, 2018b).

DoD

Similar to the VA, the DoD requires cultural competency training for providers and offers training to civilian providers to improve mental health treatment offerings (Office of the Under Secretary of Defense for Personnel and Readiness, 2017).

A Large Community Mental Health Organization

After recognizing they served a number of Veterans and their families, the organization implemented a mandatory self-paced military cultural competency training for all staff.

Resources

- The VA is an affiliate of the Public Health Foundation Training Finder Real-time Affiliate Integrated Network (TRAIN) learning network. TRAIN is a centralized training platform that provides a multitude of training opportunities on mental health, public health, and Veteran military cultural competency. Trainings hosted on this platform are accredited and provide continuing medical education to the public at no cost. VHA TRAIN provides free Veteran and Military Cultural Competency training. Four two-hour modules are available using the following Course IDs: 1056278, 1056303, 1056248, 1056299. Access VHA TRAIN and create a free account using this link: <https://www.train.org/vha/>
- The PsychArmor training platform has numerous free courses on military culture and can be accessed here: <https://psycharmor.org/military-culture-school/>



SCREENING FOR VETERAN STATUS AND VETERAN FAMILY MEMBER STATUS

Prevention Strategy: Promotion

SAMHSA Category: N/A

Program Inclusion: N/A

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Identify Service Members, Veterans, and Family Members, and Screen for Suicide Risk

Element From the Zero Suicide Toolkit: N/A

Strategy Definition

Screening identifies Veterans and their family members. Ideally, all individuals are screened for Veteran or Veteran family member status on their first contact with the organization. Depending on the setting, additional questions regarding military status or Veteran status (e.g., branch of service, length of time served, etc.) may be included in the screening. The process of screening and identification aids organizations in providing culturally competent services and targeted resources for Veterans and their family members.

Program Examples

VA

A primary focus area of the Suicide Prevention 2.0 plan is identifying Veterans and their families. Identifying Veterans through screening allows for service providers to connect individuals to appropriate care (Miller & Kearney, n.d.; VA, 2018a).

A Large Community Mental Health Organization

After analyzing their patient population and revealing a significant number of Veterans in the population they served, the organization decided to implement more intensive screening for Veteran and Veteran family member status. The organization created a screening tool for identifying Veterans and Veteran family members. The organization developed this tool by refining existing demographic questionnaires, consulting with subject matter experts, and seeking input from Veterans through focus groups. Once they developed the final battery of screener questions, they integrated it into their electronic health record, and trained staff in how to complete the screening. Data on Veteran and Veteran family member status continues to be collected to conduct data analysis via a process of continual quality improvement.

Resources

- The American Medical Association suggests that all healthcare providers screen patients for Veteran or Veteran family member status. Promotional materials with the theme “Have You Ever Served in the Military?” can be accessed here: <https://www.haveyoueverserved.com/>

UNIVERSAL PREVENTION STRATEGIES

Universal Prevention Strategies

Universal preventive interventions apply to the general population and focus on taking proactive measures to prevent suicide. Universal preventive interventions include:

- Organizational Culture: Promoting a Protective Environment of Suicide Prevention
- Promotional Materials for Suicide Prevention Information
- Collaborative Partnerships
- Lethal Means Education (Not as Part of Safety Planning or Lethal Means Counseling)
- Integrate Suicide Prevention into Organizational Policies
- Quality Improvement Program
- Suicide Prevention Training for All Staff
- Core and Continuing Education for Suicide Prevention
- Surveillance Systems
- Suicide Prevention Resources for the Media
- Ensuring a Safe Environment of Care
- Screening for Military Sexual Trauma

ORGANIZATIONAL CULTURE: PROMOTING A PROTECTIVE ENVIRONMENT OF SUICIDE PREVENTION

Prevention Strategy: Universal Prevention

SAMHSA Category: N/A

Program Inclusion: VA, DoD, ZS, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: N/A

Element From the Zero Suicide Toolkit: LEAD

Strategy Definition

Organizational culture promoting suicide prevention.

Program Examples

ZS

The Zero Suicide Model encourages organizational leaders to make suicide prevention an organizational priority. Leadership is empowered to communicate to staff that suicide is preventable and to focus on Zero Suicide implementation as an organizational goal. Within the Zero Suicide Model, organizational leadership is encouraged to create a culture within the organization that includes providing a safe, blame-free, and supportive environment (Zero Suicide in Health and Behavioral Health Care Institute, n.d.a).

A Veterans Homelessness Organization

A non-profit Veteran Service Organization whose primary focus is providing homelessness prevention services cultivated an organizational culture promoting suicide prevention by providing agency-wide education on Veteran suicide prevention from subject matter experts. The organization increased leadership buy-in by disseminating messaging that suicide prevention was everyone's responsibility and developing a standard operating procedure to use when completing new client intakes. Staff can debrief and learn from other staff experiences by reviewing challenging cases with a clinician during monthly meetings.

Resources

- The Zero Suicide Toolkit provides additional information regarding creating a culture of suicide prevention within an organization. This video entitled "Leading Change Toward Better Suicide Care Management," outlines ways to involve organizational leaders in Zero Suicide implementations:
<https://zerosuicide.edc.org/toolkit/lead>
- The National Action Alliance for Suicide Prevention (Action Alliance) resource, "Recommended Standard Care for People with Suicide Risk: Making Health Care Suicide Safe," can be accessed here:
<https://theactionalliance.org/resource/recommended-standard-care>

PROMOTIONAL MATERIALS FOR SUICIDE PREVENTION INFORMATION

Prevention Strategy: Universal Prevention

SAMHSA Category: Information Dissemination

Program Inclusion: VA, DoD, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Identify Service Members, Veterans, and Family Members, and Screen for Suicide Risk

Element From the Zero Suicide Toolkit: N/A

Strategy Definition

Provide suicide prevention education materials to increase knowledge of risk factors and warning signs for suicide, as well as how to connect individuals in crisis with assistance and care.

Program Examples

VA

The VA staffs a 24/7 Veterans Crisis Line. To provide Veterans with information about this hotline, the VA has created multiple promotional materials, including flyers, posters, media, videos, cards, key chains, magnets, bags, etc.

DoD

Each branch of the U.S. military has programs aimed to educate its members regarding warning signs, prevention tools, etc. For instance, the Department of the Air Force Resilience Training outlines how to cope with mental health symptoms and severe life stressors (Office of the Under Secretary of Defense for Personnel and Readiness, 2017).

A Large Public Library

After recognizing they lacked Veteran-specific resources, a large public library system disseminated promotional materials for Veteran suicide prevention among their staff and homelessness peer navigators. The organization connected with their local VA suicide prevention team through the learning collaborative pilot and began ordering suicide prevention promotional materials to have delivered to the libraries. Peer navigators set up tables in central locations inside the libraries to increase visibility. Peer navigators also offered these promotional materials to Veterans they encountered during outreach activities.

Resources

- Please see this website for additional materials that promote connection to the VA Crisis Line: <https://www.veteranscrisisline.net/find-resources/spread-the-word/>
- Order additional promotional and educational materials from the Rocky Mountain MIRECC: <https://www.mirecc.va.gov/visn19/orderform/orderform.asp>



- The VA community toolkit provides a host of mental health, suicide prevention, and additional resources to help Veterans who are struggling: <https://starttheconversation.veteranscrisisline.net/toolkit>
- The Now Matters Now website hosts free trainings and resources that focus on providing support and developing coping skills to manage suicidal thoughts: <https://nowmattersnow.org/get-involved>



COLLABORATIVE PARTNERSHIPS

Prevention Strategy: Universal Prevention

SAMHSA Category: Community-based Process

Program Inclusion: VA, DoD, ZS, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Promote Connectedness and Improve Care Transitions

Element From the Zero Suicide Toolkit: LEAD, TRANSITION

Strategy Definition

Partner with both national and local public, private, non-profit, and academic partners to build, strengthen, and sustain collaborations across organizations to advance Veteran suicide prevention.

