

2023 – 2026 Strategic Plan for Zero Suicide Partners of Pinellas

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2023 - 2026 ZSPOP STRATEGIC PLAN

OVERVIEW OF THE STRATEGIC PLAN

Zero Suicide Partners of Pinellas (ZSPoP) was established in 2017 by the Pinellas County Behavioral Health System of Care as a collective impact project. ZSPoP brings together over 35 different organizations, agencies, and groups with the common mission *to end suicide in Pinellas County*. In 2017, ZSPoP began implementing the transformational Zero Suicide framework to increase assessment, direct treatment, and comprehensive support throughout Pinellas County, for individuals experiencing suicidal thoughts and/or behaviors.¹

Today, our goals continue to be transforming our systems of care to include common universal screenings, implementing and strengthening the Suicide Prevention Care Pathway across providers, promoting organic growth, and data-driven continuous quality improvement. Our suicide prevention efforts have also expanded from the clinic to the community. We know that many individuals at risk for experiencing suicidal thoughts and behaviors are those that are not already connected to care. Through sharing this strategic plan, ZSPoP invites you to join us in our mission! It takes all of us, doing what we can, to end suicide in Pinellas County.

WHAT WE KNOW ABOUT SUICIDE IN OUR COMMUNITIES

All rates listed below are per 100,000 population. Pinellas County's 2021 age-adjusted suicide rate (20.3) is higher than the state (16.9) and national (14.1) 2021 averages.²⁻³ The suicide attempt rate for Pinellas County which results in an Emergency Department visit is 72.5 (Florida is 53.3) and for those that result in hospitalization, it is 41.3 (Florida is 35.6).² In a 2021 community health needs assessments by All4HealthFL, 11.5% of Pinellas respondents indicated they had suicidal or self-harming thoughts for several days, more than half of the days or nearly every day over the past year.⁴ Both the 2023 – 2028 Pinellas County Community Health Improvement Plan (CHIP) and 2022 – 2026 Florida State Health Improvement Plan (SHIP) include goals to reduce suicide deaths.⁵⁻⁶

Additionally, we know there are groups within our communities who are at a higher risk of suicidal thoughts and behaviors, including death by suicide. Florida has the largest Veteran population of any state, with a 2020 Veteran suicide rate of 38.3.⁷ Pinellas County's 2020 Veteran suicide rate was 33.7.⁷ For youth (10 – 17 years old), Pinellas County suicide attempt rates are higher than the Florida rates for both attempts resulting in Emergency Department visits (317.4 and 180.3, respectively) and hospitalizations (56.6 and 54.9, respectively).⁷ According to the Trevor Project, 16% of LGBTQ+ youth (through 24 years of age) and 20% of transgender or non-binary youth, in Florida, attempted suicide in 2021.⁸ 45% of LGBTQ+ youth and 54% of transgender and non-binary youth, in Florida, had seriously considered suicide in the past year.⁸ The 2021 Pinellas County age-adjusted hospitalization rates for mental health disorders among Black residents is 1548.9, compared to the overall (inclusive of all races) rate of 1133.1.⁹ Behavioral health disorders are treatable, but the rate of Black residents in Pinellas County who could not see a doctor in the past year due to cost is 21.5, compared to the overall rate of 15.1.⁹ Not being able to access care due to high costs may contribute to behavioral health disorders going untreated to the point of requiring hospitalization.^{9,10}

Furthermore, most individuals who do die by suicide do not engage in mental health services and do not have a mental health diagnosis.¹¹ There is no single cause of suicidal thoughts, behaviors, or death by suicide. There are a multitude of diverse risk and protective factors related to suicide.¹² As such, our strategies and approaches to suicide prevention in our communities must include intentional outreach and engagement with the broader population, as well as groups identified as being at higher risk.¹¹⁻¹²

WHY ZERO SUICIDE?

The Zero Suicide national framework uses the aspirational term *Zero Suicide* to emphasize that even one life lost to suicide is too many.¹³ Through leading and coordinating systems change at behavioral health clinics, emergency departments, and community care centers, ZSPoP has conducted screenings and assessments (i.e., PHQ-9, C-SSRS) for suicidal thoughts and behaviors since 2017.¹ ZSPoP has developed policies and procedures for an integrated Suicide Prevention Care Pathway. This includes universal or broadened screening practices, safety planning, direct treatment of suicidality, care coordination (e.g., caring contacts), as well as continuous quality improvement. Regular meetings, sharing data reports, and ongoing training have helped to keep members informed, engaged, and coordinated.¹

Though the Zero Suicide framework was developed for use by health systems, ZSPoP has embraced and expanded this understanding of Zero Suicide. We believe community outreach, engagement, leadership, and participation is necessary for comprehensive suicide prevention. As such, ZSPoP membership can be at the organizational or individual level (including community members). We welcome all members to provide their time, expertise, voice, insights, and/or other resources to support the mission of ZSPoP. While we encourage all organizational members to complete a Memorandum of Agreement (MOA) and individual members to complete the Community Member Pledge, as part of their involvement with ZSPoP, it is not required for participation in ZSPoP meetings, trainings, or events.

2023 – 2026 ZSPoP STRATEGIC PLAN DEVELOPMENT

Thank you to everyone who participated in the ZSPoP Strategic Planning Survey Series from January 2023 – April 2023! From this endeavor, we heard from 48+ members of ZSPoP. Your insights and recommendations have been incredibly valuable to the development of this plan.

Survey	Topics	# of Responses	Key Insights
Round 1	Motivation; Affiliation; Priorities; Involvement	31	Help Others; Existing MOU; Increase Outreach
Round 2	ZSPoP Meetings & Communication	21	Want to Hear from Community; Time Barrier
Round 3	Pathway; Outreach; Meetings	48	Training; Community Presence; Sharing Info
Round 4	Zero Suicide Framework; Community Presence	23	Diverse Services & Network; Training 'Improve'

Additionally, as part of our commitment to collaboration and data-driven continuous quality improvement, our strategic plan has been aligned, where applicable, with the 2023 – 2028 Pinellas County CHIP and 2022 – 2026 Florida SHIP, as shown below. Please note that the ZSPoP 2023 – 2026 Strategic Plan follows a calendar year (CY) schedule (Jan. 1 – Dec. 31). The first year of the plan will be a partial year.

Document	Source(s)	Released
2023 – 2028 Pinellas County Community Health Improvement Plan (CHIP)	Florida Department of Health in Pinellas County ⁵	2023
2022 – 2026 Florida State Health Improvement Plan: Goals & Objectives	Florida State Health Improvement Plan Steering Committee ⁶	2022

Along with continuing to implement, improve, and expand the Zero Suicide framework, our strategic plan incorporates best practices and recommendations from the following:

Document	Source(s)	Released
Suicide Prevention Resource for Action	U.S. Centers for Disease Control and Prevention ¹²	2022
Our Epidemic of Loneliness & Isolation: Advisory on the Healing Effects of Social Connection and Community	U.S. Surgeon General ¹⁴	2023
2021 Suicide Prevention Coordinating Council Annual Report	Florida Statewide Office for Suicide Prevention ¹⁵	2022
Transforming Communities: Key Elements for the Implementation of Comprehensive Community-Based Suicide Prevention	Transforming Communities Priority Group of the National Action Alliance for Suicide Prevention ¹⁶	2017
Suicide in young people: screening, risk assessment, and intervention (<i>State of the Art Review in the BMJ</i>)	Jennifer L Hughes, et al. ¹⁷	2023
Moving Beyond Change Efforts: Evidence and Action to Support LGBTQI+ Youth	Substance Abuse and Mental Health Administration (SAMHSA) ¹⁸	2023
People Who Die by Suicide Without Receiving Mental Health Services: A Systematic Review (<i>Frontiers in Public Health</i>)	Samantha Tang, et al. ¹¹	2022
A Social-Ecological Framework of Theory, Assessment, and Prevention of Suicide (<i>Frontiers in Psychology</i>)	Robert J. Cramer and Nestor D. Kapusta ¹⁹	2017
National Strategy for Preventing Veteran Suicide 2018–2028	U.S. Department of Veterans Affairs ²⁰	2018
Best Practices in Care Transitions for Individuals with Suicide Risk: Inpatient Care to Outpatient Care	National Action Alliance for Suicide Prevention ²¹	2019

LEAD

DESCRIPTION & RATIONALE

“A comprehensive approach to suicide prevention includes multi-sectorial partnerships as no agency or sector can accomplish suicide prevention on its own.”¹² “Integrating and coordinating prevention activities across sectors and settings can expand the reach and impact of suicide prevention efforts.”¹² We believe supported and coordinated systems of care, as well as intentional community engagement & participation are necessary for comprehensive suicide prevention.

