

Looking for results? Join the 2024-2025 North Dakota Zero Suicide Community of Practice

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The North Dakota Zero Suicide Community of Practice is an 18-month interactive learning experience with guided implementation support for clinical and administrative teams in health and behavioral health care systems. Led by experienced staff on our ND HOPES and Garrett Lee Smith Rural and Tribal Suicide Care teams, our Community of Practice will bring together health systems and clinics across North Dakota to share knowledge and build the motivation needed to launch and sustain Zero Suicide.

Join the 2024-2025 North Dakota Zero Suicide Community of Practice to connect with others who share your dedication to preventing suicide within health and behavioral health care. Participation is appropriate for those new to Zero Suicide as well as those with some experience.

Want to learn more? Email us at info@ndhopes.com.

More than a thousand systems around the world have begun implementing Zero Suicide—and they're seeing results.

Proven results from Zero Suicide implementers include:

- Decreases in suicide attempts and deaths

- Increased identification of those at risk and connection with appropriate care
- Greater confidence among staff in providing suicide care
- Improvements in care transitions and continuity of care
- A change in workplace culture that reduces stigma and supports staff in the delivery of suicide care
- Diversions from inpatient care, leading to cost savings
- Decreases in 30-day readmission rates and hospital admissions

ND HOPES

Suicide Prevention in North Dakota

A partnership between the University of North Dakota and NORC at the University of Chicago, [ND HOPES](#) provides programs, resources, and supports for all residents and tailored programming for rural communities, veterans, and LGBTQIA2S+ youth. Taking a strengths-based approach grounded in positivity, hope, and resilience, ND HOPES aims to reduce suicide morbidity and mortality across the region.

North Dakota Zero Suicide Community of Practice

*Applications will be reviewed on a rolling basis

Overview

ND HOPES and the North Dakota Rural and Tribal Suicide Care Project are accepting applications for the 2024-2025 North Dakota Zero Suicide Community of Practice (CoP). The CoP will consist of monthly virtual sessions – a mix of group and individual meetings – with our experienced staff to help you successfully implement the Zero Suicide model in your health or behavioral health care clinic or system. The CoP will run for a total of 18 months, from April 2024 through September 2025.

This application is not intended to be time consuming but to assess your commitment to participating in the CoP and your level of readiness for implementing Zero Suicide so that all participants are positioned to achieve success. The application should take no more than one hour to complete.

Why should you participate?

Implementation of Zero Suicide is becoming more and more common, and health and behavioral health care organizations are seeing results! In a study of 110 outpatient clinics, fidelity to the Zero Suicide model led to decreases in suicide among patients in care. Your participation could lead to...

- Decreases in suicide attempts and deaths
- Increased identification of those at risk and connection with appropriate care
- Greater confidence among staff in providing suicide care
- Improvements in care transitions and continuity of care
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Throughout the CoP, dedicated staff will provide support in the implementation of Zero Suicide, including but not limited to the following activities:

- Hosting monthly meetings with each participating organization to discuss implementation progress and provide technical assistance;
- Providing data driven implementation support based on collected process data;
- Creating monthly and annual data summaries for participating organizations; and
- Facilitating connections between participating organizations in the CoP.

This is a can't-miss opportunity for health and behavioral health care professionals across North Dakota!

Background

Over the last 20 years, the suicide rate in North Dakota has been steadily increasing, surpassing even the rising national average. In 2021, the suicide rate in North Dakota was 20.8 deaths per 100,000 compared

to 14.4 deaths per 100,000 nationally.¹ Between 2000 and 2018, the suicide rate rose by 84% in North Dakota, the second highest state increase.² Since then, the number of suicide incidents reported in clinics, hospitals, and emergency departments increased by one-third. A recent study found that over 80% of individuals make a healthcare visit in the year before a suicide attempt, with most visits occurring in general medical settings among patients with no recorded mental health or substance use diagnosis.³ This suggests the importance of routine screening and intervention for suicide risk in health and behavioral health settings.