Program Examples

VA

The National Shooting Sports Foundation (NSSF) partnered with the VA and the American Foundation for Suicide Prevention (AFSP) to create a Safe Firearm Storage Toolkit. Another example of a collaborative partnership between the VA and the community is the *Together with Veterans* program. This VA program partners with Veterans residing in rural communities to implement community-based suicide prevention.

ZS

The Zero Suicide model suggests that organizations reach out to other healthcare systems and providers to ensure safe care transitions. Such relationships allow for a rapid referral process (e.g., use of warm hand-offs) to increase the likelihood of patient engagement (National Council for Behavioral Health, 2015).

Resources

- For more information regarding the VA and NSSF partnership, and the related toolkit, go to: https://www.mentalhealth.va.gov/suicide_prevention/docs/Toolkit_Safe_Firearm_Storage_CLEARED_508_2-24-20.pdf
- To learn how your rural community can connect with Together with Veterans sites, or to learn more about the program, go to: Communities - MIRECC / CoE. <https://www.mirecc.va.gov/visn19/togetherwithveterans/c>

LETHAL MEANS EDUCATION (NOT AS PART OF SAFETY PLANNING OR LETHAL MEANS COUNSELING)

Prevention Strategy: Universal Prevention

SAMHSA Category: Prevention Education

Program Inclusion: DoD, ZS, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Increase Lethal Means Safety and Safety Planning

Element From the Zero Suicide Toolkit: ENGAGE

Strategy Definition

Partnering with firearm owner groups and individuals to distribute firearm locks and increase awareness of lethal means safety.

Program Examples

VA

The VA developed an educational pamphlet on safe firearm storage for communities, Veterans, and their loved ones. The VA also provides free gun locks to Veterans through its healthcare system.

CDC

The CDC technical package recommends distributing educational materials that promote safely storing firearms and medication, especially with individuals who are at risk or who have made previous suicide attempts.

A Veterans Treatment Court

After reviewing current resources available to their Veteran participants and noticing a gap in resources for lethal means safety, a team representing a statewide Veterans Treatment Court implemented lethal means education. The team connected with their local VA suicide prevention team and ordered gun locks and other lethal means safety promotional materials. They disseminated these resources among Veterans Treatment Court staff and throughout courtrooms statewide.

Resources

- “A Toolkit for Safe Firearm Storage in Your Community” provides more information regarding safe firearm storage practices:
https://www.mentalhealth.va.gov/suicide_prevention/docs/Toolkit_Safe_Firearm_Storage_CLEARED_508_2-24-20.pdf
- The VA and the Office of Mental Health and Suicide Prevention training, “Suicide Prevention Partnerships: Safe Firearm Storage,” course ID 1087336, can be located on the VHA Train platform:
<https://vha.train.org/vha/>





- More information and resources regarding lethal means safety are located on the Rocky Mountain MIRECC's website: <https://www.mirecc.va.gov/visn19/lethalmeanssafety/>



INTEGRATE SUICIDE PREVENTION INTO ORGANIZATIONAL POLICIES

Prevention Strategy: Universal Prevention

SAMHSA Category: Environmental Strategies

Program Inclusion: VA, DoD, ZS, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: N/A

Element From the Zero Suicide Toolkit: LEAD, IMPROVE, IDENTIFY

Strategy Definition

Changing an organization’s policies to embed suicide prevention practices within the organization’s operations. These practices produce sustainable change within an organization.

Program Examples

VA

VHA employees are required to receive suicide prevention training. This is an established VA policy (VA, 2018a).

CDC

The CDC’s strategy is to create protective environments by updating organizational policy to be more actively engaged in community-based suicide prevention (Stone et al., 2017).

A Veterans Treatment Court

A team representing the statewide Veterans Treatment Courts integrated suicide prevention into organizational policies by revamping their current policy and procedures manual with strong, clear messaging regarding their stance on the importance of addressing Veteran suicide in the courts. To accomplish this task, the team reviewed their current policy and procedures manual, consulted with subject matter experts, drafted a statement, sought feedback from all team members, made edits to the statement, and published the finalized statement in the updated manual.

Resources

- Patient Safety Center of Inquiry – Suicide Prevention Collaborative Toolkit
- The Suicide Prevention Resource Center (SPRC) developed a guide which outlines how to integrate suicide prevention into state and local policies: [1577014345-sprc-state-suicide-prevention-infrastructurev2.pdf](https://www.datocms-assets.com/1577014345-sprc-state-suicide-prevention-infrastructurev2.pdf) ([datocms-assets.com](https://www.datocms-assets.com))

QUALITY IMPROVEMENT PROGRAM

Prevention Strategy: Universal Prevention

SAMHSA Category: Environmental Strategies

Program Inclusion: VA, DoD, ZS

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: N/A

Element From the Zero Suicide Toolkit: LEAD, IMPROVE

Strategy Definition

Use quality improvement (QI) strategies, such as plan, do, study, act cycles, and data collection and analysis to assess organizational strengths and areas of vulnerability to change systems, policy, and patient care to improve suicide prevention services.

Program Examples

VA

The VA has built an enterprise-wide integrated behavioral health system (VA, 2018b). The VA engages in a process of continual improvement for its suicide prevention programming.

DoD

The DoD uses quality improvement techniques to maintain a strong suicide prevention program. The Military Health System's strategy includes leadership in clinical quality measures, patient safety, quality assurance and quality initiatives (Military Health Systems, n.d.a).

A Non-Profit Veterans Service Organization

A non-profit Veterans Service Organization that provides employment, transition, and behavioral health services to Veterans and their families developed an ongoing quality improvement program to understand the population they serve. The organization collected and analyzed their current client demographic and intake data to identify the most common mental health symptoms and suicide risk factors present for new clients. Based on the data they analyzed, the organization offered advanced clinical training to their clinicians and enhanced their mental health evaluation to reflect a standardized risk screening procedure. Additionally, they provided enhanced Veteran suicide prevention training to all staff.

Resources

- For more information regarding VA's suicide prevention program, including quality improvement practices, go to: <https://www.mentalhealth.va.gov/about/guidebook.asp>
- Zero Suicide offers a worksheet to assist health and behavioral health organizations in developing a quality improvement approach to suicide care: <https://zerosuicide.edc.org/resources/resource-database/zero-suicide-data-elements-worksheet>



SUICIDE PREVENTION TRAINING FOR ALL STAFF

Prevention Strategy: Universal Prevention

SAMHSA Category: Prevention Education

Program Inclusion: VA, DoD, ZS, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Identify Service Members, Veterans, and Family Members, and Screen for Suicide Risk

Element From the Zero Suicide Toolkit: TRAIN

Strategy Definition

Provide suicide-specific training to ensure every staff member understands basic suicide prevention practices and their role in implementing them.

Program Examples

VA

The VA provides its staff with Veteran suicide prevention education, including how to intervene with a Veteran at risk for suicide.

ZS

The Zero Suicide model starts with assessing employees for their knowledge and skills in relation to suicide prevention. Then they receive training matched to their skill level. Trainings include staff protocols and policies, as well as how to identify if someone is at risk for suicide. Within this model, staff take these trainings every three years.

