2017

Coalition Survey

prevent suicide
WISCONSIN
PARTNERS SAVING LIVES IN OUR STATE

October 2017

2017 Coalition Survey

Introduction:

Mental Health of America of Wisconsin (MHA) is the grantee for the Department of Health Services' contract for Mental Health Prevention and Quality Improvement: Suicide Prevention. Through this grant, MHA supports the development of suicide prevention infrastructure and training to address the needs of children with serious emotional disturbances and adults with serious mental illness. The work of the grant is directed, in part, by the Wisconsin Suicide Prevention Strategy (WSPS). A key element of the WSPS is ongoing evaluation of Wisconsin's suicide prevention efforts to support quality improvement.

The Coalition Survey is one part of that evaluation effort. Local suicide prevention coalitions can play an important role in implementation of the objectives of the WSPS. They can promote the WSPS objectives to members of their community, directly engage in activities in support of the WSPS, and support other groups that are engaging in such activities. The health of these coalitions is therefore an important part of a strong suicide prevention infrastructure in Wisconsin. The survey helps us understand the role that local coalitions are playing in implementation of the WSPS.

The 2017 Coalition Survey is the third such survey. The first was conducted in 2015 and the second was conducted in 2016. This narrative provides an overview of the findings from the survey.

The compiled survey findings can be found in Appendix 1.

Comparing the 2017 Survey with the 2016 Survey:

There were responses to the 2017 Coalition Survey representing 29 counties (although it is possible that the survey did not capture information about all counties when responding coalitions cover more than one county).

Appendix 2 contains a table of counties associated with responses for all three years the survey has been completed.

Throughout this report, we will provide some comparative information between the 2016 and 2017 Coalition Surveys. However, the coalitions responding to the surveys differed between the two years. While 17 coalitions responded to both surveys, there were 7 coalitions that responded in 2016 that did not respond in 2017, and 11 coalitions that responded in 2017 but not in 2016. Therefore, we have different samples for each year. A comparison of involvement with the WSPS objectives for only the coalitions that responded in both 2016 and 2017 can be found in Appendix 3. These coalitions generally showed similar increases in being very or somewhat involved in the various objectives but appear to have a somewhat higher level of such involvement in both years.

Secondly, the 2017 coalition survey, by design, did not include many questions that were the part of the 2016 survey. Therefore, this report only compares changes to those items on both surveys.

Implementation of WSPS Objectives

Table 1 represents the involvement of the coalitions with WSPS objectives. It shows the comparison of these activities between the year of 2016 and 2017.

The results from the table show that the coalition involvement has improved from 2016 to 2017 for many of the WSPS objectives. Based on review of the data in Appendix 1, we find that all coalitions are at least minimally involved in the following:

- Increasing social connections
- Reducing stigma
- Increasing the public's knowledge of risk factors

Additionally, less than 5% of responding coalitions are not involved at any level with "expanding access to services" and "increasing resources to providers".

Table 1: Involvement with WSPS Objectives
(Ranked by "very or somewhat 2017" percent within goal areas)

Percent of coalitions who were: **Objectives:**	Very or Somewhat 2017	Very or Somewhat 2016	Very involved 2017	Very involved 2016	Somewhat involved 2017	Somewhat involved 2016
Goal 1: Increase protective factors						
Create suicide safe environment	84	68	61	40	23	28
Increase social connections	77	65	48	29	39	46
ACEs/TIC	58	44	10	12	48	32
Goal 2: Increase Access to Care for People at Risk						
Increasing public's knowledge of risk factors	100	96	94	72	6	24
Reduce stigma	84	68	55	20	39	48
Expand access to services	58	48	23	4	35	44
Goal 3: Implement Best Practices in Health Care System						
Increase resources for providers	71	56	26	36	45	20
Improve continuity of care	39	32	13	12	26	20

Goal 4: Improve Monitoring and Evaluation						
Using data: describe, improve	74	64	39	28	35	36
Using data identify sub-population	61	48	16	12	45	36
Using data: evaluate	48	40	16	12	32	28

Utilization of Resources

Table 2 summarizes the responses for utilization and usefulness of various suicide prevention resources. The total reporting that the resource was "extremely useful" or "very useful" increased in all areas. Usefulness of the PSW teleconference, while increased, remained very low.

