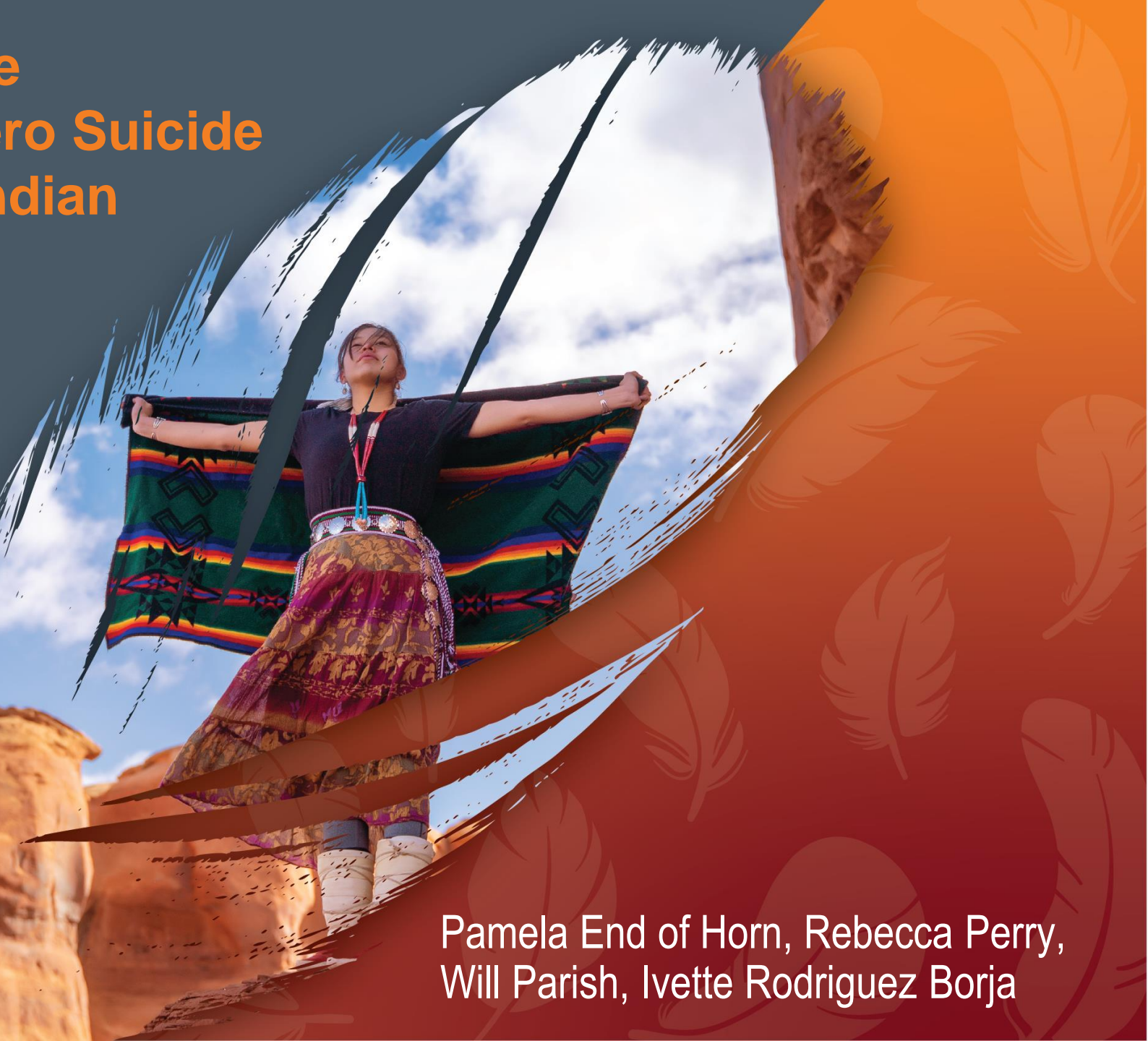


Lessons learned from the implementation of the Zero Suicide Initiative among Urban Indian Organization Grantees

