

Zero Suicide 21-22 Project Evaluation Design: July 1, 2021-June 30, 2022
Developing Infrastructure for Suicide Safer Pathways to Care
Under funding from Department of Mental Health to VT Suicide Prevention Center 211109

Developed by VT Suicide Prevention Center (www.vtspc.org):

- JoEllen Tarallo, Ed.D., MCHES, Director
- Tom Delaney, PhD., Assistant Professor of Pediatrics at Larner College of Medicine at UVM
- Gabriel Reif, M.Ed., Consultant
- Kirk Postlewaite, M.S., LCMHS, Sr. Program Specialist

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 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 System of Care

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. There are seven Designated Mental Health Agencies committed to activities required by the project:

- Health Care and Rehabilitation Services
- Howard Center
- Lamoille County Mental Health
- Northeast Kingdom Human Services
- Northwestern Counseling Support Services
- Rutland Mental Health
- Washington County Mental Health

Background on the Project and Evaluation

The Zero Suicide 2021-22 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 supports the collection of data to inform program processes and outcomes. Please see the corresponding Logic Model.

Evaluation Approach and Methods

The overall aim is to assess and collect data on the process and outcomes of program activities designed to advance best practices for promoting high quality suicide prevention care.

- 1.1 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 and identifying priorities for an actionable annual work plan.
- 1.2 Track DA program activities, including T.A. and training, to support fidelity to the project design and inform progress on ZS activities.
- 1.3 Work with DA to increase the # of staff aware of and engaged in training in ZS EBP.
- 1.4 Collect, analyze and report on data related to the quality and effectiveness of training.
- 1.5 Provide technical assistance aimed at increasing the organization's capacity for collecting and reporting on ZS client-level outcome measures.



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Suicide
 Prevention
 Center

28 Vernon Street, Suite 319, Brattleboro, Vermont 05301
 phone (802) 254-6590 fax (802) 254-5816 info@healthandlearning.org
www.healthandlearning.org www.vtspc.org

- 1.6 Report to the DA teams, DMH and other stakeholders about the DAs' progress and performance on the client level outcome measures, for screening, safety planning, and assessment, both for individual DAs' performance and across all of the sites.
- 1.7 Track the development of protocols for screening, safety planning, assessment, follow-up and care coordination.
- 1.8 Track the development of work flows for each service area. Note: The aim is to have one workflow for each Service Area, or one workflow for Crisis and a minimum of one other Service Area.

Methods

The measures described below will be used during the 2021-2022 project year, and in conjunction with the Logic Model will be the basis for assessing progress towards the Zero Suicide 2021-22 goals. Methods include tracking and documentation of meetings and trainings, evaluating training, reports on assessment activities, and collection of client level data.

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.

2. Organizational Self-Studies (OSS)

All participating Agencies will have completed the Zero Suicide Organizational Self-Study tool at least once. This assessment informs the development of the Zero Suicide work plan for the D.A.

3. Workforce Development Survey (WDS)

All D.A.s have carried out WFD Survey in the past three years. The results of the Workforce Development 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 Coordination and quarterly Steering Committee meetings
- Engagement of site-based implementation teams (or Steering Committees)
- Creation/updating of work plans
- Development and adoption of protocols and work flows
- Participation in client level measures collection and evaluation surveys
- Engaging in continuous quality improvement

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, 2021 and June 30, 2022, and summarized in a final report to the Department of Mental Health by July 31, 2022.

