

Applied Crisis Training and Consulting, Inc. – Agreement 0221

First Quarter/Post-Implementation Program Report

Reporting Period: January 2022 – March 2022

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Notable Accomplishments:

- During the reporting period, we were able to fill requisite staff positions with competent and experienced staff members, including individuals with substantial experience in suicide prevention, intervention, and postvention; furthermore, several of the team members are bilingual and/or bicultural, a key component for our ability to design and provide services to our diverse range of community members in alignment with culturally and linguistically appropriate standards.
- Regarding the partnership with Monarch Services/Servicios Monarca, Applied Crisis Training and Consulting (ACT) collaborated with Monarch’s leadership to survey all program staff on their experiences, comfort and skill, and training in suicide screening, assessment, and intervention. The purpose of this was, along with the Agency Assessment Survey we are distributing throughout the community, to map out what tools are currently being utilized, what trainings are needed, and what further collaboration and/or linkage to other services is needed. Moving forward, ACT staff will be providing tailored training and technical assistance to Monarch (along with at least 9 other selected programs) throughout the remainder of the grant (in alignment with identified priorities). The first round of staff trainings for Monarch are scheduled in May 2022.
- During the reporting period, staff from Applied Crisis Training and County of Santa Cruz Behavioral Health Services developed a partnership with the California Striving for Zero Strategic Planning Learning Collaborative. This collective effort of California’s counties to develop, implement, and evaluate suicide prevention strategic planning activities has helped to advance our ability to leverage resources with and learn from the experiences of other counties in implementing our selected activities for the Building Hope and Safety Santa Cruz project. In particular, we have been able to utilize information and resources through the collaborative to begin mapping out the County’s continuum of crisis services, in order to facilitate enhanced collaboration amongst crisis services providers, reduce the length of time before a high risk individual accesses and/or receives support, and ensure greater continuity of care before, during, and following a suicidal crisis. This partnership has also assisted us in developing a training catalog to continue implementing our training-related objectives throughout (and beyond) the remainder of the grant period. We also developed a strong working relationship with our neighboring Monterey County as they are beginning their suicide prevention coalition work through Monterey County HOPES (Helping One Another Prevent and Eliminate Suicide). Where possible, this allows us to adopt a

regional framework to our work, leverage resources, and share information to achieve greater success in our own efforts with Building Hope and Safety Santa Cruz.

- Continued, successful adaptation of services in relation to the COVID-19 pandemic; ACT and all program partners continue to continually review and revise procedures for programming, service delivery, evaluation, etc. in alignment with safe COVID-19 practices. ACT staff have published standardized COVID policies for all in-person activities, which require acknowledgement and consent by participants. In addition, staff have developed and consistently utilize personable and conversational approaches to discussing the need for COVID related precautions (and the resultant changes in service design, delivery, and evaluation). All collection of PHI (e.g. vaccination records or test results) is done in compliance with HIPPA laws and standards. Furthermore, staff have allocated additional time before trainings, during breaks, and at the end of training days to provide support to participants who are struggling with COVID related challenges or who need additional support to meet the requirements for participation. Additionally, for all training modules that permit adaptation, staff members have adjusted and adapted sample demonstration activities, tools, and safety plans to consider the additional impact of COVID on mental health challenges, access to resources, etc. for those at risk, in addition to considerations for fostering a trusting and supportive relationship and environment for service delivery via phone or videoconference rather than in-office. ACT staff, Santa Cruz Behavioral Health Staff, Applied Survey Research, and Monarch Services/Servicios Monarca have continued to develop safety measures for in-person services and virtual options for services and trainings where possible, to ensure that our work is nimble and flexible given continually shifting public health regulations and also to ensure equal access to those who may be immunocompromised, living with young children, and/or supporting or having regular contact with those who do have equal and appropriate access to services and trainings.
- Collaborated monthly with federal grant management staff to ensure compliance and transparency of program operations and progress. Compiled and submitted 5 month (3 month post-implementation) programmatic progress report summarizing progress from Monarch, Applied Crisis Training, ASR, and other partners during the reporting period. Provided technical assistance to Monarch on completing and reporting NOMS data in compliance with federal requirements.
- Partnered with Applied Survey Research to develop the Evaluation Plan for Building Hope and Safety Santa Cruz – the purpose of this plan is to outline and map our progress and impact through the following goals and objectives, which are being tracked with respect to planned and completed activities, as well as through the continuous quality improvement and evaluation measures outlined in our proposal and detailed later in this report.