MOAs with organizational members may outline the role that each entity has for screening, assessment, safety planning, discharge planning, and follow-up to allow multiple organizations to coordinate care. MOAs can also assist in providing clear arrangements for information sharing, including establishing procedures for access to relevant assessment information and

policies around warm hand-offs/rapid referrals. MOAs describe the level of engagement and type of activities the organization is committing to as a member of ZSPoP. For individual members, the ZSPoP Community Member Pledge serves the same general purpose as an MOA.

STRATEGIES

Collaboration & Partnerships

- Promoting systems change to support suicide prevention
- Engaging leadership & supporting the workforce
- Supporting community champions & peer specialists

APPROACHES

For Organizational & Group Members

- Promote through leadership a suicide safety-oriented culture in our organization
- Promote policy and procedure changes in our organization, community, and/or state to support comprehensive suicide prevention
- Complete a Zero Suicide Organizational Self-Assessment
- Complete the Zero Suicide Workforce Survey
- Complete an Agency Zero Suicide Action Plan
- Complete an MOA with ZSPoP
 - For an example MOA, see Appendices E & F
- Identify and support staff at organization to champion Zero Suicide efforts, including designating a point-of-contact (POC) within organizations for Zero Suicide efforts
 - Update the ZSPoP Admin team of any POC changes, as needed
- Share and promote suicide prevention information from the Pinellas Behavioral Health System of Care workgroup meetings

For Community Members

- Participate in ZSPoP Main and Workgroup meetings to stay updated and engaged in new opportunities, trainings, and resources for suicide prevention in Pinellas County
- Complete a Community Member Pledge with ZSPoP
 - For an example Pledge, see Appendix G
- Become a Community Champion; share information, opportunities, and resources from ZSPoP to your community & from your community to ZSPoP
- Identify and engage other individual community members to join ZSPoP and become Community Champions
- Advocate for practices and policies that support comprehensive suicide prevention
- Accept leadership roles; active participation in outreach activities, including but not limited to: outreach events, town halls, community conversations, trainings, etc.
- Lead by example through use of “Safe Messaging” and language related to suicide and suicide prevention (e.g., “died by suicide” rather than “committed suicide”)

RELATED ACTIVITIES

Activity	Process Measure	Alignment (if applicable)
Increase the strategic diversity of sectors, settings, services, and populations represented by ZSPoP members	# of ZSPoP members which provide support for/represent: <ul style="list-style-type: none"> • Suicide prevention care pathway 	<ul style="list-style-type: none"> • CDC; Strategies 1 – 7 • SHIP; Priorities 3 & 5 • CHIP; Priorities 1 – 3

Activity	Process Measure	Alignment (if applicable)
	<ul style="list-style-type: none"> • Healthy social connections, relationships, communication • Employment, education, financial assistance • Behavioral health • Crisis response, crisis stabilization, protective environments • Response to opioid crisis • Access to health care • Caregivers, families, & youth • Access to food and housing • Faith and ministry • Physical activity, creative expression, and peer groups • Survivors (of suicide loss or attempts) • First responders • BIPOC communities • Victims/survivors of violence • Veterans & their families • Seniors (55+) • LGBTQ+ communities • Students (K – College) <p><i>by Dec 31 of each year</i></p>	
Identify at least one point-of-contact for each member organization/agency/group	# of ZSPoP members with a point-of-contact included in the ZSPoP contact list <i>each quarter</i>	<ul style="list-style-type: none"> • CHIP; Priority 2
Complete updated agreements with ZSPoP members	<p># of new/updated MOAs completed <i>bi-annually</i></p> <p># of Community Member Pledges completed <i>bi-annually</i></p>	<ul style="list-style-type: none"> • CDC; Strategy 3 • CHIP; Priority 2

TRAIN

DESCRIPTION & RATIONALE

“Public messaging about suicide prevention is a key communication strategy for educating individuals about warning signs and resources available to help individuals at risk for suicide.”¹²

It is recommended that training efforts go beyond identifying and responding to risks and crises. Training on prevention strategies that emphasize protective factors may help individuals and communities prevent such crises from occurring. This may include coping strategies, safety planning, and communication resilience. Additionally, “parenting and family skills training approaches have well-established impacts in reducing common risk factors for suicide and strengthening family bonds, a protective factor against suicide.”¹²

Unfortunately, stigma continues to be a barrier to open and productive conversations on suicide prevention, including but not limited to mental health. Therefore, it may sometimes be

appropriate to provide training and information that is proven to support suicide prevention, without necessarily referring to it as “suicide prevention”. The most important factor is that individuals and communities receive the information and resources they need to keep themselves and their loved ones safe.

STRATEGIES

Awareness & Education

- Implementing comprehensive suicide prevention
- Reducing stigma & increasing support for suicide prevention
- Providing education, training, and skills development

APPROACHES

For Organizational & Group Members

- Promote training of and collaboration with local students to foster a school-to-work pipeline of suicide prevention-oriented professionals
- Train all staff (e.g., administrative, support, clinical, etc.) using models and modules available through the Suicide Prevention Resource Center (SPRC), the Zero Suicide Institute, the FL LEADS Project & other related resources
 - For example trainings, see Appendix C
- Increase suicide awareness & prevention by sharing, conducting, and participating in presentations, training, and workshops
- Share information, opportunities, and strategies for reducing stigma related to suicide and discussions of suicide prevention, both at the agency and in the community

For Community Members

- Share information, opportunities, and strategies for reducing stigma related to suicide and discussions of suicide prevention
- Participate in learning and skills development for suicide prevention by completing trainings, attending meetings & conference, and co-developing suicide prevention materials for the community
- Practice the skills you’ve learned and be willing to put them to use to help others
- Facilitate training, presentations, and workshops to the community to increase education and awareness of suicide prevention efforts at all levels of prevention
 - For example trainings & resources, see Appendix C

RELATED ACTIVITIES

Activity	Process Measure	Alignment (if applicable)
Increase suicide awareness & prevention by sharing, conducting, and participating in presentations, training, and workshops	# of community presentations and workshops facilitated by ZSPoP members <i>each quarter</i> # of workforce trainings and presentations conducted by ZSPoP members <i>each quarter</i> # of participants for presentations, training, and workshops provided by ZSPoP members <i>each quarter</i>	<ul style="list-style-type: none"> • CDC; Strategies 4- 6 • SHIP; Priorities 3 & 5 • CHIP; Priorities 1- 3

Activity	Process Measure	Alignment (if applicable)
Provide training in Motivational Interviewing to peer specialists and caring contact providers	# of peer specialists and caring contact providers trained in MI <i>by Dec 31 of each year</i>	<ul style="list-style-type: none"> • CDC; Strategies 3-7 • SHIP; Priority 5

IDENTIFY

DESCRIPTION & RATIONALE

“Identifying and supporting people at risk for suicide is critical to suicide prevention.”¹² People from all sectors of the community can help prevent suicide by being trained to identify people who may be at risk for suicide or suicidal behavior and to respond effectively by facilitating referrals to treatment and other support services. These are commonly referred to as gatekeeper trainings. However, the purpose is not to restrict access to care and support, but to empower individuals with the information and skills necessary to assess whether someone may be considering harming themselves and connect them with appropriate resources and support to reduce their suicide risk.

“Standardized tools such as self-report questionnaires or clinician-administered interviews can help mental health professionals, medical personnel, and others identify and evaluate people at risk. Suicide risk screening and assessment are two different methods that should be administered sequentially. Screening is a method used to rapidly identify someone who needs further evaluation. Suicide screening may be applied either universally or selectively. Universal screening applies to everyone in large settings such as K–12 schools and colleges or correctional facilities, regardless of risk. Universal screening may also occur as part of routine healthcare in primary care settings or emergency departments. Selective screening may be conducted in mental health settings or in emergency departments when individuals are experiencing a mental health crisis.”¹²

STRATEGIES

Identify & Support People at Risk

- Screening for suicide risk using standardized tools (i.e., PHQ-9 and CSSRS)
- Suicide prevention training for community members and families
- Ensuring treatment is offered and supportive care is available, as applicable (see Treat & Transition)

APPROACHES

For Organizational & Group Members

- Incorporate suicide risk screenings into your policies and procedures, ensuring screenings are conducted as part of a Suicide Prevention Care Pathway
- Report screenings as part of the ZSPoP Suicide Prevention Care Pathway metrics
- Share information on suicide warning signs, risks, and protective factors with workforce and community members
- Share information on health care coverage resources (i.e., public insurance programs, insurance marketplace navigation, etc.) and other means of increasing access to care

For Community Members

- Share information on suicide warning signs, risks, and protective factors with others

- Be willing to ask if someone is thinking of hurting themselves and be able/willing to provide them with supportive resources
- Share information on health care coverage resources (i.e., public insurance programs, insurance marketplace navigation, etc.) and other means of increasing access to care

