

Companion Guide for the Organizational Self-study



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The **Zero Suicide Organizational Self-study** is designed to help organizations establish a baseline understanding of their current suicide prevention practices. The primary objective is to identify areas of strength, as well as opportunities for targeted improvement, in alignment with the Zero Suicide framework.

Purpose and Use of the Organizational Self-study

- **Foundational Assessment:** The Organizational Self-study helps organizations examine their current practices in suicide prevention across the seven core elements of the Zero Suicide framework.
- **Improvement Orientation:** Rather than being evaluative or punitive, the Organizational Self-study supports an organizational culture of continuous learning and improvement.
- **Data-driven Focus Areas:** Results can guide leadership in identifying strategic priorities and allocating resources more effectively.



Preparing for the organizational self-study

A well-prepared and strategically composed implementation team is essential for ensuring that the [Zero Suicide Organizational Self-study](#) is conducted thoughtfully, interpreted accurately and used effectively to guide system-wide improvement. The team serves as the primary driver for coordinating, completing and leveraging the Organizational Self-study within the broader Zero Suicide implementation process.

Key Functions of the Implementation Team:

■ **Oversight of Assessment Process**

The implementation team is responsible for organizing and facilitating the self-study process. This includes:

- Reviewing this companion guide, the Zero Suicide Toolkit and the actual Organizational Self-study to ensure the team shares a clear understanding of the tool's purpose, structure and role within the broader Zero Suicide framework.
- Determining the logistics of completing the tool (e.g., method, timeline, participants).
- Leading a collaborative approach to scoring, informed by data and staff input.

■ **Facilitating Interdisciplinary Collaboration**

Because the Organizational Self-study covers multiple domains of care and operations, the team must engage relevant stakeholders from across the organization — clinical, administrative and quality staff, people with lived experience, and leadership — who can speak to specific areas of practice and policy.

- Invite subject matter experts to contribute to specific sections.
- Ensure representation from programs serving high-risk populations.
- Engage people with lived experience to allow your organization to better understand the impact of your services and create a system of care in which individuals feel respected, heard and safe.
- Promote transparency and include varied perspectives.

■ **Documenting and Interpreting Findings**

The implementation team should ensure that Organizational Self-study responses are:

- Supported with examples, documentation or qualitative insights.
- Recorded systematically for future comparison and follow-up.
- Interpreted with the goal of identifying strengths, gaps and opportunities for targeted improvement.

■ **Using Results to Inform Planning**

The Organizational Self-study should be treated as a catalyst for developing or refining the organization's Zero Suicide implementation plan. The team should:

- Translate self-study results into actionable priorities.
- Identify short- and long-term objectives aligned with Organizational Self-study findings.
- Integrate these objectives into broader organizational strategic planning and quality improvement processes.

■ **Supporting Sustainability Through Reassessment**

The implementation team plays a central role in planning for future reassessments of the Organizational Self-study, ideally every year, to track progress, realign goals and reinforce accountability.

- Schedule future assessment intervals.
- Use repeated Organizational Self-study results to measure implementation maturity over time.
- Communicate outcomes with leadership and staff to maintain momentum.



Completing the organizational self-study

1. Choose the appropriate version of the Organizational Self-study.

The Zero Suicide Organizational Self-study is available in four tailored versions. If your organization collaborates with other types of entities, such as community-based organizations, you may wish to recommend an alternative version better suited to that partner's structure and role.

- **General Organizational Self-study**: This version is designed for systems with multiple departments, outpatient behavioral health settings, integrated treatment for co-occurring disorders, primary care, Certified Community Behavioral Health Clinics, Federally Qualified Health Centers and other settings that provide care and services to individuals at risk for suicide.
- **Inpatient Organizational Self-study**: This version is designed for organizations that have a primary focus on inpatient health and behavioral health care. These may include more intensive levels of care, such as partial hospitalization, or intensive outpatient programs if managed under the inpatient organizational structure.
- **Community-based Organizational With Clinical Providers Self-study**: This version is for community-based organizations that employ health and behavioral health care providers (e.g., correctional facilities, homeless-serving organizations and elder care organizations) and are working in partnership with health systems to implement Zero Suicide.
- **The Community-based Organizations Without Clinical Providers Self-study**: This version is for community-based organizations that do not employ health and behavioral health care providers (e.g., correctional facilities, homeless-serving organizations and elder care organizations) and are working in partnership with health systems to implement Zero Suicide.
- For Tribal or IHS-led health systems, please choose the Organizational Self-study for your setting (general, community, inpatient) and then use the **Organizational Self-study Addendum for Tribal or IHS-led Health Systems**. You will swap out questions 8, 9 and 15 for the ones on this addendum.

