

Evaluation of the Suicide Safer Pathways to Care Mini-Grant Project 2021

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Overview

The Suicide Safer Pathways to Care Mini-Grants Project was a six month initiative between January-June 2021 aimed at strengthening identification, assessment, and referral for care and follow-up for individuals at risk for suicide. Primary Care Practices (PCP) (n=17) partnering with local Vermont Designated Agencies (DA) (n=6) to make changes in their care processes such as adopting new screening approaches and enhance referral processes, and coordinated their work through collaborative meetings with partners, monthly meetings with the project team and the other PCP/DA sites and participation in a variety of trainings.

PCP and DA received financial support aimed at defraying some of the costs associated with participating in the project. Participating sites were also supported by regional Blueprint QI Facilitators and members of the project team from VT-SPC. All of the PCP and DA sites participated in a program evaluation that had four main components: 1) completion of a detailed end-of-project survey, 2) collection of de-identified client/patient level data related to risk identification, referral and follow-up, 3) review of meeting minutes and other materials collected throughout the project and 4) Suicide prevention trainings participation data. This report summarizes the evaluation findings.

Themes were identified across four core evaluation data sources collected between January - June 2021 from the participating sites and VT-SPC records. The sources are:

1. Zero Suicide Mini-Grant Survey Activities Reporting - June 2021
2. Client-Level Data related to risk identification, referral and follow-up
3. Meeting notes, protocols and related materials
4. Suicide Prevention Trainings Participation data

Indicators of program success and progress: These included full compliance with project requirements, participation in project activities, and evaluation, high endorsement of monthly meetings between PCP and DA resulting in increase in referrals, high value placed upon training activities and desire for more training. The data indicates that sustaining the work over time increases implementation and outcomes.

Progress and Implications

PCP and DA indicate a wide range in stages of implementation from planning to partial to full implementation in the areas of Screening, Assessment, Safety Planning Treatment, Workflow and Protocols. There is opportunity for expansion from Emergency and Crisis Services to all DA Service Areas.



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Provision of Training- All participants expressed an interest in continuing to engage staff in training, PCP rated the training coordinated by VT-SPC as the second most valuable mini-grant activity and reported more need for training than the DA. There is a need to offer more training opportunities to increase accessibility to staff (DA and PCP), and to add debriefing and discussion of application on-site and between the providers.

Elements of the Program – Most highly valued activities were mini-grant funding, monthly meetings between the DA and PCP, monthly Technical Assistance and Peer Learning Meetings, and quarterly T.A. meetings with VT-SPC, though there is a need to clarify objectives and outcomes associated with the T.A. meetings.

Quality Improvement: The needs include better ability to track and extract data from the systems in use, and interest in expanding the collection of client-level data.

System of Care -Concerns voiced by participants included the sustainability of Behavioral Health Integration, consideration of the role of independent providers, the integration of best practices for telehealth, and the need to coordinate with substance misuse disorder treatment providers.

Conclusion

The project provided a workable framework and structure to support the expansion of Zero Suicide principles and practices between a DA and a PCP. With modifications the project provides a workable structure for further supporting this work in these or other pathways to care.

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