

Results and Findings from the Zero Suicide 2020 Project Status Survey

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For the Vermont Zero Suicide 2020 Project

October 22, 2020

Overview

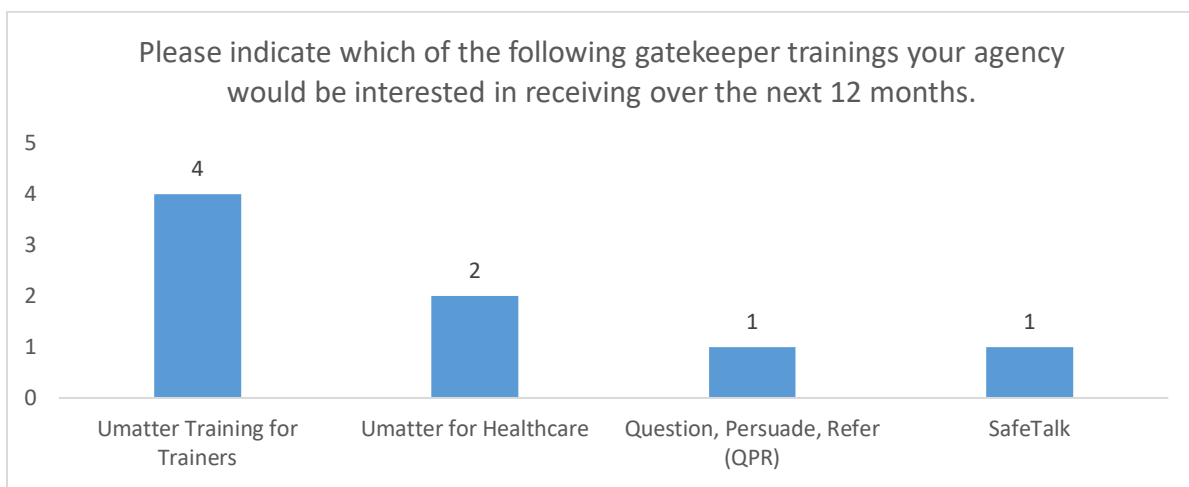
The Zero Suicide 2020 Project Status Survey was developed to provide the Vermont Zero Suicide 2020 Project (ZS2020) with information concerning the needs and progress of designated agencies (D.A.s) in the program. The survey was administered in October, 2020. The survey had a response rate of 100%, with one representative from each of the seven D.A.s completing the instrument.

Findings

Interest in Trainings

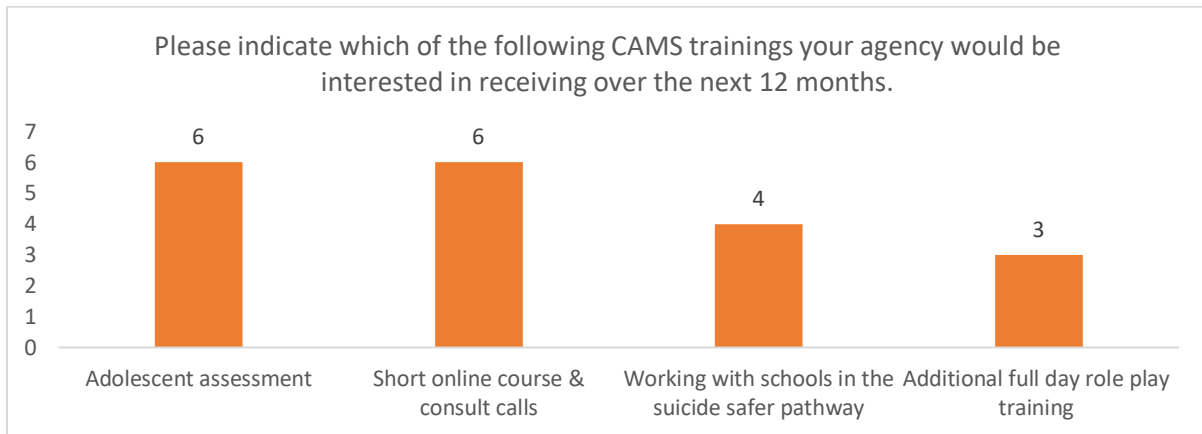
Respondents were asked to indicate which of four gatekeeper trainings (i.e., Umatter for Healthcare, Umatter Training for Trainers, Question, Persuade, Refer (QPR), and SafeTalk) their agencies would be interested in participating in over the next 12 months. Survey participants from four of the seven agencies indicated they would like to participate in Umatter Training for Trainers, while two participants selected Umatter for Healthcare, one selected QPR, and one selected SafeTalk (see Figure 1).