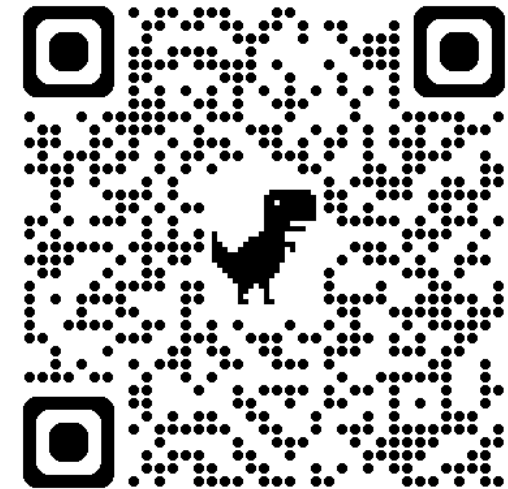


Pamela End of Horn, Rebecca Perry,
Will Parish, Ivette Rodriguez Borja

Presentation Overview

1. Overview of the Zero Suicide Initiative (ZSI)
2. Introduction to the two Urban Indian Organization (UIO) ZSI grantees
3. Methods and analysis approach
4. Lessons Learned

Copy of the Presentation is Located here



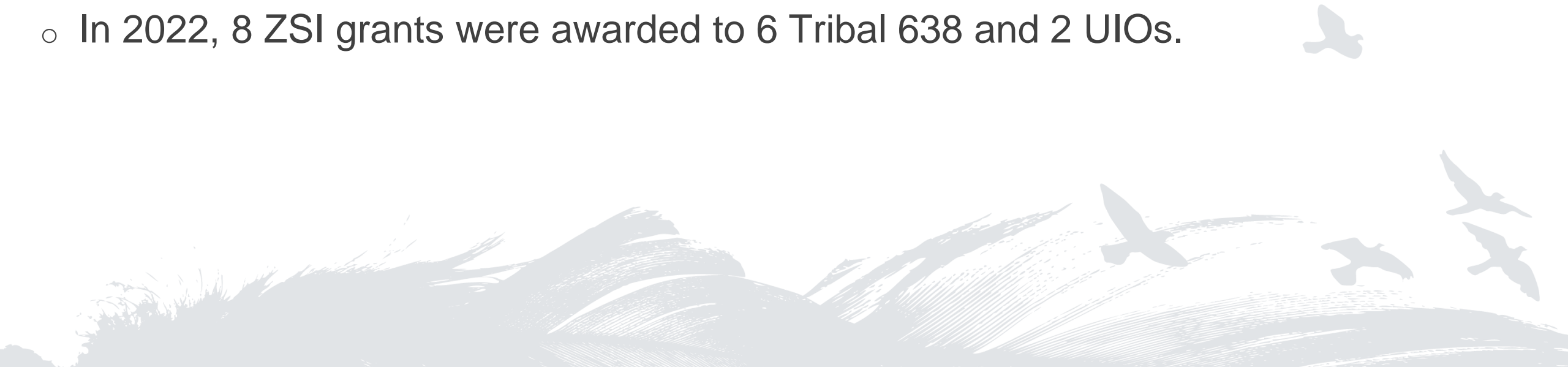
Disclaimer

This presentation shares findings based on secondary data analyses, and primary data collection and analyses from the interest-holders involved in the grantees' implementation of ZSI. The views expressed in this presentation do not represent the views of the Indian Health Service.

