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MEMORANDUM

TO: Representative Lori Houghton, Chair, House Committee on Health Care

FROM: Emily Hawes, Commissioner, Department of Mental Health

DATE: February 16, 2023

RE: Follow up from testimony providing an Overview of the Department of Mental Health's Suicide Prevention activities

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1. *Provide explanation and full set of Zero Suicide client-level outcome measures (Clarify the client-level outcome measures provided to the committee. When/where are these being used, provide full list of measures)*

   a. Context: The national Zero Suicide initiative provides 12 recommended client-level outcome measures. Four of these are recommended core measures, others are supplemental. Starting in January 2020, we reached consensus on two measures moving forward (Proportion of new clients screened for suicide risk, proportion of clients who screen positive for suicide risk, and for whom there is documentation of safety planning.) For 2022-2023, evaluation efforts expanded to adding a third measure on risk assessment.

      Below are the three measures recommended for data Collection for 2022-2023:
      1. Documentation of one or more screenings for suicide risk (count once per client)
      2. Documentation of a risk assessment within 24 hours for a positive risk screen
      3. Documentation of safety plan within 24 hours of positive risk assessment

      This information should be collected for all new clients in the services areas where Zero Suicide is being implemented. New clients can be brand new to the organization or people who were previously connected to services but were discharged/left. This information is gathered by each Designated Agency and Specialized Service Agency participating in Zero Suicide, and is encouraged to be reported quarterly to the project team at the Center for Health and Learning. Supplemental measures are encouraged, but not required. This data is shared back each quarter as part of aggregated and individual reporting.

      4. Full List of Measures

Recommended Measures:

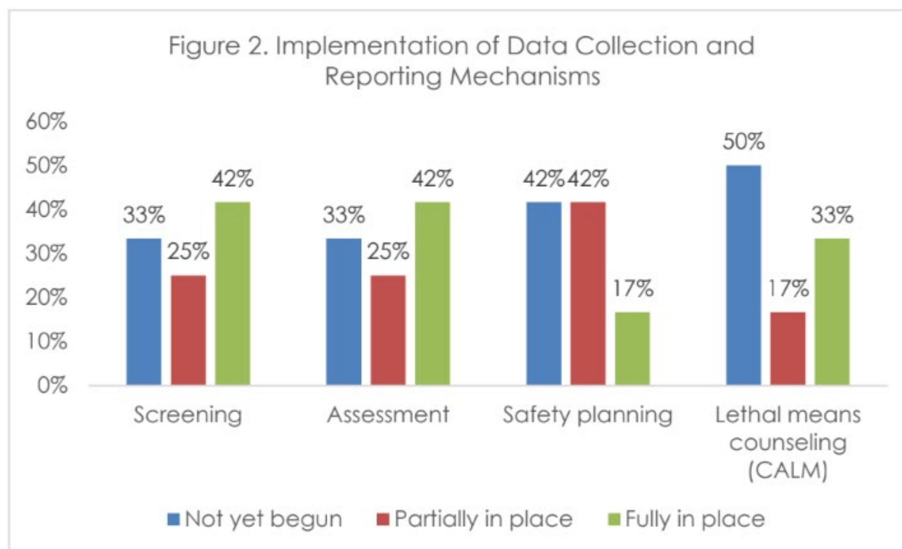
	Measure	Numerator		Denominator		%
1	Screening	Number of clients who received a suicide screening during the reporting period		Number of clients enrolled during the reporting period		
2	Assessment	Number of clients who screened positive for suicide risk and had a comprehensive risk assessment (same day as screening) during the reporting period		Number of clients who screened positive for suicide risk during the reporting period		
3	Safety Plan Development	Number of clients with a safety plan developed (same day as screening) during the reporting period		Number of clients who screened and assessed positive for suicide risk during the reporting period		
4	Lethal Means Counseling	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		Number of clients who screened and assessed positive for suicide risk during the reporting period		
5	Missed Appointment Follow-up	Number of clients with a suicide care management plan who missed a face-to-face appointment and who received contact within 8 hours of the appointment during the reporting period		Number of clients with a suicide care management plan who missed a face-to-face appointment during the reporting period		
6	Acute Care Transition	Number of clients who had a hospitalization or emergency department visit who were contacted within 24 hours of discharge during the reporting period		Number of clients who had a hospitalization or emergency department visit during the reporting period		

	Measure	Numerator		Denominator			Rate
7	Rate of Deaths by Suicide Among ALL Clients	Number of clients who died by suicide during the reporting period		Number of clients enrolled for services during the reporting period (e.g., open case files) regardless of when they were last seen		(Numerator/ Denominator) x 10,000	Per 10,000 population
8	Rate of Suicide Deaths Among Those with Identified Suicide Risk	Number of clients with a suicide care management plan who died by suicide during the reporting period		Number of clients with a suicide care management plan during the reporting period		(Numerator/ Denominator) x 10,000	Per 10,000 population

	Measure	Numerator		Denominator		%
9	Emergency Department Usage	Number of clients who went to the emergency department for making a suicide attempt who had a suicide care management plan during the reporting period		Number of clients who had a suicide care management plan during the reporting period		
10	Inpatient Admissions	Number of clients who were admitted for an inpatient psychiatric stay for making a suicide attempt who had a suicide care management plan during the reporting period		Number of clients who had a suicide care management plan during the reporting period		

	Measure	Numerator		Denominator			Rate
11	Suicide Attempt Rate Among ALL Clients	Number of clients who made a suicide attempt during the reporting period		Number of clients enrolled for services during the reporting period (e.g., open case files) regardless of when they were last seen		(Numerator/ Denominator) x 10,000	Per 10,000 population
12	Suicide Attempt Rate Among Those with Identified Risk	Number of clients with a suicide care management plan who made a suicide attempt during the reporting period		Number of clients with a suicide care management plan during the reporting period		(Numerator/ Denominator) x 10,000	Per 10,000 population

5. Further Info: The Zero Suicide 2022-2023 Planning and Reporting Survey (mid-year) was administered in December, 2022. The survey had a response rate of 100%, with one representative from each agency completing the instrument. The Zero Suicide 2022-2023 Planning and Reporting Survey was developed to provide the Vermont Zero Suicide 2022-2023 Project (ZS) with information concerning the needs and progress of the 12 agencies engaged in the program, as well as the degree of fidelity of implementation across the agencies.



2. *Are we currently measuring the time it takes for the referral to occur after a positive suicide screening? Are we currently measuring the time between this referral and that next appointment?*

   While the Department's evaluation activities in partnership with the Center for Health and Learning do not request this information, there are some agencies that do collect this information. Additionally, the required measure of "Documentation of a risk assessment within 24 hours for a positive risk screen" works to examine time between screening and a comprehensive risk assessment.

3. *(for Representative Peterson) What is the rate of people who died by suicide also had children as opposed to those who died by suicide without children?*

   The Department of Health and the Department of Mental Health do not track this information.

4. *If we had unlimited resources, what gaps would we apply funding to?*

   Programs that support building community connection, resiliency and belonging – such as youth mentorship programs, music and art programs across the life span, Sheds programs for rural adults (Men's Sheds Programs), after school and recreation programs and training for program directors and staff in these community programs to identify and assess suicide risk and to build protective factors such as nurturing optimism, hope, resiliency and community connection.