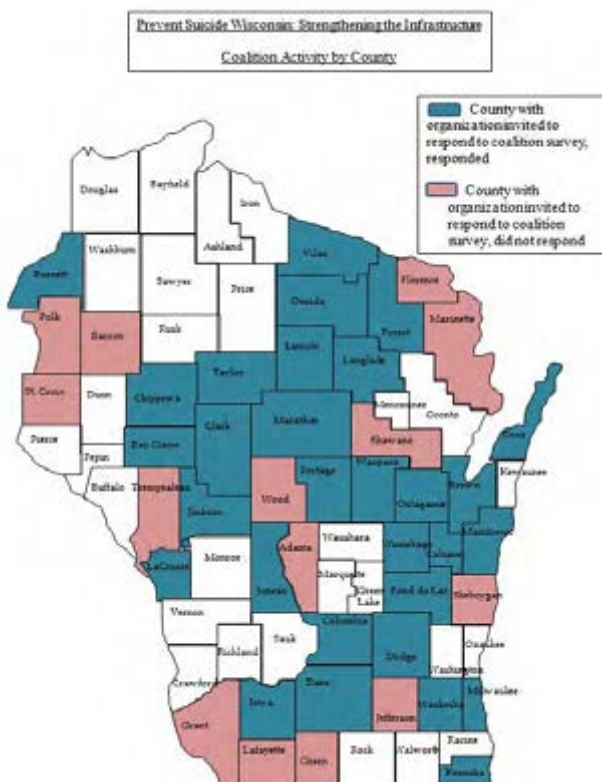


Prevent Suicide Wisconsin Annual Coalition Survey

As part of the Garrett Lee Smith Suicide Prevention Grant awarded to Mental Health of America of Wisconsin (MHA) by SAMHSA and the state suicide prevention grant awarded through the Department of Health Services, a network of suicide prevention coalitions was established in the state of Wisconsin, with the goal of strengthening the suicide prevention infrastructure in our state. Resources offered to organizations throughout Wisconsin facilitated the establishment of these coalitions and over the past several years, the coalitions have succeeded at bringing together local partners, working to create suicide-safe communities in order to reduce the burden of suicide in our state. Coalitions have achieved this through a variety of means and activities, including gatekeeper trainings, awareness events, enhancement of continuity of care for individuals in crisis, and partnerships with high-risk groups within communities across the state.

As part of the evaluation of these grant activities, MHA and its partners at the Injury Research Center at the Medical College of Wisconsin (IRC-MCW) devised an online survey to be completed by the Prevent Suicide Wisconsin local coalitions in order to describe the current state of coalitions, determine to what degree coalitions are implementing activities to help achieve the goals and objectives outlined in the Wisconsin Suicide Prevention Strategy (WSPS), and to also elucidate the traits of effective suicide prevention coalitions in Wisconsin, in order to draft recommendations for the advancement of suicide prevention activities across the state. The survey was hosted on Survey Monkey and was initially delivered to coalitions, with an invitation to participate, in May 2015. The final date for survey administration was July 31, 2015.

In total, 42 individuals linked with suicide prevention coalitions that were believed to be active in the state were invited and were offered a monetary incentive to participate in the coalition survey, and this invitation was also extended to individuals registered with the Prevent Suicide Wisconsin listserv. In total, 26 coalitions responded, indicating a response rate of approximately 62%. The map below displays the Wisconsin counties that are covered by coalition activities, and shows which counties' activities are described in the survey.



This document details the tremendous amount of work that has been undertaken by dedicated coalitions throughout Wisconsin toward the goal of reducing the burden of suicide in our state.

Prevent Suicide Wisconsin Annual Coalition Survey: Results Summary

State of Local Coalitions

The composition, populations of focus, and work of local suicide prevention coalitions in Wisconsin are varied; however, a majority of suicide prevention coalitions in Wisconsin:

- Are lead by a community organization such as a non-profit agency or a community action agency.
- Are specific to suicide prevention.
- Focus on a specific county.
- Focus on suicide within the general population.
- Meet on a monthly basis.
- Have leaders who dedicate between 1-10 hours per month to coalition activities.
- Have leaders who are either paid as an in-kind donation to the coalition or are paid directly by the coalition.
- Do not have formal participant guidelines.
- Have mission statements and budgets.
- Are fairly new – a majority of coalitions have been working on suicide prevention for 1-4 years.
- Fund their activities through fundraising efforts or grants.

Mental health agencies are most typically represented on coalitions, followed by local health departments, community members, therapists, schools, and social service agencies. Coalitions most typically interact with local public health departments and local child death review teams and state-level organizations such as Mental Health America of Wisconsin and Prevent Suicide Wisconsin.

A majority of local suicide prevention coalitions report that they consider the sustainability of their activities as part of their mission, and in order to support this sustainability, coalitions typically collaborate with stakeholders and work to identify additional sources of funding. Community support is also an important aspect for supporting local coalition sustainability.

Most coalitions rank themselves as being either very effective or moderately effective and are responsible for change within their community – in fact, many coalitions report that they are responsible for community-level changes in stakeholders' knowledge about suicide and/or suicide prevention. Coalitions took the lead on implementing activities in their communities that lead to this change, but less than half of local coalitions report evaluating these activities.

Finally, many coalitions report members lacking time to dedicate to coalition work as a barrier to overall coalition functioning. Lack of financial resources to implement suicide prevention programming is also a challenge that many local coalitions are facing.

Appendix A of this report provides detailed charts and graphs that illustrate local suicide prevention coalition responses to many of the survey questions.

WSPS Goals and Objectives and Coalition Activity: How are the goals and objectives being implemented by local coalitions?

