Final Evaluation Report

Building Hope and Safety, Santa Cruz County

June 2023

ASR

Helping People
Build Better Communities

Contents

Project Background

In 2018, the community formed the Santa Cruz County's Suicide Prevention Task Force (SPTF) to gain a better understanding of local experience with suicide, to gather and understand data, review best practices, and create a Suicide Prevention Strategic Plan. The Task Force was comprised of a wide array of community members including community-based health care employees and faith-based organizations; school officials; law enforcement, hospice personnel; behavioral health and public health staff; veterans advocacy; and other stakeholders. This represents the County's first formal suicide prevention plan, which was formally adopted by the County Board of Supervisors on June 11, 2019.

Since January 2022 "Building Hope & Safety-Santa Cruz" consisted of the following activities:

- **Rapid Follow-up:** County Behavioral Health (CBH) operated a program called "Rapid Connect" for persons who attempted suicide or were at risk of a suicidal crisis. The program provided case management and linkage for youth and adults who were treated in local emergency departments and hospitals or received at the Crisis Stabilization Program.
- **Screening & Assessment:** CBH, in partnership with Applied Crisis Training and Consulting, Inc. (ACT), hosted training on the Columbia Suicide Severity Rating Scale (C-SSRS) and Safety Planning. The training was offered to CBH Clinicians, contracted provider agencies, and other community clinicians by The Columbia Lighthouse Project and ACT.
- **Training:** ACT provided workshops on these evidence-based practice (EBP) trainings: Applied Suicide Intervention Skills Training (ASIST), safeTALK, Mental Health First Aid (MHFA), and Counseling on Access to Lethal Means (CALM) for service providers in Santa Cruz.
- **Community Recovery Supports:** ACT partnered with CBH to implement Community-Based Supportive Services (CBSS) including a system mapping, creation of a pocket guide for services, universal and selective public education campaigns, postvention services, and expansion of supportive services for victims of domestic violence.
- **Enhanced Services for Victims of Domestic Violence:** These services were provided in partnership with Monarch Services and ACT. Monarch advocates and therapists actively worked on addressing the increased need of mental health services for survivors as a result of the COVID-19 shelter-in-place (SIP) order through counseling services and collaboration with community partners.
- **Access to Telehealth Services**: Throughout the COVID-19 pandemic, CBH, ACT, and Monarch have offered services through telehealth and, once safe, in person. Telehealth services included telephone only and video telehealth appointments. In addition to standard telehealth visits, telehealth rooms were available on-site in two CBH locations (North & South County) to provide clients without access to technological means the availability of services. ACT partnered with Monarch to develop or update a list of local resources to provide to clients needing suicide crisis support, including the suicide crisis line 24/7/365, which offers access to language interpretation in 140 languages. Monarch, Behavioral Health, and partners provided follow-up calls to individuals at risk of suicide, offering three-way calls to connect clients with other sources of support as needed. ACT also partnered with local organizations to connect survivors of loss with audio-visual telehealth support group meetings. Monarch has continued to fully serve clients since the beginning of the COVID-19 pandemic and Santa Cruz County's SIP order. Cell phones and laptops were provided to clients and staff as needed. In addition to this, all Monarch staff were thoroughly trained in responding to the 24-hour crisis line, making us uniquely prepared to offer teleservices to clients during this time. As a result, advocates and therapists continued to work with survivors to provide counseling support and safety planning as necessary.

EVENTS IMPACTING PROGRAM IMPLEMENTATION

UNEXPECTED GRANT AWARD

Although a welcome surprise, the unexpected grant award led to a slower start and a longer-than-planned ramp up. Program partners and County staff had shifted to other programs and priorities after receiving notice that their application was not accepted. When they received notice that their application status had changed, and the program could begin implementation, partners and the County worked quickly to re-engage, adapt and adjust the program activities.

IMPACTS OF COVID-19

The COVID-19 pandemic had a significant impact on the implementation of the Building Hope & Safety-Santa Cruz program and altered program strategies and activities. Engaging and recruiting a range of community service providers and volunteers for training was complicated by the ongoing state of emergency. Trainer and participant exposure to COVID-19 (and re-assignment due to short staffing) resulted in rescheduling of trainings and necessitated significant adaptations to traditional training methodology.

STAFF TRANSITIONS

The program team worked with County staff during the transition of several key positions and partners, including positions and staff previously overseeing and implementing strategic planning activities and drafting the Building Hope & Safety grant. In addition, the lead program agency experienced staff turnover and transitions, occasionally causing delays in data collection and program implementation.

CZU COMPLEX FIRES AND STORMS

In addition to the COVID-19 crisis, the CZU Complex fires in Santa Cruz County caused evacuations in August and September of 2020. This additional disaster caused widespread evacuations and destruction. In the years following the fires, the increased risk of flooding during the rainy season led to subsequent evacuations in areas with long-term fire damage and impacted County staff and services across the county. Additionally, the impact of extreme storm conditions and significant damage to our communities locally (which again necessitated the reassignment of County staff for emergency shelter purposes) provided a further challenge and impacted planned activities at various points throughout the grant implementation.

PROJECT GOALS, OBJECTIVES AND ACTIVITIES

GOAL	OBJECTIVES	ACTIVITIES
Goal 1: Improve Collaboration Efforts Among Suicide Prevention Agencies and Programs	➢ Integrate suicide prevention activities across multiple sectors and settings.	➢ Establish baseline information regarding the trainings, tools, and related policies used by a range of community agencies and programs. ➢ Determine workforce education needs by conducting a community assessment survey and key stakeholder interviews. ➢ Complete initial resource and system mapping of existing local prevention, intervention, and postvention activities.

GOAL	OBJECTIVES	ACTIVITIES
		➢ Promote consistent training on, and use of, evidence-based tools.
Goal 2: To Increase Service Provider Awareness of and Ability to Assess for and Manage Risk of Suicidal Behaviors	➢ Increase the competency and confidence of clinical and other service providers in evaluating and managing the risk for suicidal behavior. ➢ Provide training to the workforce in suicide assessment and intervention.	➢ Develop a training portfolio and materials for clinical providers and workers. ➢ Coordinate and provide a range of identified evidence-based trainings to providers and community members.
Goal 3: Through Partnership with Local Domestic and Sexual Violence Prevention Agencies, Enhance Access to Suicide Intervention and Care for Survivors and their Dependents	➢ Promote help seeking for populations disproportionately impacted by suicide, particularly during the COVID-19 pandemic.* ➢ Increase number of clients served.* ➢ Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery among staff. ➢ Generate and disseminate resources related to suicide to media outlets and the general community. **Including, but not limited to, individuals experiencing or recovering from intimate partner or domestic violence and their dependents.*	➢ Provide trauma-informed and culturally-responsive services to target population. ➢ Screen individuals for imminent safety concerns and provide emergency shelter vouchers to those whose safety is in jeopardy. ➢ Coordinate and conduct trainings for Monarch staff, volunteers, providers, and community members on suicide prevention and intervention. Provide opportunities for follow-up skill building opportunities for staff. ➢ Coordinate a broad public education marketing campaign around suicide prevention.
Goal 4: Provide Care and Support to Individuals Affected by Suicide Deaths by Enhancing the Support Network	➢ Enhance system partners' ability to provide support to individuals affected by suicide deaths. ➢ Enhance connections amongst service providers to strengthen the ability to refer and partner in helping those at enhanced risk.	➢ Coordinate with relevant stakeholders to map out the existing chain of response following a suicide death. ➢ Coordinate with local organizations to identify training and resource needs to provide suicide bereavement support.

Evaluation Method and Design

RESEARCH DESIGN FOR PROCESS AND OUTCOME EVALUATION

As part of the evaluation process, ASR confirmed key outcomes and as needed, developed tools to measure outcomes in accordance with best practices. The program's evaluation employed a mixed-methods design, utilizing quantitative and qualitative data to assess the various overall program measures' progress toward accomplishing outputs and outcomes associated with implementation. Process and outcome measures of the evaluation utilize data from multiple sources and perspectives (assessments, surveys). Data instruments and tools, including data collection tools and pre- and post-training surveys, were used to assess progress towards the following process and outcome measures. ASR utilized a data

collection tracker to collect, monitor and analyze all process and outcome data related to the evaluation plan.