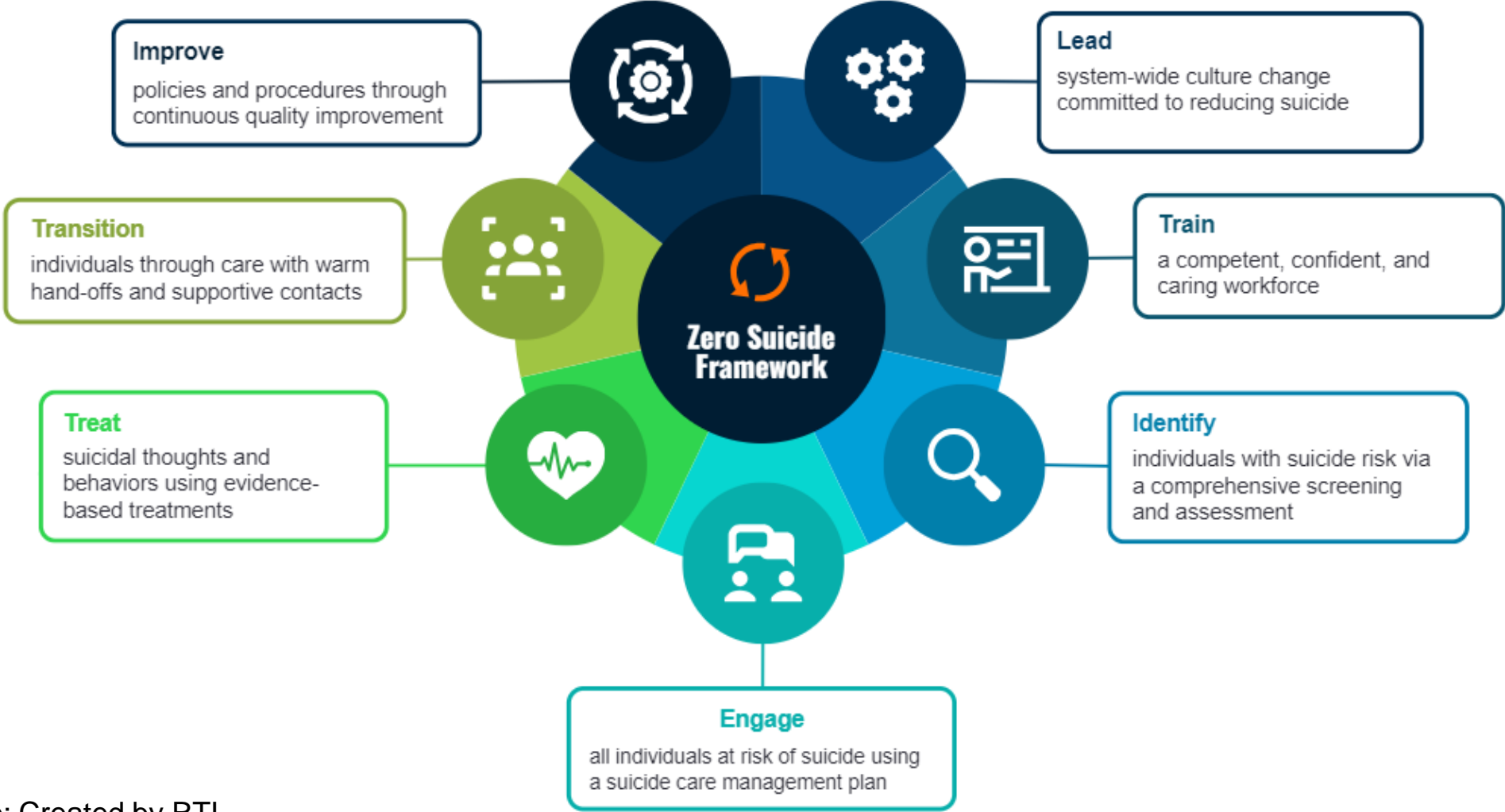
All data presented have been deidentified to maintain confidentiality.

IHS has supported ZSI for a decade.

- In 2012, the Department of Health and Human Services (HHS) launched a National Strategy for Suicide Prevention.
 - Zero Suicide was a key concept in this National Strategy.
- In 2015 & 2017, IHS awarded grants to organizations to attend a ZSI academy.
- In 2018, IHS awarded 8 ZSI grants to IHS federal, Tribal 638 and Urban Indian Organizations (UIO).
- In 2022, 8 ZSI grants were awarded to 6 Tribal 638 and 2 UIOs.



Seven Elements of the Zero Suicide Initiative



Source: Created by RTI

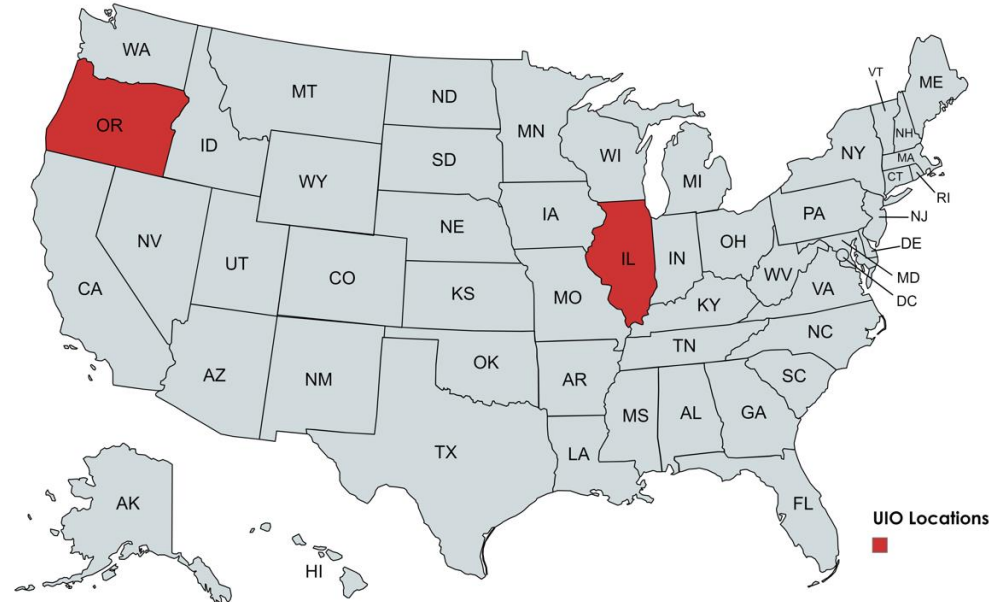
Today's presentation focuses on 2 UIOs of the 8 ZSI grantees from 2022.