RELATED ACTIVITIES

Activity	Process Measure	Alignment (if applicable)
Increase the # of risk screenings and assessments completed (i.e., PHQ-9 and CSSRS)	<p># of PHQ-9 screenings by ZSPoP members <i>each month</i></p> <p># of CSSRS assessments by ZSPoP members <i>each month</i></p> <p># of ZSPoP members including risk screening as part of their policies and practices <i>by Dec 31 of each year</i></p>	<ul style="list-style-type: none"> • CDC; Strategies 3 & 6 • SHIP; Priorities 3 & 5 • CHIP; Priority 2
Increase the community’s ability to identify and support individuals experiencing crises, including suicidal thoughts and behaviors	<p># of trainings on identifying and providing support in a crisis completed by ZSPoP members <i>each quarter</i></p> <p># of crisis interventions conducted by ZSPoP members <i>by Dec 31 of each year</i></p>	<ul style="list-style-type: none"> • CDC; Strategy 6 • SHIP; Priorities 3 & 5 • CHIP; Priorities 1 – 2

ENGAGE

DESCRIPTION & RATIONALE

“Supporting people at risk requires proactive case finding and effective response, crisis intervention, and evidence-based treatments. Additionally, “clinicians can help reduce access to lethal means among people at risk of suicide through education and counseling.”¹²

“However, improving and expanding services does not guarantee those who need the services the most will utilize them.”¹² “Belonging, safety, dignity, and hope can support resilience and healing for individuals and communities, and protect against suicide.”¹² Safety planning involves outlining what to do during a crisis, including steps for identifying personal warning signs, using coping strategies, activating social support, and accessing professional services.”¹²

“Connectedness and social capital together may protect against suicidal behaviors by decreasing isolation and encouraging adaptive coping behaviors.”¹² “Community engagement is an aspect of social capital. Community engagement approaches may involve residents participating in a range of activities, including religious activities, community clean-up and greening activities, and group physical exercise. These activities provide opportunities for residents to become more involved in the community and to connect with other community members, organizations, and resources. Participation results in enhanced overall physical health, reduced stress, and decreased depressive symptoms, thereby reducing risk of suicide.”¹²

STRATEGIES

Promote Healthy Connections

- Engaging the community in activities which reduce risk and increase protective factors
 - (i.e., strengthening economic supports, improving access to suicide care, teaching coping & problem-solving skills, peer support, reducing access to lethal means)
- Providing, supporting, and promoting integrated health opportunities
 - (i.e., physical activity, creative expression, empathy, affirmation, communication resilience, and mindfulness)
- Creating protective environments

APPROACHES

For Organizational & Group Members

- Accept leadership roles and actively participate in collaborative ZSPoP community outreach activities, including but not limited: resource fairs, tabling events, town halls, community conversations, trainings, etc.
- Share information for the ZSPoP newsletter and share the newsletter throughout our organization/networks
- Participate in ZSPoP Main and Workgroup meetings to stay updated and engaged in new opportunities, trainings, and resources for suicide prevention in Pinellas County
- Promote Safety Planning for community members, reinforcing that “safety is for everyone”
- Include safe messaging guidelines in your suicide prevention policies and procedures
- Promote information and awareness about relevant helplines
 - For example helplines, see Appendix B
- Promote supported suicide prevention campaigns through social media
 - For example social media campaigns, see Appendix D

For Community Members

- Share information for the ZSPoP newsletter and share the newsletter with others
- Promote, support, and participate in ZSPoP community events
- Provide ZSPoP information at other community events and tabling opportunities
- Promote Safety Planning for community members, reinforcing that “safety is for everyone”
- Promote supported Suicide Prevention Campaigns through social media
 - For example social media campaigns, see Appendix D
- Promote information and awareness about relevant helplines
 - For example helplines, see Appendix B

RELATED ACTIVITIES

Activity	Process Measure	Alignment
Increase engagement of community members in ZSPoP	# of community members supporting ZSPoP at community events <i>each quarter</i> # of community members signing up to serve as Community Champions for ZSPoP <i>by Dec 31 of each year</i>	<ul style="list-style-type: none"> • CDC; Strategies 1-7 • SHIP; Priority 5 • CHIP; Priority 2

Activity	Process Measure	Alignment
Provide support to Community Champions to increase ZSPoP presence and messaging	# of events and meetings attended on behalf of ZSPoP by Community Champions <i>each quarter</i>	<ul style="list-style-type: none"> • CDC; Strategies 2-7 • SHIP; Priority 5 • CHIP; Priority 2
Develop a ZSPoP Youth Workgroup co-facilitated by adult and youth ZSPoP members	<p># of youth involved with the workgroup <i>each quarter</i></p> <p># of youth participants at ZSPoP (or ZSPoP-supported) events/ presentations/ trainings <i>each quarter</i></p> <p># of events/ presentations/ trainings supported by the Youth workgroup <i>each quarter</i></p>	<ul style="list-style-type: none"> • CDC; Strategies 4-6 • SHIP; Priority 5 • CHIP; Priority 2
Maintain and sustain a ZSPoP LGBTQ+ Workgroup	<p># of ZSPoP members involved with the LGBTQ+ workgroup <i>each quarter</i></p> <p># of events/ presentations/ trainings supported by the LGBTQ+ workgroup <i>each quarter</i></p>	<ul style="list-style-type: none"> • CDC; Strategies 4-6 • SHIP; Priority 5 • CHIP; Priority 2
Maintain and sustain a ZSPoP Veterans Workgroup	<p># of ZSPoP members involved with the Veterans workgroup <i>each quarter</i></p> <p># of events/ presentations/ trainings supported by the Veterans workgroup <i>each quarter</i></p>	<ul style="list-style-type: none"> • CDC; Strategies 4-6 • SHIP; Priority 5 • CHIP; Priority 2
Promote Safety Planning across all populations, reinforcing that safety is for everyone	# of Safety Plan packets distributed via community outreach & engagement by ZSPoP members <i>each quarter</i>	<ul style="list-style-type: none"> • CDC; Strategies 2-6 • SHIP; Priorities 3 & 5 • CHIP; Priority 2
Provide and support community outreach and engagement which reduce risk factors and increase protective factors	<p># of community events hosted by ZSPoP members <i>each quarter</i></p> <p># of community events collectively supported by ZSPoP <i>each quarter</i></p> <p># of attendees at community events hosted by ZSPoP <i>each quarter</i></p> <p># of community members reached by ZSPoP through community outreach & engagement efforts <i>each quarter</i></p>	<ul style="list-style-type: none"> • CDC; Strategies 1-7 • SHIP; Priorities 3 & 5 • CHIP; Priorities 1 – 2

TREAT

DESCRIPTION & RATIONALE

“Access to health and behavioral healthcare services is critical for people at risk of suicide. Care that is delivered efficiently and effectively can help reduce risk of suicide.”¹² Crisis response interventions, proactive planning and outreach interventions, and therapeutic

approaches are intervention and treatment approaches to support disproportionately affected populations.”¹²

“Crisis response interventions are intended to reduce key risk factors for suicide, including feelings of depression, isolation, and hopelessness, and promote subsequent mental healthcare utilization. Crisis response interventions can put space or time between an individual who may be considering suicide and harmful behavior.”¹²

“Crisis response plans, postvention, and other measures can also foster a safe physical environment.”¹² “Creating environments that address risk and protective factors where individuals live, work, and play can help prevent suicide.”¹²

STRATEGIES

Improve Access and Delivery of Suicide Care

- Providing direct treatment for suicidal thoughts and behaviors
- Intervening after a suicide; providing postvention care and support
- Supporting the use of evidence-based practices to treat suicidal thoughts and behaviors; and supporting best practices for community-based suicide prevention

APPROACHES

For Organizational & Group Members

- Provide direct treatment for suicidal thoughts and behaviors
- Identify ways to improve access to timely, affordable, culturally appropriate, and quality care for people at risk for suicide
- Provide and promote support groups for survivors of suicide loss
- Provide and promote support group for suicide attempt survivors
- Provide care that is patient-centered and promotes equity for all patients
- Develop a postvention protocol for your organization
- Share information about the 988 Suicide & Crisis Lifeline
- Commit to completing ongoing workforce training on treatments, practices, and programs which are appropriate for use in direct treatment of suicidal thoughts and behaviors, including training on culturally relevant program adaptations

For Community Members

- Educate yourself on what services and resources are available within your community which provide treatment for suicidal thoughts and behaviors; share with others
- Encourage others to seek help when they are going through a difficult time and help reduce stigma related to talking about mental health or suicide prevention
- Share information about the 988 Suicide & Crisis Lifeline
- Volunteer as a trained support group facilitator for survivors of suicide loss
- Volunteer as a trained support group facilitator for suicide attempt survivors