PROCESS AND OUTCOME INDICATORS

INDICATOR	RESULT
Goal 1: Improve Collaboration Efforts Among Suicide Prevention Agencies and Programs	
PROCESS MEASURES (HOW MUCH AND HOW WELL)	
# of agencies participating in agency assessment and/or key informant interviews (KIIs) and system mapping (Goal of 20)	**8**
OUTCOME MEASURES (IS ANYONE BETTER OFF)	
% of partners reporting increased awareness of other system partners and their services/role (Goal of 90%)	**58%-93%**
Goal 2: To Increase Service Provider Awareness of and Ability to Assess for and Manage Risk of Suicidal Behaviors	
PROCESS MEASURES (HOW MUCH AND HOW WELL)	
# of CBO service providers and clinical staff trained (Goal of 400)	**869**
# and types of trainings held: • Applied Suicide Intervention Skills Training (ASIST) Workshops (Goal of 8) • safeTALK (Suicide Awareness for Everyone) Workshops (Goal of 8) • Counseling on Access to Lethal Means (CALM) Workshops (Goal of 6) • Mental Health First Aid (MHFA) Trainings (Goal of 3) • Trainings on the Columbia Suicide Severity Rating Scale (C-SSRS) and Safety Plan tools for the Santa Cruz Behavioral Health workforce (Goal of 3) • Training and Technical Assistance (TA): Tailored training and technical assistance plans developed for and provided specifically to local organizations (Goal of 10 organizations)	**44 trainings** **ASIST: 10** **safeTALK: 8** **CALM: 6** **MHFA: 3** **C-SSRS: 4** **TA: 13 organizations**
OUTCOME MEASURES (IS ANYONE BETTER OFF)	
% of service providers reporting improved ability to identify, evaluate, and/or manage risk of suicide in clients (Goal of 90%)	**63%-98%**
% of service providers reporting increased comfort and/or competence in using screening, assessment, and/or safety planning tools (Goal of 75%)	**57%-97%**
Goal 3: Through Partnership with Local Domestic and Sexual Violence Prevention Agencies, Enhance Access to Suicide Intervention and Care for Survivors and their Dependents	
PROCESS MEASURES (HOW MUCH AND HOW WELL)	
% of at risk individuals screened for suicide risk (Goal of 95%)	**100%**
# of at risk individuals screened for suicide risk	**141**

# of individuals receiving shelter support (Goal of 150 individuals)	**23 served (total of 2,301 bed nights)**
# of emergency vouchers provided (Goal of 511 emergency vouchers)	**118 served (total of 566 voucher nights)**
# of trainings provided to service providers and CBO staff (Goal of 4)	**3**
OUTCOME MEASURES (IS ANYONE BETTER OFF)	
% of service providers who report that trainings were effective or highly effective in helping them provide support to clients at risk for suicide (Goal of 90%)	**98%-100%**
% of service providers reporting referrals of suicidal clients for crisis services (Goal of 100%)	**100%**
Goal 4: Provide Care and Support to Individuals Affected by Suicide Deaths by Enhancing the Support Network	
PROCESS MEASURES (HOW MUCH AND HOW WELL)	
% of providers who report increased knowledge of resources for those affected by suicide death (Goal of 100%)	**73%**
OUTCOME MEASURES (IS ANYONE BETTER OFF)	
% of individuals exposed to a suicide death who receive materials and referrals for support *Note: The percentage of individuals exposed to a suicide death who received materials and referrals for support could not be calculated for this report.*	**30 individuals**
% of providers who reported that they felt prepared to connect those affected by suicide death with appropriate resources or care (Goal of 95%)	**70%**

Evaluation Results

DATA DISCUSSION BY GOAL AREA

GOAL 1: IMPROVE COLLABORATION EFFORTS AMONG SUICIDE PREVENTION AGENCIES AND PROGRAMS

Number of agencies participating in agency assessment and/or key informant interviews (KIIs) and system mapping

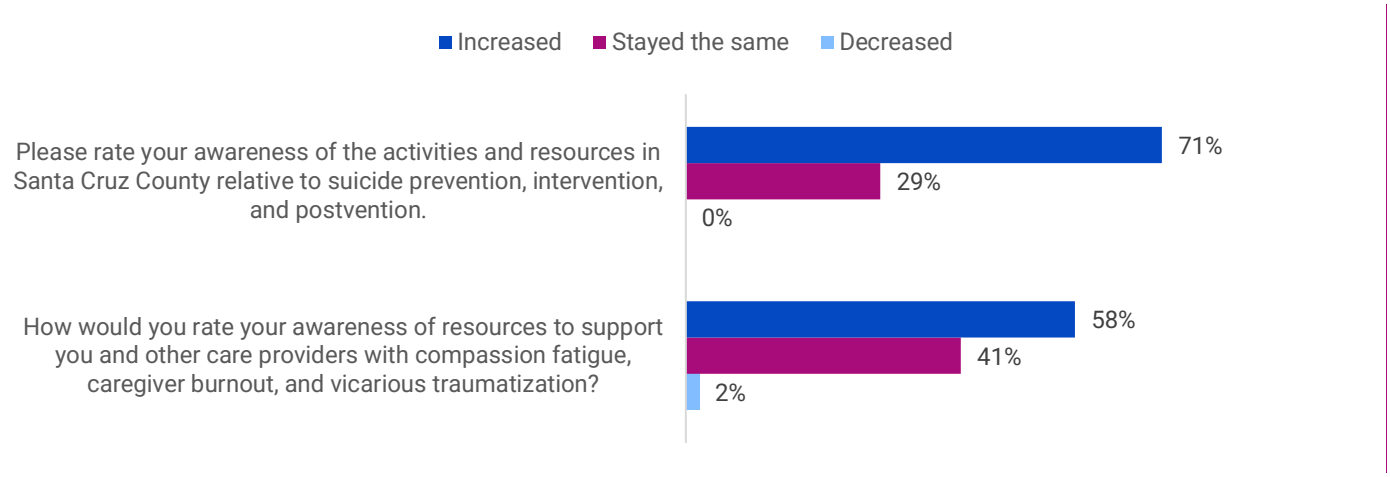
Eight (8) agencies participated in an agency assessment or a key informant interview (KII) and system mapping. This is less than the goal of having 20 agencies participate in these activities.

Percentage of partners reporting increased awareness of other system partners and their services/role

As a result of the Columbia Suicide Severity Rating Scale (C-SSRS) and Safety Plan Tools training, 71% of participants reported increased awareness of activities and resources in the county relative to suicide prevention, intervention and postvention. In addition, over half (58%) of participants reported increased awareness of resources related to support for compassion fatigue, caregiver burnout, and vicarious traumatization. This is below the goal of achieving a 90% increase in awareness among partners/agencies.

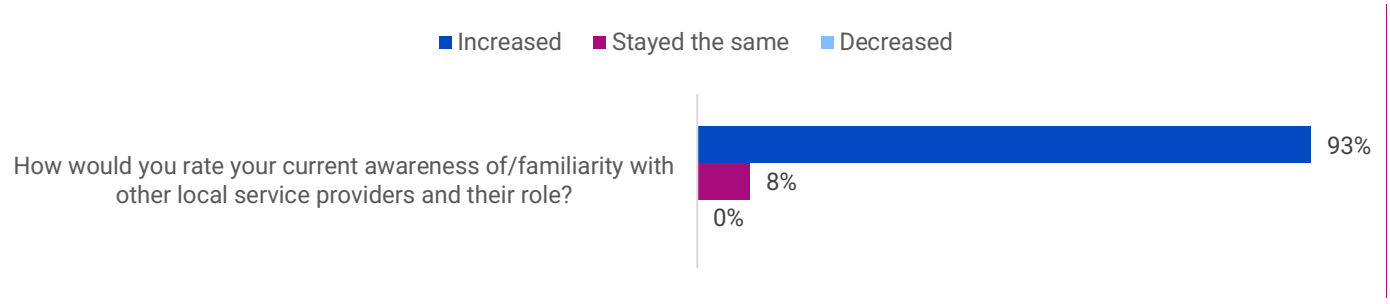
After participating in the Mental Health First Aid (MHFA) training, 93% of service providers reported increased awareness of or familiarity with other local service providers and their role. This is more than the goal of 90% of service providers reporting increased awareness.

Columbia Suicide Severity Rating Scale (C-SSRS) and Safety Planning



N=132
Note: Percentages may not equal to 100% due to rounding.

Mental Health First Aid (MHFA)

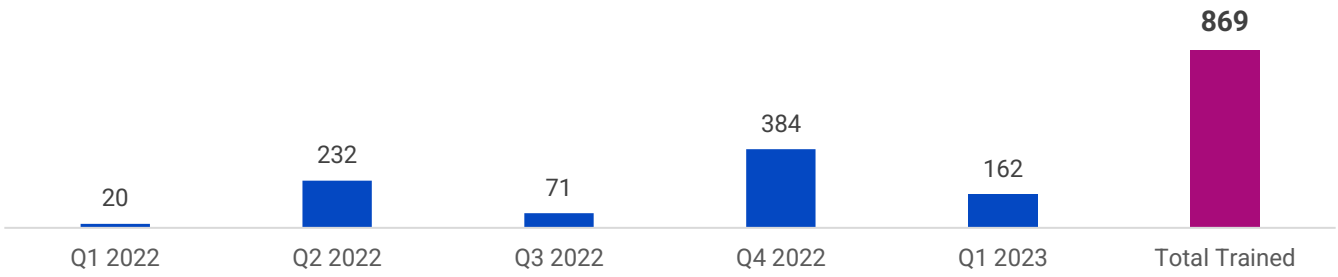


N=40
Note: Percentages do not equal to 100% due to rounding.