Figure 1. Umatter Trainings Most Desired among Gatekeeper Options



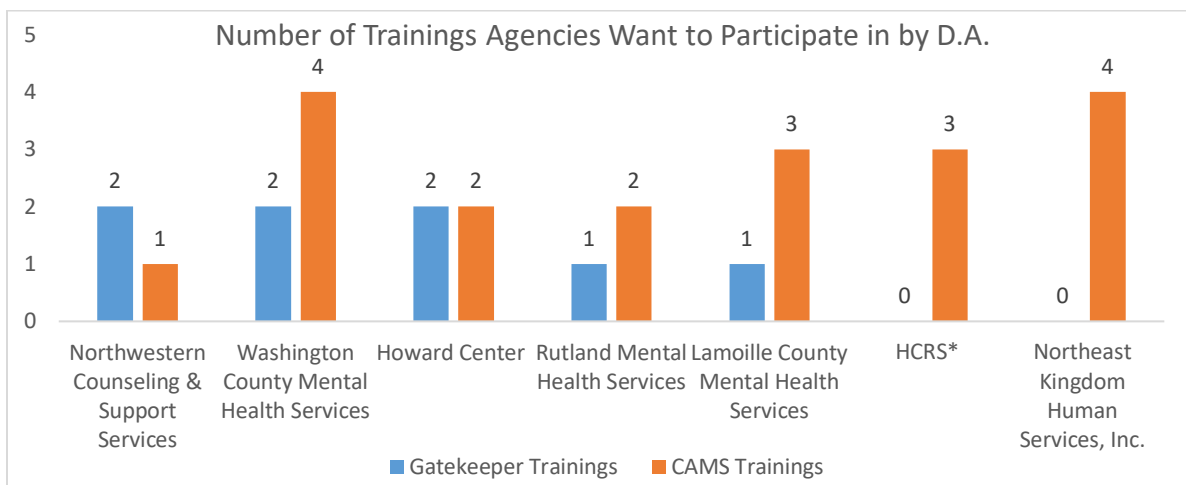
In general, there were very high levels of interest in participating in Collaborative Assessment & Management of Suicidality (CAMS) trainings. Specifically, representatives from six of the seven D.A.s expressed interest in having their agencies participate in CAMS trainings on adolescent assessment and a short online course and consult calls (Figure 2). About half of respondents indicated that their agencies would be interested in working with schools in the suicide safe pathways (4) and/or participating in an additional full day of role play training (3).

Figure 2. Very High Levels of Interest in Two CAMS Trainings



Looking at agencies' interest across gatekeeper and CAMS trainings, almost all respondents (6 of 7) reported that they would be interested in having three or four total trainings for their agency (Figure 3). Overall, respondents expressed more interest in CAMS trainings than gatekeeper programs. Respondents from HCRS and Northeast Kingdom Human Services, Inc. only reported interest in CAMS trainings, while Northwestern Counseling & Support Services was the only D.A. that indicated interest in more gatekeeper trainings than CAMS trainings.

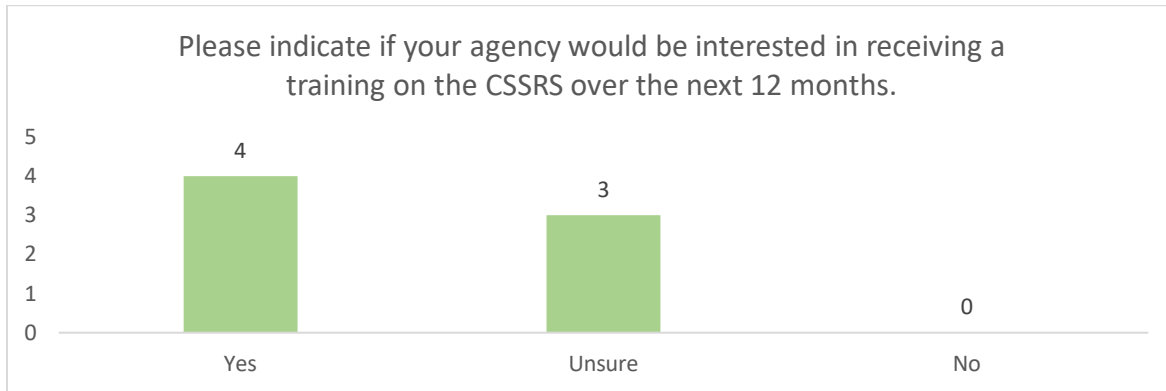
Figure 3. Most D.A.s Prioritize CAMS over Gatekeeper Trainings



*HCRS indicated that it is interested in conducting an in-house QPR training with certified trainers on staff.

Participants were also asked whether their agencies would be interested in participating in a training on the Columbia-Suicide Severity Rating Scale (CSSRS) over the next 12 months. Four agencies said they were interested in this opportunity and the other three indicated they were “unsure” if want to participate in this training (Figure 4).