Goal 1: Improve Collaboration Efforts Among Suicide Prevention Agencies and Programs.

Objectives:

Integrate suicide prevention activities across multiple sectors and settings.

Provide training to service providers in suicide assessment and intervention.

Activities to date:

Collaboration between Behavioral Health and Applied Crisis Training and Consulting towards the goal of reconvening a task force for suicide prevention, crisis services continuum of care (including 988 subcommittee), and postvention/loss team. This new framework will avoid fragmentation and duplication of efforts and will ensure coordination of services along the suicidal crisis path/continuum. This framework is also in keeping with guidance from the California Statewide Suicide Strategic Plan [Link to Plan](#).

Designed and initiated distribution of an Agency Assessment Survey (with support from ASR) widely to a range of service providers. Developed plans for compiling and distributing data and findings and utilizing these to inform training and technical assistance efforts, as well as resources and system mapping. Further, developed an Agency Leadership Intake tool for a guided, stakeholder interview to identify key information needed to successfully design, schedule, administer, evaluate, and follow-up on training with identified groups. Utilized successful examples from other California counties in developing these tools.

Began to document baseline information regarding:

- The training, tools, and related policies used by a range of community agencies and programs
- Workforce education needs
- Resources, gaps, and opportunities for system mapping.
- Needs for and willingness to participate in consistent training and use of evidence-based tools for screening, assessment, and safety planning.

Note: When complete, the findings of the Agency Assessment Survey will be made public to the community and will be available and utilized for resource and system mapping.

Goal 2: To Increase Awareness of Suicidal Behaviors Among Clinical Providers and Workers in Community-Based Organizations.

Objective:

Increase clinician and service provider competency, comfort, and consistency in evaluating suicide risk and conducting suicide intervention

Activities to date:

Developed a training portfolio and menu of options for organizations selected for training and technical assistance project.

Devised an outreach and communications strategy to successfully engage a wide range of participants (clinicians, service providers, local organizations, community members, etc.) in appropriate training opportunities; streamlined the registration process for trainings; regularly

updated COVID policies for in-person training options in alignment with public health guidelines; developed virtual training opportunities where possible.

Interfaced with Dr. Posner's team at the Lighthouse Project to determine feasibility, timing, and logistics needed to successfully host a large scale training on the Columbia Suicide Severity Rating Scale (C-SSRS); identified a venue and possible dates, as well as invitees, logistics, resources, and options for companion/follow up training on safety planning and using the C-SSRS with fluidity and flexibility. Utilized methodology aligned with Behavioral Skills Training, Active Listening, Motivational Interviewing, and other modalities to create a flexible and adaptable option for training providers on this.

Ensured that training will meet criteria for local requirements and AB89 (California's licensure requirements for mental health practitioners regarding suicide intervention training) and Continuing Education Units (CEUs) as an incentive for individual and organizational participation.

Established a tentative calendar of remaining trainings for 2022 (to be continually updated) with both virtual options (in English and Spanish), as well as in-person options at various sites throughout the County, including North County, Mid-County, and South County to ensure equitable access and participation. Trainings scheduled include offerings of: Counseling on Access to Lethal Means (CALM), safeTALK, Applied Suicide Intervention Skills Training (ASIST) workshops, Mental Health First Aid (MHFA), and tailored trainings for individual organizations and/or participation/conducting suicide intervention training components for existing training plans (e.g. Crisis Intervention Training/CIT for law enforcement and probation agencies).

Goal 3: Through partnership with Domestic Violence and Sexual Assault Prevention agencies, decrease the number of community members attempting suicide.