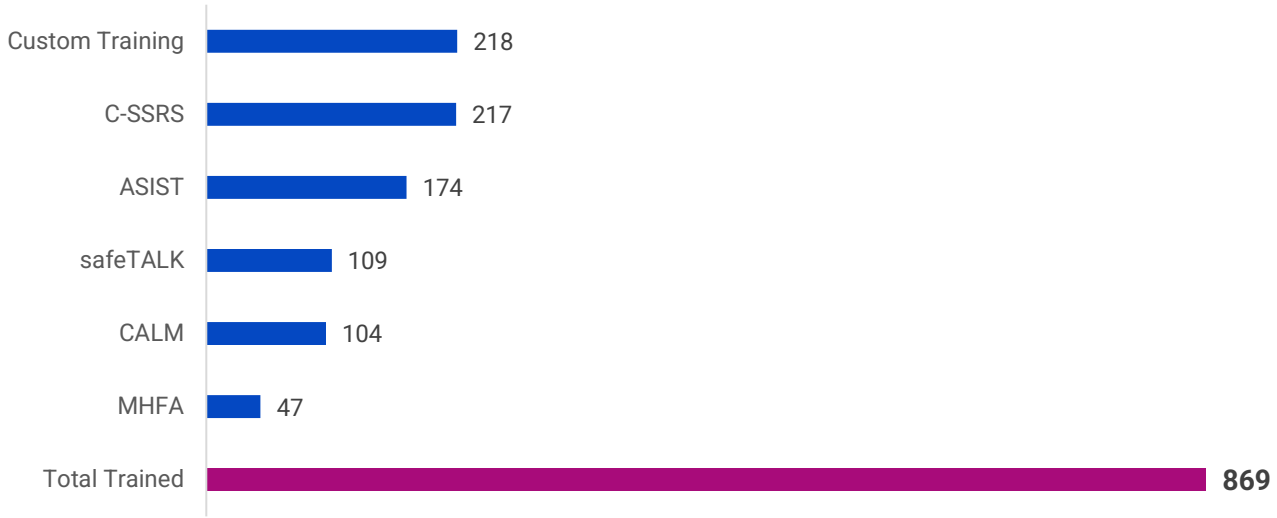
GOAL 2: TO INCREASE SERVICE PROVIDER AWARENESS OF AND ABILITY TO ASSESS FOR AND MANAGE RISK OF SUICIDAL BEHAVIORS

Number of Community-Based Organization (CBO) service providers and clinical staff trained, by quarter

While the goal was to reach 400 providers and clinicians with training, the program surpassed that goal and reached 869.

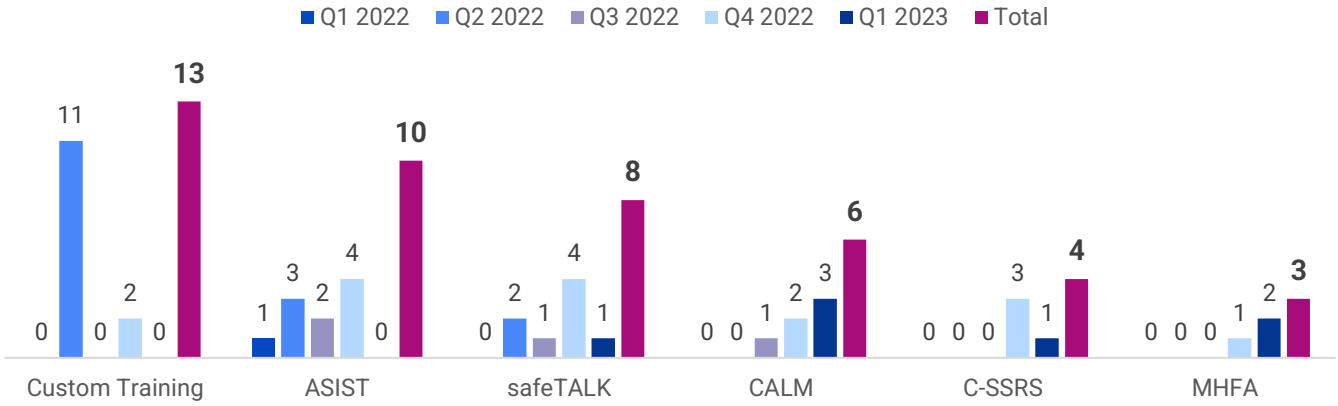


Total number of participants, by training type



Number and types of trainings held, by quarter

In addition, the program was able to provide more Applied Suicide Intervention Skills (ASIST) and Columbia Suicide Severity Rating Scale (C-SSRS) and Safety Plan Tools training than planned and reached more organizations with tailored training and technical assistance than planned.



Training and technical assistance

Customized staff training and/or technical assistance was provided to the following 13 organizations:

- American Medical Response
- Ceiba College Preparatory Academy
- Encompass Community Services
- Healing the Streets
- Housing Matters
- Janus of Santa Cruz
- Monarch Services
- National Alliance on Mental Illness – Santa Cruz Chapter
- Pajaro Valley Prevention and Student Assistance
- Santa Cruz City Schools
- Santa Cruz Community Healthcare
- Scotts Valley Unified School District
- Walnut Avenue Family and Women's Center

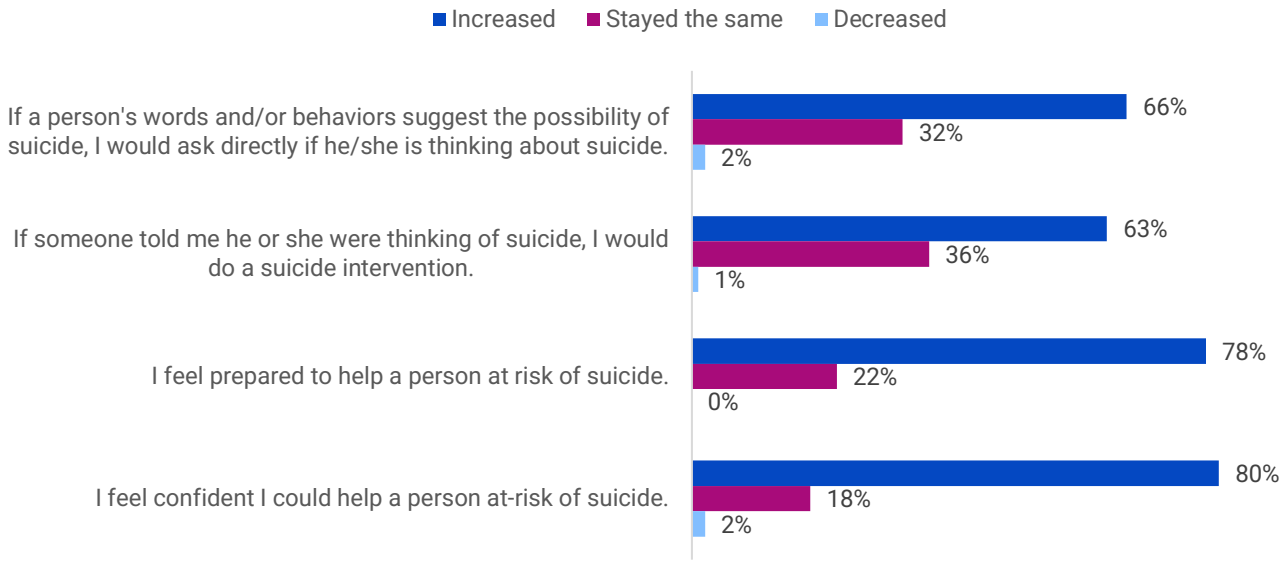
Goals versus actual, number of training participants and types of trainings

PROVIDERS TRAINED	GOAL	ACTUAL
Number of CBO providers and clinical staff trained	400	869
TRAINING TYPE	**GOAL**	**ACTUAL**
Applied Suicide Intervention Skills Training (ASIST) Workshops	8	**10**
safeTALK (Suicide Awareness for Everyone) Workshops	8	**8**
Counseling on Access to Lethal Means (CALM) Workshops	6	**6**
Mental Health First Aid (MHFA) Trainings	3	**3**
Trainings on the Columbia Suicide Severity Rating Scale (C-SSRS) and Safety Plan tools for the Santa Cruz Behavioral Health workforce	3	**4**
Training and Technical Assistance: Tailored training and technical assistance plans developed for and provided specifically to local organizations	10	**13**

Percentage of service providers reporting improved ability to identify, evaluate, and/or manage risk of suicide in clients, by training type

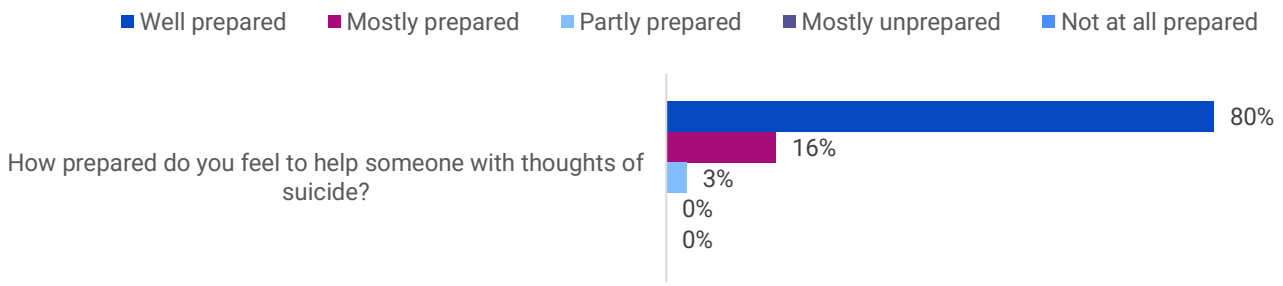
The percentage of service providers reporting improved skills or increased abilities ranged from 63% to 98% depending on the training type. This is below the goal of 90% of service providers reporting improvement or increased ability.

