



DBH

DIVISION OF BEHAVIORAL HEALTH

Behavioral Health Initiative Funding Tribal Consultation & Urban Confer

Virtual Learning Session: Zero Suicide Initiative (ZSI)

Virtual Learning Session Outline

- Purpose of Virtual Learning Session
- ZSI Background and Overview
- Tribal Consultation and Urban Confer Topics

Purpose of Virtual Learning Session

- To provide an overview of the ZSI to increase awareness and knowledge as part of Tribal Consultation.

Explanatory Statement

...encourages IHS to provide behavioral health grant funding through contracts and compacts authorized by the Indian Self-Determination and Education Assistance Act rather than through grant instruments to ensure that Contract Support Costs are available.

Overview of the Zero Suicide Initiative (ZSI)

ZSI Background

- In June 2015, the IHS launched its Zero Suicide Initiative.
- In December 2015, IHS, in partnership with SAMSHA and the Education Development Center (EDC), held the very first American Indian/Alaska Native (AI/AN) Zero Suicide Academy®.
- Today, ZSI is a nationally-coordinated grant that funds eight (8) sites to implement the ZSI model within their health system. ZSI also offers comprehensive technical assistance and support for other sites implementing the model.

Zero Suicide Model: The 7 Elements



- Over 80% of those who died by suicide had been seen by a provider in the prior year; most did not have a mental health diagnosis
- Close to 50% of those who died by suicide visited a primary care provider in the month before their death.
- 39% of providers report they don't have the skills to engage and assist those at risk for suicide
- 44% of providers report they don't have the training

IHS ZSI Milestones

- DEC 2015: 10 Pilot sites attend first ever AI/AN Zero Suicide Academy® in Phoenix, AZ.
- SEP 2016: IHS contracts with EDC/Zero Suicide Institute to provide technical assistance and consultation to participating sites seeking to implement the Zero Suicide model.
- JAN – AUG 2017: The 10 Pilot sites take part in first AI/AN Zero Suicide Community of Learning.
- SEP 2017, IHS and EDC hosts the 2nd AI/AN Zero Suicide Academy® in Albuquerque, NM.
- NOV 2017: IHS awards \$3.2 million to eight (8) projects to implement the ZS model

ZSI Overview

- ZSI Project Breakdown:
 - 3-year funding cycle from 2017-2020
 - 8 projects funded
 - Tribes / Tribal Organizations: 5 projects (grants)
 - IHS Federal Facilities: 3 projects (federal program awards)
 - Projects by IHS Area and State can be found online at:

<https://www.ihs.gov/suicideprevention/zerosuicide/news/>

ZSI Program Goals

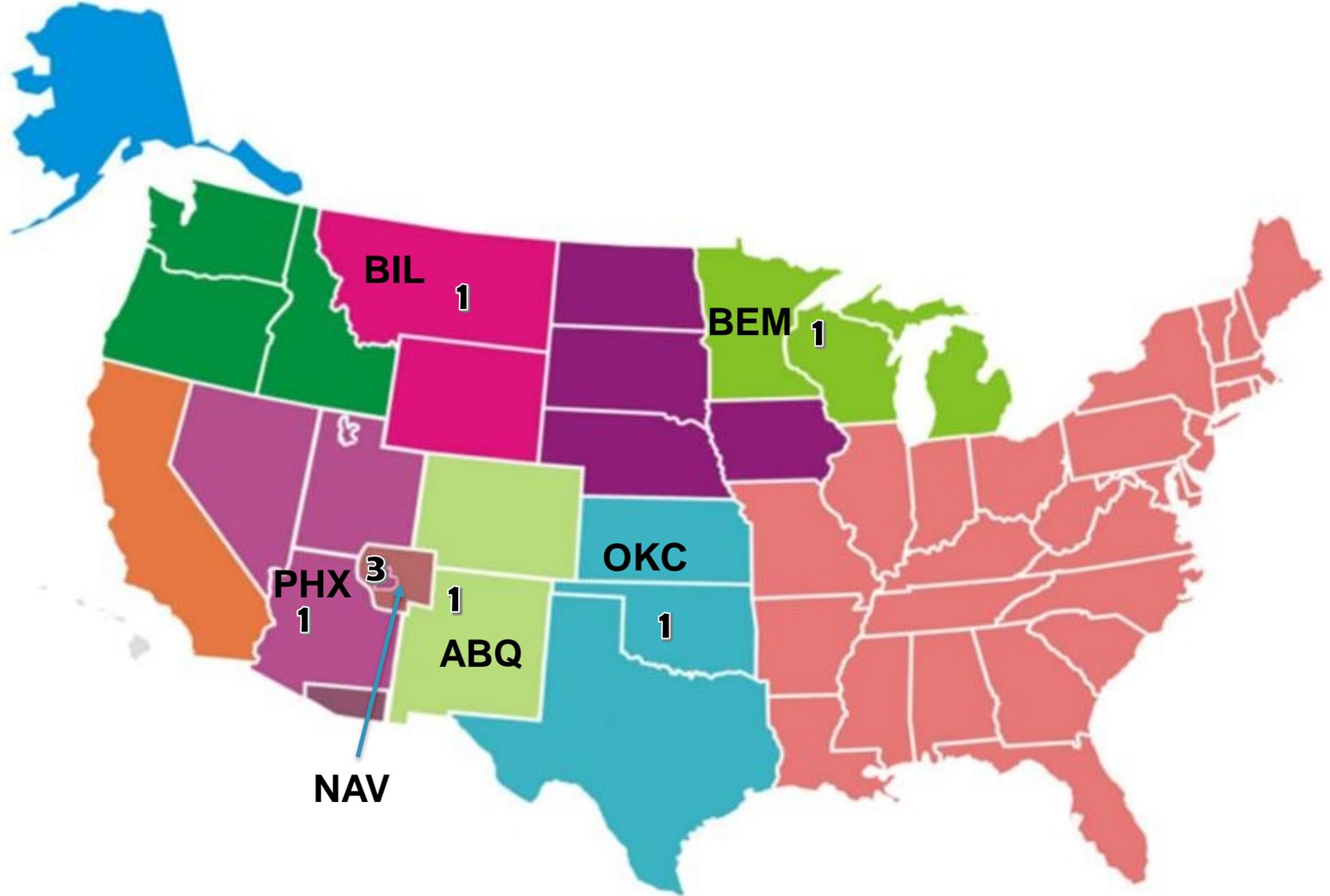
1. Establishment of a leadership-driven commitment to transform the way suicide care is delivered within AI/AN health systems.
2. Assessment of training needs and creation of a training plan to develop and advance the skills of health care staff and providers at all levels
3. Implementation of policies and procedures for comprehensive clinical standards, including universal screening, assessment, treatment, discharge planning, follow-up, and means restriction for all patients under care and at risk for suicide
4. Development of strategy to collect, analyze, use, and disseminate data to enhance and better inform suicide care across the health system
5. Application of evidence-based practices to screen, assess, and treat individuals at risk for suicide that incorporates culturally informed practices and activities.
6. Development of a Suicide Care Management Plan for every individual identified as at risk of suicide to include continuous monitoring of the individual's progress through their electronic health record (EHR) or other data management system, and adjust treatment as necessary

ZSI Projects/Appropriations

2017 awards:	5 tribal projects
2017 awards:	3 direct service projects
Total Projects:	8 ZSI funded sites

- Total Appropriations: \$3,600,000
- Total Amount Funded: — \$3,200,000
- National Management \$400,000
 - Remaining funds go to EDC/Zero Suicide Institute, the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) for national reports, and IHS HQ Staff support.