Table 2: Utilization of Resources
(Ranked by "Total")

	2016				2017			
Percent Who Found it	Extremely useful	Very useful	Total	Not used	Extremely useful	Very useful	Total	Not used
Resource								
Burden of Suicide	12	28	40	20	23	35	58	3
SPRC	24	12	36	20	29	10	39	23
Annual Conference	20	16	36	28	40	20	60	23
PSW website	8	20	28	20	19	45	64	10
MHA technical Assistance	12	12	24	48	13	32	45	32
PSW e-news	8	4	12	32	13	29	42	23
PSW Teleconference	0	8	8	42	3	13	16	39

Comments about the resources are included in Appendix 1.

Implications

The increase in coalitions being very or somewhat involved in activities related to the WSPS is a desired outcome. The goal of having a state strategy is to promote alignment of efforts across the state. This appears to be occurring. MHA will continue to add resources to the PSW website in support of the various objectives and highlight these through the listserv and the annual conference.

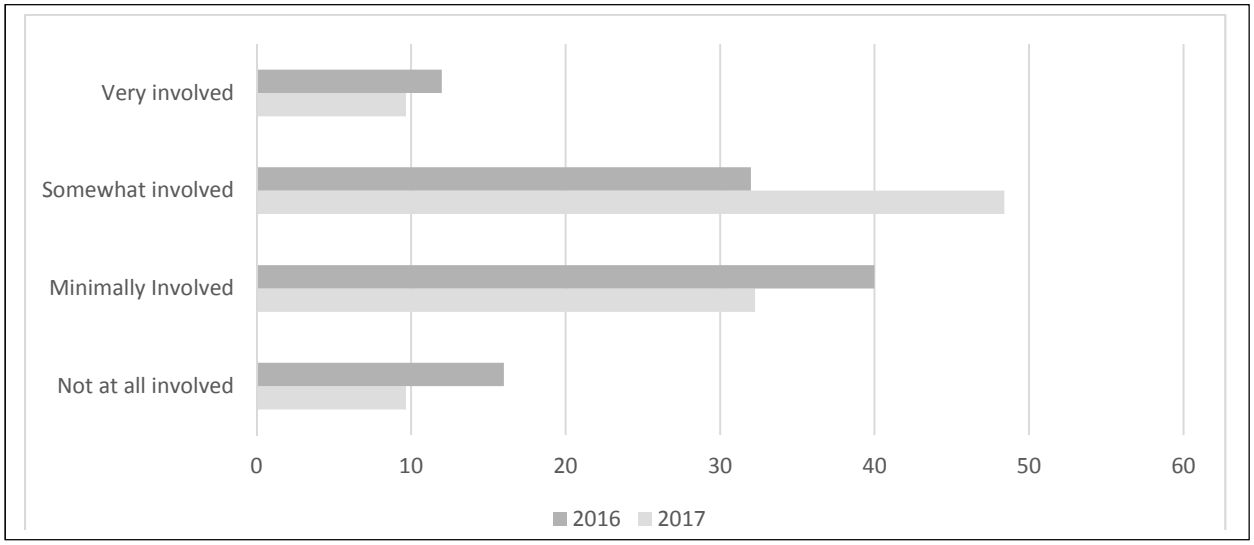
A decision had already been made to eliminate the bi-monthly teleconferences due to low participation. However, we will promote Zero Suicide topic calls to all interested parties. These topic calls are an outgrowth of the Zero Suicide training that MHA has been doing since 2013. They have been limited to organizations who received the Zero Suicide training, but we will now open these up. In the 2015-2016 state grant year teleconferences on this topic were popular. The Division of Public Health also offers quarterly topic calls for their Adolescent Suicide Prevention Learning Community, which MHA facilitates. These are archived, which relates to one of the comments offered on the PSW teleconferences. The MHA website will also identify organizations that regularly conduct webinars related to suicide prevention so that individuals interested in these opportunities can directly connect with these resources.

While the PSW website is rated as extremely or very useful by 64% of respondents we have not seen a lot of increase in web traffic. MHA will be exploring ways to make the website more useful to more people as well as developing an enhanced social media presence for PSW to drive traffic to the website.