RELATED ACTIVITIES

Activity	Process Measure	Alignment
Increase access to and provision of support groups for survivors of suicide loss and attempt survivors	# of support groups provided by ZSPoP members for survivors of suicide loss <i>each quarter</i>	<ul style="list-style-type: none"> • CDC; Strategies 2-7 • SHIP; Priority 5 • CHIP; Priority 2

Activity	Process Measure	Alignment
	# of support groups provided by ZSPoP members for survivors of suicide attempts <i>each quarter</i>	
Increase postvention support and services available in Pinellas County	# of ZSPoP members with postvention protocols <i>by Dec 31 of each year</i>	<ul style="list-style-type: none"> • CDC; Strategy 7 • SHIP; Priority 5 • CHIP; Priority 2
Provide direct treatment for suicidal thoughts and behaviors as part of a Suicide Prevention Care Pathway	<p># of clients treated by ZSPoP members for suicidal thoughts and behaviors <i>each quarter</i></p> <p># of Safety Plans completed with clients as part of the ZSPoP Suicide Prevention Care Pathway <i>each quarter</i></p> <p># of ZSPoP members actively participating in the ZSPoP Suicide Prevention Care Pathway <i>each quarter</i></p>	<ul style="list-style-type: none"> • CDC; Strategies 2,3,7 • SHIP; Priorities 3 & 5 • CHIP; Priorities 1 – 2

TRANSITION

DESCRIPTION & RATIONALE

“The transition from inpatient to outpatient behavioral health care is a critical time for patients with a history of suicide risk and for the health care systems and providers who serve them.”²¹

“Interventions that support engagement and safety during care transitions are critical to suicide prevention.”¹² “Modifying characteristics of the physical environment such as access to lethal means among people at risk can prevent harmful behavior and reduce suicide rates, particularly in times of crisis or transition.”¹²

“Peer support programs that connect individuals with mental health and substance use disorders with peers that have lived experience can facilitate a sense of connectedness and belonging.”¹² Peer specialists can also “...support both the patient and the family during the care transition and throughout recovery.”²¹

“Caring contacts are brief, encouraging notes or messages (card, text, email) that do not require a response. These notes or messages have demonstrated positive outcomes and strong support and endorsement from those with lived experience. Research indicates that sending multiple caring contacts (e.g., nine or more) over a long time has measurable impact in preventing suicides as opposed to one contact.”²¹

STRATEGIES

Collaboration & Partnerships

- Providing rapid and collaborative care
- Engaging our partnership & improving workforce connection
- Improving postvention support for survivors of suicide loss

APPROACHES

For Organizational & Group Members

- Establish, follow, and evaluate protocols to triage appointments and arrange for rapid referrals of patients with a history of suicide risk
- Designate peer specialists and others with lived experience to support both the client and the family during the care transition and throughout recovery
- Continue to ensure warm transfers when possible
- Develop procedures for Safety Plans and supporting documents to be communicated between organizations when referrals are made
- Engage in collaborative care when multiple organizations are involved in the care and support of a client
- Include peer support specialists, frontline staff, and administrative staff in relevant suicide prevention trainings, meetings, and planning
- Create protocols and train staff on how to increase participation of family and natural supports

For Community Members

- Volunteer as a trained support group facilitator for families and loved ones of those who struggle with mental illness and/or suicidal thoughts & behaviors
- Create handwritten cards and supportive notes for discharged patients, to be provided by organizational partners
- Be aware of postvention support available and share this information with others
- Promote the use of gun locks to support safer environments and reduce access to lethal means
- Become trained in Motivational Interviewing to support safe and healthy behaviors for members of your community

RELATED ACTIVITIES

Activity	Process Measure	Alignment (if applicable)
Develop list of “warm referral” contacts at outpatient organizations	List of “warm referral contacts” is confirmed and updated, as needed, <i>each quarter</i>	<ul style="list-style-type: none"> • CDC; Strategies 2,3,6,7 • CHIP; Priority 1 • SHIP; Priority 5
Implement updates to Transition of Care protocols at and between organizations	# of ZSPoP members with Transition of Care protocols which have been developed or updated within the past 12 months <i>by Dec 31 of each year</i>	<ul style="list-style-type: none"> • CDC; Strategies 3,6,7 • SHIP; Priorities 3 & 5 • CHIP; Priorities 1 – 2

IMPROVE

DESCRIPTION & RATIONALE

“Gathering ongoing, uniform, and consistent data across systems is important. Consistent data allow public health and other entities to better gauge the scope of the problem, identify groups at high risk, and monitor the effects of prevention policies and programs. It is common for different sectors, agencies, and organizations to employ varying definitions of suicidal ideation, behavior, and death that can make it difficult to consistently monitor specific outcomes across sectors and over time.”¹² One of the ways in which we have addressed this issue is through the common metrics reporting survey for the Suicide Prevention Care Pathway.

“Prevention efforts require timely and reliable data to monitor the extent of the problem and evaluate the impact. Data are also necessary for prevention planning and implementation to understand what works and does not work to address risk factors, reinforce protective factors, and decrease suicide rates.”¹² Evaluation data are essential to understand what does and does not work to reduce suicide rates and the associated risk and protective factors at the individual, relationship, community, and societal levels.”¹²

“With a shared vision and commitment to improved health, working together can yield better results than working alone.”¹⁶

STRATEGIES

Monitoring & Evaluation

- Monitoring and integrating updates to best practices and guidance from CDC, SAMHSA, etc.
- Informing efforts through stakeholder feedback
- Evaluating suicide prevention care pathway, outreach & engagement, and partnership engagement metrics

APPROACHES

For Organizational & Group Members

- Assist with contributing community resource information and data, as part of the Wellness Connection’s monthly report and on-going needs assessment
- Use available information within your organization system to examine referral patterns, length of care gaps, and days/hours of service availability and use, and apply that information to modify current practice and ongoing improvement
- Track, monitor, and report on organization’s community outreach and engagement efforts to support suicide prevention; including number of event attendees or community presentations conducted
- Contribute to developing and/or sharing ZSPoP information through papers, reports, proposals, and presentations
- Track, monitor, and report your organization’s participation in the Suicide Prevention Care Pathway
- Involve community members in developing and sharing information through papers, reports, proposals, and presentations when appropriate
- Provide feedback, ideas, recommendations, and information which supports and improves ZSPoP community outreach and engagement
- Report requested metrics in alignment with the Pinellas County CHIP
- Increase use of research and community defined evidence in the development, implementation, and evaluation of programs, services, and policies to support suicide prevention

For Community Members

- Keep track of your own outreach and engagement activities, share your stories, experiences, and lessons learned with the other ZSPoP members
- Contribute to developing and sharing ZSPoP information through papers, reports, proposals, and presentations
- Share relevant ZSPoP findings and promote productive community action

- Provide feedback, ideas, recommendations, and information which supports and improves ZSPoP community outreach and engagement

RELATED ACTIVITIES

Activity	Process Measure	Alignment
Develop communication protocol to update and sustain connection with ZSPoP members and the community	<p># of ZSPoP newsletters opened <i>each quarter</i></p> <p># of ZSPoP reports and papers available to the community <i>by Dec 31 of each year</i></p> <p>ZSPoP Annual Report is distributed <i>by March 31 of each year</i></p> <p>Engagement metrics for ZSPoP social media accounts <i>each month</i></p>	<ul style="list-style-type: none"> • CDC; Strategies 1 – 7 • SHIP; Priority 5 • CHIP; Priority 2
Increase the inclusion of community members in ZSPoP planning, evaluation, and improvement processes	# of listening sessions hosted for Community Champions <i>each quarter</i>	<ul style="list-style-type: none"> • CDC; Strategies 4-7 • SHIP; Priority 5 • CHIP; Priority 2
Evaluate the activities included in strategic plan	# of ZSPoP members reporting strategic plan metrics within requested timeframe <i>by Dec 31 of each year</i>	<ul style="list-style-type: none"> • CDC; Strategies 1-7 • SHIP; Priority 5 • CHIP; Priority 2
Report requested metrics in alignment with the Pinellas County CHIP	# of ZSPoP members reporting CHIP metrics for the CHAT meeting <i>each quarter</i>	<ul style="list-style-type: none"> • CDC; Strategies 2,3,7 • SHIP; Priorities 3 & 5 • CHIP; Priority 2

RESOURCES TO SUPPORT THE STRATEGIC PLAN

BE KIND, BE CURIOUS, BE CONNECTED

By following these 3 simple action steps, anyone can help save a life.

- Being kind may help someone see hope through the darkness in a moment of crisis.
- Being willing to ask someone if they are thinking of hurting themselves shows that you are concerned about them and want to connect them to support.
- Connecting with others can influence feelings of hope, giving purpose to someone who may have been feeling hopeless.