CDC

Gatekeeper training is encouraged for a wide variety of individuals so they can identify those at risk for suicide. See resources section for an online gatekeeper training.

A Non-Profit Veterans Service Organization

A non-profit focused on providing homelessness prevention services provided suicide prevention training for all its staff. After consulting with subject matter experts, they recognized that although the organization is non-clinical in nature, they come into contact with Veterans at an elevated risk for suicide because they are experiencing or are at risk of homelessness. The organization gathered examples of Veteran suicide prevention trainings, drafted training presentations based on their staff's scope of practice, provided training in Veteran suicide prevention best practices, and surveyed their staff pre- and post-training to gauge its impact on their level of confidence and knowledge gained. Following initial implementation, the organization continued to improve this process through ongoing quality improvement processes (i.e., Plan, Do, Study, Act cycles).





Resources

- The VHA TRAIN learning platform contains courses such as Overview Suicide Risk Management (Course ID 1089347), and Operation S.A.V.E training (Suicide prevention training for all staff; Course ID 10916250) at this link: <https://www.train.org/vha/home>
- The Suicide Prevention Resource Center offers a resource for help you find an online gatekeeper training appropriate for your setting: <https://sprc.org/online-library/qpr-gatekeeper-training-suicide-prevention>



CORE AND CONTINUING EDUCATION FOR SUICIDE PREVENTION

Prevention Strategy: Universal Prevention

SAMHSA Category: Prevention Education

Program Inclusion: VA, DoD, ZS, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Identify Service Members, Veterans, and Family Members, and Screen for Suicide Risk

Element From the Zero Suicide Toolkit: TRAIN

Strategy Definition

Educate staff about suicide prevention practices by incorporating training into an organization’s continuing education requirements.

Program Examples

VA

Any employees with patient contact are assigned yearly suicide prevention educational courses. Continuing education credits are offered to employees, including courses on recent VA suicide prevention projects (Stone et al., 2017; VA/DoD, 2019).

Resources

- Look for training recordings on the VHA TRAIN learning platform. To access these trainings, simply make an account online. www.train.org/vha/home Popular Suicide Prevention trainings include:
 - Operation S.A.V.E training, ID 1091625
 - Involving Family and Loved Ones in Suicide Prevention Efforts
 - Veteran Suicide Prevention Resources for Providers, ID 1090505
 - Suicide Risk Management Safety Basics, ID 1092111
 - Suicide Prevention Through the Use of Motivational Interviewing, ID 1087471
 - Suicide Risk Management TBI, Suicide, and Evidence-Informed Intervention Strategies, ID 1096538
 - Veteran Suicide Prevention Refresher (Enduring), ID 1098378
 - Question, Persuade, and Refer: Gatekeeper Training for Suicide Prevention, ID 1107020
 - Gatekeeper Training as a Force Multiplier for Community Suicide Prevention, ID 1107542
 - Suicide Risk Management Preventing Suicide Among Women Veterans Recording, ID 1098519

SURVEILLANCE SYSTEMS

Prevention Strategy: Universal Prevention

SAMHSA Category: Environmental Strategies

Program Inclusion: VA, DoD, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Identify Service Members, Veterans, and Family Members, and Screen for Suicide Risk

Element From the Zero Suicide Toolkit: N/A

Strategy Definition

Gather and share data related to suicide deaths to inform public health efforts to prevent suicide.

Program Examples

VA

The VA continually conducts comprehensive surveillance of suicide rates among Veterans. Findings are compiled in an annual suicide data report that provides breakdowns of suicide rates among specific Veteran subpopulations (VA, 2022).

DoD

The Department of Defense Suicide Event Report (DoDSER) system standardizes suicide surveillance across all branches to support the tracking of a variety of suicide-related risk factors and suicide events and related behaviors that occur among U.S. service men and women (Military Health System, n.d.b).

CDC

Federal, state, and local-level surveillance systems capture important data regarding suicide occurrences. The CDC has two systems that report on suicide deaths: The National Vital Statistics System (NVSS) and the National Violent Death Reporting System (NVDRS). This data is available to the public and could be used to inform local efforts. The NVDRS collects information on all 50 states, the District of Columbia, and Puerto Rico. Connecting systems across all surveillance levels is crucial for data sharing and identifying gaps in knowledge (National Center for Injury Prevention and Control, Division of Violence Prevention, n.d.).

Resources

- The VA conducts the largest national analysis of Veteran suicide rates, and findings are available to the public in annual downloadable reports. Veteran Suicide Data and Reporting. https://www.mentalhealth.va.gov/suicide_prevention/data.asp
- The Department of Defense Suicide Event Report is available at this link: <https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Department-of-Defense-Suicide-Event-Report>



- Utilize the resources of the National Violent Death Reporting System (NVDRS) using this link:
<https://www.cdc.gov/violenceprevention/datasources/nvdrs/index.html>



SUICIDE PREVENTION RESOURCES FOR THE MEDIA

Prevention Strategy: Universal Prevention

SAMHSA Category: Prevention Education

Program Inclusion: VA, DoD, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: N/A

Element From the Zero Suicide Toolkit: N/A

Strategy Definition

Educate media on ways to report information about suicide in a way that reduces both stigma and potential contagion effects.

Program Examples

VA

The VA provides resources for media professionals reporting on Veteran suicide deaths. Media outlets, social media, and the internet play a significant role in influencing the public's perception of Veterans, mental illness, and suicide. Media can contribute to suicide prevention by providing individuals in crisis with resources. In contrast, if not reported responsibly, media can have a negative effect on suicide prevention by potentially causing cluster suicides or a negative perception of Veterans. It is important to encourage media outlets to present accurate and responsible portrayals of suicide (VA, n.d.).

CDC

The CDC recommends that media reports of suicide should avoid sensationalizing events and instead to share stories of resilience, explain risk and protective factors, and include links to prevention resources. Careful communication may help decrease the likelihood of suicide contagion and instead combat the stigma of suicide and help-seeking. The CDC has a toolkit to assist organizations with safe reporting of suicide deaths (CDC, 2012).

Resources

- Provide support to Veterans with responsible media. Take a look at the VA's Social Media Safety Toolkit for Veterans, Their Families, and Friends: https://www.mentalhealth.va.gov/suicide_prevention/docs/OMH-074-Suicide-Prevention-Social-Media-Toolkit-1-8_508.pdf
- Reporting on Suicide offers Recommendations for reporting on suicide: The Centers for Disease Control and Prevention offers a free version of the CDC Social Media Toolkit at this site: <https://reportingsuicide.org>
- Substance Abuse and Mental Health Services Administration offers Media Outreach Tools by visiting this site: <https://www.samhsa.gov/childrens-awareness-day/resources/media-outreach>

ENSURING A SAFE ENVIRONMENT OF CARE

Prevention Strategy: Universal Prevention

SAMHSA Category: Environmental Strategies

Program Inclusion: VA, ZS

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: N/A

Element From the Zero Suicide Toolkit: LEAD, TREAT, ENGAGE

Strategy Definition

Ensure patient safety by keeping objects that could be used as lethal means absent from patient areas, while maintaining a Veteran's dignity during care.

Program Examples

VA

The Mental Health Environment of Care Checklist was developed to improve safety in inpatient care settings. This checklist assists VA inpatient units in limiting potential hazards (i.e., sharp objects) that could increase the chance of suicide or self-harm (Mills et al., 2010, 2013). A committee of doctors, nurses, and technicians developed the Mental Health Environment of Care Checklist, which has been used in all VA mental health units since October 2007 (Mills et al., 2013).