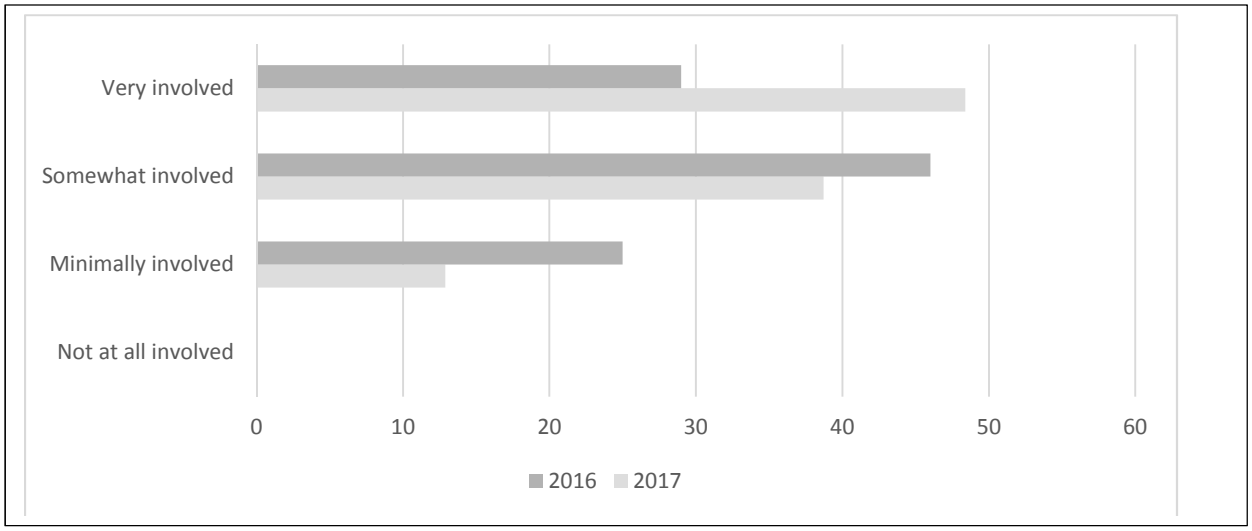
Appendix 1: PSW Annual Coalition Survey Detailed Results

Goal 1: Increase and Enhance Protective Factors:

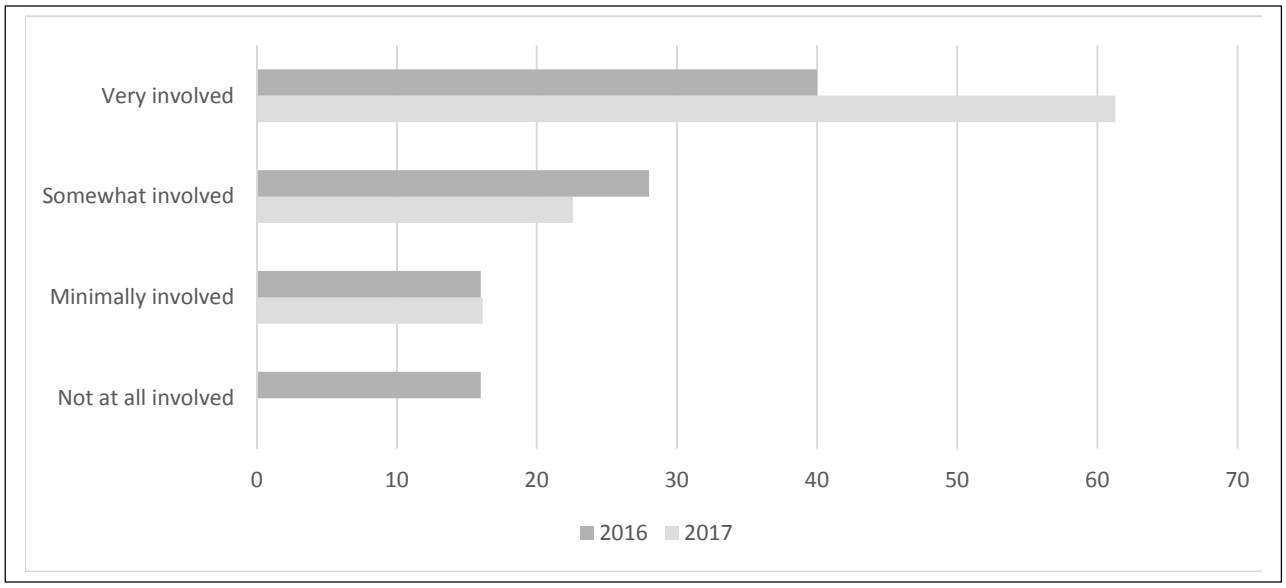
To what degree is your coalition involved in working on strategies that reduce the impact of Adverse Childhood Experiences (ACEs) and promote social emotional development in children?