CDC SUICIDE PREVENTION RESOURCE FOR ACTION

- [Website](#)
- [Full Guide](#)
- [One-Page Summary](#)

FL LEADS PROJECT

- [Free Trainings](#)
- [About Florida LEADS Project](#)

NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION

- [Resource Library](#)

SUICIDE PREVENTION RESOURCE CENTER

- [Online Library](#)
- [Promote Social Connectedness and Support](#)
- [Safe and Effective Messaging and Reporting](#)
- [Support Safe Care Transitions and Create Organizational Linkages](#)
- [Provide for Immediate and Long-Term Postvention](#)

ZERO SUICIDE INSTITUTE

- [Resource Database](#)
- [Zero Suicide Institute Toolkit](#)

EVALUATING THE STRATEGIC PLAN

ZERO SUICIDE PREVENTION CARE PATHWAY

The Zero Suicide Prevention Care Pathway will be evaluated on a monthly basis, with a trend analysis completed for the end of each year. Data for these metrics (listed in table below) will be submitted by designated personnel at participating health system members of ZSPoP, each month, via Survey Monkey. The monthly aggregated metrics will be reported to ZSPoP during the monthly meeting and in the quarterly newsletter. The aggregated annual totals and trend analyses will be shared in the ZSPoP End of Year (EOY) Report.

Activity/Measures	Data Collection & Source	Reporting
Increase the # of risk screenings and assessments completed (i.e., PHQ-9 and CSSRS) <ul style="list-style-type: none"> - # of PHQ-9s completed - # of CSSRS completed - # of new Safety Plans created - # of clients being treated for suicidality - # of caring contacts made to clients between sessions 	Monthly via Survey Monkey by Select ZSPoP Members	ZSPoP Monthly Meetings, Quarterly Newsletter, and End of Year Report

Activity/Measures	Data Collection & Source	Reporting
- # of ZSPoP members including risk screening as part of their policies and practices by Dec 31 of each year	Annually via Survey Monkey by Select ZSPoP Members	End of Year Report

EVALUATION OF THE STRATEGIC PLAN

Select activities and measures included in the Strategic Plan, as selected by ZSPoP members and the ZSPoP Admin Team, will be evaluated on a regular basis (i.e., monthly, quarterly, annually), and with analyses completed for the end of each year. ZSPoP members will submit data for these metrics (listed in table below) each month via Survey Monkey. The monthly aggregated metrics will be reported to ZSPoP members during the regularly scheduled meeting and in the quarterly newsletter. The aggregated annual totals and trend analyses will be shared in the ZSPoP End of Year (EOY) Report.

Activity/Measures	Data Collection & Source	Reporting
Increase the strategic diversity of sectors, settings, services, and populations represented by ZSPoP - # of ZSPoP members which provide support for/represent various populations and issues by Dec. 31 of each year	Bi-annually via Survey Monkey by ZSPoP Members	End of Year Report
Increase suicide awareness & prevention by sharing, conducting, and participating in presentations, training, and workshops - # of community presentations and workshops facilitated by ZSPoP members each quarter - # of workforce trainings and presentations conducted by ZSPoP members each quarter - # of participants for presentations, training, and workshops provided by ZSPoP members each quarter	Monthly via Survey Monkey by ZSPoP Members	ZSPoP Monthly Meetings, Quarterly Newsletter, and EOY Report

Activity/Measures	Data Collection & Source	Reporting
<p>Provide training in Motivational Interviewing to peer specialists and caring contact providers</p> <ul style="list-style-type: none"> - # of peer specialists and caring contact providers trained in MI by Dec 31 of each year 	<p>Monthly via Survey Monkey by ZSPoP Members</p>	<p>End of Year Report</p>
<p>Increase the community's ability to identify and support individuals experiencing crises, including suicidal thoughts and behaviors</p> <ul style="list-style-type: none"> - # of trainings on identifying and providing support in a crisis completed by ZSPoP members each quarter - # of crisis interventions conducted by ZSPoP members by Dec 31 of each year 	<p>Monthly via Survey Monkey by ZSPoP Members</p>	<p>Quarterly Newsletter and EOY Report</p>
<p>Increase engagement of community members in ZSPoP</p> <ul style="list-style-type: none"> - # of community members supporting ZSPoP at community events each quarter - # of community members signing up to serve as Community Champions for ZSPoP by Dec 31 of each year 	<p>Monthly via Survey Monkey by ZSPoP Members</p>	<p>Quarterly Newsletter and EOY Report</p>
<p>Develop a ZSPoP Youth Workgroup co-facilitated by adult and youth ZSPoP members</p> <ul style="list-style-type: none"> - # of youth involved with the workgroup each quarter - # of youth participants at ZSPoP (or ZSPoP-supported) events/ 	<p>Monthly via Survey Monkey by ZSPoP Youth Workgroup Facilitator</p>	<p>Monthly Meeting, Quarterly Newsletter, and EOY Report</p>

Activity/Measures	Data Collection & Source	Reporting
<p>presentations/ trainings each quarter</p> <ul style="list-style-type: none"> - # of events/ presentations/ trainings supported by the Youth workgroup each quarter 		
<p>Maintain and sustain a ZSPoP LGBTQ+ Workgroup</p> <ul style="list-style-type: none"> - # of ZSPoP members involved with the LGBTQ+ workgroup each quarter - # of events/ presentations/ trainings supported by the LGBTQ+ workgroup each quarter 	<p>Monthly via Survey Monkey by ZSPoP LGBTQ+ Workgroup Facilitator</p>	<p>Monthly Meeting, Quarterly Newsletter, and EOY Report</p>
<p>Maintain and sustain a ZSPoP Veterans Workgroup</p> <ul style="list-style-type: none"> - # of ZSPoP members involved with the Veterans workgroup each quarter - # of events/ presentations/ trainings supported by the Veterans workgroup each quarter 	<p>Monthly via Survey Monkey by ZSPoP Veteran Workgroup Facilitator</p>	<p>Monthly Meeting, Quarterly Newsletter, and EOY Report</p>
<p>Promote Safety Planning across all populations, reinforcing that safety is for everyone</p> <ul style="list-style-type: none"> - # of Safety Plan packets distributed via community outreach & engagement by ZSPoP members each quarter 	<p>Monthly via Survey Monkey by ZSPoP Members</p>	<p>Quarterly Newsletter and EOY Report</p>
<p>Increase access to and provision of support groups for survivors of suicide loss and attempt survivors</p> <ul style="list-style-type: none"> - # of support groups provided by ZSPoP 	<p>Monthly via Survey Monkey by ZSPoP Members</p>	<p>Quarterly Newsletter and EOY Report</p>

Activity/Measures	Data Collection & Source	Reporting
<p>members for survivors of suicide loss each quarter</p> <ul style="list-style-type: none"> - # of support groups provided by ZSPoP members for survivors of suicide attempts each quarter 		
<p>Increase postvention support and services available in Pinellas County</p> <ul style="list-style-type: none"> - # of ZSPoP members with postvention protocols by Dec 31 of each year 	<p>Annually via Survey Monkey by ZSPoP Members</p>	<p>End of Year Report</p>
<p>Develop list of “warm referral” contacts at outpatient organizations</p> <ul style="list-style-type: none"> - List of “warm referral contacts” is confirmed and updated, as needed, each quarter 	<p>Monthly via Survey Monkey by ZSPoP Members</p>	<p>Quarterly Newsletter and EOY Report</p>
<p>Implement updates to Transition of Care protocols at and between organizations</p> <ul style="list-style-type: none"> - # of ZSPoP members with Transition of Care protocols which have been developed or updated within the past 12 months by Dec 31 of each year 	<p>Annually via Survey Monkey by ZSPoP Members</p>	<p>End of Year Report</p>
<p>Develop communication protocol to update and sustain connection with ZSPoP members and the community</p> <ul style="list-style-type: none"> - # of ZSPoP newsletters opened each quarter - # of ZSPoP reports and papers available to the community by Dec 31 of each year - ZSPoP Annual Report is distributed by March 31 of each year 	<ul style="list-style-type: none"> - Annually via Newsletter Platform (e.g., Adobe) by ZSPoP Admin Team - Quarterly via IG & Facebook Insights by ZSPoP Admin Team - Annually via Document Review by ZSPoP Admin Team 	<p>End of Year Report</p>