Resources

- The VHA National Center for Patient Safety's Mental Health Environment of Care Checklist (MHEOCC) can be accessed here: <https://www.patientsafety.va.gov/professionals/onthejob/mentalhealth.asp>



SCREENING FOR MILITARY SEXUAL TRAUMA

Prevention Strategy: Universal Prevention

SAMHSA Category: Identification of Problems and Referral to Services

Program Inclusion: VA, DoD

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Identify Service Members and Veterans for military sexual trauma

Element From the Zero Suicide Toolkit: IDENTIFY

Strategy Definition

Identify service members and Veterans who have experienced military sexual trauma to provide mental health and benefit referrals.

Program Examples

VA

The VA offers screening and treatment for MST. Veterans who are not otherwise eligible for VA services may be eligible if they experienced MST. VA services include: an MST coordinator at each VA facility, MST out-patient and inpatient services, mental health services and counseling, MST-related in-patient services.

DoD

Current services members can visit the Department of Defense (DoD) Safe Helpline website at <https://www.safehelpline.org/> This is a crisis support service for DoD service members affected by sexual assault to receive one-on-one advice, support and information. This can be anonymous and can be reached 24/7 by phone, text, or online chat. Bases also have a sexual assault response coordinator.

Resources

- What is military sexual trauma (MST)? Go to: https://www.ptsd.va.gov/understand/types/sexual_trauma_military.asp#:~:text=Military%20sexual%20trauma%2C%20or%20MST%2C%20is%20the%20term,they%20need%20in%20order%20to%20recover%20from%20MST.
- Download the Mobile App: Beyond MST. Go to: <https://www.ptsd.va.gov/appvid/mobile/beyondMST.asp>
- The VA website has MST overview, treatment options, coping strategies, and resources. Go to <https://www.mentalhealth.va.gov/msthome/index.asp>
- Training on “Caring for our Veterans who experienced military sexual trauma (MST)” on VHA TRAIN (course ID: 1091099). Go to <https://vha.train.org/vha/welcome> to sign up for a free account.



SELECTIVE PREVENTION STRATEGIES

Selective Prevention

A selective preventive intervention is targeted at individuals or subgroups, based on a biological or social risk factor that indicates suicide risk is significantly higher than average. Selective preventive interventions include:

- Addressing Co-Occurring Mental Health Conditions
- Offering Nontraditional Operating Hours at Mental Health Facilities
- Post-Suicide Support for Survivors (Postvention)
- Educating Family Members

ADDRESSING CO-OCCURRING MENTAL HEALTH CONDITIONS

Prevention Strategy: Selective Prevention

SAMHSA Category: Identification of Problems and Referral to Services

Program Inclusion: VA, ZS, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: N/A

Element From the Zero Suicide Toolkit: TREAT

Strategy Definition

Promoting the use of evidence-based interventions to address co-occurring mental health conditions that may increase suicide risk.

Program Examples

VA

VA mental health providers offer a range of evidence-based treatments for mental health issues (i.e., PTSD, depression, substance use). VA-utilized treatments include Prolonged Exposure Therapy (PE), Cognitive Processing Therapy (CPT), and Acceptance and Commitment Therapy (ACT). Addressing mental health symptoms may reduce risk of suicide (Gradus et al., 2013; Wasler et al., 2015).

ZS

The Zero Suicide model asserts that evidence-based interventions should be used to treat mental health or substance use symptoms. While it is common for suicidal ideation to be comorbid with mental health diagnoses such as depression and anxiety, it is important to implement a suicide-specific intervention along with appropriate treatment for co-occurring mental health issues.

A Non-Profit Veterans Service Organization

A non-profit VSO addressed co-occurring mental health conditions using quality improvement measures to identify the most prevalent symptoms and diagnoses their clients were experiencing upon intake. They provided therapists with advanced clinical training in evidence-based treatments (EBTs) around these top clinical areas of need and discussed how EBTs promote suicide prevention by reducing co-occurring mental health symptoms.

Resources

- National Center for PTSD provides resources on treatment options for PTSD: <https://www.ptsd.va.gov/>
- Access all other Clinical Practice Guidelines here (e.g., Mental Health, Rehabilitation, etc.): <https://www.healthquality.va.gov/>
- For more information on addressing co-occurring mental health conditions in Zero Suicide, see the Zero Suicide Toolkit Treat section: <https://zerosuicide.edc.org/toolkit/treat>

OFFERING NONTRADITIONAL OPERATING HOURS AT MENTAL HEALTH FACILITIES

Prevention Strategy: Selective Prevention

SAMHSA Category: Environmental Strategies

Program Inclusion: VA

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Promote Connectedness and Improve Care Transitions

Element From the Zero Suicide Toolkit: N/A

Strategy Definition

Community-based mental health services maintain regularly scheduled, nontraditional operating hours, including evenings and weekends, to improve access to mental health care.

Program Examples

VA

Vet Centers and some VA hospitals offer nontraditional clinic hours (such as evenings and weekends) to serve Veterans who are unable to attend appointments during regular business hours.

Resources

- To find a list of local Vet centers, visit this link: https://www.va.gov/find-locations/?facilityType=veteran_center

POST-SUICIDE SUPPORT FOR SURVIVORS (POSTVENTION)

Prevention Strategy: Selective Prevention

SAMHSA Category: Environmental Strategies

Program Inclusion: VA, DoD, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Promote Connectedness and Improve Care Transitions

Element From the Zero Suicide Toolkit: N/A

Strategy Definition

The goal of postvention is to facilitate healing of individuals and community members when they've experienced a loss from suicide. Postvention may include focus on reducing other negative effects following suicide death and preventing suicide in those who may be at higher risk following exposure to a suicide death. Postvention typically offers counseling, bereavement support, and education for survivors.

Program Examples

VA

The VA provides information and resources on postvention in Veteran populations through its Uniting for Suicide Postvention (USPV) program. More information can be found on the Rocky Mountain MIRECC's website (see Resources section).

Metropolitan Department of Public Safety Organization

This organization engaged in suicide postvention by reviewing their current postvention practices, identifying the top areas of postvention improvement, and requesting and receiving additional training in Veteran suicide postvention from VA subject matter experts.

Resources

- VHA Train provides education on suicide postvention: www.train.org/vha/home. The specific suicide postvention course is Suicide Postvention: Survivor Care for Families of Service Members and Veterans, Course ID 1083981
- The Rocky Mountain MIRECC also has resources through Uniting for Postvention: Uniting for Suicide Postvention. <https://www.mirecc.va.gov/visn19/postvention/>
- The Tragedy Assistance Program for Survivors (TAPS) is a non-profit organization supporting loved ones following the death of a military member. For more information on the TAPS program, go to: www.taps.org

EDUCATING FAMILY MEMBERS

Prevention Strategy: Selective Prevention

SAMHSA Category: Positive Alternatives

Program Inclusion: VA, DoD, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Identify Service Members, Veterans, and Family Members (SMVF), Screen for Suicide Risk, and Promote Connectedness and Improve Care Transitions

Element From the Zero Suicide Toolkit: N/A

Strategy Definition

Educate family members on suicide stigma, treatment options, and management strategies.

Program Examples

VA

The VA created an online training for friends and family members of Veterans called S.A.V.E. Training. S.A.V.E stands for: recognize the signs of suicidal thinking, ask the question, validate the Veteran's experience, and encourage treatment and expedite getting help.