Objectives:

Promote help-seeking for populations disproportionately impacted by suicide*, particularly during the ongoing COVID-19 pandemic.

Increase the number of clients served.

Increase staff knowledge of risk and protective factors and how to incorporate these into resources and safety planning.

*Including and not limited to individuals experiencing or recovering from intimate partner or domestic partner violence and their dependents.

Activities to date:

Developed plan and criteria for providing and evaluating trauma-informed and culturally-responsive services to target population throughout the remainder of the grant.

Reviewed and revised screening tools; distributed information and planned training for all staff on screening and assessing individuals for imminent safety concerns and methods to provide emergency shelter vouchers to those whose safety is in jeopardy.

Developed system to track referral information for clients served throughout (and beyond) the remainder of the grant period.

Evaluated the needs for and planned trainings for requisite suicide prevention strategies, intervention tools and processes, and postvention considerations for staff, volunteers, and clients of domestic/intimate partner violence and/or sexual assault prevention and support organizations.

Established calendar and materials for public education and marketing campaigns around suicide prevention throughout the year. Conducted local radio and print interviews surrounding Building Hope and Safety Santa Cruz, services for survivors of suicide loss, and other activities.

Developed content and channels of communication in advance of Mental Health Month in May, as well as initiated content development and distribution plans for suicide prevention, intervention, and postvention materials for Suicide Prevention Month in September and International Survivors of Suicide Loss Day in November.

Goal 4: Provide Care and Support to Individuals Affected by Suicide Deaths by Enhancing the Support Network

Objectives:

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 with enhanced risk due to suicide loss.

Activities to date:

Coordinated with expert consultant on suicide loss teams and postvention supports (Noah Whitaker); consulted with key stakeholders (including leader of Mental Health Liaisons embedded within law enforcement units and Mobile Emergency Response Teams/Mobile Emergency Response Teams for Youth) to ensure continuity and establish basis for collaboration; identified key areas for training/referral/coordination; conducted review of relevant and applicable postvention supports, strategies, and lessons learned by other counties in CA through the Striving for Zero Suicide Prevention Collaborative; initiated meetings with relevant stakeholders to map out the existing chain of response following a suicide death; established contacts for continued communication and support around this initiative, with a focus on a postvention/loss steering committee or subcommittee.

Commenced partnership with Public Health and Coroner with the intention to explore the feasibility of a suicide death review committee and integrated review of and response to suicide deaths.

Produced (and created a distribution plan) for first round of hard copy bilingual LOSS packets and virtual bilingual suicide grief related materials; created a central place for individuals to access these electronically initially and developed partnerships with the local library system to purchase, host, and make available suggested resources and readings for survivors of suicide loss in English and Spanish.

Coordinated with local organizations to identify training and resource needs to provide suicide bereavement support.

Continuous Quality Improvement

In alignment with our original proposal, we have implemented and used the evaluation and continuous quality improvement strategies originally developed and approved for the various program activities. We have also worked with Applied Survey Research to identify schedules and metrics for capturing relevant data (and subsequently reporting this data to SAMHSA and the Santa Cruz community to illustrate the value and successes of this grant and project). We anticipate having data to report on this in our subsequent quarterly report.

Applied Crisis Training currently projects training several hundred members of the workforce over the coming year – we look forward to capturing the following information for those served/reached and/or trained over the remainder of the grant period:

Goal 1:

- Increase in service providers reporting increased collaboration and efficiency with referrals and continuity of care for individuals at risk and their families.
- Increase in service providers reporting increased referrals or more effective or complete/collaborative referrals to other system partners.
- Increase in service providers reporting use of identified screening and assessment tools.

Process measures

- Number of trainings held, including location, number and demographics of those trained
- Number of and findings/results of Key Informant Interviews

Outcome measures

- Percentage of partners reporting increased awareness of other system partners and their role
- Percentage of service providers reporting increased collaboration with other providers and programs
- Percentage of service providers reporting increased referrals to other system partners

- Percentage of service providers reporting increased usage of, comfort with, or competency using screening tools.