The University of North Dakota – in partnership with NORC at the University of Chicago – received two grants to support suicide prevention activities across the state. ND HOPES – which stands for North Dakota Healthcare, Opportunity, Prevention, and Education in Suicide Prevention – is a CDC-funded initiative in Western North Dakota, and the Garrett Lee Smith Rural and Tribal Suicide Care Project (RT-SC) is a SAMHSA-funded initiative serving youth 10-24 in the North Central and Northeastern regions of North Dakota. Funding and resources from these projects are allowing us to provide this free training, technical assistance, and implementation support opportunity to health and behavioral health care clinics and systems across the state.

Zero Suicide Model

Zero Suicide is the leading model for suicide prevention in healthcare. It is both a framework and a specific set of tools designed to help healthcare organizations implement best practices in suicide care.

The CoP will cover each of the seven elements of Zero Suicide, described below:

- LEAD system-wide culture change with a commitment to reducing suicides;
- TRAIN a competent, confident, caring workforce;
- IDENTIFY individuals with suicide risk through screening and risk assessment;
- ENGAGE all individuals under care in a suicide care management plan;
- TREAT suicidal thoughts and behaviors directly;
- TRANSITION to ensure warm hand-offs and follow-up support; and
- IMPROVE policies and procedures through continuous quality improvement.

The core clinical components of Zero Suicide will be introduced in this CoP as an integrated suicide and substance use/overdose risk model called Screening, Brief Intervention, and Referral to Treatment – Suicide Care (SBIRT-SC). SBIRT-SC is an integrated public health approach to substance use and suicide prevention that utilizes universal screening for both substance use and suicide risk followed by tailored brief interventions. Training and support in SBIRT-SC will help your health and behavioral health settings tackle these interrelated issues simultaneously with each patient or client. The SBIRT-SC model includes five structured steps:

¹ Centers for Disease Control and Prevention, National Center for Health Statistics. Suicide Mortality by State. Last reviewed February 15, 2023. Accessed November 28, 2023. <https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm>.

² C. Planalp, R. Hest and C. Au-Yeung, "Suicide Rates on the Rise: State Trends and Variation," State Health Access Data Assistance Center, 2020.

³ Ahmedani, B. K., Westphal, J., Autio, K., Elsiss, F., Peterson, E. L., Beck, A., Waitzfelder, B. E., Rossom, R. C., Owen-Smith, A. A., Lynch, F., Lu, C. Y., Frank, C., Prabhakar, D., Braciszewski, J. M., Miller-Matero, L. R., Yeh, H. H., Hu, Y., Doshi, R., Waring, S. C., & Simon, G. E. (2019). Variation in patterns of health care before suicide: A population case-control study. *Preventive medicine*, 127, 105796. <https://doi-org.proxy.uchicago.edu/10.1016/j.ypmed.2019.105796>

- **Screening** – Brief screening using validated tools to identify substance use and assess risk of suicide.
- **Brief Intervention for Substance Use** – Using motivational interviewing to guide the conversation, the healthcare professional increases an individual’s awareness of their substance use and motivates them to consider stopping or reducing their use.
- **Safety Planning Intervention for Suicide Risk** – A brief intervention to develop a safety plan collaboratively with an individual who is at risk of suicide. The safety plan includes personalized warning signs, coping strategies, and resources to increase coping skills and reduce suicide risk.
- **Referral to Treatment and/or Services** – At times, referral to a higher level of care is necessary, and referral to treatment and/or other services are provided.
- **Structured Follow-Up and Monitoring** – Health care professionals reach out by phone or another method following discharge or between appointments to conduct a mood check, make updates to the safety or treatment plan, assess barriers to continued care, and schedule/confirm follow-up appointments.

The CoP will be led by our Clinical Implementation Specialists who will assist sites with their implementation of Zero Suicide and SBIRT-SC. We will bring participants together to share successes and challenges and provide an open forum for learning.