Resources

- The VA has created a S.A.V.E. training handout for individuals who want to support Veterans: https://www.mentalhealth.va.gov/suicide_prevention/docs/VA_SAVE_Training.pdf
- The VA provides a brochure on reducing access to lethal means here: https://www.mentalhealth.va.gov/suicide_prevention/lethal-means/index.asp
- The VA provides several resources for family members: <https://www.mentalhealth.va.gov/families/index.asp>

INDICATED PREVENTION STRATEGIES

Indicated Prevention

An indicated preventive intervention is aimed at individuals who are considered at high risk due to a prior suicide attempt or current suicidal ideation, but whose symptoms are not yet severe or prolonged enough to meet diagnostic criteria. Indicated prevention interventions include:

- Safety Plan/Crisis Response Plan
- Lethal Means Safety Counseling
- Suicide Prevention Consultation Services for Providers
- Suicide Prevention Crisis Lines
- Investigate Every Suicide/Root Cause Analysis
- Evidence-Based Psychotherapy for Suicide Risk
- Flagging in Medical Record or Other Record Systems
- Enhanced Care
- Contact with At-Risk Individuals
- Inpatient Mental Health Treatment



SAFETY PLAN/CRISIS RESPONSE PLAN

Prevention Strategy: Indicated Prevention

SAMHSA Category: Identification of Problems and Referral to Services

Program Inclusion: VA, ZS, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Increase Lethal Means Safety and Safety Planning

Element From the Zero Suicide Toolkit: ENGAGE

Strategy Definition

Promote safety planning/crisis response planning by assisting a client on how to: identify stressors and distract themselves to feel less stressed, engage in social support from friends, family, or the community, and contact mental health or other medical providers (Bryan et al., 2017; VA, 2019). These are step-by-step plans on how a Veteran can respond to thoughts of suicide. Each plan is tailored to the individual and helps them think through various strategies, as well as what to do or who to contact if coping strategies do not de-escalate the distress. The plan lists specific steps and contacts accessible to the Veteran.

Program Examples

VA

Providers create a safety plan with any Veteran who endorses suicidal ideation and encourages the Veteran to keep their safety plan on-hand to use during a future crisis (VA, 2019).

ZS

The Zero Suicide safety plan template is similar to VA's and also includes a statement regarding a person's reasons for living (Zero Suicide, n.d.a).

Resources

- The VA Safety Plan Worksheet can be a helpful resource for clinicians and is available here: <https://www.healthquality.va.gov/guidelines/MH/srb/PHCoEPatientSafetyPlanSelfPrint3302020508.pdf>
- Download the Safety Plan Pocket Guide: <https://www.mentalhealth.va.gov/docs/vasafetyplancolor.pdf>
- The Zero Suicide Patient Safety Plan Template is accessible here: <https://zerosuicide.edc.org/resources/resource-database/patient-safety-plan-template>
- The Crisis Response Plan is also an effective tool in reducing suicidal behavior. For more information go to: Suicide - Crisis Response Planning to Prevent Suicide. <https://crpforsuicide.com/>

LETHAL MEANS SAFETY COUNSELING

Prevention Strategy: Indicated Prevention

SAMHSA Category: Identification of Problems and Referral to Services

Program Inclusion: VA, DoD, ZS, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Increase Lethal Means Safety and Safety Planning

Element From the Zero Suicide Toolkit: ENGAGE

Strategy Definition

Lethal means counseling is a patient-centered, flexible approach to reduce access to lethal means. Organizations and providers can promote efforts to reduce access to lethal means through counseling and lethal means safety. For example: recommend safe storage practices, such as gun safes and locks to firearm owners, who may be at risk for future crisis.

Program Examples

VA

VA clinicians provide lethal means counseling to Veteran clients when applicable, particularly when Veterans are at intermediate or high, acute, or chronic risk. The VA provides training on Lethal Means Safety to employees. This safety training is available to the public on VHA TRAIN (see Resources section). The VA also provides numerous resources to both VA clinicians and the public regarding lethal means safety.

ZS

The Zero Suicide model suggests engaging all individuals considered to be at risk of suicide by discussing the options surrounding lethal means by utilizing a suicide care management plan (Zero Suicide Institute, n.d.a).

CDC

The CDC recommends using lethal means counseling to create protective environments by limiting access to lethal means for at-risk people.

Resources

- Lethal Means Safety Training is available on the VHA TRAIN platform, Training ID: 1075258. To access this resource, click on this link: <https://www.train.org/vha/course/1075258/>
- Counseling on Access to Lethal Means (CALM) course is available here: <https://zerosuicide.edc.org/resources/resource-database/counseling-access-lethal-means-calm>
- The VA REACH website provides more information and resources on lethal means safety: <https://www.va.gov/reach/lethal-means/>
- The VA Rocky Mountain MIRECC provides numerous resources on lethal means safety that can be accessed through this link: <https://www.mirecc.va.gov/visn19/lethalmeanssafety/safety/>



SUICIDE PREVENTION CONSULTATION SERVICES FOR PROVIDERS

Prevention Strategy: Indicated Prevention

SAMHSA Category: Prevention Education

Program Inclusion: VA

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Increase Lethal Means Safety and Safety Planning

Element From the Zero Suicide Toolkit: N/A

Strategy Definition

Consultation services provided to clinicians who work with Veterans at risk for suicide. Clinicians are provided with support, case consultation, and resources regarding suicide prevention in Veterans.

Program Examples

VA

The Suicide Risk Management Consultation Program (SRM), housed at the Rocky Mountain MIRECC, is a free resource for providers working with Veterans. The program offers consultation and support at no charge for providers working with Veterans, promoting therapeutic best practices for suicide prevention. This service is available for both VA and non-VA providers seeking consultation.

A Large Community Mental Health Organization

A large community mental health organization connected their clinicians to an advanced provider consultation service for complex clinical cases involving suicide risk. After consulting with the learning collaborative leader, they recognized the lack of available suicide-specific clinical consultation support for their providers. The learning collaborative leaders connected them with the VA Rocky Mountain MIRECC Suicide Risk Management Consultation Program so they could offer this free service to their providers as needed.

Resources

- VA Suicide Risk Management Consultation Program. Request a consult through e-mail, at srmconsult@va.gov. More information is available at: <https://www.mirecc.va.gov/visn19/consult/>

SUICIDE PREVENTION CRISIS LINES

Prevention Strategy: Indicated Prevention

SAMHSA Category: Prevention Education

Program Inclusion: VA, DoD, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Identify Service Members, Veterans, and Family Members, and Screen for Suicide Risk; and Promote Connectedness and Improve Care Transitions

Element From the Zero Suicide Toolkit: N/A

Strategy Definition

Crisis lines provide 24/7 support providing crisis counseling directly to individuals in crisis via phone, online chat, or text messaging. There is a Veterans Crisis Line for Veterans, and the National Suicide Prevention Lifeline for Veteran family members.

Program Examples

VA

If you are a Veteran or Service Member in crisis or if you are concerned about a Veteran or Service member, the Veterans Crisis Line (VCL) has qualified VA responders standing by to help 24/7. The VCL is free, potentially anonymous, confidential, and available to all Veterans and service members, even if you are not registered with or enrolled in VA health care. Access it by calling 988 and pressing 1 after dialing. Alternatively, online chat is available at VeteransCrisisLine.net/Chat or text 838255.