Applied Suicide Intervention Skills (ASIST)



N=152

Counseling on Access to Lethal Means (CALM)



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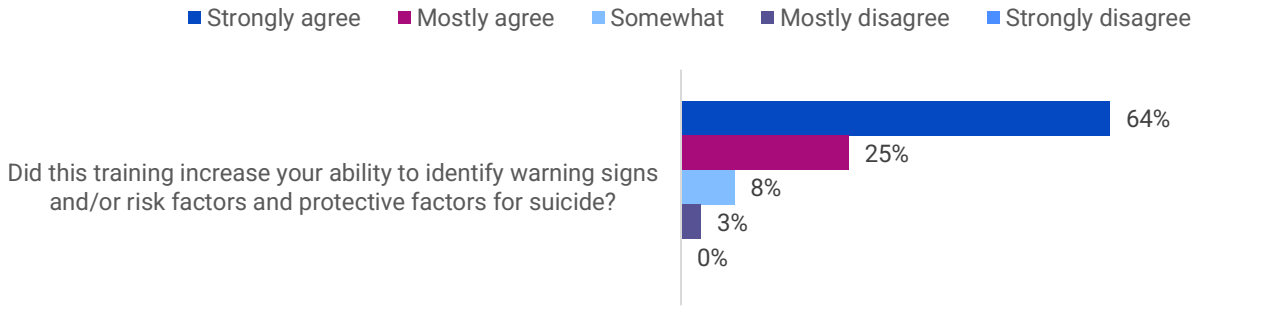
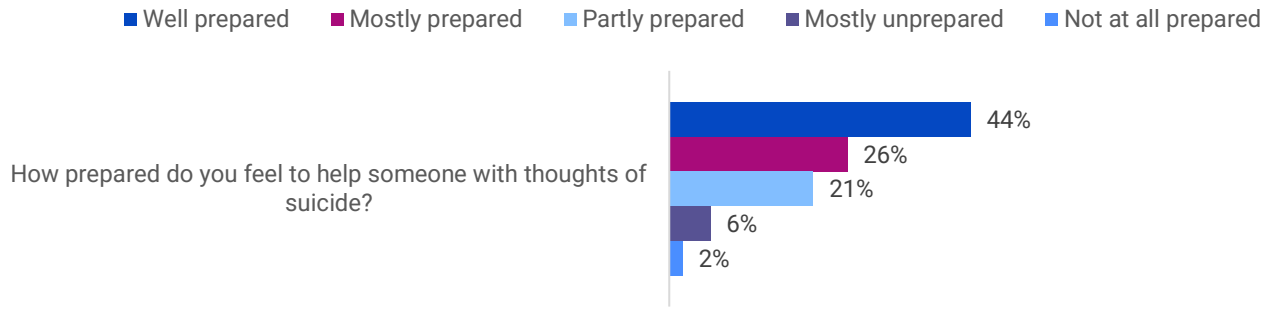
Note: Percentages do not add up to 100% due to rounding.



N=61

Custom Trainings



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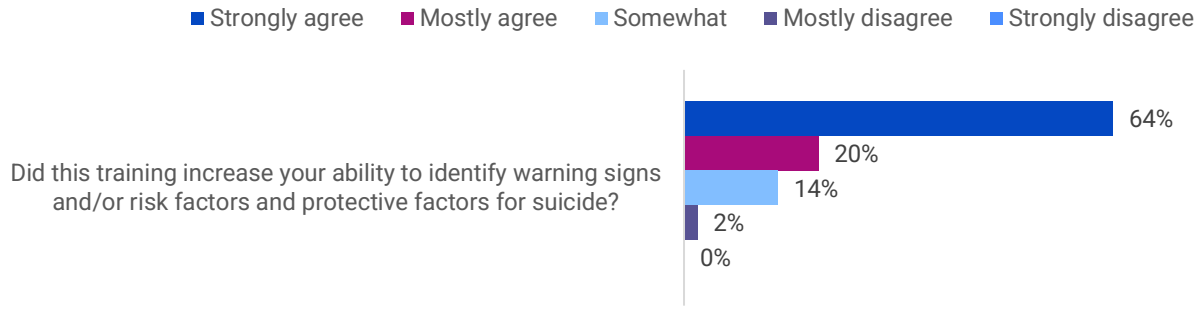

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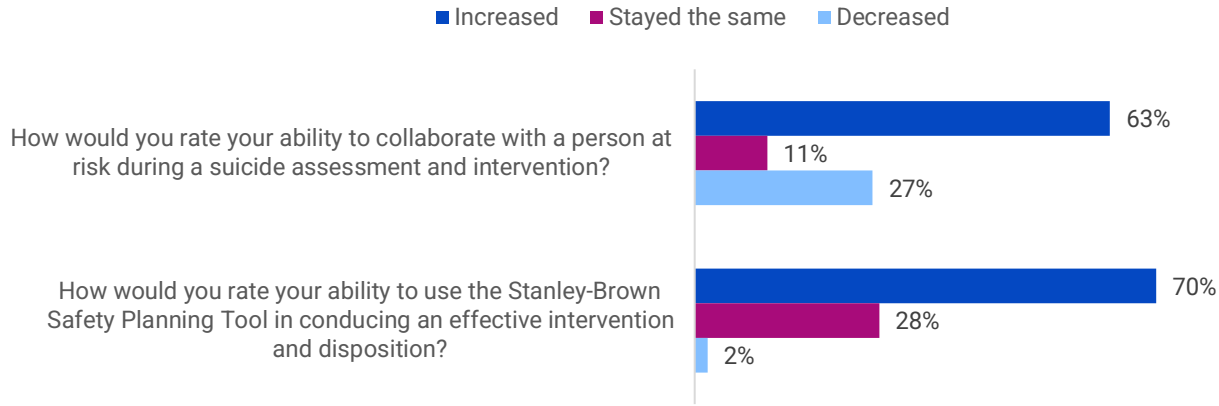
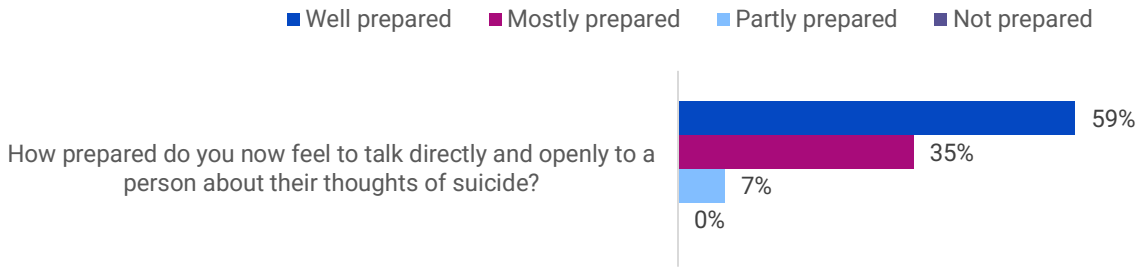
Columbia Suicide Severity Rating Scale (C-SSRS) and Safety Planning



N=132
Note: Percentages may not add up to 100% due to rounding.

Suicide Awareness for Everyone (safeTALK)

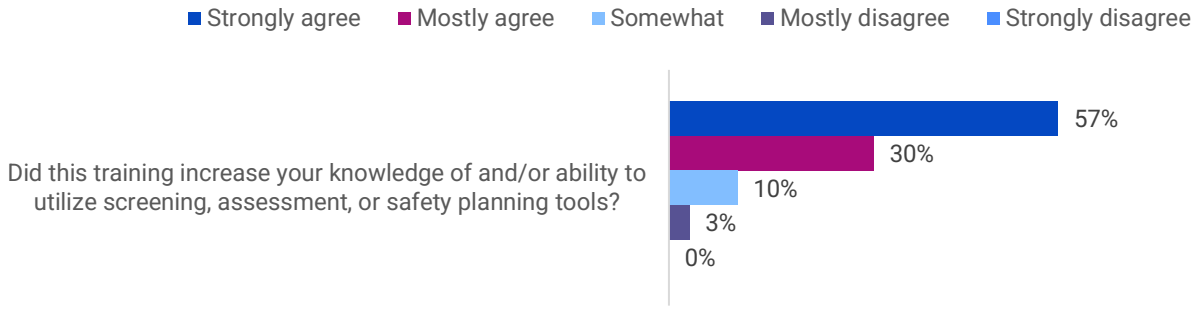


N=107
Note: Percentages do not add up to 100% due to rounding.

Percentage of service providers reporting increased comfort and/or competence in using screening, assessment, and/or safety planning tools, by training type

The percentage of service providers reporting increased comfort or competence ranged from 57% to 97% depending on the training type. This is below the goal of 90% of service providers reporting increased comfort or competence.

