Program Name: Ascension Zero Suicide Collaborative Network
Grant Type: Zero Suicide
Grant Status: Active
Year Awarded: 2018
State: Indiana

Abstract: The Ascension Zero Suicide Collaborative Network is a multi-state, 27-site partnership that will reduce suicide deaths by 40% by transforming primary care, behavioral health, medical/psychiatry, OB/GYN, residency clinic and emergency department services. It will serve 265,000 individuals 25 years and older in diverse urban and rural settings. 2,000 people will be trained in suicide prevention techniques. Special outreach will focus on U.S. Veterans, people with substance use disorder, middle aged men, pregnant moms, individuals with social determinants of health barriers and other under-served populations. Ascension, the largest nonprofit health system in the US, its national Ascension Behavioral Health Steering Committee and its national Ascension Behavioral Health Affinity Group will create a leadership-driven culture that embraces recovery and the principles of Zero Suicide. Ascension is committed to delivering compassionate, personalized care to all with special attention to persons living in poverty and those most vulnerable. The purpose of the Ascension Zero Suicide Collaborative Network is to raise awareness about suicide, develop a safety-oriented culture, create robust referral processes and significantly improve care and outcomes for people who are at risk for suicide. A Zero Suicide Survivor Advisory Group will be created to ensure survivor leadership and input. The Network will implement all components of the Zero Suicide model throughout diverse settings and create an implementation guide and lessons learned that will be shared with organizations within and beyond Ascension. State Zero Suicide Champions will ensure alignment with state suicide prevention plans/committees and actively collaborate with state and local health agencies via regular updates and meetings. Primary care and emergency department professionals will have access to virtual simulations in order to practice identifying and engaging people at risk of suicide. People receiving care in primary care, emergency departments, OB/GYN clinics and other key settings will be screened using the PHQ-2 and where indicated, the PHQ9. If there is an indication that the person may be at risk for suicide, the individual will receive an assessment using the Columbia Suicide Severity Rating Scale. When an individual is identified as being at risk, they will be enrolled in the Ascension Zero Suicide Clinical Pathway and will be engaged in Suicide Care Planning and Collaborative Safety Planning including Counseling on Lethal Means (CALM). Individuals on the pathway will receive treatment for suicidal thoughts and behaviors in the least restrictive, most appropriate level of care. Mental health therapists will be trained on Assessing and Managing Suicide Risk (AMSR). Caring follow-up will occur to ensure engagement and effective transitions of care. People discharged from the hospital after a mental health crisis will be called within 48 hours after discharge. Regular reassessments will indicate when someone no longer needs the clinical pathway.