The WSPS contains a number of goals and objectives that outline a plan for how the burden of suicide will be reduced in our state. Although the WSPS was finalized at the time of survey administration and local suicide prevention coalitions in Wisconsin were not directed specifically to work on these goals and objectives, coalitions did implement and support a wide variety of prevention and awareness activities that are consistent with these goals and objectives. In the local coalition survey, coalitions were invited to respond to questions regarding these activities as they relate to the WSPS goals and objectives, and were asked to define their level of participation in these various activities.

The table below displays each of the four WSPS goals, along with a description of the number and percentage of coalitions who responded to the survey that report leading at least one activity to support each goal.

Goal	Number of responding coalitions leading at least one activity in support of goal	Percentage of responding coalitions leading at least one activity in support of goal
“Increase and Enhance Protective Factors”	20	76.9
“Increase Access to Care for At-Risk Populations”	21	80.7
“Implement Best Practices for Suicide Prevention within the Health Care System”	11	42.3
“Improve Monitoring and Evaluation of Suicide and Suicide Prevention Activities”	10	38.5

A majority (73%) of coalitions who responded to this survey reported that their coalition leads QPR or other gatekeeper trainings, which is an activity that directly supports WSPS Goal 2. Other activities that demonstrated higher percentages of coalition leadership include:

- Training local clergy in aspects of suicide prevention (42%)
- Using the WISH injury module to learn more about suicide in the community (30%)
- Stigma reduction activities (30%)
- Gun lock distribution (28%)
- Trainings for professionals on screening, risk assessment, and management of suicidal individuals (27%)

Survey results also demonstrate that none of the responding coalitions lead activities focused on the promotion of trauma-informed care or activities focusing on outreach to ensure enrollment in Medicaid/Marketplace. A detailed breakdown of goals, objectives, and specific activities and their related coalition involvement and participation is provided in Appendix B.

Wisconsin Local Suicide Prevention Coalition Effectiveness: Translating Vision to Sustainable Action

The ultimate goal of suicide prevention coalitions is to reduce the incidence and burden of suicide within the community of focus. All of the local coalitions have undertaken a myriad of activities with that goal in mind. However, it is important to understand how and why coalitions are successful and effective; this understanding is crucial to the planning of future coalition work. One way of measuring coalition success is by examining the change for which the coalition is responsible in the community. In the RE-AIM evaluation framework, the efficacy, or success, of an intervention can be measured by examining the number of positive and negative effects that occur as a result of the intervention. In the context of this survey, the interventions are measured by the types of activities that a coalition sponsors or leads, and positive effects are measured by the number and types of community change for which a coalition is responsible. Importantly, although a coalition may take the lead on implementing a number of suicide prevention activities within their community, community change should be demonstrated, as a result of coalition activities, in order to determine the level of coalition success.

Local suicide prevention coalitions who undertake a variety of prevention and awareness activities in their community should understand that evaluation is an important component of coalition work. However, survey results indicate that less than half of local coalitions are currently evaluating their suicide prevention and awareness activities. Coalitions not currently evaluating these activities should consider doing so – in fact, conducting evaluations may contribute to an enhancement of a coalition’s ability to affect change in their community. Responses to question 37 on the survey highlight some of the useful findings that coalitions have uncovered through evaluation, which include:

- The need to update and reissue programming materials
- Positive responses to speaker presentations and referrals for further assistance
- Understanding that the coalition is meeting its objectives
- Learning how parents and students feel about suicide screening services
- Gauging how trainings are increasing knowledge and awareness for trainees

The PSW website serves as a portal for the distribution of materials and resources to assist coalitions as they consider integrating evaluation into their work. For coalitions currently conducting evaluations, the website can offer additional evaluation strategies as well as an opportunity to disseminate evaluation findings and lessons learned to serve as models for coalitions seeking to begin this work.

Evidence suggests that other considerations, such as task focus, community support, and participation benefits and costs are linked to perceived coalition effectiveness and sustainability. Coalitions seeking to understand their level of effectiveness might consider reviewing meeting minutes to look for themes relating to task focus or benefits/costs of participating in the coalition for coalition members. Other tools, such as the PARTNER Tool (which relies on Social Network Analysis), could be used to understand relationships among coalition members – this understanding would serve as a baseline for the enhancement of networks and relationships among the various individuals and organizations that comprise a coalition. Coalitions seeking to build community support could also use the PARTNER Tool to understand how well various sectors are represented on the coalition in and invite representatives from underrepresented sectors to participate.

Prevent Suicide Wisconsin Annual Coalition Survey: Considerations for Future Coalition Work

Based on the results from this survey, Prevent Suicide Wisconsin will offer the following technical assistance to local suicide prevention coalitions in Wisconsin in order to advance ongoing and future coalition work that aims to reduce the burden of suicide in the community:

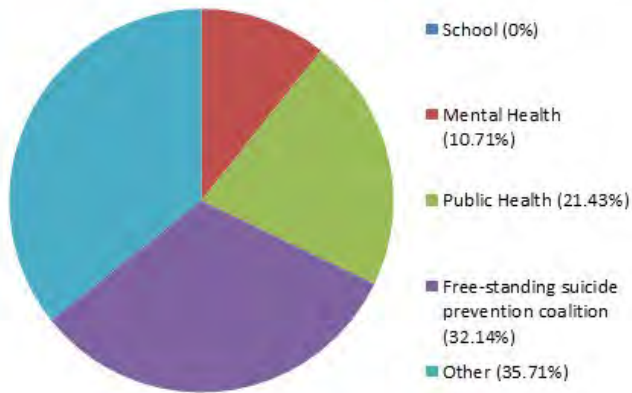
- Support to local coalitions in operationalizing goals and missions
- Educating coalitions around the evaluation of activities
- Providing guidance to coalitions related to working with other groups and/or coalitions in their area that may have overlapping goals that include suicide prevention

This assistance may be offered in a variety of ways, including one-on-one consultation, presentations at the bi-monthly Prevent Suicide Wisconsin teleconferences, and workshops at the Prevent Suicide Wisconsin annual conference. In addition, resources related to evaluation will be updated and promoted for local coalition access and use on the Prevent Suicide Wisconsin website. Finally, Prevent Suicide Wisconsin will form and facilitate a community of practice for local suicide prevention coalitions. This community of practice will be a way in which coalitions can come together and learn from each other through a forum for sharing ideas and gaining feedback from colleagues around the state.