ZSI Projects by IHS Area



Technical Assistance (TA) Provided to ZSI Projects

- TA is provided by:
 - IHS HQ Program Official (PO) – Division of Behavioral Health
 - Education Development Center (EDC, Inc.)/Zero Suicide Institute
 - IHS Grants Management Specialist (GMSs) – Division of Grants Management
- IHS PO provides direct management of all 8 ZSI projects and:
 - Provides direct programmatic TA for all grantees and IHS Federal project awardees.
 - Serve as the primary point of contact for all questions related to the project scope of work, budget, timeline, and other required project tasks and documentation.
 - Assist projects with reporting and review:
 - Financial Reports (quarterly)
 - Continuation Applications (annually)
 - Progress Reports (annually)

ZSI Reporting and Evaluation

- Annual Progress Reports
 - Reports on yearly project activities via Annual Progress Report (APR)
 - Submit through the ZSI Portal
 - Yr. 1 -Due annually (project period: November 15, 2017 – October 31, 2018, due by November 30, 2018)
 - Year 1 “building years”
 - Years 2-3 will collect targeted outcome measures on community impact.
 - Aggregated into National Reports
 - Pilot result to help establish lessons for broader Zero Suicide implementation in AI/AN health systems
 - Inform policy and practice discussion and decisions
- Continuation Applications
 - Report on progress related to scope of work
 - Submitted annually to the IHS Division of Grants Management and Division of Behavioral Health.

ZSI Evaluation and Reporting

Outcomes/Evaluation

- Annual Program Progress Report include self-identified ZSI Local Data Collection elements and will be used to evaluate the outcomes for each Project Year.
- Adherences to the seven (7) elements of Zero Suicide will be evaluated annually, which include:
 - Documentation rates of suicide-related behaviors for all patients
 - Documentation rates of suicide-related behaviors at risk patients
 - Documentation rates of suicide deaths for patients seen in system
 - Rates of suicide risk Screening in health system
 - Rates of suicide risk Assessments completed
 - Rates of safety plans completed for patients at risk
 - Rates follow-up for during patient care transitions

Why is Data Collection and Evaluation Important and How is it Used?

- Data and evaluation help determine need.
- Data is necessary to understanding the scope of the problem and being able to intervene effectively.
- Data and evaluation help predict and understand trends.
- Data and evaluation help determine effectiveness and impact.
- It is critical health systems programs are evaluated for effectiveness.
- Data helps inform policy, practice and funding.

Tribal Consultation & Urban Confer Topics

Tribal Consultation & Urban Confer Topics

- Distribution Methodologies
- Funding Formulas
- Funding for Urban Indian Organizations
- Impact on current grantees
- Funding Mechanism
- Demonstrating Effectiveness
- Advocacy & National Awareness

May

Convene NTAC (5/11)

Letter Announcing
Consultation and Confer (5/18)

All Tribes & Urban Indian Orgs
Call

Learning Sessions

June

Learning Sessions

All Tribes & Urban Indian Orgs
Call

Host Virtual Consultation
Sessions

Host Virtual and In-Person
Confer Sessions

July

All Tribes and Urban Indian
Orgs Call

July 25-27: Convene NTAC @
National BH Conference

August

Deadline for Comments (8/1)

All Tribes & Urban Indian
Orgs Call

September

All Tribes and Urban Indian
Orgs Call

Agency Deliberation &
Decision Making

October

All Tribes and Urban Indian
Orgs Call

Comment Deadline: August 1, 2018

- Submit comments by e-mail:
 - **Subject Line: IHS Behavioral Health Funding**
 - consultation@ihs.gov
 - urbanconfer@ihs.gov
- Submit comments by postal mail:
 - RADM Michael D. Weahkee
 - Acting Director
 - Indian Health Service
 - 5600 Fishers Lane, Mail Stop: 08E86
 - Rockville, MD 20857
 - ATTN: IHS Behavioral Health Funding**

Questions?

www.ihs.gov/dbh/consultationandconfer

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