Findings from the Zero Suicide 2022 Designated Agency End of Year Reporting Survey

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Overview

The Zero Suicide 2022 Designated Agency End of Year Reporting Survey was developed to provide the Vermont Zero Suicide 2022 Project (ZS) with information concerning the needs and progress of the seven (7) designated mental health agencies (DAs) engaged in the program:

- Community Care Network / Rutland Mental Health Services
- Health Care & Rehabilitation Services
- Howard Center
- Lamoille County Mental Health Services
- Northeast Kingdom Human Services
- Northwestern Counseling & Support Services
- Washington County Mental Health Services

The survey was administered in June, 2022. The survey had a response rate of 100%, with one representative from each DA completing the instrument.

Findings

Zero Suicide Steering Committees

The ZS Project partners all have engaged steering committees to promote the work in this project across their respective organizations. The steering committees function as the driving element to create a leadership-driven, safety-oriented culture committed to dramatically reducing suicide among people under care. Six of the seven DAs (86%) indicated that they have active Zero Suicide steering committees. Of those with committees, agencies reported that their committees met between eight and 18 times over the past year. All six steering committees have specified coordinators and five of the committees have representatives from all relevant service areas (i.e., children, youth, and family services; developmental and intellectual disability services; emergency/crisis services; adult outpatient services; community support programs; and community rehabilitation and treatment services). Additionally, five steering committees have other members from beyond these service areas including community members with lived experience, and representatives from other branches of their agencies like administrative divisions and information technology. The DA without an active

steering committee indicated that it had an active committee up until 2022, but it has not met yet this calendar year.

DAs were asked to report on the topics that their ZS steering committees have addressed over the past year.[1] Six of the committees (86%) said that they share updates from core team members at meetings, while 57% indicated they discuss follow-up and care coordination. Besides the topics listed in the survey (Table 1), DAs stated that they have also discussed matters like training, collaborations with community partners, and reviewing and revising policies and protocols.

Table 1. Topics addressed by steering committees in FY2022

Topics addressed	%
Sharing updates from core team members	86%
Follow-up and care coordination	57%
Discussing efficiencies	43%
Problems unique to service areas	43%
Interpretation and application of data to inform the ZS program	29%
Other, e.g., training, collaborations with community partners, policies and protocols	71%

Regarding ways to make the work of their steering committees more effective, **respondents from most agencies remarked that limited staff capacity is a barrier to their committees reaching their full potential**. Several participants said that having a coordinator who can devote more time to Zero Suicide would be particularly beneficial. One respondent explained that their systems are “stretched beyond capacity” and this impedes the functioning of Zero Suicide steering committees, while another said they need to obtain more buy-in from others in their agency.

Communication

Communication in a pathway to care, between those delivering services, is critical. The survey asked respondents to report on the effectiveness of communication between service areas at the DAs, as well as challenges and successes in promoting communication between service areas. Almost three-quarters of DAs (71%), rated communication between service areas at their agencies as “effective,” while 14% rated the communication “very effective” and 14% said it was “somewhat effective” (Figure 1).

[1] All seven DAs responded to this item since they all had held some meetings during the previous 12 months.

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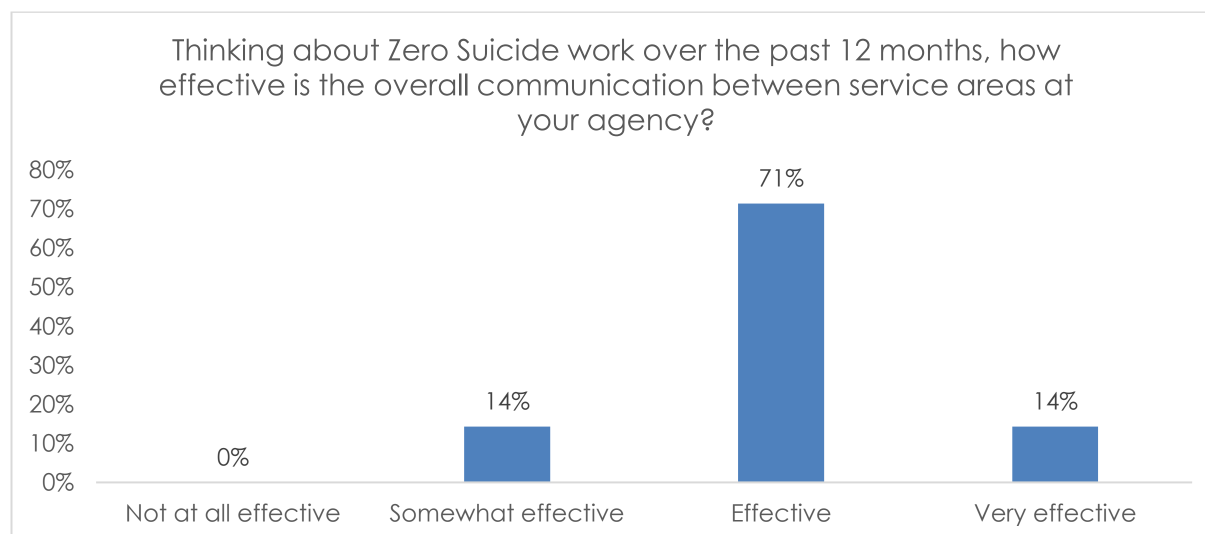
Figure 1. Communication between service areas at participating DAs