Native American Rehabilitation Association of the Northwest, Inc. (NARA NW)

- Located in Portland, OR
- Provides care through multiple sites
- Has ~202 staff providing direct patient care
- Engages AI/AN individuals from ~256 Tribes
- Implementing its second ZSI grant

American Indian Health Service of Chicago, Inc. (AIHSC)

- Located in Chicago, IL
- Provides care through a single site
- Has ~ 35 staff providing direct patient care
- Engages AI/AN individuals from ~156 Tribes
- Implementing its first ZSI grant



Source: mapchart.net

Suicide Rates

- Average suicide rate was 9.70 per 100,000 AI/AN individuals across the Hospital Referral Regions (HRRs) for the two UIOs.
- Suicide rate in the HRR for NARA NW was greater than that of the HRR for AIHS-C.
- Suicide rates within the HRRs for each UIO were similar to the suicide rates observed statewide.

Neither organization reported a death by suicide among their AI/AN patients in the past year.

	Organization 1	Organization 2
Death by suicide among all AI/AN patients	0%	0%
Average number of suicide attempts among all AI/AN patients who attempted suicide	1.00	1.36
AI/AN patients who attempted suicide	n=2 (0.40%)	n=25 (1.00%)

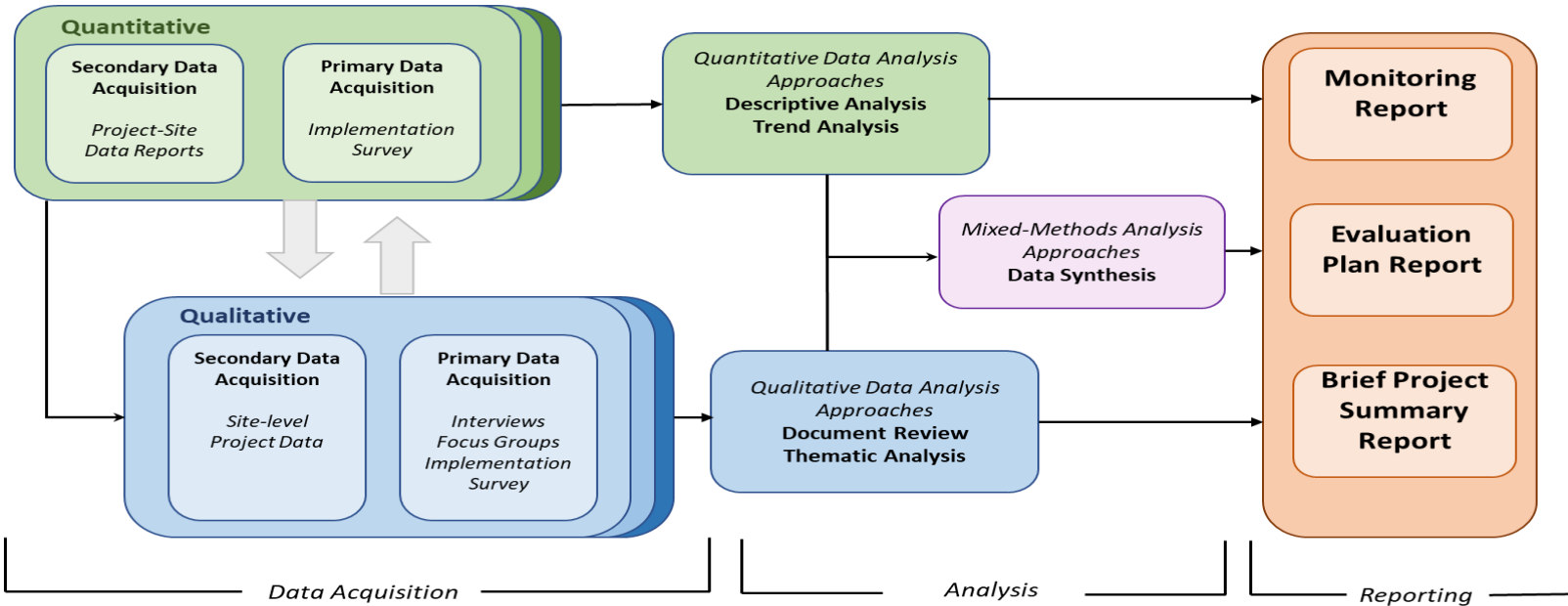
Data Source	Details	Data Timeframe (Grantee Years)
Qualitative stakeholder interview and focus group data	Data collected on implementation contexts and approaches used by the two UIOs during site visits. Eight interviews conducted with key leadership staff, each of which lasted approximately 1 hour. Two focus groups convened with behavioral health treatment staff ($n = 10$).	April 1, 2022 to March 2024 (Grantee Years 1 and 2)
Annual Progress Report data	Primary quantitative and qualitative data collected from the ZSI grantees on their implementation progress and fidelity to each of the seven ZSI elements. Survey administered and data collected through REDCap, a HIPAA-compliant, secure online platform.	March 31, 2023 to April 1, 2024 (Grantee Year 2)
National Vital Statistics System (NVSS) data	Secondary data source managed by CDC that reports mortality data along with suicide deaths among AI/AN individuals that occurred within the UIO's catchment areas with all county-restricted mortality data.	2019 to 2022 (Prior to Grantee Year 1)
Workforce survey data	Survey of organization workforce developed by EDC that assesses staff's knowledge, practices, and confidence implementing the seven elements of the ZSI model.	2023 (Grantee Year 2)*
Organizational Self-Study survey data	Survey developed by EDC to assess each organization's approach to the ZSI model. This survey also identifies organizational strengths and weaknesses and identifies areas for improvement with integrating the ZSI model. Each component of the Zero Suicide model was measured on a rating scale from 1 to 5.	2023 (Grantee Year 2)