Appendix A: Prevent Suicide Wisconsin Annual Coalition Survey Detailed Results

The State of Local Coalitions in Wisconsin

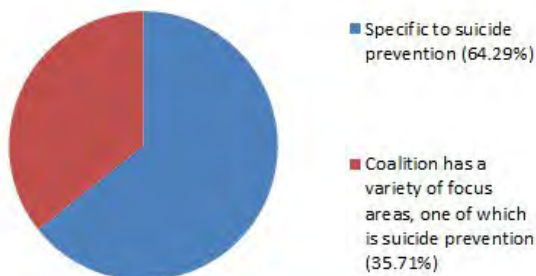
Lead Organization Type



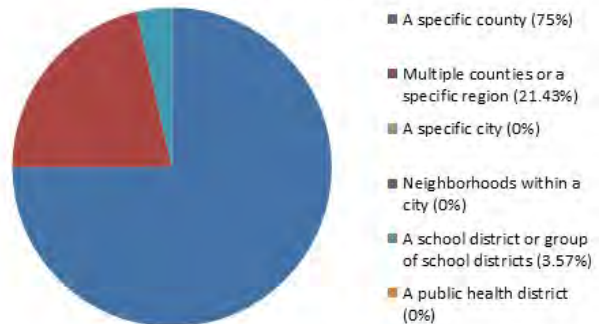
“Other” responses include:

- Group of community coalitions
- Government HHS
- School and Community Suicide Prevention Coalition
- Non-profit agencies
- Community action agencies
- Injury prevention coalitions
- Sub-organizations

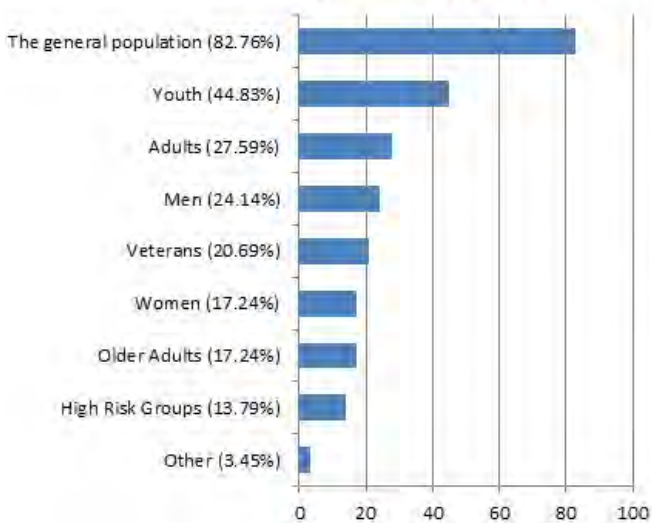
Specific to Suicide Prevention?



Service Area of Focus



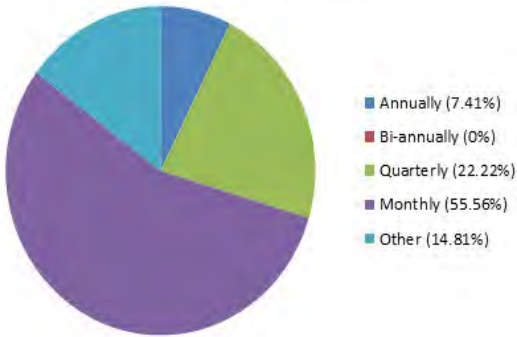
Population(s) of Focus



“High risk group” and “Other” responses include:

- College-age
- Middle aged men
- Serious and persistent mental illness
- Co-occurring mental illness and AODA
- Homeless
- Suicide survivors
- LGBTQ
- Juvenile justice
- Adult justice
- American Indian
- Rural communities

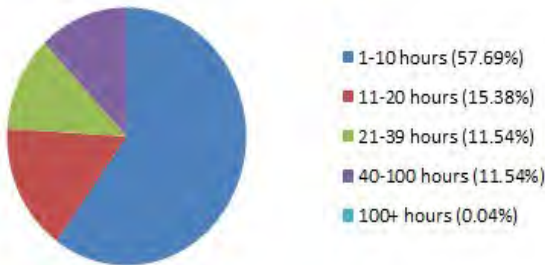
Coalition Meeting Frequency



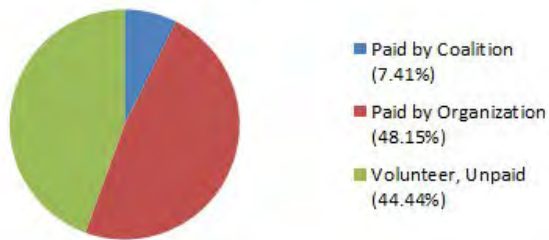
“Other” responses include:

- Bi-monthly

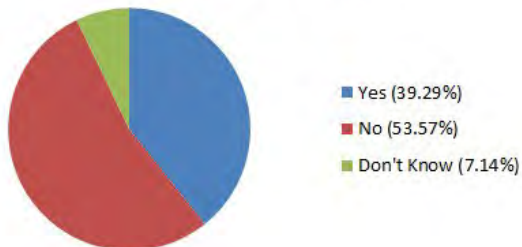
Amount of Time (in hours per month) Coalition Leader Dedicates