In regard to challenges to communication between service areas at participating DAs, the topic of limited staffing emerged again. In fact, **there was consensus among participants that reduced capacity at their agencies was an impediment to communication**. One participant wrote, "Everyone is busy [so] finding the time to collaborate and communicate effectively and frequently is challenging." Respondents also mentioned that **low staffing capacity negatively affects DA's ability to "provide [screening, assessment, and treatment] when needed**," as well as the number of employees who are able to attend relevant training.

Despite the aforementioned barriers, participants identified an array of ways that service areas at their agencies communicate effectively. One respondent remarked that collaboration is especially good between emergency services and other services areas because of the "need to collaborate and communicate to help solve crises, as well as provide good quality follow-up services." Another participant cited their DA's **incident command system as an effective means for coordinating efforts "to sudden events, including suicide" and "identifying clients and staff for notification and support."** Additionally, a respondent said that there is "good communication via EMR, and emails to and from treatment teams and crisis staff."

Priorities

In the June 2021 Zero Suicide End of Year Survey, participants listed priorities for their future Zero Suicide work (Table 2). The 2022 End of Year Survey asked participants to reflect on which of these remained priorities for their organizations. **The vast majority of DAs (86%) indicated increasing training, expanding protocols, and building pathways to care with medical providers were still a priority for their organizations.** Slightly smaller proportions of agencies reported that expanding the implementation of C-SSRS and CAMS (71%) and obtaining client-level measures from their EHR systems (57%) remained priorities.

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Table 2. Priorities for future Zero Suicide work

Priority	%
Increasing training (e.g., Suicide Prevention Awareness and Support training, CALM, CAMS, Quality Improvement)	86%
Expanding protocols within the agency	86%
Building pathways to care with PCPs and other medical providers	86%
Engaging community partners	86%
Expanding implementation of C-SSRS and CAMS	71%
Obtaining client-level measures from your EHR system	57%

Designated mental health agencies were also asked to indicate the level of priority for the items listed in the Zero Suicide Organizational Self-Study tool (Figure 2). All of the DAs (100%) indicated that collaborative restriction of access to lethal means and developing a competent, confident, caring workforce were high priorities. The vast majority of respondents (87%) also said that the following were high priorities: creating a leadership-driven, safety-oriented culture; systematically identifying and assessing suicide risk; collaborative safety planning, and; using effective, evidence-based treatments that directly target suicidal thoughts and behaviors. Compared to other items, fewer participants (50%) indicated that applying a data-driven quality improvement approach was a high priority. **No participants rated any of the options listed as a "low" priority, underscoring the importance and relevance of all elements in a comprehensive approach.**

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Figure 2. Organizational Self-Study priorities

Postvention

Postvention is described as any intervention and support that occurs following a suicide event. In regards to the postvention services that DAs provide, all participating agencies (100%) conduct brief interventions and/or provide support to loved ones immediately following a suicide, while 86% give immediate support and education to organizations that have experienced a suicide death. Slightly more than half of the DAs (57%) refer clients to postvention support and education, and coordinate postvention responses with first-responders and other community partners. **Only 14% of DAs indicated that they provide internal postvention for staff and outreach as requested, and no agencies (0%) provide follow-up or long-term outreach to organizations that have experienced a suicide or reach out to media channels after a suicide to provide information on media safe**

reporting. Postvention is a tangential focus through expanding work in Vermont under a comprehensive suicide prevention grant from the Centers for Disease Control. The Vermont Suicide Prevention Center (VTSPC) will be providing additional resources in the coming years.