CDC = Centers for Disease Control and Prevention; EDC = Education Development Corporation; UIO = Urban Indian Organization; ZSI = Zero Suicide Initiative

* Workforce survey data were only available for Grantee Year 2 for both UIOs. One UIO was missing workforce survey data for Grantee Year 1 and, therefore, a decision was made to exclude Grantee Year 1 data.

Methods and Analysis Approach

- Mixed methods synthesis
 - Integrated qualitative narratives with quantitative statistics



- Methodological limitations

- Early nature of the ZSI grantees' activities
- Lack of multiple years of data from the Workforce surveys and Organizational Self-Studies
 - Analyses lack 2022 data
- Response rates and response demographics not available for workforce surveys and Organizational Self-Studies because the surveys are secondary data

Lessons Learned: Considerations for Future ZSI grantees

- **Both UIOs made significant implementation progress.**
 - Similarities in implementation:
 - Demonstrated high fidelity to the ZSI elements
 - Considered strong leadership and management critical to implementation progress
 - Relied on input and guidance from the Native American community to help culturally adapt interventions and programming
 - Recognized the importance of incorporating traditional AI/AN practices into treatment

Lessons Learned: Considerations for Future ZSI grantees (cont.)

- **Both organizations took different approaches to ZSI implementation.**

- Differences in implementation:

- Offered different amounts of authority to their leadership teams
- Used a universal training approach vs training as needed
- Used a systemic approach to develop care management plans vs relying on staff discretion
- Only one organization was able to track suicide care management records in its EHR

Lessons Learned: Considerations for Future ZSI grantees (cont.)

Both organizations shared numerous facilitators and challenges to implementing ZSI.

Facilitators:

- Strong leadership and management
- External partnerships

Challenges:

- Staff turnover
- External partnerships
- Patients' perceptions of care - medical mistrust and mental health stigma
- Difficulties using their EHRs to consistently track patient care