Resources

- For the Veterans Crisis Line, call: 988 and press 1. For more information on the Veterans Crisis Line go to: [Veterans Crisis Line](https://VeteransCrisisLine.net)
- The Veterans Crisis Line also provides services via chat. To chat with the Veterans Crisis Line, go to: [Veterans Crisis Line Chat](https://VeteransCrisisLine.net/Chat) or send a text message to: 838255.
- Military members are also eligible to contact the Veterans Crisis Line and can follow the same instructions as Veterans listed above. For more information go to: [Military Crisis Line \(veteranscrisisline.net\)](https://MilitaryCrisisLine.net)
- For Veteran family members, the National Suicide Prevention Lifeline is available for suicide prevention and mental health crisis assistance by texting 988 or online chat: <https://988lifeline.org/chat/>



INVESTIGATE EVERY SUICIDE/ROOT CAUSE ANALYSIS

Prevention Strategy: Indicated Prevention

SAMHSA Category: Environmental Strategies

Program Inclusion: VA, DoD

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: N/A

Element From the Zero Suicide Toolkit: N/A

Strategy Definition

Conduct a root cause analysis to determine the factors contributing to suicide attempts and deaths; utilize the findings to improve continuity of care, quality of care, and ways to improve and/or enhance prevention efforts.

Program Examples

VA

The VA National Center for Patient Safety conducts root cause analyses (RCA) across the VA to investigate matters that affect patient safety, such as Veteran suicides and medication errors, and how to minimize future issues by implementing solutions. Results of the root cause analysis are used to improve VA programs. The National Center of Patient Safety provides a guidebook and training slides on the VA's Root Cause Analysis (see Resources; Gillies et al., 2015; VHA National Center for Patient Safety, 2021).

DoD

Similar to the VA, the DoD utilizes RCA to document cases and track trends of service member suicide. Reports are published on current findings (i.e., suicide rate, common lethal means, at-risk groups, recommended prevention practices).

A Large Community Mental Health Organization

A large community mental health organization engaged in root cause analysis for suicide prevention after reviewing their current suicide prevention practices and identifying there were areas for improvement around investigating the suicides that had occurred in their organization. They contacted their local VA suicide prevention team and requested and received advanced education around root cause analysis. The organization used this training to improve their root cause analysis practices.





Resources

- To read more about root cause analysis and how it is performed in the VA, please see the VA's root cause analysis website for a step-by-step standard operating procedure for conducting a root cause analysis: <https://www.patientsafety.va.gov/professionals/onthejob/rca.asp>
- You can view current data on the Department of Defense Suicide Event Report (DoDSER) site at this link: <https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Department-of-Defense-Suicide-Event-Report>



EVIDENCE-BASED PSYCHOTHERAPY FOR SUICIDE RISK

Prevention Strategy: Indicated Prevention

SAMHSA Category: Identification of Problems and Referral to Services

Program Inclusion: VA, DoD, ZS

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: N/A

Element From the Zero Suicide Toolkit: ENGAGE, TREAT

Strategy Definition

Utilize evidence-based interventions to address suicide risk.

Program Examples

VA and DoD

The VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide strongly recommends cognitive-behavioral interventions for suicide prevention in Veterans who have made a recent suicide attempt (VA/DoD, 2019).

ZS

Evidence-based interventions for suicide supported by this model include non-demand caring contacts with high-risk patients and structured, problem-solving therapies, such as Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP; Zero Suicide Institute, n.d.a).

Resources

- Access the Clinical Practice Guidelines for the Assessment and Management of Patients at Risk for Suicide (2019) here: [Assessment and Management of Patients at Risk for Suicide \(2019\) - VA/DoD Clinical Practice Guidelines](#)
- Information regarding training in Brief Cognitive Behavioral Therapy for Suicide Prevention is available here: <https://crpforsuicide.com/training>
- The Rocky Mountain MIRECC in conjunction with the VA Office of Mental Health and Suicide Prevention, as well as the Veterans Health Administration Employee Education Service, offers webinars regarding the clinical practice guidelines. Upcoming webinars can be accessed here: <https://www.mirecc.va.gov/visn19/cpg/>



FLAGGING IN MEDICAL RECORD OR OTHER RECORD SYSTEMS

Prevention Strategy: Indicated Prevention

SAMHSA Category: Identification of Problems and Referral to Services

Program Inclusion: VA, ZS

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Promote Connectedness and Improve Care Transitions

Element From the Zero Suicide Toolkit: LEAD

Strategy Definition

Individuals at high risk for suicide are identified and flagged in the medical record or other relevant records to communicate to all staff that the individual is at-risk.

Program Examples

VA

Within the VA medical record system, providers can enter notes regarding a patient’s history of suicidal thoughts or actions. If a patient confirms a past suicide attempt or is currently at high risk for suicide, the record is “flagged” and a note with essential information appears whenever the patient’s record is accessed by VA providers. The flag must be reviewed after a certain period of time by a VA health professional or suicide prevention coordinator in order to reassess the patient’s risk and discontinue or renew the flag (Berg et al., 2018).

ZS

Within the Zero Suicide Model, funded organizations report the patient’s status on a suicide care management plan, which is monitored and documented in an electronic health record (Zero Suicide, n.d.a).

Resources

- HARRIS Flex offers an EHR with capabilities of flagging for suicide risk in the medical record. More information can be found here: <https://www.harrishealthcare.com/our-solutions/electronic-health-record/>



ENHANCED CARE

Prevention Strategy: Indicated Prevention

SAMHSA Category: Identification of Problems and Referral to Services

Program Inclusion: VA, ZS, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Promote Connectedness and Improve Care Transitions

Element From the Zero Suicide Toolkit: ENGAGE

Strategy Definition

Identify individuals who are at risk for suicide and may benefit from enhanced care such as: case management, follow-ups to missed appointments, safety planning, and care plans that directly assess their suicide risk.

Program Examples

VA

The VA has extensive measures in place to ensure at-risk Veterans are quickly identified and treated. For example, Veteran patients who are identified as at risk for suicide are flagged in the medical record to receive enhanced care from providers. When appointments are missed, the provider must follow up with the patient. The suicide prevention coordinator also reaches out to at-risk Veterans to assess risk on a regular and consistent basis. If a Veteran indicates suicidal ideation during an appointment, providers are trained to create a safety plan with the Veteran, which establishes coping mechanisms and appropriate contacts in the event of a crisis (VA, 2018b).

ZS

Implementation of this program component involves leadership working to create a culture of safer suicide care and adaptation of an enhanced suicide care approach. The Zero Suicide toolkit, Lead, goes into further detail. Zero Suicide asserts that safer suicide care begins the moment a patient calls a healthcare provider or walks into any healthcare office and every patient who is potentially at risk should be assessed (Zero Suicide, n.d.a).

Resources

- For more information on the Zero Suicide Care Pathway:
<https://zerosuicide.edc.org/toolkit/engage/pathway-care>

CONTACT WITH AT-RISK INDIVIDUALS

Prevention Strategy: Indicated Prevention

SAMHSA Category: Identification of Problems and Referral to Services

Program Inclusion: VA, ZS, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Promote Connectedness and Improve Care Transitions

Element From the Zero Suicide Toolkit: TREAT

Strategy Definition

Contact an individual at high risk for suicide following his or her interaction with the organization. Develop plans that are specific to both immediate follow-up contact and long-term contact. Examples of time periods for follow-up include after an acute crisis, an emergency department visit, an inpatient care visit, any missed appointments, and/or enrollment in an enhanced care program.