2. Determine how you will complete the Organizational Self-study.

The implementation team should select a method for completing the Organizational Self-study that reflects the organization's size, structure and operational complexity. Flexibility in administration allows for a more accurate and representative assessment.

■ Suggested models:

- **Decentralized Approach (e.g., large, multisite organizations):** In organizations with multiple service sites or locations, leaders of individual sites can each complete the Organizational Self-study independently. These site-specific results can inform localized planning and, when aggregated, highlight system-wide priorities and potential areas for enterprise-level action.
- **Distributed Leadership Approach:** Given that implementation team members often lead major functional areas (e.g., clinical services, operations, quality improvement), each member can complete the Organizational Self-study individually. A designated member may then consolidate the results to identify commonalities and discrepancies, which can serve as a structured starting point for setting shared goals and developing the implementation work plan.
- **Collaborative Consensus Approach:** The team may choose to complete a single Organizational Self-study collaboratively, engaging in collective discussion and consensus-building for each item. This method supports dialogue, builds shared understanding and fosters team ownership of the results and resulting action steps.

Each approach offers benefits and can be tailored to meet the needs and readiness of the organization. Regardless of the method chosen, the implementation team should prioritize transparency and a shared commitment to accurate reflection and continuous improvement.



3. Understanding the Rating Scale:

Each component of the Zero Suicide model is measured on a rating scale from 1 to 5. The scale is intended to balance minimal reporting burden with measuring implementation for the most essential parts of the model. Anchors, or specific expectations, are included for most components following this guide:

Rating	Description
1	Routine care or care as usual for this item. The organization has not yet focused specifically on developing or embedding a suicide care approach for this activity.
2	Initial actions toward improvement taken for this item. The organization has taken some preliminary or early steps to focus on improving suicide care.
3	Several steps toward improvement made for this item. The organization has made several steps toward advancing an improved suicide approach.
4	Near comprehensive practices in place for this item. The organization has significantly advanced its suicide care approach.
5	Comprehensive practices in place for this item. The organization has embedded suicide care in its approach and now relies on monitoring and maintenance to ensure sustainability and continuous quality improvement.

4. Review Each Area of the Organizational Self-study:

Discuss and rate each item collectively, ensuring that all voices are heard. The content below categorizes the questions in the Organizational Self-study by their relation to the core elements of the Zero Suicide framework.

a. Lead system-wide change in organizational culture committed to reducing suicide.

- i. Focus:** Leadership commitment, strategic vision and organizational culture of safety
- ii. Element Summary:** The foundation of Zero Suicide lies in strong, visible leadership that prioritizes suicide prevention as a core organizational responsibility. This includes establishing a formal implementation team, integrating suicide prevention into strategic plans and promoting an organizational culture of safety and accountability.
- iii. Questions 1-8**

b. Train

- i. Focus:** Staff training and workforce development
- ii. Element Summary:** All staff must be equipped with the skills and confidence to recognize and respond to individuals at risk. This includes both initial training and ongoing professional development for clinical and nonclinical personnel.
- iii. Questions 9-11**

c. Identify

- i. **Focus:** Screening and risk assessment
- ii. **Element Summary:** This element ensures that systems are in place for consistent screening and risk assessment using validated tools. The goal is to identify all individuals at risk early and accurately.
- iii. **Questions 12-14**

d. Engage

- i. **Focus:** Collaborative engagement and safety planning
- ii. **Element Summary:** Effective care for individuals at risk includes meaningful engagement through safety planning, lethal means counseling and collaborative goal-setting. Engagement must be personalized, respectful and appropriate for the population.
- iii. **Questions 15-17**

