



American Indian Health and Family Services of Southeastern Michigan

Program Name: Collaborative Spirit of Hope, Wellness and Healing for our Community Project
Grant Type: Zero Suicide
Grant Status: Active
Year Awarded: 2018
State: Michigan

Abstract: American Indian Health and Family Services of Southeast Michigan's Collaborative Spirit of Hope, Wellness and Healing for our Community Project will serve American Indian/Alaska Natives, and other underserved adults, age 25 and above, in Southeast, MI. We will implement a ZERO Suicide Model to create a comprehensive health and behavioral health multi-setting approach to suicide prevention that addresses the 7 elements of the model to identify, treat, refer, and ensure continuity of care for individuals at risk for suicide, suicidal behaviors and substance abuse. The aim of our project is to prevent suicide deaths and the goals are to:

- Create a leadership-driven, safety-oriented culture committed to reducing suicide among people under care, and include survivors of suicide attempts and suicide loss in leadership and planning roles.
- Train and develop a competent, confident, and caring workforce.
- Identify and assess suicide risk and substance abuse among people receiving care.
- Engage individuals in ensuring that they have a pathway to care that is timely, adequately meets their needs, and includes a collaborative safety plan and means restriction.
- Treat with evidence-based treatments that target suicidal thoughts and behaviors.
- Transition to the provision of continuous contact and support, especially after acute care.
- Improve our system by applying data-driven, quality improvement approaches to inform system changes to lead to improved patient outcomes and care for those at risk.

Objectives are to: 1) Create an Implementation Team of leadership (N = 3); health and behavioral health staff and screeners (N = 8); suicide attempt (N = 5); and suicide loss (N = 5) survivors; 2) Train clinical staff in the Collaborative Assessment and Management of Suicidology (CAMS) approach (N = 10); and train non-clinical staff (via another grant project) in suicideTalk, safeTalk, Mental Health First Aide and Applied Suicide Intervention Skills Training to competently and confidently respond effectively in a caring manner to clients at risk; 3) Provide Hope and Wellness Suicide Screenings to new and existing patients in health and behavioral health, and in affiliate agency locations for suicide thoughts and behaviors (N = 200 annually, 1000 total); 4) Ensure clients assessed have a collaborative Suicide Care Management Plan (e.g. ongoing follow up assessments, safety plans, means restrictions) by designing policies and procedures to change systems, get staff buy-in, and implement and track this via EHRs (100% of those assessed at risk); 5) Utilize EPBs that target suicide risk to keep patients safe and thrive (Cognitive Behavioral Therapy, Motivational Interviewing, and CAMS); 6) Follow clients through all care transitions by implementing policies that include safe hand-offs to caregivers at AIHFS and upon discharge (100% follow-up); and 7) Use data to change the system to improve client outcomes and care for those at risk (ongoing).



Suicide Prevention Resource Center

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