Counseling on Access to Lethal Means (CALM)



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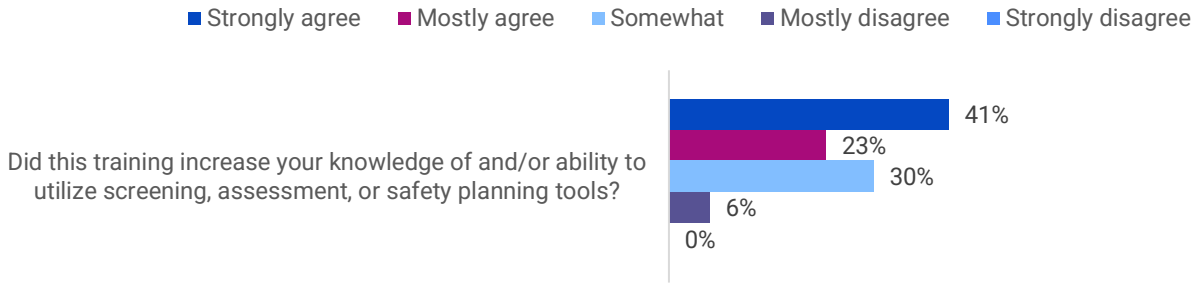
Custom Trainings



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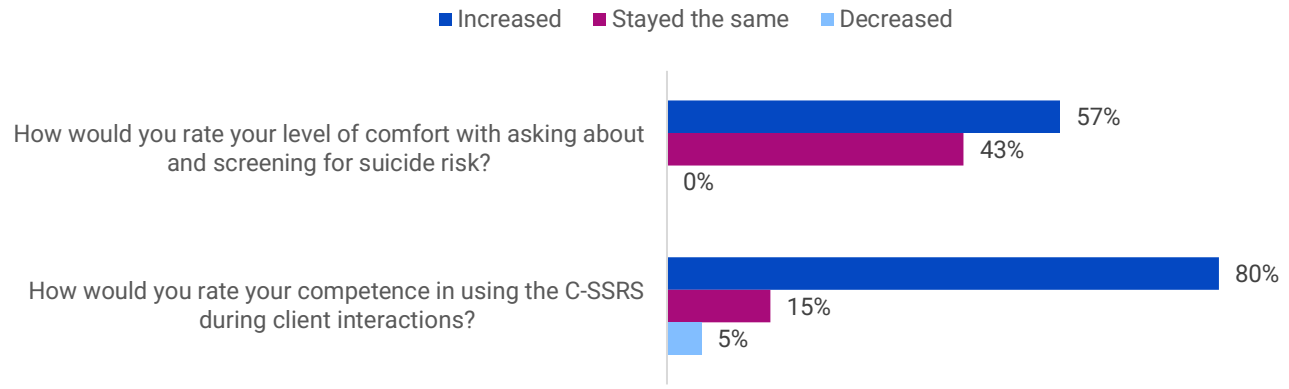
Columbia Suicide Severity Rating Scale (C-SSRS) and Safety Planning



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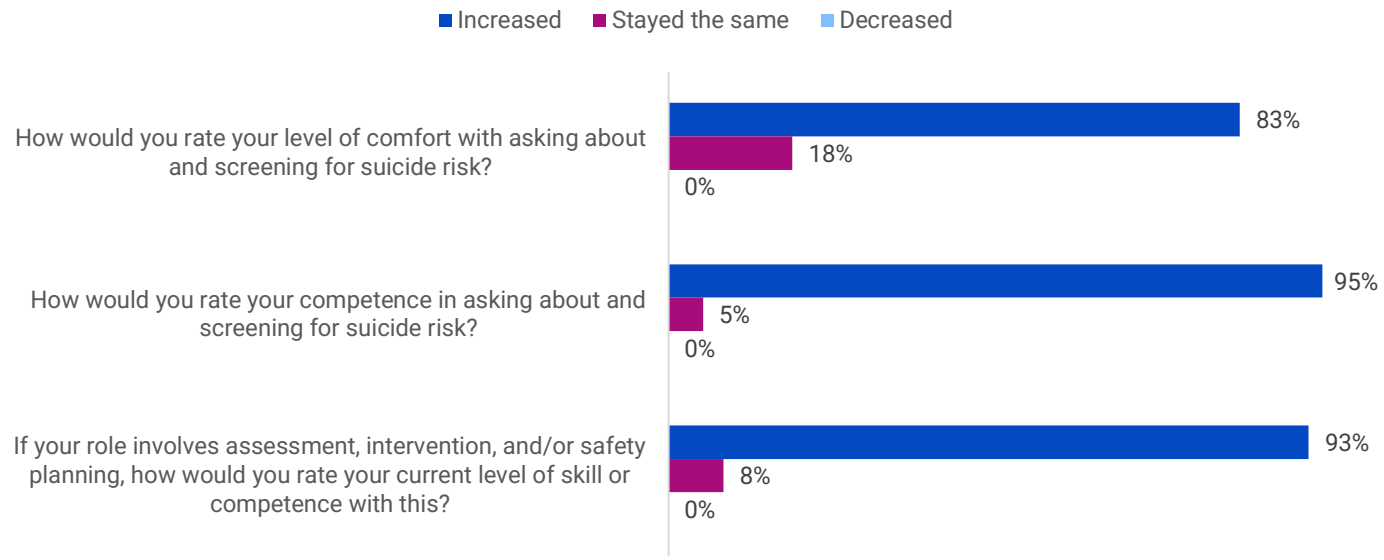
Mental Health First Aid (MHFA)

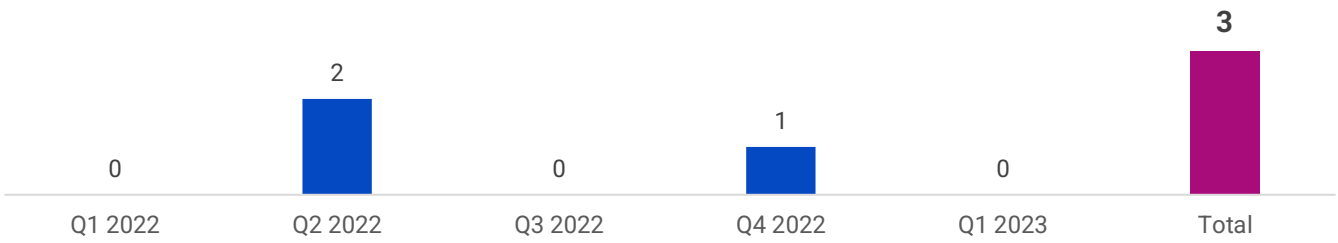


N=40
Note: Percentages may not add up to 100% due to rounding.

GOAL 3: THROUGH PARTNERSHIP WITH LOCAL DOMESTIC AND SEXUAL VIOLENCE PREVENTION AGENCIES, ENHANCE ACCESS TO SUICIDE INTERVENTION AND CARE FOR SURVIVORS AND THEIR DEPENDENTS

Number of trainings provided to service providers and CBO staff, by quarter

Three (3) customized trainings were provided to Monarch Services and other domestic violence and sexual prevention staff. This is less than the goal of providing four (4) trainings to service providers and CBO staff.



Goals versus actual

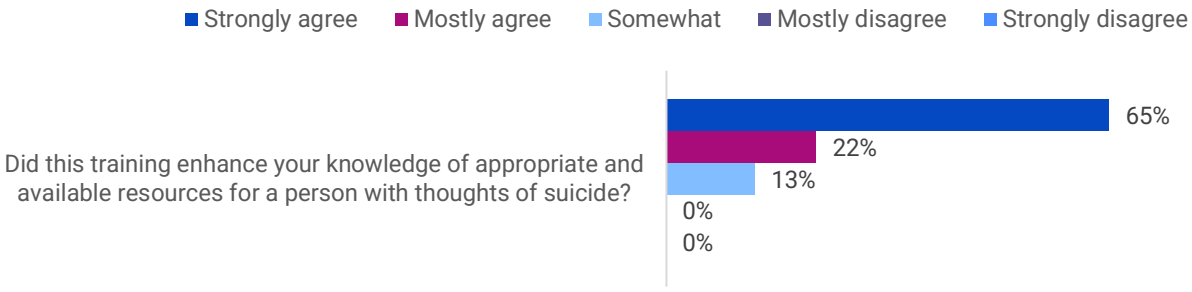
During the program period, all 141 individuals who received shelter support from Monarch Services were screened for suicide risk. Twenty-three (23) adult clients received emergency confidential shelter support for a total of 2,301 bed nights. One hundred and eighteen (118) emergency motel vouchers were provided for a total of 566 bed nights. These are less than the goals of providing shelter support to 150 individuals and distributing 511 emergency vouchers.

	GOAL	ACTUAL
Percentage of at-risk individuals screened for suicide risk	95%	100%
Number of individuals receiving shelter support	150	23 served (total of 2,301 bed nights)
Number of emergency vouchers provided	511	118 served (total of 566 voucher nights)
Number of trainings provided to service providers and CBO staff	4	3

Percentage of service providers who report that trainings were effective or highly effective in helping them provide support to clients at risk for suicide

The percentage of service providers reporting that the trainings were effective or highly effective in helping them provide support to clients at risk for suicide ranged from 98% to 100% depending on the training type. This is above the goal of 90% of service providers reporting that trainings were effective or highly effective.