Program Examples

VA

In terms of contact with high-risk individuals, the VA has a comprehensive approach that includes regular follow-up from Suicide Prevention Coordinators and other health professionals that provide care to the Veteran (VA, 2018a). Additionally, the VA is piloting a program that provides additional contacts with high-risk individuals, the VA Home Program (Matarazzo et al., 2017, 2019, 2021), which was created to help patients, especially in rural communities, access mental health services after transitioning from inpatient psychiatric care (Matarazzo et al., 2019). The Home-based Mental Health Evaluation (HOME) program engages Veterans in care following psychiatric hospitalization (Matarazzo et al., 2017, 2019, 2021) and shows higher rates of treatment engagement following discharge (Matarazzo et al., 2017).

ZS

The Zero Suicide Model asserts that management for at-risk patients should include protocols for regular communication with a provider, especially during transitions in care or following a crisis (Zero Suicide Institute, n.d.a).

CDC

Follow-up contact via phone, mail, or in-person appointments is highly recommended with at-risk individuals, especially those who are suicide attempt survivors. This contact can improve treatment engagement and decrease risk of a future attempt (Stone et al., 2017).

Resources

- The Zero Suicide model recommends continued contact with at-risk individuals. For more information see: TRANSITION: Interventions for Suicide Risk: <https://zerosuicide.edc.org/toolkit/transition>



INPATIENT MENTAL HEALTH TREATMENT

Prevention Strategy: Indicated Prevention

SAMHSA Category: Identification of Problems and Referral to Services

Program Inclusion: VA, DoD

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Promote Connectedness and Improve Care Transitions

Element From the Zero Suicide Toolkit: N/A

Strategy Definition

Require/offer hospitalization to individuals identified as being at imminent risk of harming themselves or others to stabilize their condition and receive inpatient care.

Program Examples

VA and DoD

Service members and Veterans who are at imminent risk for suicide are provided access to inpatient mental health facilities. During inpatient treatment, patients are stabilized on medications and provided psychotherapy and case management. After discharge, patients are followed up with by providers and may be referred to outpatient treatment programs.

Resources

- The VA has a variety of mental health resources, information, and treatment options: <https://www.mentalhealth.va.gov/>

MIXED PREVENTION STRATEGIES

Mixed Prevention

Depending on the method being used, the level of intervention required, and the population targeted, multiple strategies and/or classifications may be applied to a strategy. Mixed prevention interventions include:

- Suicide Risk Assessment
- Promote Social Connectedness
- Peer Support Specialists
- Suicide Prevention Coordinators
- Screening for Mental Health Symptoms and Suicide Risk
- Caring Contacts
- Predictive Analytics and Outreach

SUICIDE RISK ASSESSMENT

Prevention Strategy: Universal Prevention, Selective Prevention, or Indicated Prevention

SAMHSA Category: Identification of Problems and Referral to services

Program Inclusion: VA, DoD, ZS, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Identify Service Members, Veterans, and Family Members, and Screen for Suicide Risk

Element From the Zero Suicide Toolkit: IDENTIFY

Strategy Definition

Implement a suicide risk assessment for individuals determined to be at higher risk of suicide with a trained mental health provider; refer individuals for further counseling or other services as needed.

Program Examples

VA

Clinical assessment is needed to determine a patient's suicide risk based on past and current suicidal ideation and behavior. The Columbia- Suicide Severity Rating Scale (C-SSRS; Posner et al., 2011) is an example of an evidence-based suicide risk assessment tool used by VA and non-VA healthcare systems. The VA recommends stratification of suicide risk based on the risk assessment.

ZS

Suicide risk assessment should involve a personalized plan for each patient based on present risk and protective factors, treatment engagement, coping skills, etc. *Assessing and Managing Suicide Risk* offers one model for formulating an individual's suicide risk based on multiple factors (Zero Suicide Institute, n.d.c).

Private Psychotherapy Practice

After receiving education on the importance of universal screening and assessment for risk in suicide prevention, a private psychotherapy practice implemented standardized risk assessment. The practice's owner gathered sample risk assessments, drafted a standard operating procedure (SOP) for risk screening and assessment, and consulted with the learning collaborative leader on the drafted SOP. Once a final version was complete, the owner identified a provider to serve as the lead trainer for the SOP and held a training for all contracted providers to learn more about Veteran suicide prevention and how to utilize the SOP.





Resources

- The Columbia-Suicide Severity Rating Scale (C-SSRS; Posner et al., 2011) toolkit is available online on the Zero Suicide website: <https://zerosuicide.edc.org/resources/resource-database/columbia-suicide-severity-rating-scale-c-ssrs>
- See the Rocky Mountain MIRECC Assessment Tools page for further information on suicide risk assessment tools: [Rocky Mountain MIRECC for VA Suicide Prevention - MIRECC / CoE](#)
- Assessing and Managing Suicide Risk: <https://solutions.edc.org/solutions/zero-suicide-institute/amr>



PROMOTE SOCIAL CONNECTEDNESS

Prevention Strategy: Selective Prevention, Indicated Prevention

SAMHSA Category: Prevention Education and Positive Alternatives

Program Inclusion: VA, DoD

Best Practice or Evidence-Based Practice: Evidence-Based Practice

Community-Based Intervention Category: Promote Connectedness and Improve Care Transitions

Element From the Zero Suicide Toolkit: TREAT

Strategy Definition

Encourage individuals at risk for suicide to utilize social contacts and social settings as a means to promote support.

Program Examples

VA

Social support is recognized as a protective factor against suicide risk (DeBeer et al., 2014). The VA promotes social connectedness through a variety of programs and initiatives, including peer support programs, involving significant others in Veteran treatment, and encouraging Veterans to identify trusted social contacts for times of crisis. For instance, the VA's *Together We Can* information series is available for Veterans and their family members and caregivers to learn about suicide risk and protective factors. Another program that promotes connectedness is VA's *Coaching into Care* program. Through this program, family members of Veterans can receive coaching on how to connect their Veteran to needed services.

Resources

- VA's Caregiver Support Line (CSL) is 1-855-260-3274 and the VA Caregiver Support Program directory can be found at: https://www.caregiver.va.gov/support/New_CSC_Page.asp
- Access guidance for families and friends to talk with Veterans about mental health and substance abuse challenges through the [Coaching Into Care - MIRECC / CoE](#)
- To access VHA TRAIN trainings on suicide prevention, simply make an account online at www.train.org/vha/home. Involving Family and Loved Ones in Suicide Prevention Efforts, Course ID 1096884

PEER SUPPORT SPECIALISTS

Prevention Strategy: Selective Prevention, Indicated Prevention

SAMHSA Category: Positive Alternatives, Environmental Strategies, or Identification of Problems and Referral to Services

Program Inclusion: VA, DoD, ZS, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Promote Connectedness and Improve Care Transitions

Element From the Zero Suicide Toolkit: ENGAGE

Strategy Definition

Peer support specialists play an important role in reducing stigma related to mental healthcare and provide additional support and connection to individuals who would otherwise not interact with mental healthcare. Peer specialists may also refer individuals for more specialized mental healthcare.

Program Examples

VA

Peer support specialists within the VA are employment positions for Veterans who are interested in providing support to fellow Veterans. Peer specialists help Veterans navigate the VA health system, offer appropriate tools and resources, and build connection by drawing from their own experiences (Chinman et al., n.d.; Klee et al., 2019; Salvatore, 2010).

ZS

The availability of support groups, peer navigators, and peer-operated crisis lines is encouraged to enhance traditional care for those at risk.

CDC

The CDC recommends “peer norm programs” to promote connectedness for at-risk individuals.

A Large Metropolitan Fire Department

After discussing the high rate of Veterans who are employed in public safety following their military service, a metropolitan fire department engaged their peer support in Veteran suicide prevention. The peer support team received training in Veteran suicide prevention. The peer support team leader scheduled a monthly training over the course of four months for the team to learn and practice these new suicide prevention skills.