Activity/Measures	Data Collection & Source	Reporting
<ul style="list-style-type: none"> - Engagement metrics for ZSPoP social media accounts each month 		
<p>Evaluate the activities included in strategic plan</p> <ul style="list-style-type: none"> - # of ZSPoP members reporting strategic plan metrics within requested timeframe by Dec 31 of each year 	<p>Bi-annually via Survey Review by ZSPoP Admin Team</p>	<p>End of Year Report</p>
<p>Report requested metrics in alignment with the Pinellas County CHIP</p> <ul style="list-style-type: none"> - # of ZSPoP members reporting CHIP metrics for the CHAT meeting each quarter 	<p>Quarterly via Survey Review by ZSPoP Admin Team</p>	<p>Quarterly Newsletter and EOY Report</p>

APPENDICES

APPENDIX A - GLOSSARY

- Access to lethal means (ALM)
 - ALM refers to the ability to easily access medications, chemicals, firearms, and other means of suicide which increase potential for a lethal attempt.
- Behavioral health
 - Behavioral Health is sometimes used when referring to mental health, substance use, and/or other health behaviors.
- Best practices
 - Best Practices are programs and practices which have been shown to be effective and/or well-received in supporting positive health behaviors and/or outcomes.
- BIPOC
 - Acronym; Black, Indigenous, and People of Color
- Care coordination
 - Coordination of health care services occurs when multiple organizations are working together to provide care and support to a client/patient. This may help ease the burden on the individual served and increase likelihood of positive health outcomes.
- Collective impact project
 - “Collective impact is a network of community members, organizations, and institutions who advance equity by learning together, aligning, and integrating their actions to achieve population and systems level change.” – [Collective Impact Forum](#)
- Community Champions
 - “Community champions are emergent leaders – members of a community who wish to take on additional activities in support of the community.” – [CSCCE](#)
- Community Conversations
 - "A 'community conversation' is a way to bring a diverse set of community members together to collectively brainstorm strategies and resources that can be used to address a challenge facing the community. In short, it provides a fun and creative way to find local solutions and new partners to address issues that matter most in a community." - [Center for Parent Information & Resources](#)
- Community-defined evidence (CDE)
 - “Community defined evidence is a set of practices that communities have used and found to yield positive results as determined by community consensus over time. These practices may or may not have been measured empirically but have reached a level of acceptance by the community.” – [National Latino Behavioral Health Association](#)
- Continuous quality improvement (CQI)
 - “Continuous Quality Improvement is a process of collecting, analyzing & using data to improve the quality of services or products on an ongoing basis.” – [Root Cause](#)
- CRISP
 - Acronym; [Communication Resilience in Suicide Prevention](#)
 - Concept; CRISP is the integration of Communication Resilience processes for the purpose of promoting and supporting suicide prevention strategies.
- CSSRS
 - Acronym; Columbia Suicide Severity Rating Scale

- “The Columbia-Suicide Severity Rating Scale (C-SSRS) is a unique suicide risk assessment tool that supports suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs.” – [Department of Psychiatry, Columbia University](#)
- Evidence-based practices (EBP)
 - “Evidence-based practice (EBP) is the conscientious and judicious use of current best evidence in conjunction with clinical expertise and patient values to guide health care decisions.” – [Marita G. Titler](#)
- Growing Hope
 - Growing Hope is a community-based participatory research project and served as the catalyst for community outreach and engagement efforts of ZSPoP.
- Helplines
 - Helplines are telephone numbers and/or text services which provide information, referral to resources, brief counseling, and/or crisis support. Many, but not all, operate 24/7 and are answered by trained staff and/or volunteers.
- Listening Sessions
 - “Listening sessions can be an instrumental approach for understanding lived experiences, perspectives, practices, as well as seeking feedback and desired solutions. They are distinct from focus groups and interviews because they are less structured and allow participants to lead the conversation and raise topics of their choosing.” – [National Institutes of Health](#)
- Memorandum of Agreement (MOA)
 - “In health and community work, MOAs are usually used to clarify and/or specify the terms of a cooperative or collaborative arrangement involving two or more organizations.” – [Community Tool Box, University of Kansas](#)
- Peer Support
 - “Peer support programs that connect individuals with mental health and substance use disorders with peers that have lived experience can facilitate a sense of connectedness and belonging. Peer support is provided by individuals who have demonstrated success in their recovery process and help others experiencing similar situations. Peer support workers help individuals become and stay engaged in the recovery process through shared understanding, respect, and mutual empowerment.”¹²
- PHQ-9
 - “The Patient Health Questionnaire-9 (PHQ-9) is a nine item questionnaire designed to screen for depression in primary care and other medical settings.” - [BMJ](#)
- Postvention
 - “Postvention happens after a suicide has taken place. It is an important preventive measure that may reduce future suicide risk by proactively and comprehensively supporting the needs of loss survivors. Postvention may include debriefing sessions, counseling, and/or bereavement support groups for surviving friends, family members, or other close contacts.”¹²
- Protective factors
 - “Protective factors are influences that buffer against the risk for suicide and promote resilience. Protective factors can either counter a specific risk factor or buffer against multiple risks associated with suicide.”¹²
- Risk factors

- “The presence of risk factors does not predict suicide or suicide attempts for any given person. Most individuals who experience risk factors or who attempt suicide do not die by suicide. The cumulative effect of several risk factors may serve to increase an individual’s vulnerability to suicidal behaviors.”¹²
- Safety planning
 - “Safety planning involves outlining what to do during a crisis, including steps for identifying personal warning signs, using coping strategies, activating social support, and accessing professional services.”¹²
- Suicidality
 - Suicidality is an umbrella term for the experience of suicidal thoughts and behaviors (e.g., planning or attempting a suicide).
- Suicide attempt survivor
 - Someone who has survived a suicide attempt
- Suicide Prevention Care Pathway
 - The Suicide Prevention Care Pathway is how ZSPoP has implemented the Zero Suicide framework. It includes universal or broadened screening practices, safety planning, direct treatment of suicidality, care coordination (e.g., caring contacts), as well as continuous quality improvement.
- Survivor of suicide loss
 - Someone who has experienced the loss of someone they know to suicide
- Systems change
 - “Addressing root causes of issues (rather than symptoms) by transforming structures, customs, mindsets, power dynamics, policies and rules by strengthening collective power through the active collaboration of diverse people and organizations.” – [Catalyst 2030](#)
- Systems of care (SOC)
 - Originally, a SOC was defined as “System of Care is a comprehensive network of community-based services and supports organized to meet the needs of families who are involved with multiple child service agencies, such as child welfare, mental health, schools, juvenile justice and health care.” – [NC Collaborative](#) However, systems of care can also be used to describe the structures and network of organization committed to providing coordinated care for populations, such as individuals involved with behavioral health and social service systems.
- Transitions of care (TOC)
 - “The [Centers for Medicare & Medicaid Services \(CMS\)](#) defines a transition of care as the movement of a patient from one setting of care to another. Settings of care may include hospitals, ambulatory primary care practices, ambulatory specialty care practices, long-term care facilities, home health, and rehabilitation facilities.”
- Universal screening
 - “All individuals are screened for suicide risk at their first contact with the organization and at every subsequent contact. All staff members use the same tool and procedures to ensure that individuals at risk of suicide are identified.” – [Zero Suicide Institute](#)

APPENDIX B - EXAMPLE HELPLINES

Local	National
The Wellness Connection, 727-791-3131 <i>24/7 support line for crisis and behavioral health resources</i>	988 Suicide & Crisis Lifeline, 9-8-8 <i>24/7 support for individuals experiencing a suicidal crisis or emotional distress</i>
211 Tampa Bay Cares, 2-1-1 <i>24/7 community resources and crisis line</i>	Sandy Hook Promise, 1-844-5-SayNow <i>Tip line to report acts of violence or potential acts of violence, particularly school-based</i>
Sexual Assault Services, 727-530-7273 <i>Confidential support for sexual assault survivors, including resource referrals, legal information, and emotional support</i>	The Trevor Project, 1-866-488-7386 <i>Crisis support line geared towards LGBTQ+ youth; available to text or call</i>
Florida Veteran Support Line, 1-844-693-5838 <i>24/7 emotional support line and community resource connection for Veterans in Florida</i>	Veterans Crisis Line, 9-8-8, then Press 1 <i>24/7 crisis support for Veterans & their loved ones</i>
Community Action Stops Abuse (CASA) Domestic Violence Hotline, 727-895-4912 <i>Support and services for those experiencing domestic violence</i>	Women Veterans Call Center, 855-VA-WOMEN (855-829-6636) <i>VA resource connection and support service line for women Veterans</i>
Personal Enrichment Through Mental Health Services (PEMHS) Mobile Crisis Response Team, 727-362-4424 <i>24/7 Local crisis response and stabilization services for anywhere in Pinellas County</i>	VA Caregiver Support Line, 855-260-3274 <i>Support line for caregivers, family members, friends, Veterans, and community partners to contact for info related to caregiving and available supports/services</i>
National Alliance on Mental Illness (NAMI) Pinellas Resource Helpline, 727-791-3434 <i>Phone line for information, recourses, and support around mental health conditions</i>	National Domestic Violence Hotline, 1-800-799-7233 <i>24/7 support and safety planning for victims of domestic violence</i>
Florida Abuse Hotline, 1-800-962-2873 <i>Hotline for reporting incidents of child or vulnerable adult abuse</i>	Disaster Distress Helpline, 1-800-985-5990 <i>24/7 crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters</i>