Counseling on Access to Lethal Means (CALM)



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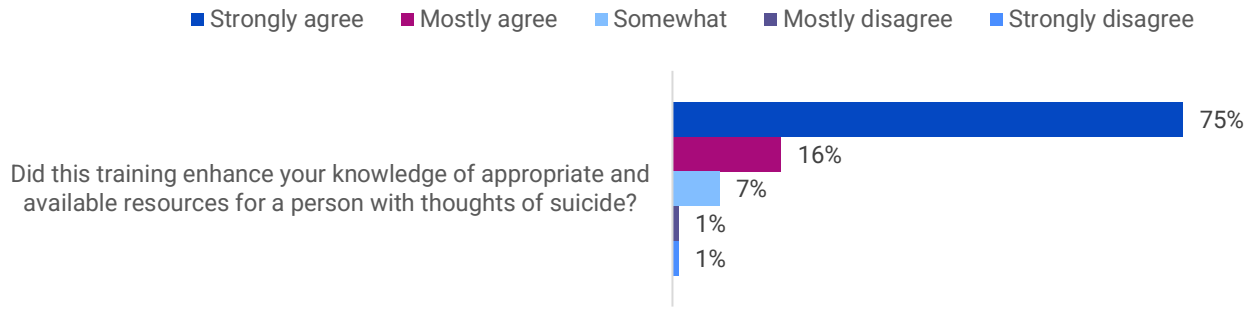
Custom Trainings



N=176

Percentage of service providers reporting referrals of suicidal clients for crisis services

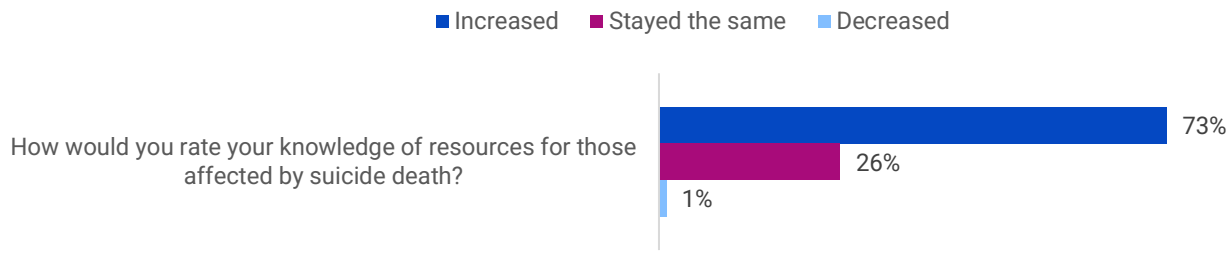
For this program, Monarch Services was the only provider asked to report on referrals of suicidal clients for crisis services. Crisis support was provided to all 31 (100%) referrals received by Monarch during the program period.

GOAL 4: PROVIDE CARE AND SUPPORT TO INDIVIDUALS AFFECTED BY SUICIDE DEATHS BY ENHANCING THE SUPPORT NETWORK

After receiving the C-SSRS and Safety Plan Tools training, 73% of providers reported increased knowledge of resources for those affected by suicide death, and 70% reported feeling prepared to connect those affected to resources or care, less than the targets of 100% and 95%, respectively.

Percentage of providers who report increased knowledge of resources for those affected by suicide death

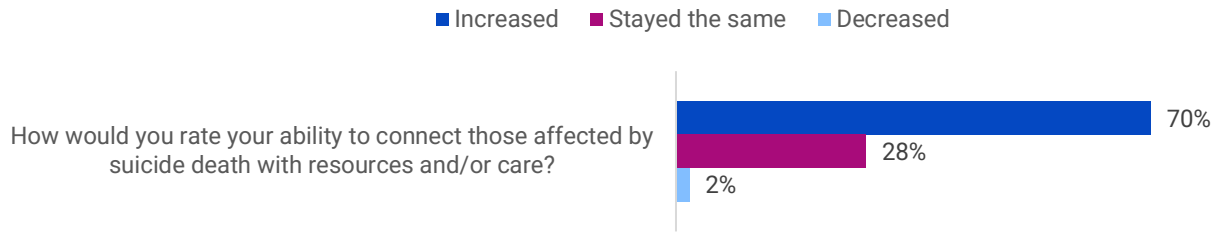
Columbia Suicide Severity Rating Scale (C-SSRS) and Safety Planning



N=132

Percentage of providers who reported that they felt prepared to connect those affected by suicide death with appropriate resources or care

Columbia Suicide Severity Rating Scale (C-SSRS) and Safety Planning



N=132

Percentage of individuals exposed to a suicide death who receive materials and referrals for support

The percentage of individuals exposed to a suicide death who received materials and referrals for support could not be calculated for this report. However, the following data related to the fourth goal of this program shows the types of support offered during the program period:

Number of individuals exposed to a suicide death who receive materials and referrals for support	30
Number of grief support calls	39
Number of suicide loss support group sessions	30

Conclusions and Recommendations

Since January 2022, Building Hope & Safety-Santa Cruz program partners worked together to improve collaboration efforts, increase service provider awareness and competency, and enhance access to suicide intervention and care, with the overarching shared goal of enhancing the support network for survivors and their dependents.

Despite the series of events that impacted program implementation including COVID-19 and local wildfires and storms, Building Hope & Safety-Santa Cruz proved to be effective in determining workforce education needs, providing a range of evidence-based trainings to providers and community members, screening individuals for imminent safety concerns and providing them with appropriate services/support, and providing suicide bereavement support to individuals affected by suicide death.

Specifically:

- More than half (58% to 93%) of service providers reported increased awareness of or familiarity with other system partners and their services/role.
- Over 800 service providers and community members received at least one evidence-based training, and tailored training and technical assistance plans were developed for and provided to 13 local organizations.
- A majority (63% to 98%) of service providers reported improved skills or increased abilities to identify, evaluate, and/or manage risk of suicide in clients, and more than half (57% to 97%) reported increased comfort or competence in using screening, assessment, and/or safety planning tools.

- One hundred percent (100%) of CALM training participants reported that the training was effective or highly effective in helping them provide support to clients at risk of suicide.
- Monarch Services provided housing support to over 100 individuals and screened all for suicide risk, in addition to screening all suicidal clients referred for crisis services.
- Nearly three-quarters (73%) of service providers reported increased knowledge of resources for those affected by suicide death. Program staff distributed materials and referrals for support to individuals exposed to a suicide death, conducted grief support calls, and offered suicide loss group support.

The Building Hope & Safety-Santa Cruz program built a solid foundation for continuing to provide education to local service providers and community members whose knowledge of suicide assessment and intervention varies. By meeting with leadership to get buy in for trainings and working with individuals and organizations to curate the training process, the program created new partnerships while meeting the enhanced need for trainings amongst a wide range of service providers. Hundreds of participants engaged in trainings, and customized staff training/technical assistance was provided to over a dozen organizations.

Program partners can build on this momentum, and specifically, can continue to:

- Coordinate and provide evidence-based trainings to service providers and community members,
- Utilize pre- and post-survey tools to measure training impact and to document learnings,
- Meet with organizational leadership to get buy in from management and staff in conveying to team members that training opportunities are important and a worthwhile use of staff time,
- Gauge the best timing, location and support needed to make trainings as accessible to attendees and inclusive of individual needs as possible,
- Work with organizations to curate the training process and ensure that individuals and teams attend the trainings that will be most useful for them personally and professionally, and
- Tailor the resource information provided to attendees based on the training module, attendee background/demographics, populations served, etc.

As a result of the Building Hope & Safety-Santa Cruz program, community members, service providers, and the overall system grew their capacity to provide care and support to individuals at risk of suicidal behavior, as well as individuals affected by suicide death.

Logic Model

INPUTS	ACTIVITIES	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
Applied Training	**Goal 1: Improve Collaboration Efforts Among Suicide Prevention Agencies and Programs**		
	• Establish baseline information regarding the trainings, tools, and related policies used by a range of community agencies and programs. • Determine workforce education needs by conducting a community assessment survey and key stakeholder interviews. • Complete initial Resource and System Mapping of existing local prevention, intervention, and postvention activities. • Promote consistent training on, and use of, evidence-based tools.	• Increase in service providers reporting increased collaboration among service providers and suicide prevention agencies and programs. • Increase in partners reporting increased awareness of other system partners and their services/role • Increase in service providers reporting increased comfort and/or competence with screening tools.	• Increased capacity of service providers to serve individuals considering suicide or at risk of committing suicide.
	Goal 2: To Increase Service Provider Awareness of and Ability to Assess for and Manage Risk of Suicidal Behaviors		
	• Develop a training portfolio and materials for clinical providers and workers. • Coordinate and provide a range of identified evidence-based trainings to providers and community members.	• Increase in percentage of clients who are screened for suicidal risk factors. • Increase in staff reporting increased ability to accurately assess and manage the risk of suicide in clients. • Increase in service providers reporting increased comfort and/or competence in using screening, assessment, and/or safety planning tools.	• Improved identification of risk factors for suicide for service providers.
	Goal 3: Through Partnership with local domestic and sexual violence prevention agencies, enhance access to suicide intervention and care for survivors and their dependents		
	• Provide trauma-informed and culturally-responsive services to target population. • Screen individuals for imminent safety concerns and provide emergency shelter vouchers to those whose safety is in jeopardy. • Coordinate and conduct trainings for Monarch staff, volunteers, providers, and community members on suicide prevention and intervention. Provide opportunities for follow-up skill building opportunities for staff. • Coordinate a broad public education marketing campaign around suicide prevention.	• Increase in number of at risk individuals screened for suicide risk. • Increase in providers reporting that trainings were effective or highly effective in helping them be prepared to provide support to clients at risk for suicide. • Increase in providers reporting referrals of suicidal clients for crisis services. • Increase in providers reporting increased help-seeking behaviors among disproportionately impacted clients.	• Reduced access to lethal means. • Improved access to mental healthcare.

	Goal 4: Provide Care and Support to Individuals Affected by Suicide Deaths by Enhancing the Support Network		
	• Coordinate with relevant stakeholders to map out the existing chain of response following a suicide death. • Coordinate with local organizations to identify training and resource needs to provide suicide bereavement support.	• Survivors/family members receiving support after suicide death of a loved one. • Resources distributed to survivors/family members following the suicide death of a loved one.	• Increased social support for survivors/family members after suicide death of a loved one across the system.