Resources

- Review the Peer Support Specialist Toolkit: Implementing Peer Support Services in VHA. A toolkit designed to help Veterans successfully engage in their mental health and substance use treatment:
https://www.mirecc.va.gov/visn4/docs/Peer_Specialist_Toolkit_FINAL.pdf



SUICIDE PREVENTION COORDINATORS

Prevention Strategy: Universal Prevention, Selective Prevention, or Indicated Prevention

SAMHSA Category: Information Dissemination, Prevention Education, Community-based Process, or Identification of Problems and Referral to Services

Program Inclusion: VA, DoD, CDC

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Identify Service Members, Veterans, and Family Members (SMVF) and Screen for Suicide Risk, Promote Connectedness and Improve Care Transitions, and Increase Lethal Means Safety and Safety Planning

Element From the Zero Suicide Toolkit: N/A

Strategy Definition

Suicide Prevention Coordinators (SPCs) are staffed at every VA hospital system. SPCs utilize a public health prevention approach, which includes primary, secondary, and tertiary prevention aimed to prevent Veteran suicide.

Program Examples

VA

All VA medical centers have one or more suicide prevention coordinators who conduct multiple job duties related to suicide prevention. Suicide prevention coordinators oversee suicide prevention services, provide monitoring, support, and intervention to Veterans at high risk for suicide, and reach out to Veterans who called the Veterans Crisis Line. Suicide Prevention Coordinators lead suicide prevention trainings, conduct community outreach, and disseminate promotional materials, among other activities (Katz, 2012; VA, 2018b).

CDC

Positions such as suicide prevention coordinators serve to identify individuals at risk for suicide and intervene during times of crisis. Site coordinators help with developing a customized case management plan and refer individuals to community services that are matched to their current needs (Stone et al., 2017).

Resources

- The VA team can connect you to your local VA suicide prevention coordinator, or go to <https://www.veteranscrisisline.net/find-resources/local-resources/>



SCREENING FOR MENTAL HEALTH SYMPTOMS AND SUICIDE RISK

Prevention Strategy: Universal Prevention, Selective Prevention, or Indicated Prevention

SAMHSA Category: Environmental Strategies

Program Inclusion: VA, DoD, ZS, CDC

Best Practice or Evidence-Based Practice: Evidence-Based

Community-Based Intervention Category: Identify Service Members, Veterans, and Family Members (SMVF) and Screen for Suicide Risk

Element From the Zero Suicide Toolkit: ENGAGE

Strategy Definition

Implement comprehensive screening and assessment processes throughout your organization to help identify patients who may be at risk for suicide and connect them with mental health or emergency services if needed.

Program Examples

VA

VA conducts universal screening with validated screening tools to identify individuals at risk for suicide-related behavior, such as the Patient Health Questionnaire (PHQ-9; Kroenke et al., 2001; VA, 2019). Patients who screen positive are referred for services that match their level of need. PHQ-9 – The PHQ-9 is used to screen for depressive symptoms (Kroenke et al., 2001). Question 9 screens for the presence and duration of suicidal ideation. If a Veteran indicates they are experiencing thoughts of harming themselves, they are connected to mental health for additional mental health and suicide risk assessment, as well as treatment planning.

ZS

All patients should be screened for suicide risk upon first contact with an organization, and subsequent screenings should occur during future appointments. The screening process is meant to identify those at risk for suicide and help providers reduce risk and offer the best standard of care to promote wellness. Examples of screening tools include (Zero Suicide Institute, n.d.a):

- **Patient Health Questionnaire-2 (PHQ-2)** – Shorter than PHQ-9; screens for broad symptoms of depression (Lowe et al., 2005).
- **Suicide Assessment Five-step Evaluation and Triage (SAFE-T)** – Items ask about suicidal ideation, plan, behaviors, and intent (SAMHSA, n.d.b).

Resources

- Learn the challenges and risks that Veterans face, and how to communicate concern to connect in advance of a crisis. Download the "Identifying Signs of Stress" Fact Sheet. Use this brief fact sheet to help identify the warning signs of someone in distress: <https://starttheconversation.veteranscrisisline.net/pdf/identifying-signs-of-stress/>





- The Patient Health Questionnaire – 9 (PHQ-9; Kroenke et al., 2001; VA, 2019) is a 9-item measure used to assess for depression and suicidal ideation. For scoring instructions, visit: <https://www.mirecc.va.gov/visn19/cpg/recs/2/>
- The SAFE-T Pocket Card: <https://www.samhsa.gov/resource/dbhis/safe-t-pocket-card-suicide-assessment-five-step-evaluation-triage-safe-t-clinicians#:~:text=SAFE-T%20Pocket%20Card%3A%20Suicide%20Assessment%20Five->



CARING CONTACTS

Prevention Strategy: Universal Prevention, Selective Prevention, or Indicated Prevention

SAMHSA Category: Environmental Strategies or Identification of Problems and Referral to Services

Program Inclusion: VA, ZS, CDC, DoD

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Promote Connectedness and Improve Care Transitions

Element From the Zero Suicide Toolkit: TRANSITION

Strategy Definition

Provide non-demand caring contacts to individuals. Caring contacts may be targeted at different levels of prevention.

Program Examples

VA

VA researchers have implemented caring contacts to improve suicide prevention during high-risk times (Landes et al., 2021). Veterans reported feeling positive about the intervention and felt more connected to the VA (Landes et al., 2021).

ZS

Non-demand caring contacts are recommended whenever high-risk individuals are active or discharged from treatment. Such contacts are a means of keeping patients engaged, improve engagement with patients who are typically difficult to follow up with in-person, and support the connection between patient and therapist following treatment termination.

Resources

- For more information regarding strategies for remaining in contact with high-risk patient: <https://zerosuicide.edc.org/toolkit/transition>
- For additional information on the VA's pilot of Caring Contacts: <https://www.mirecc.va.gov/visn19/cpg/recs/13/>



PREDICTIVE ANALYTICS AND OUTREACH

Prevention Strategy: Selective Prevention, Indicated Prevention

SAMHSA Category: Identification of Problems and Referral to Services

Program Inclusion: VA, DoD

Best Practice or Evidence-Based Practice: Best Practice

Community-Based Intervention Category: Identify Service Members, Veterans for Military Sexual Trauma.

Element From the Zero Suicide Toolkit: IDENTIFY

Strategy Definition

Predictive analytics can be used to identify service members and Veterans who are most at risk for suicide and provide outreach. Health record data can be analyzed to identify risk factors for suicide. Data can be used to create an algorithm to assist in identifying clients at greatest risk for death by suicide. Once at-risk Veterans are identified, the organization can provide outreach to connect them to interventions and services.

Program Examples

VA

The VA utilizes Recovery Engagement and Coordination for Health–Veterans Enhanced Treatment (REACH VET), an algorithm that uses health record data to identify the top .1% of Veterans at risk for death by suicide (McCarthy et al., 2021). Once Veterans are identified, the VA provides outreach to provide needed services or interventions. Outreach includes a letter, assessment of needs, risk assessment. Interventions, connections, and case management are offered.

DoD

The DoD conducted the Army Study to Assess Risk and Resilience in Service Members (Army STARRS) in part to identify at-risk Veterans. For more information, refer to: <https://www.starrs-ls.org/#/>

Further, the Military Suicide Research Consortium conducts research aimed at identifying service members at risk for suicide and providing evidence-based interventions. For further information, refer to:

<https://msrc.fsu.edu/>

Resources

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