APPENDIX C - EXAMPLE TRAININGS

- Question, Persuade, Refer (QPR)
- Collaborative Assessment and Management of Suicidality (CAMS)
- Linking Individuals Needing Care (LINC)
- Safety Planning, A LINC to Life
- Fire Watch – Watch Standers
- Fire Watch – Veteran Safe Place Program
- Counseling on Access to Lethal Means (CALM)
- Mental Health First Aid (MHFA)
- Assessing and Managing Suicide Risk (AMSR)
- Applied Suicide Intervention Skills Training (ASIST)
- Wellness Recovery Action Plan (WRAP)

APPENDIX D – SUICIDE PREVENTION CAMPAIGNS

- The National Suicide Prevention Lifeline’s “#BeThe1To”
- National Action Alliance for Suicide Prevention’s “#BeThere”
- American Foundation for Suicide Prevention’s “#MentalHealth4All”
- Active Minds’ “#HereForYou”
- JED Foundation’s “#SeizeTheAwkward”
- Mental Health America’s “#Tools2Thrive”
- NAMI’s “#StigmaFree”
- Pinellas Wellness Connection’s “#YouGood?”
- Tampa Bay Thrives’ “#IYKYK”

APPENDIX E – SAMPLE MEMORANDUM OF AGREEMENT (MOA – MAIN DOCUMENT)

MEMORANDUM OF AGREEMENT**Zero Suicide Partners of Pinellas Collective Impact Agreement**

The Zero Suicide Partners of Pinellas (ZSPoP) hereby referred to as “ZSPoP” enter into this Memorandum of Agreement (MOA) in support of their mission to *end suicide in Pinellas County*.

I. TERM OF THE AGREEMENT

This Agreement is effective upon signature of all interested and committed organizational members. New organizational members may be added throughout the calendar year and will be reflected on the cumulative MOA. The MOA may be updated and renewed every three years, or as deemed necessary by the organizational members.

II. HISTORY OF ZSPOP

ZSPoP was established in 2017 by the Pinellas County Behavioral Health System of Care as a collective impact project. ZSPoP brings together organizations, groups, and community members with the common mission to end suicide in Pinellas County. The Zero Suicide national framework uses the aspirational term Zero Suicide to emphasize that even one life lost to suicide is too many. Through leading and coordinating systems change at behavioral health clinics, emergency departments, and community care centers, ZSPoP has conducted screenings and assessments (i.e., PHQ-9, C-SSRS) for suicidal thoughts and behaviors since 2017. ZSPoP has developed policies and procedures for an integrated Suicide Prevention Care Pathway. This includes universal or broadened screening practices, safety planning, direct treatment of suicidality, care coordination (e.g., caring contacts), as well as continuous quality improvement. Regular meetings, sharing data reports, and ongoing training have helped to keep members informed, engaged, and coordinated.

Today, our goals continue to be transforming our systems of care to include common universal screenings, implementing and strengthening the Suicide Prevention Care Pathway across providers, promoting organic growth, and data-driven continuous quality improvement. Our suicide prevention efforts have also expanded from the clinic to the community. We know that many individuals at risk for experiencing suicidal thoughts and behaviors are those that are not already connected to care.

Though the Zero Suicide framework was developed for use by health systems, ZSPoP has embraced and expanded this understanding of Zero Suicide. We believe community outreach, engagement, leadership, and participation is necessary for comprehensive suicide prevention. As such, ZSPoP membership can be at the organizational, group, or individual level (including community members). We welcome all members to provide their time, expertise, voice, insights, and/or other resources to support the mission of ZSPoP.

III. PURPOSE OF THE AGREEMENT

All rates listed below are per 100,000 population. Pinellas County's 2021 crude suicide rate (20.3) is higher than the state (16.9) and national (14.5) 2021 averages. The suicide attempt rate for Pinellas County which results in an Emergency Department visit is 72.5 (Florida is 53.3) and for those that result in hospitalization, it is 41.3 (Florida is 35.6). Additionally, we know there are groups within our communities who are at a higher risk of suicidal thoughts and behaviors, including death by suicide.

Furthermore, many individuals who do die by suicide do not engage in mental health services and do not have a mental health diagnosis. There is no single cause of suicidal thoughts, behaviors, or death by suicide. There are a multitude of diverse risk and protective factors related to suicide. As such, our strategies and approaches to suicide prevention in our communities must include intentional outreach and engagement with the broader population, as well as groups identified as being at higher risk. ZSPoP believes supported and coordinated systems of care, as well as intentional community engagement & participation are necessary for comprehensive suicide prevention.

Understanding that each member can take action steps that when added together can promote significant change and support suicide prevention. Those action steps may be different for each Organization, Group, or Individual. This agreement seeks to promote awareness of actions each organizational member of ZSPoP is willing and able to embark upon while promoting common actions and collaborative efforts.

Through the culmination of this MOA and the ongoing efforts outline in the accompanying 2023 – 2026 Strategic Plan, ZSPoP invites you to join us in our mission! It takes all of us, doing what we can, to end suicide in Pinellas County.

IV. JOINT RESPONSIBILITIES

Be kind, be curious, and be connected. Being kind may help someone see hope through the darkness in a moment of crisis. Asking someone if they are thinking of hurting themselves shows that you are concerned about them and want to connect them to support. Connecting with others can influence feelings of hope, giving purpose to someone who may have been feeling hopeless. By following these 3 simple action steps, anyone can help save a life.

V. HOLD HARMLESS AND INDEMNITY

Each organization shall be liable for and shall indemnify, defend, and hold harmless the other members and all of their officers, agents, and employees from all claims, suits, judgments, or damages, consequential or otherwise and including attorneys' fees and costs arising out of any act, actions, neglect, or omissions by the organizational member, during the performance or operation of this agreement or any subsequent modifications thereof, whether direct or indirect, and whether to any person or tangible or intangible property except that each organizational member will be liable for damages arising out of injury or damage to persons or property directly caused or resulting from the sole negligence of either party or any of their officers, agents, or employees. To the extent that a party is a public agency under Florida law, this clause is limited to the monetary limitations, defenses, and other application of s. 768.28, F.S.

VI. DISCRIMINATION

The partnership shall not discriminate in the providing of services hereunder on the basis of age, sex, gender, sexual orientation, race, religion, creed, disability, color, or national origin.

VII. TERMINATION

Any organizational member, upon no less than thirty (30) days' notice, may terminate their commitment to this Agreement. Notice shall be delivered by post mail, email or in person with proof of delivery to the partnership.

VIII. SIGNATURES

Organizational Member Information

Organization Name

Authorized Signatory Name

Authorized Signatory Signature

Zero Suicide Partners of Pinellas

Zero Suicide Partners of Pinellas

Kristin Mathre

ZSPoP Chair

Kelli Agrawal

ZSPoP Planning Specialist

Signature

Signature

Date

Date

APPENDIX F – SAMPLE MEMORANDUM OF AGREEMENT (MOA – ADDENDUM)

MEMORANDUM OF AGREEMENT - ADDENDUM
Zero Suicide Partners of Pinellas Collective Impact Agreement

IX. RESPONSIBILITIES

In supporting the collective impact model, our organization commits to the following items/actions:

A. Lead (check all that apply)

- Promote through leadership a suicide safety-oriented culture in our organization
- Promote policy and procedure changes in our organization, community, and/or state to support comprehensive suicide prevention
- Identify and support staff at our organization to champion Zero Suicide efforts, including designating a point-of-contact (POC) within our organization for Zero Suicide efforts
 - Update the ZSPoP Admin team of any POC changes, as needed
- Share and promote suicide prevention information from the Pinellas Behavioral Health System of Care workgroup meetings
- Other, please describe: _____

B. Train (check all that apply)

- Increase suicide awareness & prevention by sharing, conducting, and participating in presentations, training, and workshops
- Share information, opportunities, and strategies for reducing stigma related to suicide and discussions of suicide prevention, both at the agency and in the community
- Train all staff (administrative, support, clinical, etc.) using models and modules available through the Suicide Prevention Resource Center (SPRC), the Zero Suicide Institute, & other related resources
 - For example trainings and resources, see Appendix A
- Other, please describe: _____