Goal 2:

- Increase in percentage of clients who are screened or assessed for suicidal risk and/or protective factors.
- Increase in percentage of staff who report an increased awareness of suicidal behaviors or warning signs of suicidal behavior.

Process measures

- Number of clinical providers trained
- Number of community based organization staff trained
- Number of community members trained
- Number and types of training held

Outcome measures

- Percentage of service providers reporting improved identification of risk and protective factors for suicide
- Percentage of CBO staff reporting improved identification of risk and protective factors for suicide
- Percentage of clients who are screened for suicidal risk and protective factors
- Percentage of clinical providers, CBO staff and volunteers, and other community members who report an increased awareness of suicidal behaviors and/or warning signs.

Goal 3:

- Increase in number of at-risk individuals accurately screened for suicide risk.
- Increase in emergency shelter vouchers and services provided to individuals identified as high risk.
- Number of trainings (and range of those trained) to clinicians, service providers, and CBO staff.
- Providers report that trainings are effective or highly effective in helping them recognize the need for suicide intervention and provide support to clients at risk of suicide.

Process measures:

- Number of at-risk individuals screened for suicide risk
- Number of emergency lodging vouchers provided to high-risk individuals
- Number of trainings provided to service providers and CBO staff in this area/working directly with these populations.

Outcome measures:

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

Goal 4:

- Increased number of survivors of suicide loss/family members receiving support after the suicide death of a loved one.
- Reduced length of time between a suicide death and contact with those who are grieving a loss. Documented proactive outreach to those who have lost someone to suicide, including initial and follow-up contact and consistent documentation of efforts by a range of service providers and first responders.
- Distribution of resources to survivors of loss and family members following the death of a loved one.

Process measures:

- Number of providers trained to provide suicide bereavement support.
- Number of LOSS packets and related bilingual materials distributed/accessed.

Outcome measures:

- Percentage of providers who reported that they felt prepared to provide care to those affected by suicide death.
- Percentage of survivors of suicide loss who reported better mental and emotional well being and/or felt more supported after receiving suicide bereavement services.

One of our main priorities during the initial implementation phase of this project has been to establish the appropriate channels of communication (including information partnership and formal MOUs) to facilitate a more consistent and reliable mechanism for accessing suicide death and attempt data.

In particular, partnership with the Coroner’s office (including leveraging a Program Coordinator position to support with data surrounding suicide death, as well as consideration of a suicide death review subcommittee) has been a key undertaking, in addition to working with statewide data experts from the Striving for Zero Suicide Prevention Learning Collaborative on reliable sources (e.g. The Epicenter, California Health Kids Survey, etc.) for capturing and tracking suicide ideation, attempt, and death data during and in the aftermath of the pandemic.

Training:

During the reporting period, our team was establishing the plan for training and scheduling our in-person and virtual training schedule and options for the remainder of the reporting period. We managed to get in-person training venues confirmed in Santa Cruz proper, Mid-Town, and in South County (which is often under-represented and primarily serves the underserved Latinx populations of our community). As of this report date, we have planned for 9 ASIST Workshops, 9 safeTALK workshops, 6 CALM trainings, 3 Mental Health First Aid Trainings, and a

range of C-SSRS and Safety Planning related trainings and other tailored trainings for individual organizations. The opportunity to participate in these trainings is being widely circulated and a central website is being established for training information and registration. Historically in our community, these trainings fill quickly and establish a waiting list, so we are optimistic about our ability to meet the enhanced need for trainings amongst a wide range of service providers.