Figure 4. Most Agencies Want to Receive Training on CSSRS



Concerning all of the above trainings, respondents were asked to report their preference between having statewide virtual trainings (organized by CHL with partners ongoing) or site-specific trainings (organized by D.A.s) over the next 12 months. About half of the participants (4) indicated they would prefer statewide trainings, while others said they did not have a preference. Based on these results, it is recommended the trainings take place in a statewide, virtual format for the coming year.

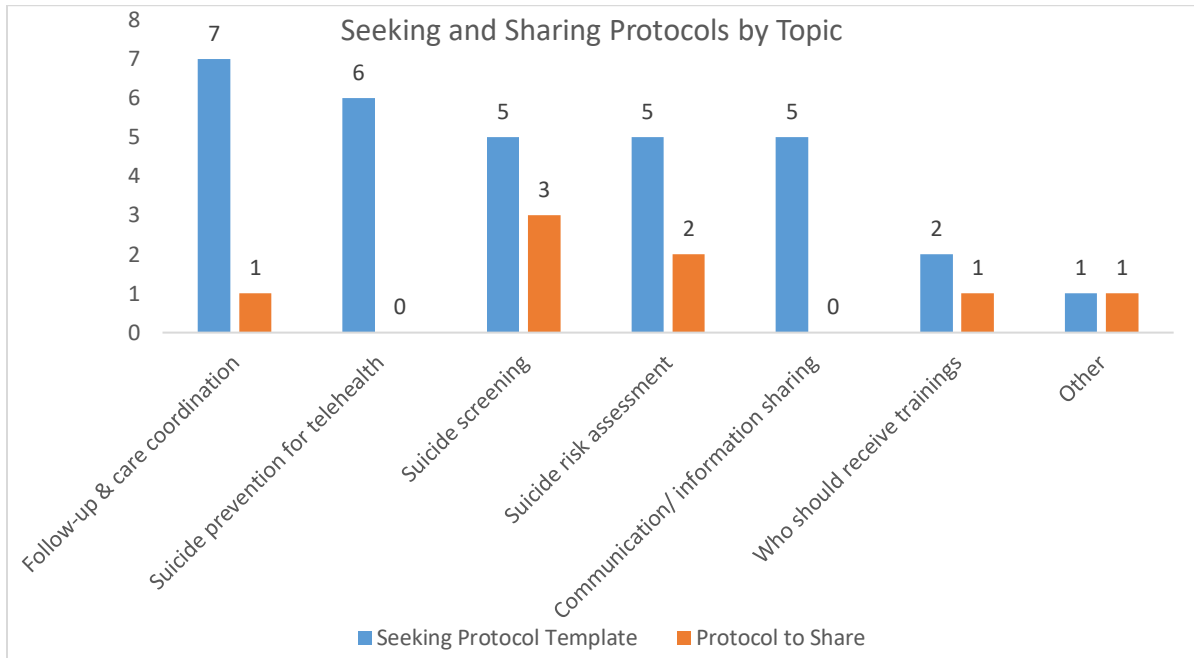
Regarding engagement with CAMS, there was consensus that Vermont should conform to the national CAMS-Trained model which requires attending four out of six consult calls and offering role play training. Almost all respondents (6) indicated that they prefer this option to the alternative, which is to keep the current format of requiring six of eight consult calls. One participant (1) chose the option of requiring six of eight calls. Additionally, participants were asked to provide feedback on whether their agencies are interested in participating in the free CAMS-care Clinician Locator. About half of respondents (4) indicated they are interested, while the others (3) said they are unsure.

Protocol Templates

All participants responded to a pair of survey items focused on protocol templates they would like developed and disseminated by the ZS2020, and protocols that they have developed which they are open to sharing with other D.A.s. All seven respondents expressed a desire for ZS2020 to create a protocol on follow-up and care coordination (Figure 5). The other protocols most desired by respondents were suicide prevention for telehealth, suicide screening, and suicide risk assessment. One participant selected “other” and reported that a CAMS trained, school-based clinician has requested a consult group of staff working in schools and/or with teens.

Regarding protocols that D.A.s have developed that they are willing to share, three respondents indicated that they have suicide screening protocols and two said that they have protocols in suicide risk assessment that they can disseminate. One D.A. reported that it has developed a protocol/policy to share that addresses the agency’s commitment to Zero Suicide.

Figure 5. All Agencies Seek Protocols on Follow-Up and Care Coordination



Looking at the number of protocols each agency said it is open to sharing, Lamoille County Mental Health Services said that it has four protocols ready for disseminating (Figure 6). Three other agencies reported they have one or two protocols they can share, while the other three D.A.s indicated they have no protocols ready to share at this time. In terms of the amount of protocols agencies want ZS2020 to develop and disseminate, responses ranged from two to six, with three agencies expressing interest in six types of protocols listed.

Figure 6. Agencies Range in Number of Protocols They Are Ready to Share