Coalition Leaders: Paid or Volunteer



Coalition Has Formal Participant Guidelines



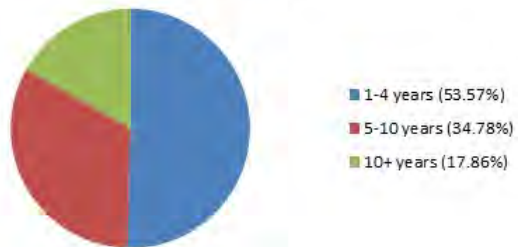
Coalition Has a Mission Statement



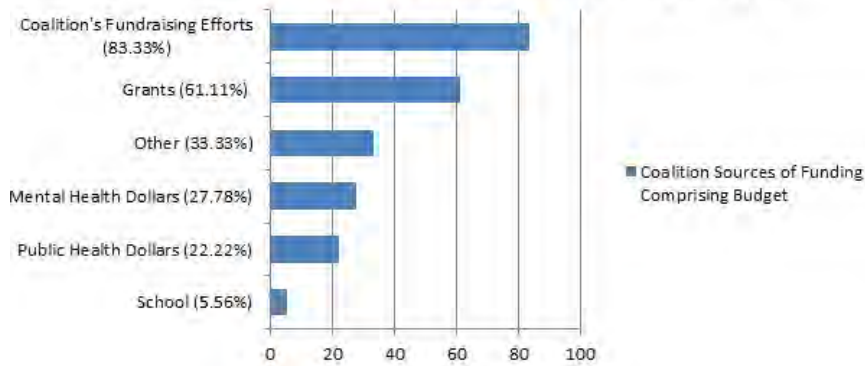
Coalition Has Budget



Number of Years Coalition Has Been Working on Suicide Prevention



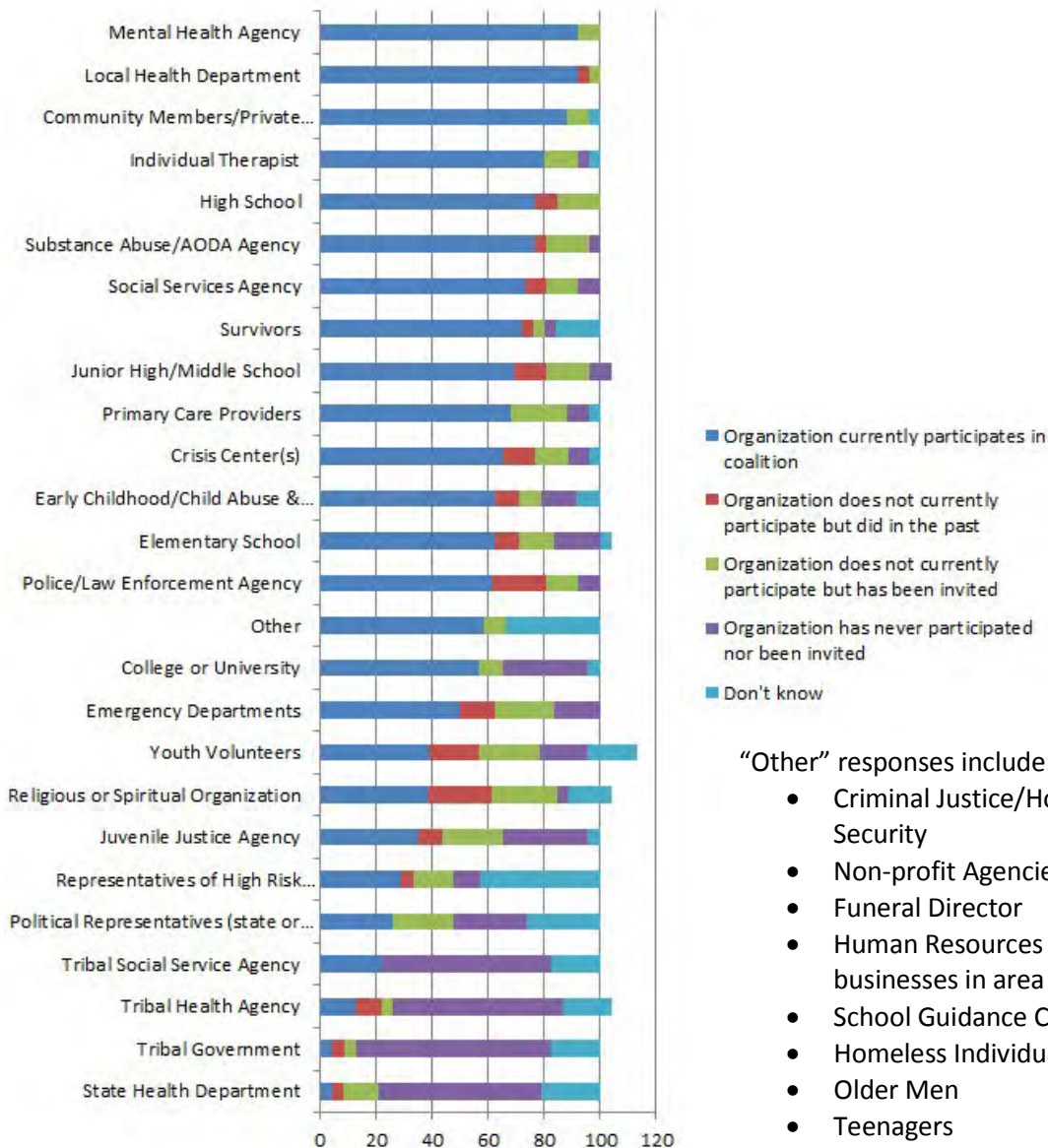
Coalition Sources of Funding Comprising Budget



“Other” responses include:

- Donations
- Sponsorships
- American Suicide Prevention Foundation

Types of Agencies Represented in Coalitions, Level of Participation of Each



“Other” responses include:

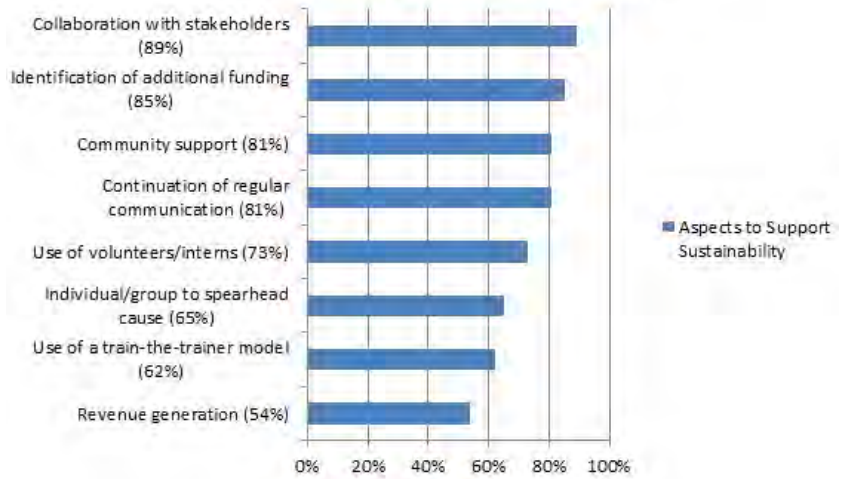
- Criminal Justice/Homeland Security
- Non-profit Agencies
- Funeral Director
- Human Resources from larger businesses in area
- School Guidance Counselors
- Homeless Individuals
- Older Men
- Teenagers

Coalition Considers Sustainability of Activities

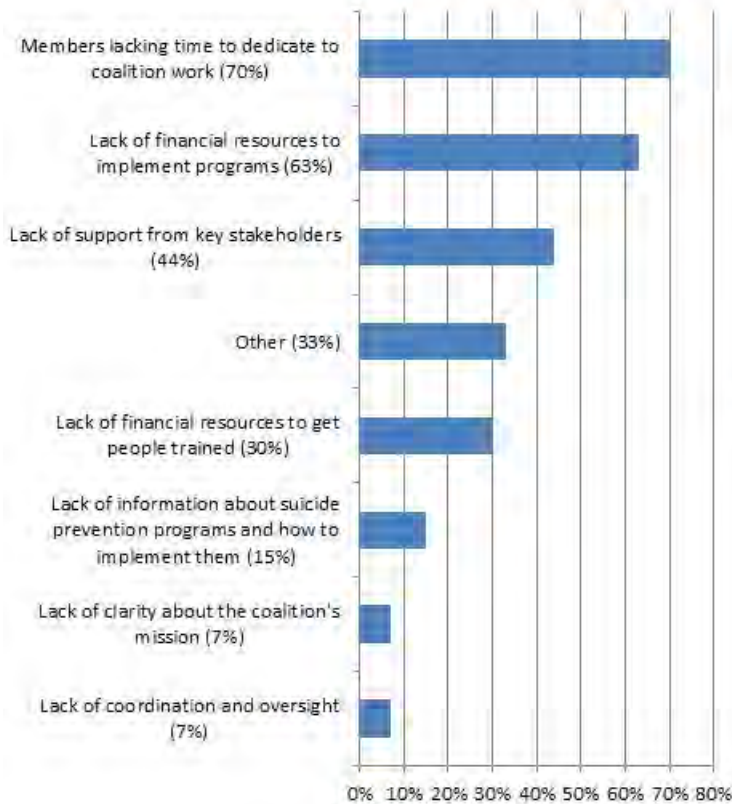


■ Yes (92.59%)
 ■ No (0%)
 ■ Don't Know (7.41%)

Aspects to Support Sustainability



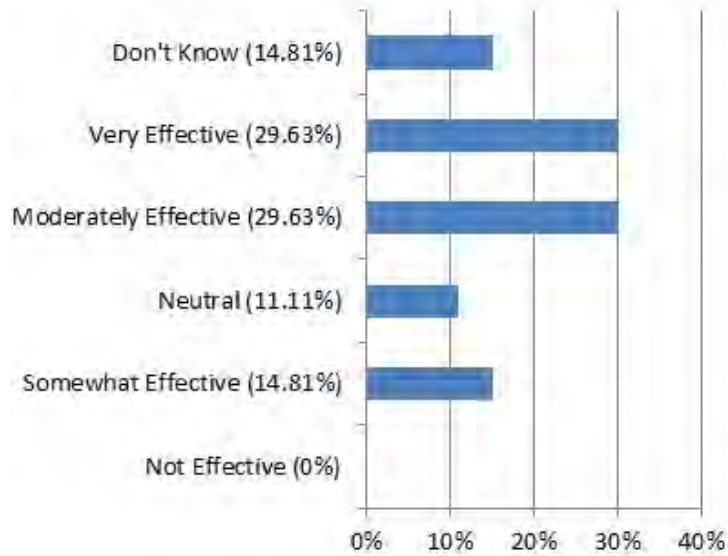
Challenges and Barriers to Overall Coalition Functioning



“Other” responses include:

- Lack of members/volunteers to sustain coalition work
- Lack of funding for paid staff – an all-volunteer organization lacks the time to make a large impact
- Changes in coalition leadership
- Uncertainty of how to deal with large number of suicides due to substance use and addiction
- Politics, specifically relating to means restriction for firearms
- Suicide is not perceived by community as a priority concern

