June 22, 2022

Chairmen Takano and members of the Committee on Veterans' Affairs:

I am submitting this written statement in support of H.R. 6273, the VA Zero Suicide Demonstration Project Act of 2021. I greatly appreciate the opportunity to share information regarding the rationale for the VA Zero Suicide Demonstration Project Act of 2021 as well as the potential favorable impact of this bill.

I am the director of the Zero Suicide Institute® and the vice president for Suicide Prevention Strategy at the Education Development Center (EDC), Inc. The Zero Suicide Institute provides expertise, customized consultation, and training for health care and behavioral health care systems and providers, state agencies, health plans, and others to support adoption, evaluation, and sustainability of the Zero Suicide framework. The Zero Suicide Institute has worked closely with hundreds of health and behavioral health care leaders and organizations since its launch in 2016.

EDC draws on almost two decades of leadership in national suicide prevention. Some projects include the Suicide Prevention Resource Center (SPRC), authorized by Congress and funded through the Substance Abuse and Mental Health Services Administration *(*SAMHSA*)*, and the Injury Control Research Center for Suicide Prevention (ICRC-S), authorized by Congress and funded through the Centers for Disease Control and Prevention (CDC). EDC provides Secretariat support for the National Action Alliance for Suicide Prevention (Action Alliance). The Action Alliance, a public-private partnership, is dedicated to advancing the National Strategy for Suicide Prevention (NSSP), the road map to guide the nation's suicide prevention efforts. The revised 2012 NSSP is a result of a joint effort by the Office of the U.S. Surgeon General and the Action Alliance. EDC is also the home of publicly available resources and tools that health care systems can use to adopt the Zero Suicide framework, including the online *Zero Suicide Toolkit* (https://zerosuicide.edc.org/).

Zero Suicide specifically addresses Goals 8 and 9 of the NSSP: *Promote suicide prevention as a core component of health care services* and *Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors*.

The Zero Suicide framework is built on the recognition that health care systems and providers who care for people with suicidal thoughts and behaviors can and should be transformed. Zero Suicide dismisses the general fatalism that systems are already doing the best they can and that nothing more can be done.

There is minimal graduate training in suicide-specific care practices for behavioral health clinicians; and therefore, while providers are generally doing the best they can, they are frequently not using best practices. As a result, quality of care is impacted, and likely the experiences and outcomes for patients as well. Clinicians, regardless of profession, who receive suicide-specific training report more confidence and knowledge in how to work with individuals at risk. However, only 2% of accredited counseling programs and 6% of accredited marriage and family therapy programs offer suicide prevention training; additionally, less than 25% of social workers and less than 50% of psychology interns report receiving suicide prevention training. Further, only about 10–12 states require continuing medical education (CME) in suicide prevention for physicians and other providers.

EDC developed the *Zero Suicide Workforce Survey* to assess staff self-perception of their knowledge and comfort level when interacting with patients who may be at risk for suicide, including comfort and skill at providing specific elements of care, such as screening, treatment, and support during care transitions. Data from 68,000 health care workers reveal that fewer than one-third *strongly agreed* that they are knowledgeable about warning signs for suicide, know organizational procedures to follow when they suspect an elevated risk of suicide, and are confident in their ability to respond. Only about one-third *strongly agree* that they are confident or comfortable providing treatment to individuals with suicidal thoughts and behaviors. While the science of how to address suicide risk directly, based on evidence, has improved considerably, and promising practices are now available, these approaches are vastly underutilized by health care providers.

> *"Over the past two years, we have worked to begin implementation of Zero Suicide here at OhioHealth. The response to this project has been overwhelmingly positive. I've found that our associates take pride in being an organization committed to suicide prevention, for both our patients, and our associates. By teaching our staff how to talk to patients about suicide, and implementing best practice initiatives in suicide prevention, it not only optimizes safety and quality of care for our patients, but it increases engagement and commitment among our associates."*
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> Megan Schabbing, MD
> OhioHealth Behavioral Health
> Zero Suicide Academy Attendee

Adopting Zero Suicide represents a galvanizing and feasible opportunity to improve the health and well-being of people expressing suicidal thoughts and behaviors, and it also improves the safety and well-being of the staff working in these settings because they can both feel more effective and actually be more effective. While Zero Suicide necessitates a set of institutionalized and codified practices and workflows, it is not a manualized program. It is an adaptable framework that needs to be adjusted for the culture and setting. Both "how" the care is conducted as well as "what" specific care practices are utilized matter and together comprise what ***doing*** Zero Suicide is all about.