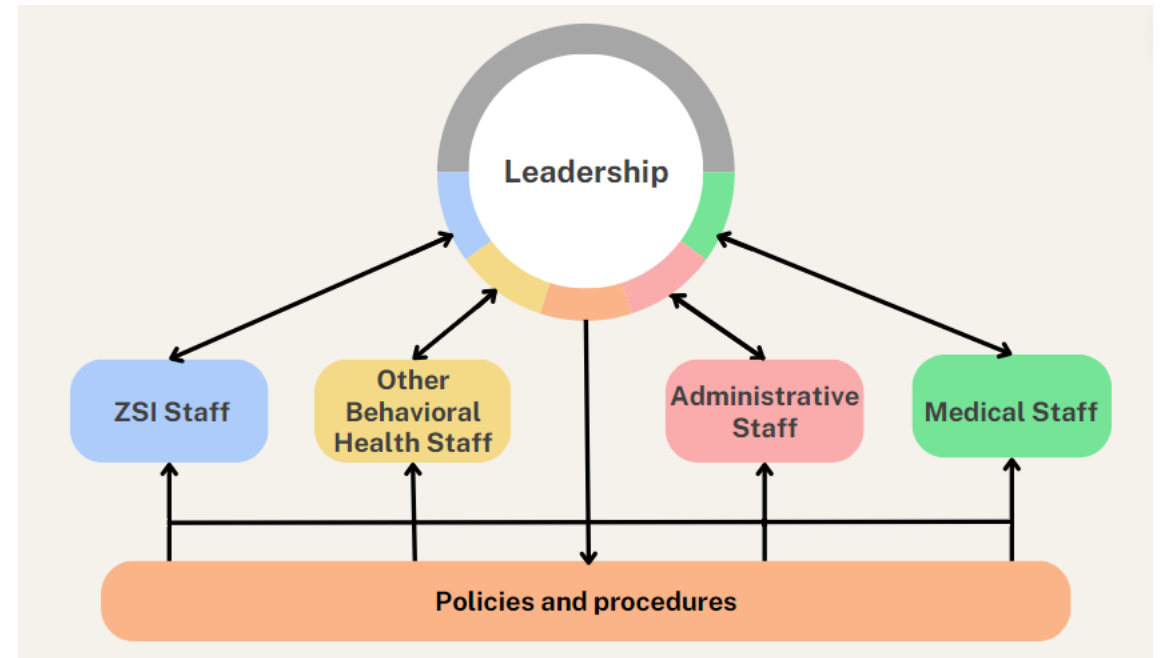
Lead Element: Both organizations rely on substantive relationships for ZSI implementation.

Leadership Support

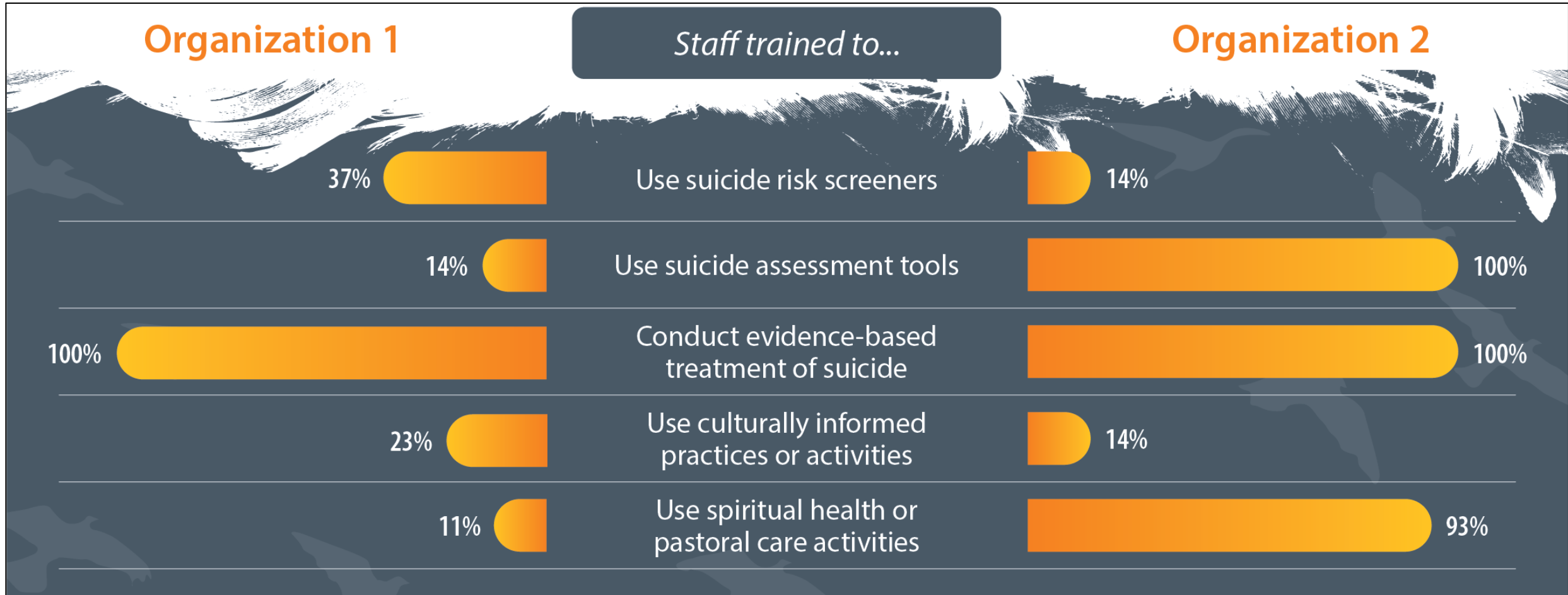
- Neither organization:
 - Had policies to support staff whose patients die by suicide
- Both organizations have staff who:
 - Named leadership support of cross-division communication as an implementation facilitator
 - Reported strong working relationships among staff