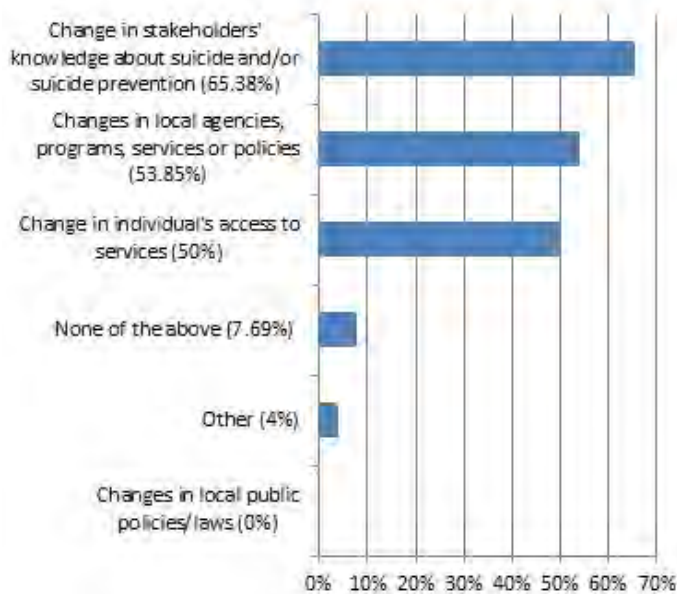
Coalition's Rating of Their Own Effectiveness



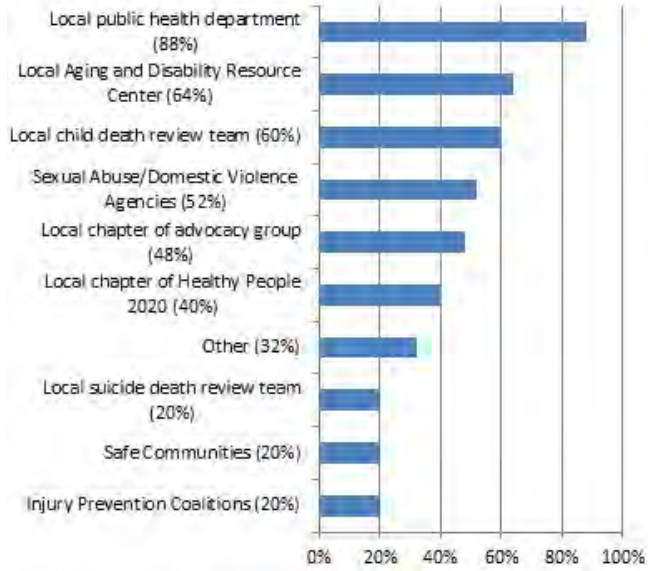
Types of community change for which coalitions are responsible include:

- Encouraging individuals to access local community counseling services.
- Increasing stress reduction programs for youth in local Boys & Girls Clubs.
- Working with local hospital clinics to implement regular screens for depression and postpartum depression.
- Adapting the Zero Suicide model in a large health care system.
- Addition of suicide-related questions to local YRBS surveys.
- Working with local media regarding reporting and messaging.
- Increasing individuals' and organizations' willingness to support the time needed for awareness and trainings in schools and workplaces.
- Improving continuity of care and communication across the continuum for at-risk individuals.
- Developing action teams to focus on suicide within communities.
- Creating a forum for HHS leaders to interface with providers and other community members, leading to monies being allocated for services.

Coalition-Led Community Change



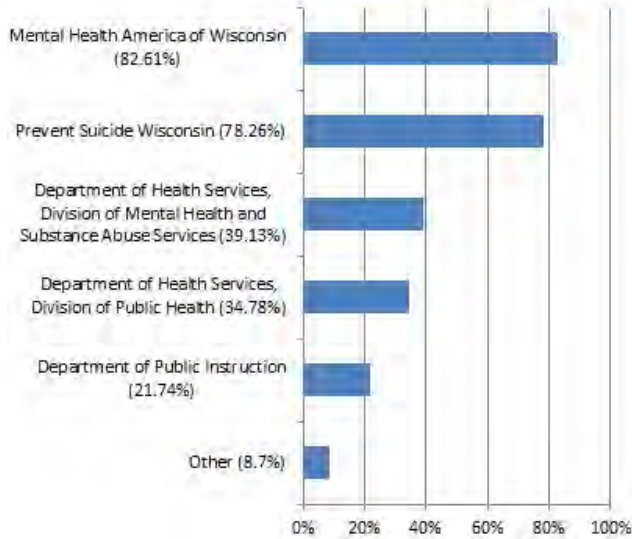
Coalition Interaction with Local Organizations



“Other” responses include:

- Drug Free Communities
- Peer support centers
- Cultural-specific organizations
- AODA coalitions
- Victim crisis response teams

Coalition Interaction with State-Level Organizations



“Other” responses include:

- Department of Agriculture

Coalition Use of Resources

<u>Name of Resource</u>	<u>% Using Resource</u>	<u>% Not Using</u>	<u>% Reporting Extremely Useful</u>	<u>% Reporting Moderately Useful</u>	<u>% Neutral</u>
Burden of Suicide in Wisconsin Reports	76.92	23.08	47.37	47.37	5.26
Prevent Suicide Wisconsin Teleconferences	57.69	42.31	33.33	53.33	13.33
Prevent Suicide Wisconsin Annual Conference	73.08	26.92	57.14	14.29	28.57
Prevent Suicide Wisconsin Website	92.31	7.69	20.83	58.33	20.83
Technical Assistance from MHA	84	16	45.45	27.27	22.73
Prevent Suicide Wisconsin eNewsletter	65.38	34.62	23.53	52.94	23.53
2012 National Strategy for Suicide Prevention	69.23	30.77	23.53	47.06	23.53
Suicide Prevention Resource Center (SPRC)	76.92	23.08	55.56	27.78	11.11
Man Therapy Materials	53.85	46.15	13.33	46.67	26.67

- Of the resources listed, none of the coalitions used the “Not At All Useful” rating, and very few coalitions reported any of the resources were “Moderately Not Useful”. Those mentioned as “Moderately Not Useful” were:
 - Technical Assistance from MHA (4.55%)
 - 2012 National Strategy for Suicide Prevention (5.88%)
 - Suicide Prevention Resource Center (SPRC) (5.56%)
 - Man Therapy Materials (13.33%)

Appendix B: WSPS Goals and Objectives and Coalition Activity Detailed Results

Goal 1: Increase and Enhance Protective Factors

Objective A: Implement strategies that reduce the impact of adverse childhood experiences (ACEs) and promote social-emotional development in children.