Zero Suicide emphasizes personal and person-centered interactions that convey compassion, promote healing and connectedness, offer hope and education, and emphasize that treatment will be effective. However, this transformation cannot occur solely through the installation of a suite of tools or the adoption of a checklist. It occurs when the institution's culture reflects committed leadership; promotes optimism, trust, and creativity by staff; is designed and managed by people with lived experience; and utilizes open, data-informed and robust process improvement.

The Zero Suicide framework includes seven evidence-based components. While each component has individual value, when used together, they have been shown to reduce suicide events in health care systems. These components are as follows:

- **LEAD**: Lead a system-wide culture change committed to reducing suicides, which includes a blame-free culture.
- **TRAIN**: Train a competent, confident, and caring workforce in all tools, workflows, and policies, as well as how to contribute to the organization's suicide care mission and goals.
- **IDENTIFY**: Identify individuals with suicide risk using standardized and suicide-specific screening and risk assessment tools.
- **ENGAGE**: Engage all individuals at risk of suicide through education, reduce access to lethal means, and establish a suicide care management plan.
- **TREAT**: Treat suicidal thoughts and behaviors directly using evidence-based treatments.
- **TRANSITION**: Transition individuals through care with warm hand-offs and supportive contacts.
- **IMPROVE**: Improve policies and procedures through ongoing data collection and employ rigorous continuous quality improvement.

Zero Suicide is based on the belief and commitment that suicide can be significantly reduced through robust systems management, including leadership dedication and entrenched practices that emphasize systematic steps to create and sustain a culture that no longer finds suicide acceptable and sets aggressive but achievable goals to eliminate suicide attempts and deaths among people in care. A set of evidence-based clinical care practices (e.g., suicide screening, risk assessment, collaborative safety planning, lethal means safety, treatment, and supportive contacts) are at the core of Zero Suicide.

Health care programs that have implemented Zero Suicide most successfully are high-reliability organizations (HROs) that through relentless quality improvement and attention to detail perform high-risk work in complex domains without serious accidents or catastrophic events. Implementing safer suicide care practices is a natural fit to VA's journey to becoming an HRO. A pilot of Zero Suicide has been conducted at the Manchester, New Hampshire, VA Medical Center (VAMC), which is a Veterans Health Administration (VHA) HRO Lead Site in collaboration with the Zero Suicide Institute at EDC.

Manchester VAMC's Designing for Zero (DfZ) is an all-hands approach to suicide prevention. DfZ aligns the Zero Suicide framework with the Office of Mental Health and Suicide Prevention's (OMHSP) mission and locally identified suicide prevention priorities, operationalizing the VHA Journey to High Reliability specifically for suicide prevention. The Zero Suicide Institute provided intensive training via our two-day Zero Suicide Academy® and regular consultation to examine and improve suicide prevention care across the medical center. Leadership at Manchester VAMC completed the *Zero Suicide Organizational Self-Study* and all staff took the *Zero Suicide Workforce Survey*.

"An associate was in the hallway of one of our Denver area hospitals and found a visitor who was crying and clearly upset. When our associate made contact with this visitor, the visitor reported to the associate that she was planning to end her life by suicide and needed some help….It was a blessing that the associate who made contact with this visitor had been through training as a result of the Zero Suicide initiative. This training gave them the resources and skills to be able to immediately get this individual the help she needed….The organization has become passionate about caring for the mental health of our patients and associates….Centura also reaches out to all associates through organizational and facility newsletters by publishing articles around suicide care, awareness, and engagement with Zero Suicide events. These articles have caused nearly one hundred associates to reach out for help for themselves or their families—some have also asked to be a part of this valuable movement as a result….During the height of COVID our Zero Suicide coordinator began a Zoom group for isolated seniors. This group has allowed a sense of connection and as a result of these connections we know of two seniors who were helped through their suicidal intentions and severe mental health crisis situations. This was only possible because of the work being done by the Zero Suicide Initiative…. Zero Suicide saves lives. The Zero Suicide initiative has saved lives within the Centura community. The advocacy and attention brought to suicide care has caused this critical issue to reach the ears of frontline staff and senior executives alike. We are honored to be part of this critical initiative."

