

Zero Suicide 20-21 Project Evaluation Design: July 1, 2020-June 30, 2021
Developing Infrastructure for Suicide Safer Pathways to Care
Under funding from Department of Mental Health 201015

Developed by VT Suicide Prevention Center:
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Overview of VTSPC

VTSPC is a public-private partnership of the Center for Health and Learning, a 501c3 that works with state agencies and partners to address priority issues. VTSPC aims to create health promoting communities, in which people have the knowledge, attitudes, skills and resources to reduce the risk of suicide in Vermont. VTSPC works with professionals across sectors with education, health care and community providers to advance evidence and best practices for suicide prevention.

About the Designated Mental Health Agency and Blueprint Systems

The Designated Agencies are organized under the Vermont Care Partners, a collaboration between the Vermont Council and the Vermont Care Network of sixteen non-profit community-based member agencies offer care to Vermonters affected by developmental disabilities, mental health conditions, and substance use disorders.

The Vermont Blueprint for Health is a state-led initiative that transforms the way that health care and overall health services are delivered in Vermont. The goal of the Blueprint is to provide the community with a continuum of seamless, effective, and preventive health services, while reducing medical costs. The Vermont Blueprint for Health is a state-led initiative that transforms the way that health care and overall health services are delivered in Vermont. The goal of the Blueprint is to provide the community with a continuum of seamless, effective, and preventive health services, while reducing medical costs.

Background on the Project and Evaluation

The Zero Suicide 2020-21 Project was developed and is managed by the VTSPC working concurrently with statewide advisors and stakeholders to support the integration of Zero Suicide into clinical practice and organizational policies and procedures leading to a suicide care pathway within and between organizations. The Evaluation support the collection of data to inform program processes and outcomes. Please see corresponding logic model.

Evaluation Activities

1. Collect and use data to guide the development and implementation, and to evaluate the outcomes of suicide safer care pathways.
 - 1.1 Provide technical assistance aimed at increasing the organization's capacity for collecting and reporting on ZS client-level outcome measures.



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- 1.2 Support the implementation team at each DA in conducting and interpreting the results of the assessments, i.e., Organizational Self-Study and Workforce Development Surveys.
 - 1.3 Track T.A. to the D.A.s to inform fidelity to project design.
 - 1.4 Track D.A. program activities, including training, to inform progress on ZS activities.
 - 1.5 Collect, analyze and report on data related to quality and effectiveness of trainings.
 - 1.5 Report to VT-SPC and the DA teams about the DAs' progress and performance on the client level outcome measures, e.g., screening and safety planning, both for individual DAs' performance and across all of the sites.
 - 1.6 Track development of policies and protocols for screening, safety planning, follow-up and care coordination.
 - 1.7 Track development of work flows for each service area.
2. Assess and support activities that support the development of infrastructure in the D.A.s and between the D.A.s and the Blueprint, or other health care partners, to advance evidence-based and best practices for promoting high quality suicide prevention care.
 3. Monitor the dissemination and use of mini-grant funds to the D.A.s, and Blueprint for specified activities.

Methods

Methods include tracking and documentation of meetings and trainings, evaluating training, reports on assessment activities, and collection of client level data.

The measures described below will be used during the 2020-2021 project year, and in conjunction with the Logic Model will be the basis for assessing progress towards the Zero Suicide 2020 goals.

1. Zero Suicide Client-level Measures

Currently being collected and reported by five of the seven participating DAs. The measures were adopted from the national Zero Suicide initiative's measures and agreed to by the current cohort of DAs in January, 2020. These are defined in the document *ZS Outcome Measures Reporting Template*, and include: 1) the proportions of clients screened for suicide risk, 2) the proportion of clients with documentation of a safety plan developed within 24 hours of the client's identification of risk for suicide. Individual DAs determine which service areas are included in this reporting, however there is an expectation that as their capacity for reporting increases additional service areas will be included in reporting. DAs are supported in this work by Tom Delaney, and the implementation teams at the DAs are encouraged to involve IT and QI staff, as well as



direct service providers and managers/leaders. Preliminary findings are included in the Oct. 2020 report form VT-SPC.

- Expanding measures (e.g., suicide mortality or attempts?)
- Expanding services areas doing the reporting?

2. Organizational Self-Study

All participating Agencies will have completed the Zero Suicide Organizational Self-Study tool at least once. This tool will be completed as a collaborative effort involving the Zero Suicide steering teams or committees at the DAs who meet to carry out and inform the project activities and development of the Zero Suicide implementation plan for the project year.

3. Workforce Development Survey

A modified version of the Workforce Development Survey was adopted and shared with the DAs and identified health care partners in 2020. This version will be used by a minimum of four D.A.s within the current project. The results of the Workforce Survey will be used to identify training needs across the DAs, and will inform the development of statewide and site – specific training plans.

4. Key Process Measures

- Participation in monthly and quarterly meetings (add details)
- Formation/functioning of implementation teams
- Creation/updating of implementation plans
- Adoption of policies, protocols, etc.
- Participation in measures collection

5. Training-Related Measures

- Participation in trainings
- Participant evaluation of training design, usefulness, and effectiveness.

Reporting and Timing

All activities will be carried out between July 1, 2020 and June 30, 2021, and summarized in a final report to the Department of Mental Health by July 15, 2021.