Coalition Survey Elements	% of communities with activity	% of communities with activity but no coalition involvement	% of communities where coalition promotes activity	% of communities where coalition is the lead organization
<ul style="list-style-type: none"> Social-emotional development curriculum in schools 	92%	42%	30%	7.69%
<ul style="list-style-type: none"> Promotion of trauma-informed care 	88%	44%	36%	0%
<ul style="list-style-type: none"> Activities to increase or enhance protective factors for suicide 	88%	23%	42%	27%
<ul style="list-style-type: none"> Other activities related to adverse childhood experiences and/or social-emotional competence in children. 	90%	24%	10%	10%
<ul style="list-style-type: none"> Other activities to reduce impact of adverse childhood experiences <ul style="list-style-type: none"> -Mindfulness education -Partnerships with Boys and Girls Clubs 	92%	31%	42%	4%

Objective B: Increase Social Connections

Coalition Survey Elements	% of communities with activity	% of communities with activity but no coalition involvement	% of communities where coalition promotes activity	% of communities where coalition is the lead organization

<ul style="list-style-type: none"> Support groups for survivors of suicide loss or suicide attempts 	77%	15%	46%	35%
<ul style="list-style-type: none"> Outreach to isolated persons in community (e.g., persons experiencing divorce, loss of a loved one, unemployed) 	68%	28%	16%	8%
<ul style="list-style-type: none"> Training local clergy in aspects of suicide prevention 	88%	8%	38%	42%
<ul style="list-style-type: none"> Other efforts to bring community members together <ul style="list-style-type: none"> -Panel discussions -Focus groups -Newsletters -Facebook pages -Postings in church bulletins -Providing monthly presenters on suicide-related topics, free to community members 	91%	4%	35%	39%

Objective C: Assist communities, families, and individuals in creating suicide-safe environments for people at risk of suicide.

Coalition Survey Elements	% of communities with activity	% of communities with activity but no coalition involvement	% of communities where coalition promotes activity	% of communities where coalition is the lead organization
<ul style="list-style-type: none"> Medication collection activities 	96%	46%	31%	12%
<ul style="list-style-type: none"> Gun lock distribution 	88%	28%	36%	28%
<ul style="list-style-type: none"> Train providers to ask about availability of means (CALM training for physicians) 	76%	4%	40%	20%
<ul style="list-style-type: none"> Work with institutions/residential facilities to enact means restriction 	92%	23%	27%	8%

<ul style="list-style-type: none"> • Work with institutions on policies to make them suicide-resistant 	92%	27%	12%	15%
<ul style="list-style-type: none"> • Other means restriction activities <ul style="list-style-type: none"> -Medication lock boxes -Use of speed bumps and signage 	82%	0%	6%	18%

Goal 2: Increase Access to Care for At-Risk Populations

Objective A: Expand access to services for mental health and substance use disorders, as well as suicidal thoughts and behavior.

Coalition Survey Elements	% of communities with activity	% of communities with activity but no coalition involvement	% of communities where coalition promotes activity	% of communities where coalition is the lead organization
<ul style="list-style-type: none"> • Implementation of new/expanded mental health services in community 	96%	31%	58%	12%
<ul style="list-style-type: none"> • Outreach to ensure enrollment in Medicaid/Marketplace 	92%	76%	8%	0%
<ul style="list-style-type: none"> • Efforts to integrate mental health and/or addiction treatment with primary care 	96%	42%	42%	8%
<ul style="list-style-type: none"> • Other activities which aim to expand services for mental illness, addiction, or suicidal ideation within communities <ul style="list-style-type: none"> -Assessment of community agencies that provide mental health resources to create a brochure for distribution in community -Partner with local hospital to locate funding for a full-time suicide advocate in the county 	95%	29%	24%	14%

Objective B: Decrease stigma associated with help-seeking, mental health and substance use disorders, and suicide through evidence-based and best practices, including contact with people in recovery.

Coalition Survey Elements	% of communities with activity	% of communities with activity but no coalition involvement	% of communities where coalition promotes activity	% of communities where coalition is the lead organization
<ul style="list-style-type: none"> Support/training for people with lived experience to tell their stories of recovery (e.g., WISE’s Honest, Open and Proud) 	69%	12%	27%	8%
<ul style="list-style-type: none"> Work with health and social services sectors to include stigma reduction practices 	77%	8%	27%	15%
<ul style="list-style-type: none"> Identify and promote targeted media strategies that counter stigma against mental illness 	85%	8%	42%	27%
<ul style="list-style-type: none"> Other activities that address stigmatization of mental and behavioral health problems <ul style="list-style-type: none"> -Hosting public speakers -“Share Your Story” media campaign -“Strong Minds, Strong Communities” mental health campaign 	85%	5%	20%	30%

Objective C: Increase the public’s knowledge of risk factors for suicide, recognition of suicide warning signs, and preparedness to respond to suicidal individuals.