Appendix A – Building Hope & Safety Community Agency Survey Summary Report

Results from Building Hope & Safety Community Agency Survey – November 2022

INTRODUCTION

In 2018, the community formed the Santa Cruz County's Suicide Prevention Task Force (SPTF) to gain a better understanding of local experience with suicide, gather and understand data, review best practices, and create a Suicide Prevention Strategic Plan. The Task Force was comprised of a wide array of community members including community-based health care employees and faith-based organizations; school officials; law enforcement, hospice personnel; behavioral health and public health staff; veterans advocacy; and other stakeholders. This represents the County's first formal suicide prevention plan, which was formally adopted by the County Board of Supervisors on June 11, 2019.

In January 2022 "Building Hope & Safety-Santa Cruz" was launched with the following activities:

Rapid Follow-up: County Behavioral Health (CBH) operates a program called "Rapid Connect" for persons who have attempted suicide or are at risk of a suicidal crisis.

Screening & Assessment: CBH, in partnership with Applied Crisis Training and Consulting, Inc. (ACT), will host training on the Columbia Suicide Severity Rating Scale (C-SSRS) and Safety Planning.

Training: ACT will provide workshops on these evidence-based practice (EBP) trainings: Applied Suicide Intervention Skills Training (ASIST), safeTALK, Mental Health First Aid, and Counseling on Access to Lethal Means (CALM) for service providers in Santa Cruz.

Community Recovery Supports: ACT will partner with CBH to implement Community-Based Supportive Services (CBSS) including a system mapping, creation of a pocket guide for services, universal and selective public education campaigns, postvention services, and expansion of supportive services for victims of domestic violence.

Enhanced Services for Victims of Domestic Violence: These services will be provided in partnership with Monarch Services and ACT.

Access to Telehealth Services: Throughout the COVID-19 pandemic, CBH, ACT, and Monarch have offered services through telehealth and, once safe, in person. ACT will partner with Monarch to develop or update a list of local resources to provide to clients needing suicide crisis support, including the suicide crisis line 24/7/365, which offers access to language interpretation in 140 languages. Monarch, Behavioral Health, and partners will provide follow-up calls to individuals at risk of suicide, offering three-way calls to connect clients with other sources of support as needed. ACT will also partner with local organizations to connect survivors of loss with audio-visual telehealth support group meetings.

METHODOLOGY

In October 2022, 83 leaders and staff within Santa Cruz County agencies and non-profits providing mental health services completed a survey aimed at gathering information on training programs, tools, or materials for suicide assessment, prevention, intervention, or postvention. Applied Survey Research (ASR), Building Hope & Safety's evaluation partner, developed the survey and analyzed the results.

Respondents were asked to describe their use and training needs related to five specific training programs, tools and/or materials:

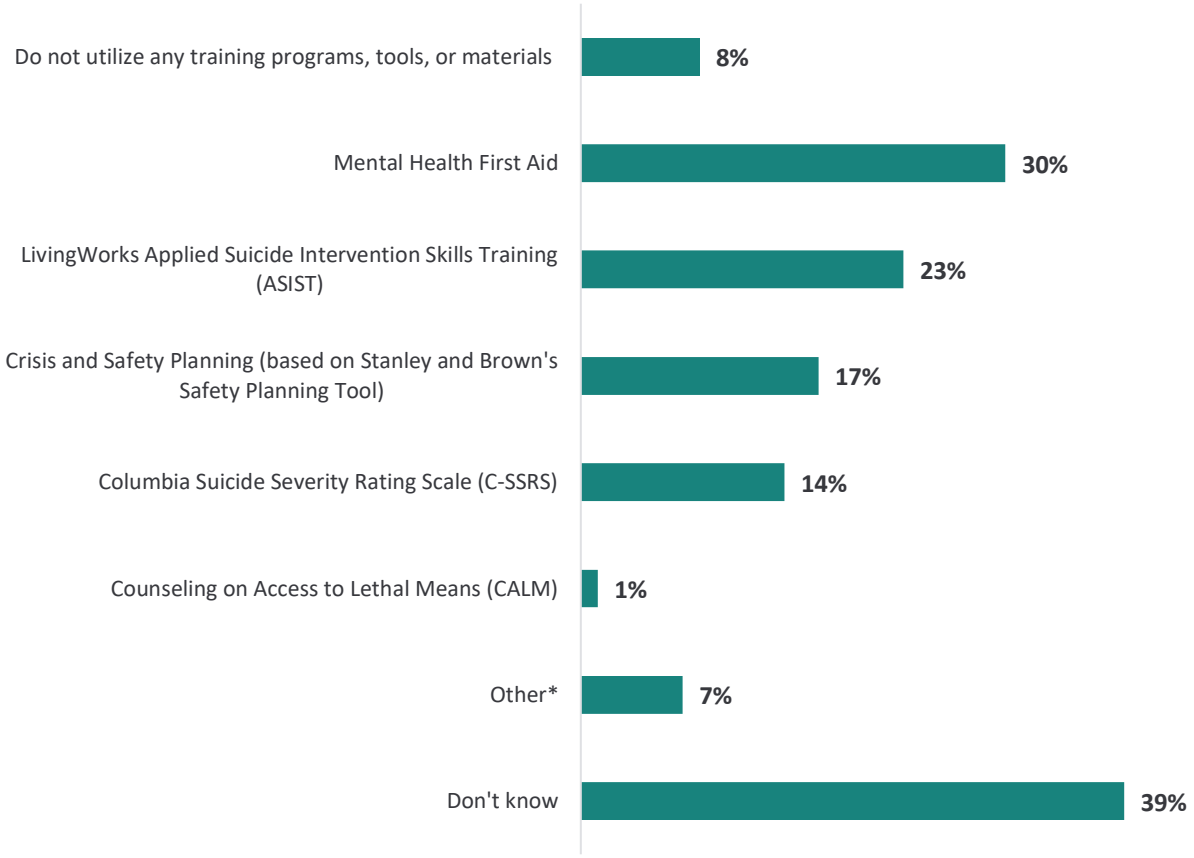
- Counseling on Access to Lethal Means (CALM)
- Columbia Suicide Severity Rating Scale (C-SSRS)
- Crisis and Safety Planning (based on Stanley and Brown's Safety Planning Tool)
- LivingWorks Applied Suicide Intervention Skills Training (ASIST)
- Mental Health First Aid (MHFA)

They were also asked if they would like technical assistance and/or support on developing, revising, or utilizing suicide assessment, prevention, intervention and postvention policies. Organizations/agencies that completed the survey (and the percentage of overall respondents. Note: Percentages do not add up to 100% due to rounding):

1. Community Action Board (1%)
2. Encompass Community Services (2%)
3. Front Street (1%)
4. Janus (1%)
5. NAMI (1%)
6. Santa Cruz County Health Services Agency (90%)
    a. Behavioral Health
        i. Adult Mental Health Services
        ii. Child and Adolescent Behavioral Health Services
        iii. Substance Use Disorders Services
    b. Public Health
    c. Clinic Services
7. Santa Cruz County Probation Department (1%)
8. Sobriety Works (1%)

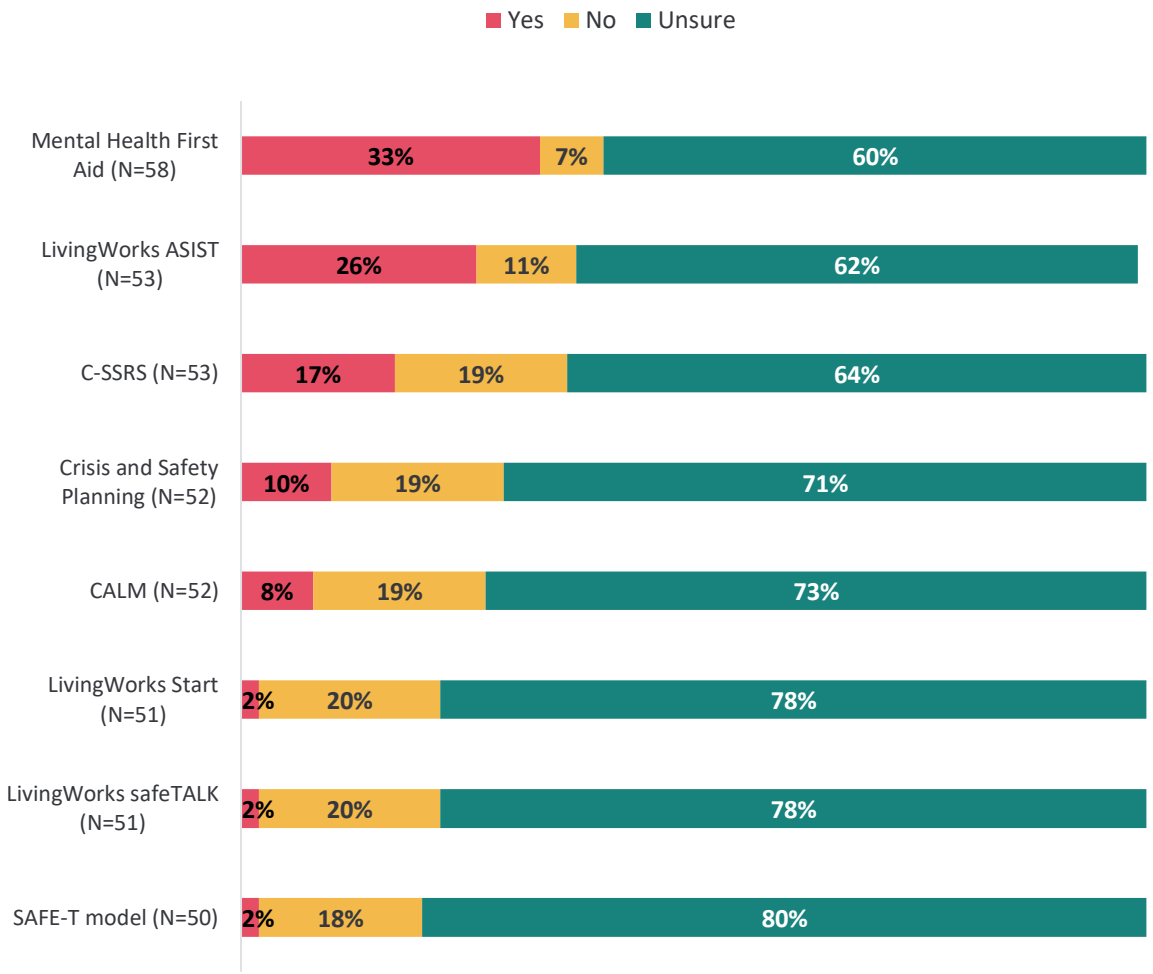
SUMMARY OF SURVEY FINDINGS

Do you or your organization currently utilize any of the following <u>training programs, tools, or materials</u> for suicide assessment, prevention, intervention, or postvention?