e. Treat

- i. **Focus:** Delivery of evidence-based treatments for suicide risk
- ii. **Element Summary:** Care must include effective, suicide-specific treatments that directly address suicidal ideation and behaviors. This element assesses whether evidence-based interventions are integrated into treatment protocols.
- iii. **Question 18**

f. Transition

- i. **Focus:** Continuity of care during care transitions
- ii. **Element Summary:** Individuals at risk are particularly vulnerable during transitions, such as discharge from inpatient settings. This element focuses on ensuring warm handoffs, follow-up care and reduced risk during care transitions.
- iii. **Questions 19-20**

g. Improve

- i. **Focus:** Continuous quality improvement (CQI) and data-driven decision-making
- ii. **Element Summary:** Sustainable suicide prevention efforts require ongoing evaluation. Organizations must use data to monitor progress, improve processes and refine interventions over time.
- iii. **Questions 21-23**





Analyzing your results

Identify strengths and areas for improvement based on the ratings. The following questions are intended to support the implementation team in analyzing Organizational Self-study results, fostering shared understanding and identifying actionable next steps. These reflections can be used to guide structured discussions during debrief sessions and to inform the development of implementation plans.

■ Interpretation of Ratings

- What themes or patterns emerged across our responses?
- Are there significant differences in how team members rated certain items?
- Where did we score ourselves the highest, and what practices or conditions contributed to those strengths?
- Where did we score lowest, and what factors are limiting our performance in those areas?

■ Evidence and Documentation

- What examples or documentation did we use to support our ratings? How do these illustrate the effectiveness or limitations of our current practices?
- Are there gaps between our perceived practices and actual implementation (i.e., written policy vs. daily practice)?
- What evidence do we currently lack that would help us assess our practices more accurately?

■ Practice Reach and Responsiveness

- To what extent are our current practices offered for all populations we serve?
- Are lived experience perspectives informing how we assess and improve our practices?

■ Variations Across Sites or Teams

- Do practices differ across departments, programs or geographic sites?
- How do we account for variations while striving for system-wide consistency?

■ Implementation Readiness

- What resources (time, staff, training, tools) do we need to address our lowest-rated items?
- What internal champions or teams can help drive improvements?
- Are there existing initiatives or priorities that this work can be aligned with?

■ Strategic Prioritization

- Which areas are most critical to address in the next 6-12 months?
- Which improvements are feasible in the short term, and which require longer-term investment?
- How can we balance quick wins with foundational change?

■ Monitoring and Accountability

- How will we track our progress in improving each area?
- Who will be responsible for leading or supporting key changes?
- How frequently will we revisit the Organizational Self-study or progress updates?



Post-assessment actions

- **Develop an Action Plan:** Prioritize areas that need attention, and outline steps, responsible parties and timelines. The [CCBHC Work Plan Template](#) is a comprehensive list of Zero Suicide implementation tasks organized by element. Implementation teams are prompted to think about when each task will be completed and identify who will manage it.
- **Integrate Into Strategic Planning:** Align the action plan with organizational goals and quality improvement initiatives.
- **Integrate Into CQI Cycles:** Treat the Organizational Self-study as part of your CQI process. Organizations are encouraged to periodically retake the Organizational Self-study (e.g., annually) to measure progress over time, identify new challenges and reaffirm organizational commitment to Zero Suicide principles.
- **Share Findings Transparently:** Promote an organizational culture of accountability by communicating outcomes across the organization.
- **Provide Training and Resources:** Follow up on identified gaps with targeted capacity-building.
- **Feedback Mechanisms:** Establish channels for staff to provide input on suicide prevention efforts and suggest improvements.

Additional Tools and Resources

- **[Zero Suicide Toolkit](#):** Provides detailed guidance on implementing each component of the framework.
- **[CCBHC Zero Suicide Work Plan Template for CCBHCs](#):** Assists in structuring your action plan post-assessment.
- **[Online Portal](#):** Complete your organizational self-study online.