Heidi Bode, LPC
Centura Behavioral Health
Zero Suicide Academy Attendee

A multi-departmental DfZ implementation team provides opportunities for built-in frontline input, which increases the staff engagement and ownership—both of which are critical to sustaining process improvements—using methods such as Patient Safety Forums, "Good Catch" awards, and ongoing executive leadership communication to all staff. By leveraging change management strategies from HRO and Zero Suicide, DfZ aims to augment existing VHA clinical guidelines and embed suicide prevention strategies across all service lines with every staff member. Zero Suicide at Manchester VAMC successfully mapped out how to integrate suicide prevention into existing HRO practices and structures to expand suicide prevention outside the mental health service line in a tangible and systematic manner. Our observation is that it made suicide prevention feel less extra for non-mental health

personnel and helped close the gap between the "everyone has a role in suicide prevention" sentiment and the actual actions that service line leaders can take to make suicide prevention a priority for their staff and appropriate to their roles.

As part of these efforts, DfZ leaders designed and executed a suicide prevention improvement project to augment the Zero Suicide-specific clinical practices. An HRO suicide prevention project is now part of the "Executive Career Field" (ECF), which is the performance evaluation for leadership- and management-level staff. DfZ also includes suicide prevention performance-based interview questions for prospective social work hires and has instituted a *Stand Up to Stigma Speaker Series*.

A study by the New York State Office of Mental Health involving over 100 clinics found that fidelity to Zero Suicide clinical care practices was related to fewer suicidal attempts with a significant difference in fidelity scores between clinics with and without a suicide incident in the previous year.

Hundreds of health care systems have adopted Zero Suicide—and they're seeing results, including the following:

- Reductions in suicide deaths
- Decreases in hospitalizations (or rehospitalizations)
- Increases in quality and continuity of care
- Improvement in post-discharge follow-up visit attendance
- Improvements in screening rates according to protocol
- Systemwide care pathway implementation
- Fewer inpatient psychiatric hospital readmissions
- Cost savings
- Improved patient satisfaction

There is no wrong door in health systems when it comes to suicide prevention. Research has shown that within the week before their suicide attempt, more than 38% of individuals had made a health care visit (primary care, emergency department, specialty care, etc.), and in the year before their death, 83% of individuals had a health care visit. The largest number of visits prior to death was to primary care, not behavioral health. These visits are missed opportunities to identify and provide care for people at risk for suicide. If suicide prevention and treatment are seen solely as the domain of mental health providers, then most people at risk will be missed and will not receive care. A review of studies examining those who utilized mental health services prior to their death reveals low use of behavioral health care. Only 21% (range of 7% to 32%) saw a mental health provider one month before their death, and approximately 10% (range of 3% to 22%) saw a mental health provider in the week prior to suicide. The VA's holistic approach to health care suggests it is an ideal place to implement and test Zero Suicide in "whole person" care settings.

The Committee on Veterans' Affairs should support H.R. 6273 to establish the Zero Suicide Initiative pilot program at the Department of Veterans Affairs. The VA has already demonstrated that Zero Suicide aligns well with its HRO efforts and is feasible. Zero Suicide will improve the safety and suicide care for veterans, as well as have an impact on reducing suicide among them.

For the reasons discussed above, we strongly concur with the strategy of a pilot approach. Thank you for this opportunity to share our support for the VA Zero Suicide Demonstration Project Act of 2021. We would be honored to work with the Department of Veterans Affairs toward establishing safer suicide care practices and safeguarding the health and welfare of our honored veterans.

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Citations available upon request.