To what degree is your coalition involved in or working on increasing social connections?

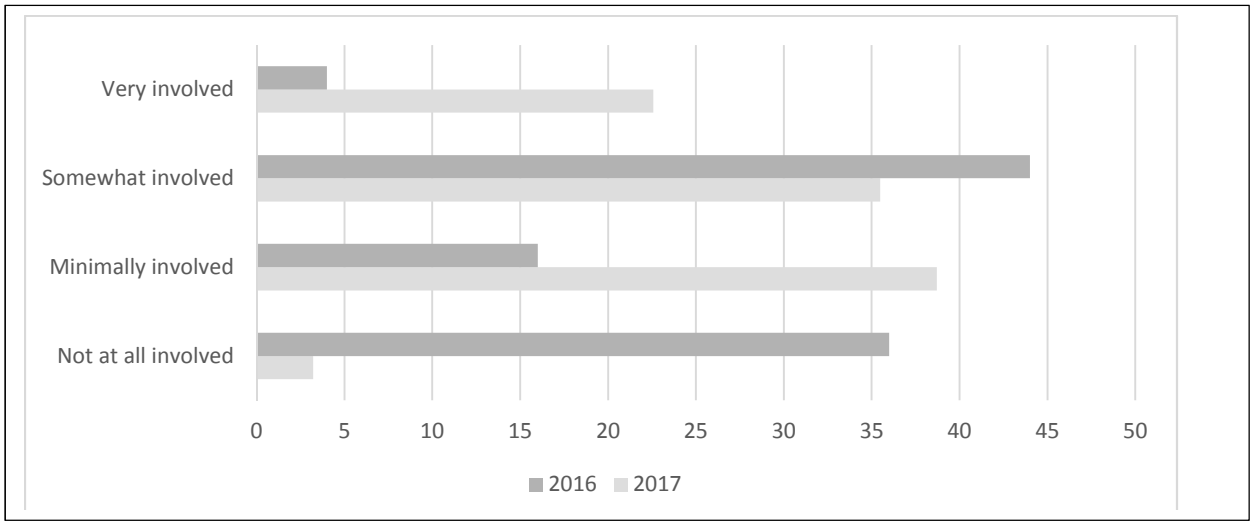


To what degree is your coalition involved in or working on assisting communities, families, and individuals in creating suicide-safe environments for people at risk of suicide?