Partnership and Engagement

- Staff at both organizations:
 - Recognized the importance of a flexible, adaptive approach that is informed by the community
 - Faced some challenges engaging the community



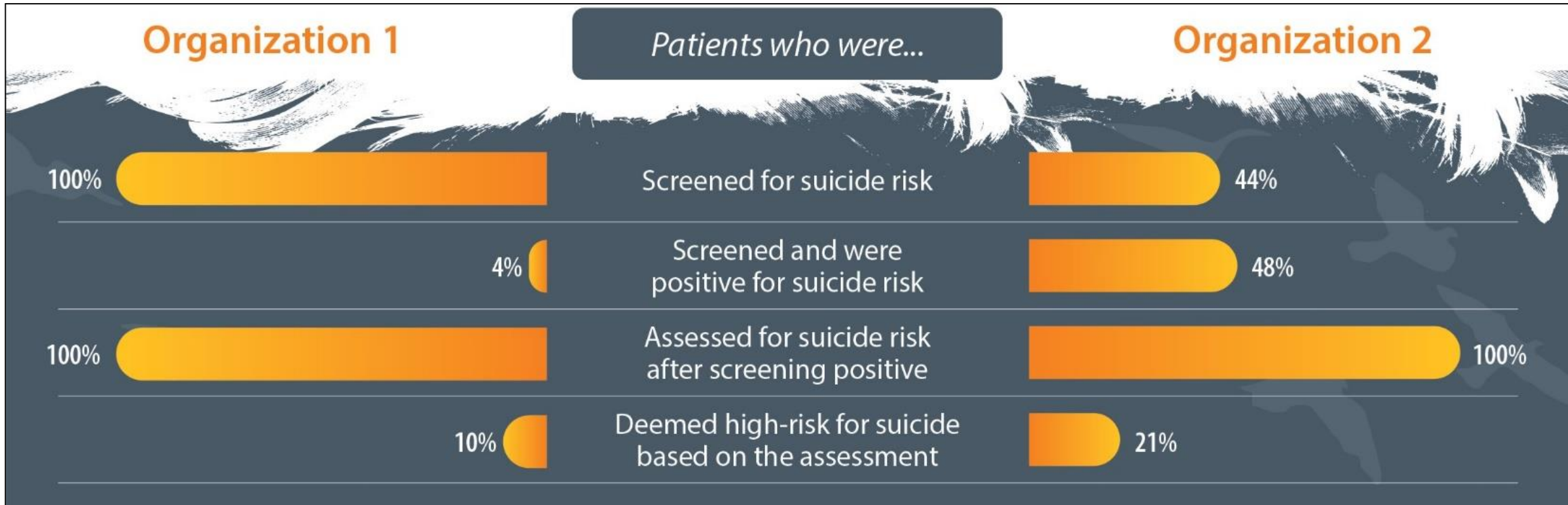
Train Element: At both organizations, all staff that provide behavioral health services to patients were trained to use screening and assessment instruments.



Train Element: A universal staff training approach appears to be associated with fewer training gaps.

- Strong leadership support and prioritization of suicide prevention training were seen as critical for ZSI implementation, according to ZSI staff interviewed
- Each organization took a different approach to training:
 - Organization 1 offered trainings to staff based on their responsibilities and roles
 - Organization 2 required training for all staff
- Organization 2 required that all staff be trained in their suicide risk assessment tool and receive annual refresher trainings
 - According to the workforce survey, staff working at this organization reported fewer additional suicide prevention and awareness training needs

Identify Element: Both organizations took different approaches to screening for suicide risk. Organization 1 screened all patients and Organization 2 screened 44% of patients for suicide risk.