Participants can expect to meet with us monthly, alternating between group and individual technical assistance sessions. During bi-monthly group sessions, participants will:

- Learn about all elements of Zero Suicide and SBIRT-SC,
- Direct questions to peers and Implementation Specialists,
- Share resources and best practices,
- Onboard new team members, and
- Sustain excitement and momentum for implementation.

The 90-minute bi-monthly group sessions will take place for the first 12 months, from April 2024 through March 2025. The 60-minute individual technical assistance sessions will continue monthly for the remaining six months of the CoP, April 2025 through September 2025, to promote sustainability of Zero Suicide. Individual technical assistance sessions will be tailored to the unique needs and stage of implementation of each participant team. All individual and group sessions will be held virtually via Zoom.

Eligibility

The Zero Suicide CoP is open to behavioral health and healthcare systems, service lines or clinics within behavioral health and health care systems, and individual clinics committed to implementing Zero Suicide and SBIRT-SC. To successfully implement Zero Suicide and SBIRT-SC, it is best to have a dedicated core team of at least four individuals. Teams should consider including individuals to meet the following roles:

- Executive-level leadership to be the voice of the organization’s vision and values
- Administrative to integrate SBIRT-SC into organizational culture
- Clinical staff that provide patient/client direct care
- Communications or IT Technology
- Quality Management/Evaluators
- Support Staff

- Peer Services or individuals with lived experience and expertise
- Other individuals committed to suicide-prevention/care

The CoP is open to health systems, service lines, or clinics providing services in the following counties:

- **ND HOPES:** Divide, McKenzie, Williams, Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, Stark, Burleigh, Emmons, Grant, Kidder, Mclean, Mercer, Morton, Oliver, Sheridan, Sioux
- **RT-SC:** Benson, Bottineau, Burke, Cavalier, Eddy, McHenry, Mountrail, Pierce, Ramsey, Renville, Rolette, Towner
 - NOTE: RT-SC applicants must be providing at least some of their services to youth and young adults ages 10 to 24.

Requirements

If chosen to participate in the CoP, organizations will agree to the following activities:

- Completing an organizational assessment of existing suicide prevention policies and procedures at the start and end of the CoP;
- Completing an annual workplan;
- Assigning applicable staff to complete the SBIRT-SC Workforce Survey (WFS) at the start and end of the CoP;
- Having at least two representatives attend the bi-monthly group sessions April 2024 through March 2025;
- Meeting on an individual basis with clinical implementation specialists bi-monthly during the first year and monthly during the last six months of the CoP (participants will have the option to continue meeting for individual technical assistance sessions once the CoP ends); and
- Submitting aggregate numbers for data collection on a monthly basis through an online data collection form. Data will include the number of clinicians trained, screenings and brief interventions conducted, and follow up contacts and referrals made.

Application

To help us learn more about your organization, please respond to the following items. Please label each of your responses with the corresponding number below.

1. The lead team member that should receive all correspondence related to this initiative including title, role, email, and phone number.
2. Briefly describe the capacity of your organization to implement Zero Suicide and SBIRT-SC (500 words or less).
3. Provide an overview of the services you provide and in which settings/service lines your organization plans to implement Zero Suicide and SBIRT-SC (200 words or less).
4. Describe the members of your selected implementation team and provide a brief overview of their roles and responsibilities (500 words or less).
5. Identify other key partners within the organization, as well as the community, with whom you currently collaborate or with whom you plan to collaborate on community-wide suicide prevention efforts (200 words or less).

Submission

Application material must be submitted via e-mail as a PDF file to Katie Gallant (gallant-katie@norc.org). Applications will be reviewed on a rolling basis with the opportunity for a second round of selection.

If you have questions at any point throughout the application process and would like to set up a phone call to learn more, please email Katie Gallant at gallant-katie@norc.org.