Coalition Survey Elements	% of communities with activity	% of communities with activity but no coalition involvement	% of communities where coalition promotes activity	% of communities where coalition is the lead organization
<ul style="list-style-type: none"> QPR or other gatekeeper trainings 	96%	0%	38%	73%

• Annual conference or summit	68%	4%	52%	24%
• SOS training in schools	81%	31%	19%	12%
• Awareness Walk	75%	0%	42%	33%
• Man Therapy	77%	4%	31%	27%
• Other awareness activities (e.g., PSA, billboards)	88%	0%	40%	52%
• Other targeted social marketing activities -Mass mailings -Radio spots/announcements -Newspaper releases -Facebook posts -Text support line	89%	0%	21%	37%

Goal 3: Implement Best Practices for Suicide Prevention within the Health Care System

Objective A: Increase resources for mental health and health care providers in screening, assessment, and treatment of mental health and substance use disorders, as well as suicidal thoughts and behavior.

Coalition Survey Elements	% of communities with activity	% of communities with activity but no coalition involvement	% of communities where coalition promotes activity	% of communities where coalition is the lead organization
• Trainings for professionals on screening, risk assessment, and management of suicidal individuals (e.g., AMSR/CAMS)	85%	19%	35%	27%
• Participation in Perfect Depression Care or other Zero Suicide activities	62%	4%	38%	12%

<ul style="list-style-type: none"> • Screening programs 	79%	21%	29%	8%
<ul style="list-style-type: none"> • Other activities designed to increase resources for mental health and health care providers in screening, assessment and treatment of mental illness, substance abuse, and suicide risk <ul style="list-style-type: none"> -Wellness screenings in high schools -Behavioral Screening and Intervention (BSI) -Screening for postpartum depression 	83%	11%	22%	11%

Objective B: Improve continuity of care for high-risk suicidal patients after emergency department visits and discharge from inpatient settings to community providers.

Coalition Survey Elements	% of communities with activity	% of communities with activity but no coalition involvement	% of communities where coalition promotes activity	% of communities where coalition is the lead organization
<ul style="list-style-type: none"> • Policies and protocols for handoff of individuals following ED or inpatient stay 	84%	36%	4%	4%
<ul style="list-style-type: none"> • Use of peer specialists to enhance continuity of care 	68%	32%	12%	4%
<ul style="list-style-type: none"> • Use of follow-up letters/calls to persons following ED/inpatient visits 	84%	28%	4%	4%
<ul style="list-style-type: none"> • Develop or use relationships with health care organizations to promote efforts to enhance continuity of care 	84%	8%	40%	12%
<ul style="list-style-type: none"> • Bring hospital and ED providers together with community and behavioral health providers to enhance continuity of care 	84%	16%	28%	12%

<ul style="list-style-type: none"> Provide ED staff with “After An Attempt” brochures 	88%	16%	16%	16%
<ul style="list-style-type: none"> Other continuity of care activities -Establishment a position for a county Suicide Advocate 	80%	7%	7%	7%

Goal 4: Improve Monitoring and Evaluation of Suicide and Suicide Prevention Activities

Objective A: Use Wisconsin death certificate and violent death data to describe the burden of suicide in Wisconsin, improve data collection, and expand data linkages to further the understanding of suicide.

Coalition Survey Elements	% of communities with activity	% of communities with activity but no coalition involvement	% of communities where coalition promotes activity	% of communities where coalition is the lead organization
<ul style="list-style-type: none"> Use WISH injury module to learn more about suicide in our community 	81%	0%	23%	31%

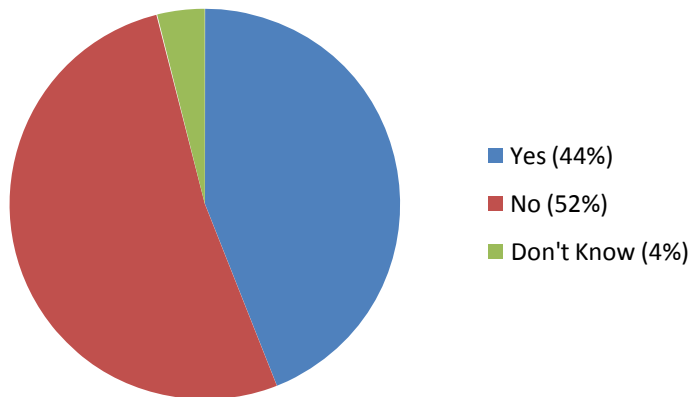
Objective B: Use data to identify subpopulations at elevated risk of suicide in order to guide program efforts.

Coalition Survey Elements	% of communities with activity	% of communities with activity but no coalition involvement	% of communities where coalition promotes activity	% of communities where coalition is the lead organization
<ul style="list-style-type: none"> Collaborate with or create child death review teams or suicide/violent death review teams at the local level to identify circumstances associated with these deaths and/or potential prevention strategies 	85%	27%	35%	8%
<ul style="list-style-type: none"> Work with local coroners, medical examiners, law enforcement to improve data collection on high-risk groups such as LGBT, veterans 	85%	8%	38%	27%

<ul style="list-style-type: none"> Other activities pertaining to using and/or collecting data <ul style="list-style-type: none"> -Hopeline -Encouraging school districts in county to use the YRBS 	86%	0%	21%	14%
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Objective C: Evaluate interventions used to reduce suicide attempts and deaths in Wisconsin

Coalition Has Evaluated Any Aspects of Activities Listed



- Types of evaluation listed:
- Reviewed data from medical examiner’s office
 - QPR post-survey (3 months after training)
 - Self-Harm Death Analysis Review Team data used to evaluate county-wide trends annually
 - Online and/or written participant surveys
 - Pre- and post-tests (following QPR or AMSR trainings)
 - Evaluation tool to assess response to annual summit
 - Tracking of number of participants attending events
 - Coalition discussion of activities at year-end to determine success related to completion and overall impact with partners and target audience

The results above demonstrate that coalitions are most often the lead organization in training activities, such as gatekeeper trainings, and either lead or promote a wide variety of other activities in their community. None of the coalitions report taking the lead on the promotion of trauma-informed care in their community.