Vermont Zero Suicide 21-22
Project Evaluation Design

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Developed by Vermont Suicide Prevention Center
(www/vtspc.org)
Objectives

● Describe the current evaluation of the Zero Suicide 2021-22 Project

● Gain input from you as stakeholders working in the systems about approach and processes
零自杀 2021-22 项目

- 2021年7月1日至2022年6月30日
- 七所指定的精神健康机构
- 证据为基础的原则和实践
- 是一个全面模型的一部分
THREE CENTRAL FACETS OF ZERO SUICIDE

1. Core Values
2. Systems Management
3. Evidence-Based Practices
SYSTEMATIC SUICIDE CARE
Bridging the Gaps
(Adapted from the National Action Alliance for Suicide Prevention, 2010)

SERIOUS INJURY OR DEATH AVOIDED

Continuity of Care: Follow-up Calls, after visits, Primary Care, Emergency Dept., Inpatient

SUICIDAL PERSON

SCREEN/ASSESS for Suicidality

Collaborative SAFETY PLAN Put in Place

TREAT SUICIDALITY: Suicide-specific Treatment

VTSPC.org Suicide Prevention Center
## Zero Suicide Data Elements

### Screening, Assessment and Safety Planning

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Screening</td>
<td>Number of clients who received a suicide screening during the reporting period</td>
<td>Number of clients enrolled during the reporting period</td>
<td></td>
</tr>
<tr>
<td>2. Assessment</td>
<td>Number of clients who screened positive for suicide risk and had a comprehensive risk assessment (same day as screening) during the reporting period</td>
<td>Number of clients who screened positive for suicide risk during the reporting period</td>
<td></td>
</tr>
<tr>
<td>3. Safety Plan Development</td>
<td>Number of clients with a safety plan developed (same day as screening) during the reporting period</td>
<td>Number of clients who screened and assessed positive for suicide risk during the reporting period</td>
<td></td>
</tr>
<tr>
<td>4. Lethal Means Counseling</td>
<td>Number of clients who screened and assessed positive for suicide risk and were counseled about lethal means (same day as screening) during the reporting period</td>
<td>Number of clients who screened and assessed positive for suicide risk during the reporting period</td>
<td></td>
</tr>
</tbody>
</table>
Zero Suicide Data Elements

1. Screening
2. Assessment
3. Safety Plan Development
4. Lethal Means Counseling *
5. Missed Appointment Follow-up
6. Acute Care Transition
7. Rate of Death by Suicide Among ALL Clients
8. Rate of Death by Suicide Among Those with Identified Suicide Risk
9. Emergency Dept. Usage
10. Inpatient Admissions
11. Suicide Attempt Rate Among ALL clients
12. Suicide Attempt Rate Among those w/ Identified Risk

* May be reported with Safety Planning
Logic Models—What and Why?

- Organizes resources, activities and outcomes into one table
- Shows the relationships between the different elements of a project
- Organizes outcomes by time: short, medium and long term
- Used for planning and throughout the life of the project
- Can be updated if needed
Zero Suicide 21-22 Evaluation Logic Model – VT Suicide Prevention Center
Under funding from Department of Mental Health 211104

Problem: D.A.s and health care partners are developing and implementing suicide safer pathways to care aimed at increasing access to and delivery of quality care in order to reduce suicide deaths in Vermont.

Program Focus: Supporting the D.A.s in identifying, implementing and measuring changes aimed at quality care which prevents suicide.
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Zero Suicide Evaluation

1. Organizational Self-Assessments
2. Workforce Development Surveys
3. Key Process Measures
4. Training-related measures
5. Tracking changes in the three client-level measures
   Proportion of new clients:
   1. Screened for suicide risk
   2. Screen positive for suicide risk
   3. For whom there is documentation of safety planning.
Organizational Self Study

ZERO Suicide Organizational Self-Study

8. Create a leadership-driven, safety-oriented culture:
What is the role of suicide attempt and loss survivors in the organization’s design, implementation, and improvement of suicide care policies and activities?

<table>
<thead>
<tr>
<th>Please select the number where your organization falls on a scale of 1-5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

If you wish to describe or elaborate on this item, please do so in the space provided below. (Character limit: 1,320) Volunteer has not yet met with the full steering committee yet.
### Section 4. Training and Skills

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. I have received the training I need to engage and assist those with suicidal desire and/or intent.</td>
<td></td>
<td></td>
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<tr>
<td>23. I have the skills to screen and assess a patient/client's suicide risk.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>24. I have the skills I need to treat people with suicidal desire and/or intent.</td>
<td></td>
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</tr>
<tr>
<td>25. I have support/supervision I need to engage and assist people with suicidal desire and/or intent.</td>
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</tr>
<tr>
<td>26. I am confident in my ability to assess a patient/client's suicide risk.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>27. I am confident in my ability to manage a patient/client's suicidal thoughts and behavior.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>28. I am confident in my ability to treat a patient/client's suicidal thoughts and behavior using an evidence-based approach such as DBT or CBT.</td>
<td></td>
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</tbody>
</table>
Key Process Measures

● Provision of technical assistance
● Reporting about progress, screening, assessment and safety planning
● Reporting on the dissemination and use of funds for specified activities
Process Measures Examples

- Participation in meetings
- Formation/functioning of implementation teams
- Creation/updating of implementation plans
- Adoption of policies, protocols, etc.
- Participation in measures collection
Training Measures

How much, who, when, what, how well?

- Participation in trainings
- Participant evaluation of training design, usefulness, and effectiveness
Zero Suicide Evaluation Tools and Timeline

- **ZS Coordinator Meetings, Agendas and Notes**
  - Monthly

- **ZS Organizational Self-studies**
  - Reviewed annually

- **ZS Workforce Development Survey**
  - Implemented every 2 years

- **ZS Site-based Work Plans and T.A. Tracking**
  - Annual and updated quarterly
Zero Suicide Evaluation Tools and Timeline (Cont’d)

Client-level Outcome Measures Reporting Template (quarterly*)
- Safety planning, screening and assessment for individuals at risk

Training Evaluation Tracking and Summaries
- Participation, quality, effectiveness
<table>
<thead>
<tr>
<th>Zero Suicide Evaluation Tools and Timeline (Cont’d)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DA Zero Suicide Planning and Reporting Survey</strong></td>
</tr>
<tr>
<td>(Closing December 31, 2021)</td>
</tr>
<tr>
<td>• Formative data to inform planning and technical assistance</td>
</tr>
<tr>
<td><strong>DA Zero Suicide Year-end Outcomes Survey</strong></td>
</tr>
<tr>
<td>(Closing June 2022)</td>
</tr>
<tr>
<td>• Outcomes data relative to progress model</td>
</tr>
</tbody>
</table>
Zero Suicide Outcome Measures (Preliminary)

Zero Suicide Client Measures (4 Quarters)

<table>
<thead>
<tr>
<th>Period</th>
<th>% Clients With Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct - Dec 19</td>
<td>95.2%</td>
</tr>
<tr>
<td>Jan - Mar 20</td>
<td>94.1% 95.4%</td>
</tr>
<tr>
<td>Apr - Jun 20</td>
<td>98.1% 96.2%</td>
</tr>
<tr>
<td>Jul - Sep 20</td>
<td>100.0% 100.0%</td>
</tr>
</tbody>
</table>

Legend:
- **Blue**: Suicide Risk Screening
- **Orange**: Safety Plan Documented2