Engage Element: Both organizations faced challenges engaging patients in care and adopted strategies to improve engagement in care.

Strategies and Challenges to Engagement in Care

Staff at both organizations

- Reported numerous challenges to engaging individuals in care, which include patients having
 - Mistrust for mental health providers or the mental health and medical systems
 - Concerns about stigma
 - Social service needs that are more acute than their mental health needs
- Used numerous strategies and systems to support patients' engagement in care including incorporation of Native American culture and healing into care and treatment approaches

Treat Element: Staff at both organizations highlighted the benefits of culturally informed practices and adaptations to care.

- According to staff, incorporating traditional Native American practices into treatment:
 - Enhanced treatment impact
 - Demonstrated respect for Native American patients
 - Acknowledged cultural heritage as a core component of healing
 - Made therapeutic experience more meaningful and impactful
 - Fostered a sense of cultural identity and empowerment

Improve Element: Both organizations used an EHR system to track suicide-related activity.

Both organizations:

- Named EHRs as critical for but limiting to quality improvement
- Conducted some form of quality improvement

It seemed like the smallest thing to somebody, but to that person, that was that one leap they needed. So we were like a buoy, I guess, to folks.
– ZSI Grantee Staff

What sources of funding are available for ZSI efforts?

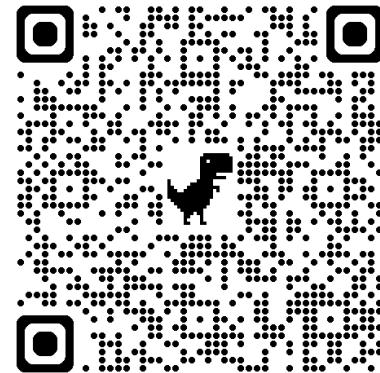
Grants and Other Federal Funding

- SAMHSA
 - [Implementing Zero Suicide in Health Systems Cooperative Agreement](#) (Last funded in July 2025)
 - Garrett Lee Smith State/Tribal Youth Suicide Prevention Grants

Service Reimbursement

- Medicaid, Medicare and Third-Party Insurance – CPT codes on the next slide or via QR code below
- Four states offer Medicaid coverage for Traditional healing and medicine for American Indian and Alaska Native populations: AZ, CA, NM, OR
 - UT is pending federal government approval

QR Code to CPT codes



Funding: CPT codes to reimburse Zero Suicide Activities

Type of Service	Details on Procedure	Procedure Code
Screening	Administration, scoring, and documentation of a brief behavioral or emotional screening instrument	96127, G0444
Depression Screening, Assessment and treatment planning	Screening for depression is documented as being positive, and a follow-up plan is documented	G8431
Depression Screening and Assessment	Screening for clinical depression is documented as being negative, and a follow-up plan is not required	G8510
Assessment	Psychiatric diagnostic evaluation (without medical services)	90791
Assessment	Psychiatric diagnostic evaluation (with medical services)	90792
Treatment	Office or other outpatient visit for the evaluation of a new or established patient	99201–99215
Treatment	Individual psychotherapy 30, 45, and 60 minutes	90832, 90834, 90837
Treatment	Psychotherapy for crisis, for first 60 minutes + crisis code add-on for each additional 30 minutes	90839, 90840
Treatment	Telehealth and phone visits	99441-99443, 98966-98968, 98970-98972
Treatment	Behavioral health groups	90853
Transition	Psychiatric collaborative care management	99492, 99493, 99494, G0502, G0503, G0504:
Transition	Chronic care management services	99490, 99491, 99487, 99489, G0506
All Service types	Enhanced services codes	90785: Add-on codes for complexity (may be reported as appropriate with 90791, 90792, 90832, 90833, 90894, 90896, 90853, 90837, 99201- 99255, 9930-99337, and 99341-99350

Acknowledgements

- This content was made possible by contributions from the RTI International Zero Suicide Initiative Coordinating Center team which included: Ivette Rodriguez Borja, Monica Desjardins, Sonya Goode, Kristen Henretty, Jackie Mungo, Will Parish, Sarah Philbrick, Christina Rodriguez, and Richa Ruwala.
- RTI International thanks the Indian Health Service for their ongoing collaboration, commitment to ZSI, and funding of these efforts.
- Our team thanks the UIO staff and their leadership for their collaboration on our data collections.