Table 3. Postvention services provided by DAs

Form of postvention service	%
Brief interventions/supports to loved ones immediately following a suicide	100%
Immediate support and education to organizations (e.g., schools, employers) that have experienced a suicide death	86%
Referral to postvention supports and education (e.g., AFSP)	57%
Coordination of postvention response with first-responders and other community partners	57%
Long-term follow-up with loss survivors	29%
Bereavement counseling	29%
Support groups for suicide loss survivors	29%
Internal postvention for staff	14%
Outreach as requested	14%
Follow-up or long-term outreach, education and support to organizations (e.g., schools, employers) that have experienced a suicide death	0%
Outreach to local and regional media following a suicide death to provide guidance on media safe reporting of suicide deaths	0%

Respondents were asked to indicate the greatest challenges that face their DAs in providing comprehensive postvention support. **Once again, a prominent theme in the data was a lack of staff in the agencies.** For example, one individual remarked that the largest barrier faced by their DA is "having staff to do postvention given the current demands and staffing crisis." Multiple respondents specifically identified staffing shortages in their crisis units as a challenge. Several participants also cited a lack of funding for postvention, stating that because it is "not recognized as prevention… it is not prioritized."

Access Points for Resources

Respondents were asked to indicate where they access resources for their agency's Zero Suicide work. Slightly more than half of the DAs (57%) reported that they access resources on the VTSPC website and from the Center for Health and Learning, while 43% indicated that they utilize national resources. An additional 43% of respondents indicated that they access resources from other places, such as the Wildflower Alliance and the QPR Institute.

Table 4. Access points for resources

Access point for resources	%
VTSPC website	57%
National resources	43%
DA learning management system	0%
Vermont state agency websites	0%
Other, e.g., Wildflower Alliance, QPR Institute, etc.	43%

Barriers, Opportunities, and Looking Ahead

Respondents were asked to identify the greatest challenges their agencies have faced implementing their Zero Suicide work over the past year. **Once again, there was consensus across the DAs that staff capacity was the largest obstacle they encountered.** Specifically, participants said that limited staffing made it harder for them to devote adequate time to their Zero Suicide work and "thoughtfully implement the framework." When asked how VTSPC could help DAs overcome these barriers and improve technical support, **respondents suggested increased funding for agencies engaged in Zero Suicide, as well as continued support in the form of "training and the resources [VTSPC is] already providing."** Participants acknowledged, however, that VTSPC is not well positioned to address the challenges of staffing capacity or provide DA staff with the time they need to increase their focus on Zero Suicide. It is therefore strategic to work as a statewide coalition to advocate for these resources collectively.

Lastly, survey participants were asked to indicate the likelihood of their DA continuing to participate in Zero Suicide for the fiscal year 2023 (July 1, 2022 – June 30, 2023). Most respondents (71%) said it is "very likely" that their agency will continue participating, while 29% of respondents selected "unsure" (Table 5). In the survey item asking participants for final thoughts or feedback, respondents expressed gratitude for the support provided by VTSPC staff.

Table 5. Likelihood of participating in Zero Suicide next year

Response	%
Very likely	71%
Likely	0%
Unsure	29%
Unlikely	0%
Very unlikely	0%

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Recommendations

Based on these findings, recommendations for future development of this work are as follows:

1. VTSPC, Vermont Suicide Prevention Coalition, and DAs work jointly to advocate for increasing staff capacity at agencies as a means to foster communication within agencies, provide better service to clients, and implement the Zero Suicide framework.
2. Using systems change models, continue to provide DAs with the support they need to accomplish their top priorities for future Zero Suicide work identified by and across organizations (e.g., increasing training, expanding protocols, building pathways to care with primary care practitioners and other medical providers)
3. State, VTSPC, and other partners provide DAs with additional resources to expand their postvention services in less developed areas (e.g., providing internal postvention to staff; providing follow-up or long-term outreach, education, and support to organizations that have experienced a suicide death; providing outreach to local and regional media following a suicide death to provide guidance on media safe reporting).
4. State and VTSPC further develop the capacity to collect and analyze data within and across organizations for the purposes of practice improvement and reporting on project and program outcomes.