C. Identify (check all that apply)

- Incorporate suicide risk screenings into our policies and procedures, ensuring screenings are conducted as part of a Suicide Prevention Care Pathway
- Continue to implement Zero Suicide prevention care pathways, including reporting of metrics on common processes, including:
 - The PQH-9
 - The Columbia Suicide Severity Rating Scale
 - Stanley-Brown Safety Plans
 - Caring Contacts
- Share information on suicide warning signs, risks, and protective factors with workforce and community members

- Share information on health care coverage resources (i.e., public insurance programs, insurance marketplace navigation, etc.) and other means of increasing access to care
 - If screenings are taking place in health care settings, people need affordable access to those settings.
- Other, please describe: _____

D. Engage (check all that apply)

- Accept leadership roles and actively participate in collaborative ZSPoP community outreach activities, including but not limited: resource fairs, tabling events, town halls, community conversations, trainings, etc.
- Share information for the ZSPoP newsletter and share the newsletter throughout our organization/networks
- Participate in ZSPoP Main and Workgroup meetings to stay updated and engaged in new opportunities, trainings, and resources for suicide prevention in Pinellas County
- Promote Safety Planning for community members, reinforcing that “safety is for everyone”
- Include safe messaging guidelines in our suicide prevention policies and procedures
- Promote supported suicide prevention campaigns through social media
 - For example social media campaigns, see Appendix B
- Promote information and awareness about relevant helplines
 - For example helplines, see Appendix C
- Other, please describe: _____

E. Treat (check all that apply)

- Provide direct treatment for suicidal thoughts and behaviors
- Develop a postvention protocol for our organization
- Provide and promote support groups for survivors of suicide loss
- Provide and promote support group for suicide attempt survivors
- Commit to completing ongoing workforce training on treatments, practices, and programs which are appropriate for use in direct treatment of suicidal thoughts and behaviors, including training on culturally relevant program adaptations
- Other, please describe: _____

F. Transition (check all that apply)

- Develop procedures for Safety Plans and supporting documents to be communicated between organizations when referrals are made
- Establish, follow, and evaluate protocols to triage appointments and arrange for rapid referrals of patients with a history of suicide risk
- Engage in collaborative care when multiple agencies are involved in the care and support of a client

- Designate peer specialists and others with lived experience to support both the patient and the family during the care transition and throughout recovery
- Continue to ensure warm transfers when possible
- Other, please describe: _____

G. Improve (check all that apply)

- Use available information within your organization system to examine referral patterns, length of care gaps, and days/hours of service availability and use, and apply that information to modify current practice and ongoing improvement
- Track, monitor, and report on organization’s community outreach and engagement efforts to support suicide prevention; including number of event attendees or community presentations conducted
- Contribute to developing and/or sharing ZSPoP information through papers, reports, proposals, and presentations
- Provide feedback, ideas, recommendations, and information which supports and improves ZSPoP community outreach and engagement
- Increase use of research and community defined evidence in the development, implementation, and evaluation of programs, services, and policies to support suicide prevention
- Report requested metrics in alignment with the Pinellas County CHIP
- Other, please describe: _____

X. SIGNATURES

Organizational Member Information

Organizational Designated ZSPoP Contact

Organization and/or Group Name

Designated Contact Name

Authorized Signatory Name

Designated Contact Email/Phone

Authorized Signatory Signature

Authorized Signatory Email/Phone

Zero Suicide Partners of Pinellas (ZSPoP)

Zero Suicide Partners of Pinellas

Kristin Mathre

ZSPoP Chair

Kelli Agrawal

ZSPoP Planning Specialist

Signature

Signature

Date

Date

APPENDIX G – SAMPLE ZSPOP COMMUNITY MEMBER PLEDGE

Zero Suicide Partners of Pinellas Community Member Pledge

The Zero Suicide Partners of Pinellas (ZSPoP) welcome community members to complete the ZSPoP Pledge in support of our collective mission to *end suicide in Pinellas County*.

I. History of ZSPoP

ZSPoP was started in 2017 by the Pinellas County Behavioral Health System of Care as a collective impact project. ZSPoP brings together organizations, groups, and community members with the common mission to end suicide in Pinellas County. We encourage you to visit our website to learn more about [Our Story](#).

II. Purpose of The Pledge

We understand that each ZSPoP member has their own strengths, resources, and ways of contributing to the partnership. Through this Pledge and the ongoing efforts outlined in the accompanying 2023 – 2026 Strategic Plan, ZSPoP invites you to join us in our mission! It takes all of us, doing what we can, to end suicide in Pinellas County.

III. By joining the Zero Suicide Partners of Pinellas, and in support of our common mission to end suicide in Pinellas County, I pledge to:**A. Lead (check all that apply)**

- Participate in ZSPoP Main and Workgroup meetings to stay updated and engaged in new opportunities, trainings, and resources for suicide prevention in Pinellas County
- Become a Community Champion; share information, opportunities, and resources from ZSPoP to your community & from your community to ZSPoP
- Identify and engage other individual community members to join ZSPoP and become Community Champions
- Advocate for practices and policies that support comprehensive suicide prevention
- Accept leadership roles; active participation in outreach activities, including but not limited to: outreach events, town halls, community conversations, trainings, etc.
- Lead by example through use of “Safe Messaging” and language related to suicide and suicide prevention (*e.g., “died by suicide” rather than “committed suicide”*)
- Other, please describe: _____

B. Train (check all that apply)

- Share information, opportunities, and strategies for reducing stigma related to suicide and discussions of suicide prevention

- Participate in learning and skills development for suicide prevention by completing trainings, attending meetings & conference, and co-developing suicide prevention materials for the community
- Practice the skills you've learned and be willing to put them to use to help others
- Facilitate training, presentations, and workshops to the community to increase education and awareness of suicide prevention efforts at all levels of prevention
 - For example trainings & resources, see Appendix A
- Other, please describe: _____

C. Identify (check all that apply)

- Share information on suicide warning signs, risks, and protective factors with others
- Be willing to ask if someone is thinking of hurting themselves and be able/willing to provide them with supportive resources
- Share information on health care coverage resources (i.e., public insurance programs, insurance marketplace navigation, etc.) and other means of increasing access to care
 - If screenings are taking place in health care settings, people need affordable access to those settings.
- Other, please describe: _____

D. Engage (check all that apply)

- Share information for the ZSPoP newsletter and share the newsletter with others
- Promote, support, and participate in ZSPoP community events
- Provide ZSPoP information at other community events and tabling opportunities
- Promote Safety Planning for community members, reinforcing that “safety is for everyone”
- Promote supported suicide prevention campaigns through social media
 - For example social media campaigns, see Appendix B
- Promote information and awareness about relevant helplines
 - For example helplines, see Appendix C
- Other, please describe: _____

E. Treat (check all that apply)

- Educate yourself on what services and resources are available within your community which provide treatment for suicidal thoughts and behaviors; share with others

- Encourage others to seek help when they are going through a difficult time and help reduce stigma related to talking about mental health or suicide prevention
- Share information about the 988 Suicide & Crisis Lifeline
- Volunteer as a trained support group facilitator for survivors of suicide loss
- Volunteer as a trained support group facilitator for suicide attempt survivors
- Other, please describe: _____

F. Transition (check all that apply)

- Volunteer as a trained support group facilitator for families and loved ones of those who struggle with mental illness and/or suicidal thoughts & behaviors
- Create handwritten cards and supportive notes for discharged patients, to be provided by organizational partners
- Be aware of postvention support available and share this information with others
- Promote the use of gun locks to support safer environments and reduce access to lethal means
- Become trained in Motivational Interviewing to support safe and healthy behaviors for members of your community
- Other, please describe: _____

G. Improve (check all that apply)

- Keep track of your own outreach and engagement activities, share your stories, experiences, and lessons learned with the other ZSPoP members
- Contribute to developing and sharing ZSPoP information through papers, reports, proposals, and presentations
- Share relevant ZSPoP findings and promote productive community action
- Provide feedback, ideas, recommendations, and information which supports and improves ZSPoP community outreach and engagement
- Other, please describe: _____

IV. JOINT RESPONSIBILITIES OF ALL ZSPOP MEMBERS

Be kind, be curious, and be connected. Being kind may help someone see hope through the darkness in a moment of crisis. Asking someone if they are thinking of hurting themselves shows that you are concerned about them and want to connect them to support. Connecting with others can influence feelings of hope, giving purpose to someone who may have been feeling hopeless. By following these 3 simple action steps, anyone can help save a life.

v. SIGNATURES

Community Member Information

Community Member Name

Community Member Signature

Community Member Email/Phone

Zero Suicide Partners of Pinellas (ZSPoP)

Kristin Mathre

Chair of ZSPoP

Kelli Agrawal

ZSPoP, Planning Specialist

Signature

Signature

Date

Date

APPENDIX H – REFERENCES

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