Trainings that have currently been scheduled include:

Applied Suicide Intervention Skills Trainings:

3/21/22-3/22/22: County Office of Education (complete) 9:00-5:00 both days

4/21/22-4/22/22: County Office of Education 9:00-5:00 both days

5/11/22-5/12/22: Watsonville Library (open for registration), 11:00-7:00 both days

6/13/22-6/14/22: UC Santa Cruz Coastal Campus: 9:00-5:00 both days

7/12/22-7/13/22: County Office of Education: 9:00-5:00 both days

August – dates TBD: ASIST Workshop @ Twin Lakes Church

9/12/22-9/13/22: County Office of Education: 9:00-5:00 both days

October – dates TBD: ASIST Workshop @ Cabrillo College Watsonville

12/5/22-12/6/22: County Office of Education: 9:00-5:00 both days

safeTALK:

5/17/22: County Office of Education, 9:00-1:00

5/17/22: County Office of Education, 2:00-6:00

June – date TBD: safeTALK Workshop @ Twin Lakes Church

6/14/22: County Office of Education, 9:00-1:00

July – date TBD: safeTALK Workshop @ Watsonville Library

8/23/22: County Office of Education, 1:00-5:00

10/10/22: County Office of Education, 9:00-1:00

11/8/22: County Office of Education, 1:00-5:00

December – date TBD: safeTALK Workshop @ Community Foundation

Training and Technical Assistance Project:

4/28/22 – Walnut Avenue Women’s Center

5/23/22: Monarch Services (CALM and C-SSRS training for direct service staff, Watsonville Library)

5/26/22: Monarch Services (CALM and C-SSRS training for direct service staff, Community Foundation)

6/6/22: 1:00 p.m. – 4:00 p.m. (American Medical Response (EMT/paramedic staff)

6/7/22: 9:00 a.m. – 12:00 p.m. (American Medical Response (EMT/paramedic staff)

6/8/22 5:00 p.m. – 8:00 p.m. (American Medical Response (EMT/paramedic staff)

6/9/22 9:00 a.m. – 12:00 p.m. (American Medical Response (EMT/paramedic staff)

6/10/22 9:00 a.m. – 12:00 p.m. (American Medical Response (EMT/paramedic staff)

6/15/22 5:00 p.m. – 8:00 p.m. (American Medical Response (EMT/paramedic staff)

6/16/22 1:00 p.m. – 4:00 p.m. (American Medical Response (EMT/paramedic staff)

6/17/22 9:00 a.m. – 12:00 p.m. (American Medical Response (EMT/paramedic staff)

Our first ASIST (Applied Suicide Intervention Skills Training) in March was hosted at the County Office of Education and included behavioral health clinicians, first responders, individuals working with high risk populations (including those experiencing domestic and intimate partner violence, child abuse, and/or homelessness or food insecurity), case managers, social workers, school counselors (academic and behavioral health), nursing staff, and others.

98% of attendees reported on evaluations that, as a result of the training/as opposed to their answers before the training, they were:

More likely to notice warning signs and ask directly about suicide

More likely to do an intervention if they knew someone was thinking about suicide

More prepared to help a person at risk of suicide

More confident in helping a person at risk of suicide

Furthermore, participant comments in evaluations included the following:

“Very caring trainers. Very useful information and excellent job reinforcing taught strategies/interventions. A++”

“Wonderful workshop with lots of good suggestions, tips, and info. Thank you to all. I’ve been going to trainings like this for over 20 years and this was by far the most helpful.”

“I learned new skills that will be absolutely useful in my professional life, but also with my family and in my personal life.”

“Thank you for holding space and allowing us to learn and to participate at the pace that felt authentic and safe for us all.”

Additional Data:

While Monarch and ACT were developing a system for gathering NOMS data and conducting required inquiries for demographic and evaluation data, Monarch housed 37 individuals, equaling 785 bed nights between 12/1/21 and 2/28/22. Each client is a survivor of Domestic Violence, Sexual Assault, and/or Human Trafficking. Each client is in imminent danger, or imminently displaced because of the Domestic Violence, Sexual Assault and/or Human Trafficking. At least 25% percent of clients served are chronically unhoused. 10% of clients identify of struggling with their mental health consistently and in a pervasive way. Each client has suffered trauma. Each one of these dynamics exponentially statistically increases the likeness that a client will suffer from suicidal ideation and potentially suicidal desire, intent, and capability. Providing a stable night of lodging can provide clients and their families with the opportunity to have stability, warmth, safety, food, financial aid, transportation and connection to case management and community resources.