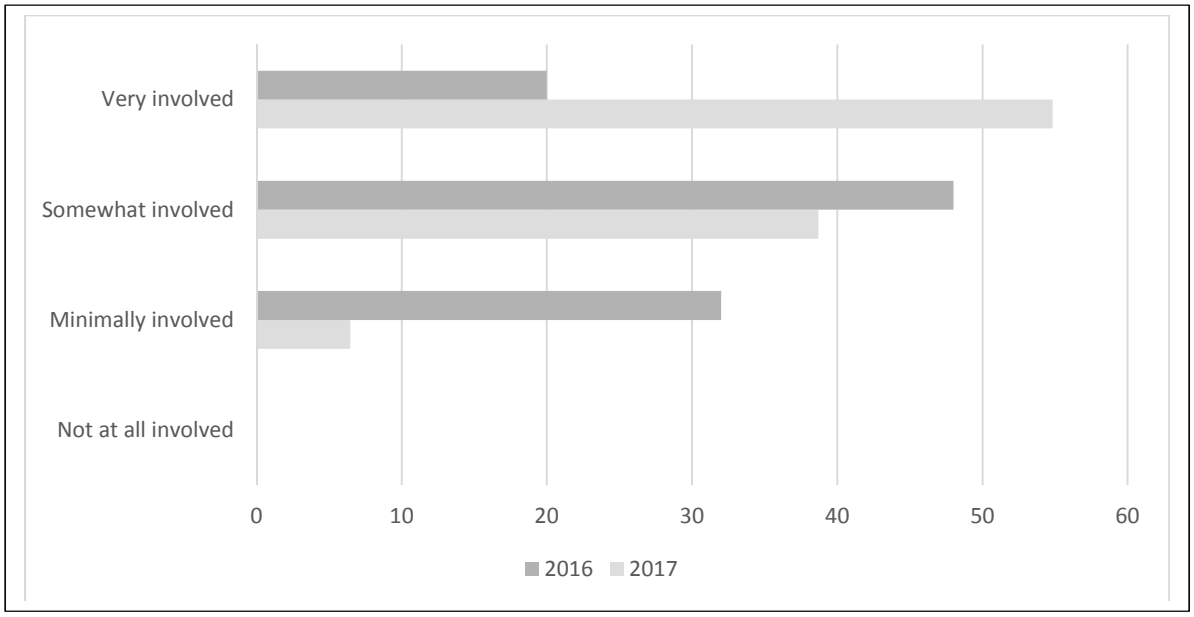


Goal 2: Increase access to care for at-risk populations.

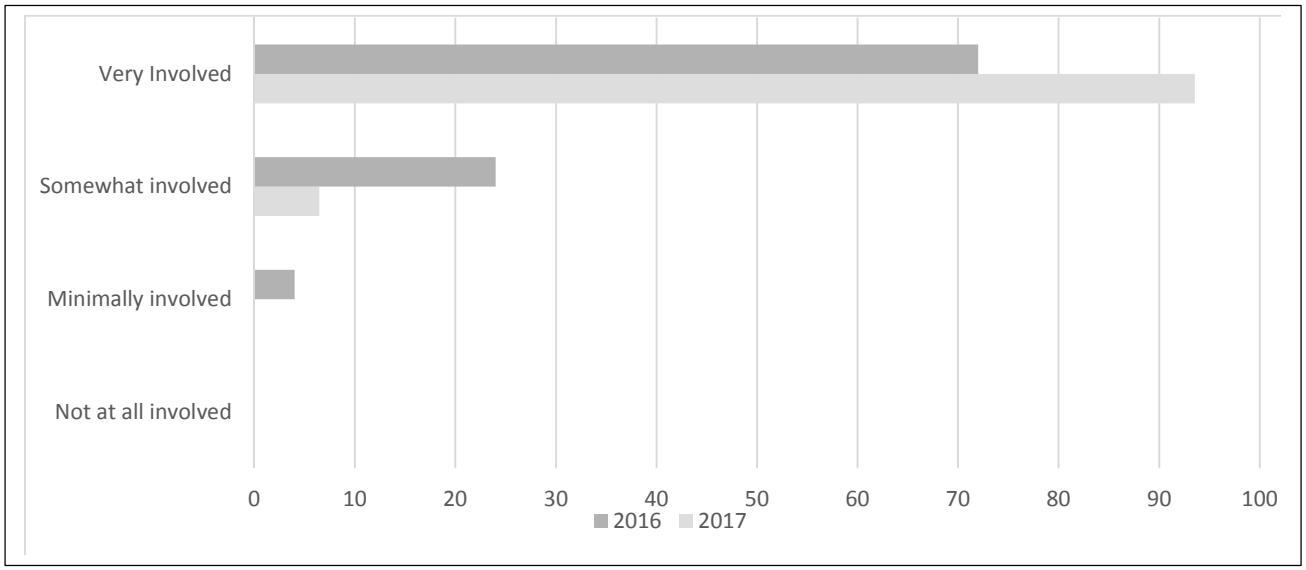
To what degree is your coalition involved in or working on expanding access to services for mental health and substance use disorders, as well as suicidal thoughts and behaviors?



To what degree is your coalition involved in or working on decreasing 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?