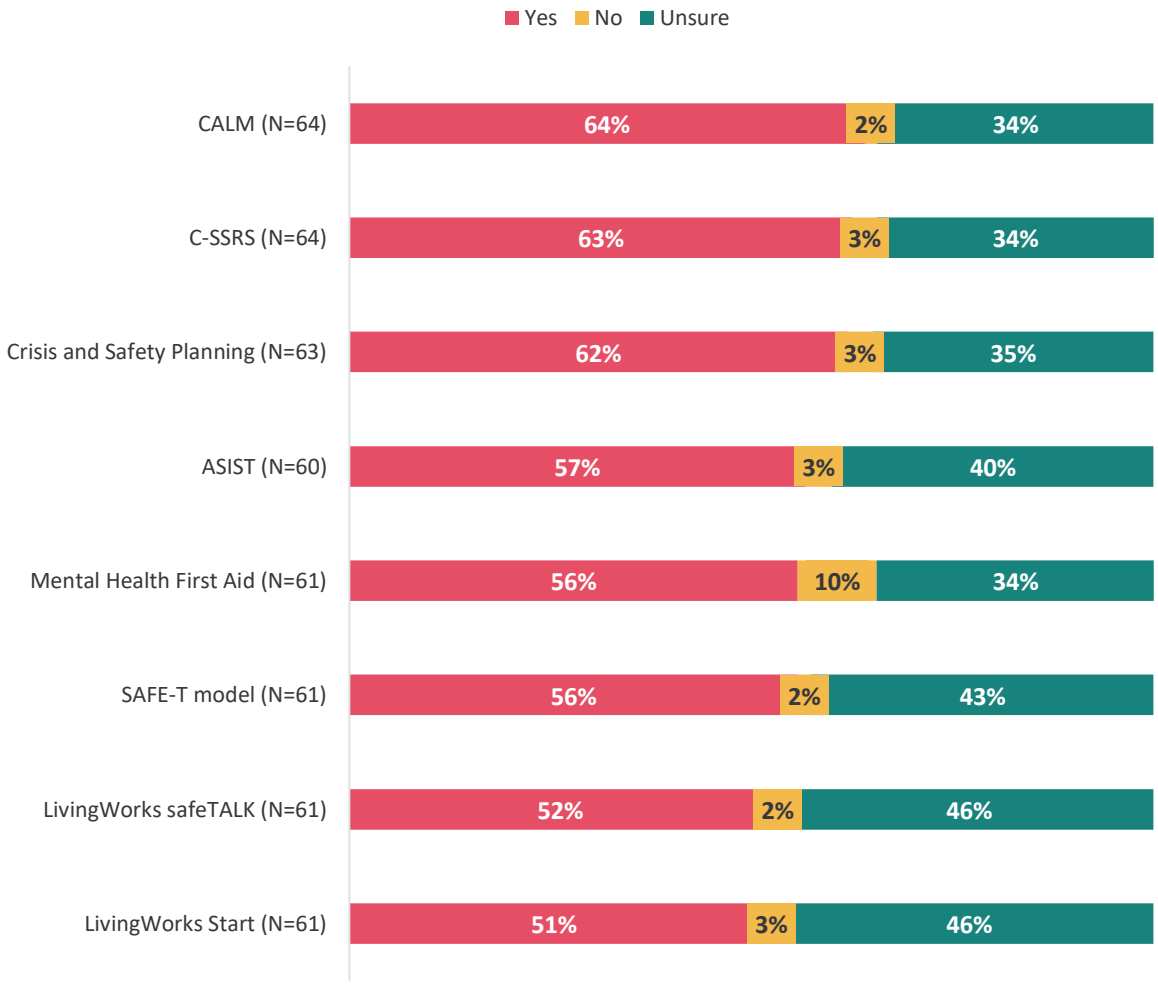
N=83 respondents offering 116 responses
Source: 2022 Building Hope & Safety Community Agency Survey.
Note: Multiple response question. Percentages may not add up to 100%.
*Other includes the Child and Adolescent Needs and Strengths (CANS) assessment tool, the Adult Needs and Strengths Assessment (ANSA), the Patient Health Questionnaire (PHQ-9), the General Anxiety Disorder (GAD-7) scale, and trauma-informed surveys.

If you or others at your organization use the following training programs, tools, or materials for suicide assessment, prevention, intervention, or postvention, does anyone receive or participate in any related training?



N=67
Source: 2022 Building Hope & Safety Community Agency Survey.
Note: Data does include respondents who answered, "Don't Use". The Ns for respondents answering 'Don't Use' varied from 9 to 17. Percentages may not add up to 100% due to rounding.

If you answered "No" or "Unsure" to the previous question, would you or your organization be interested in free training and/or technical assistance so that you can begin utilizng the following trainings?



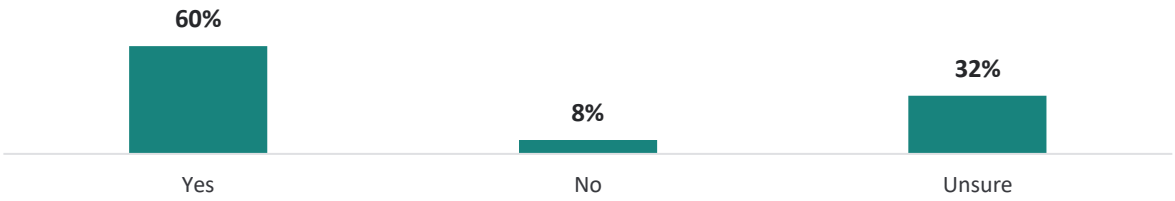
N=66
Source: 2022 Building Hope & Safety Community Agency Survey.
Note: Percentages may not add up to 100% due to rounding.

If you are not interested in receiving any free training or technical assistance on the trainings listed above, please share why have no interest:

- Do not know enough about the trainings
- The trainings do not apply to their current role
- Already receiving training
- Already have assessment experience

N=8 respondents offering 9 responses
Source: 2022 Building Hope & Safety Community Agency Survey.
Note: Responses were coded and themed.

Would you or your organization be interested in receiving technical assistance and/or support on developing, revising, or utilizng suicide assessment, prevention, intervention and postvention policies?



N=65
Source: 2022 Building Hope & Safety Community Agency Survey.

Please share any additional thoughts or ideas that can help inform our efforts to provide suicide assessment, prevention, intervention, and postvention training, technical assistance, and support to organizations and service providers:

Additional Comments From Survey Respondents:	
Theme: Continuing trainings and providing more of them	*"Any and all trainings are welcome."*
	"More trainings"
	"We would love more info and training but have limited staff time available for trainings that last over 3 hours due to staff shortages."
Theme: Feedback on current trainings and tools	*"I am glad that future training on the [Columbia Suicide Severity Rating Scale] will be offered and that we at County BH will use this as our Evidence Based Assessment tool officially. Thank you"*
	"I did the Crisis Intervention training, and it has a bit of everything. It was great and has really prepared me in working with clients.
Theme: Suggestions/ improvements for future trainings and support to organizations	*"Due to heavy staff turnover annual suicide risk assessment and follow up training on de-escalation would be amazing"*
	"Leverage the safety planning tools that we are currently using. Maybe they need revising, but they are a good start."
	"I would like to see ALL staff trained at some level of suicide prevention."
	"It would be great if non-clinical staff were invited to these trainings as well."
	"Provide live speakers who use a variety of these assessment tools who can attest to their effectiveness"
	"Short brush up sessions (1-2 hours) every 3-6 months to review and/or practice some of the primary interventions learned are sometimes helpful in being able to effectively implement the skills with clients."
	"Training focused on individuals with MH dx"
	"We are interested in training for youth, adults and PARENTS"
Other:	*"Everyone I know who has committed suicide that were successful in killing themselves were smart, intelligent people that you'd never know were going to do it. Not sure how to prevent those."*
	"I believe the progress note should include an obligatory section on suicide assessment, intervention, and debriefing section. "Patient made a contract" does not have any legal standing."

N=19
Source: 2022 Building Hope & Safety Community Agency Survey.
Note: Responses were coded and themed.