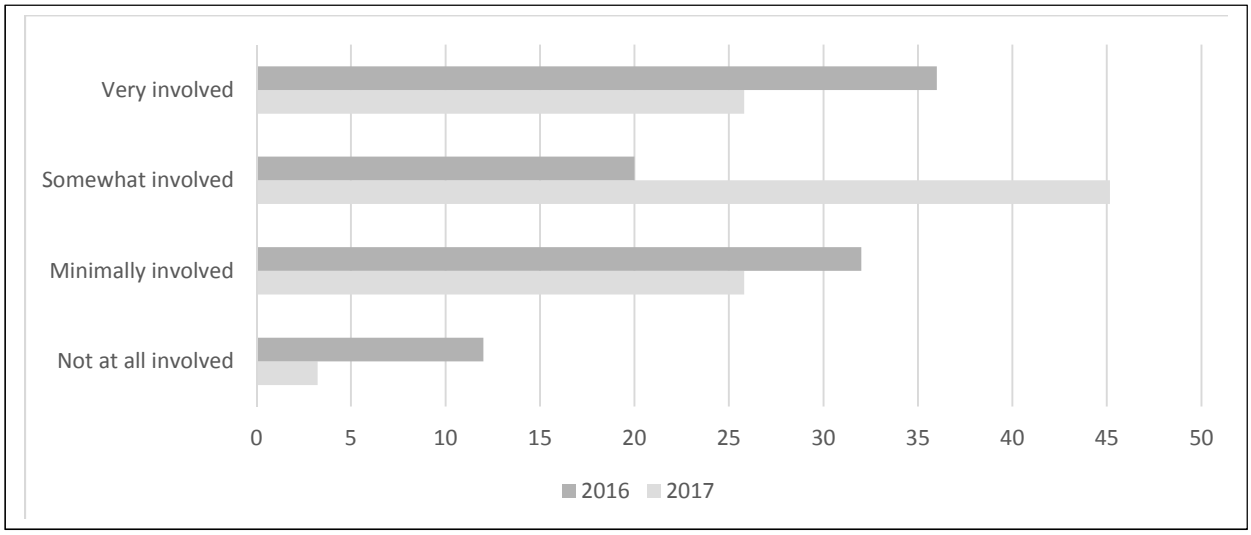


To what degree is your coalition involved in or working on increasing the public's knowledge of risk factors for suicide, recognition of warning signs, and preparedness to respond to suicidal individuals?

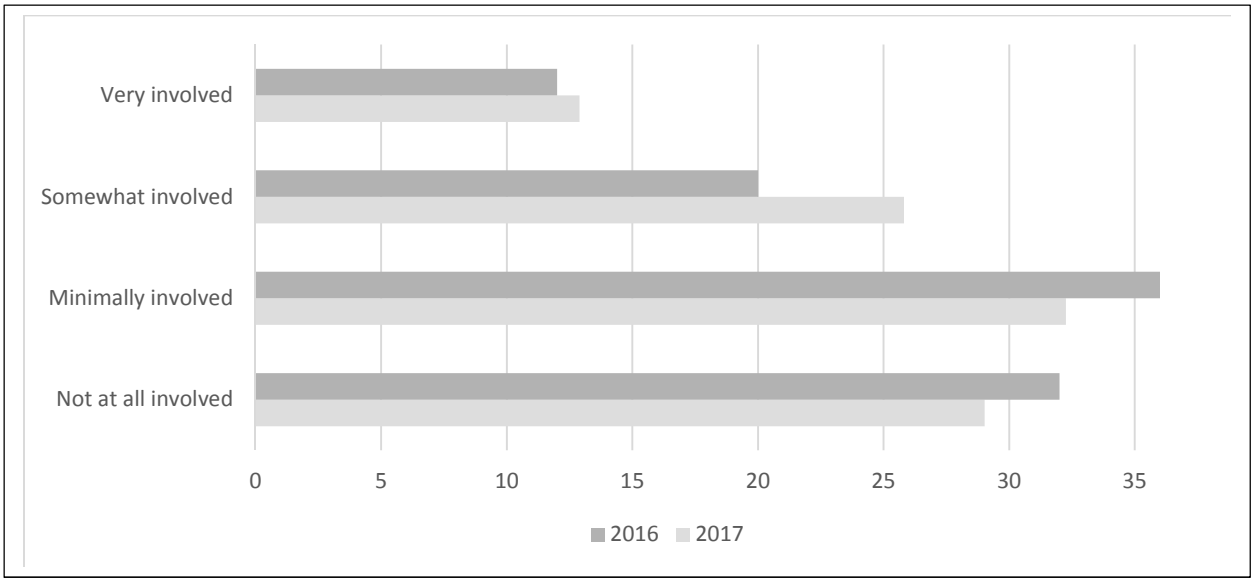


Goal 3: Implement best practice for suicide prevention within the health care system.

To what degree is your coalition involved in or working on increasing resources for mental health and health care providers in screening, assessment, and treatment of mental health and substance use disorders?

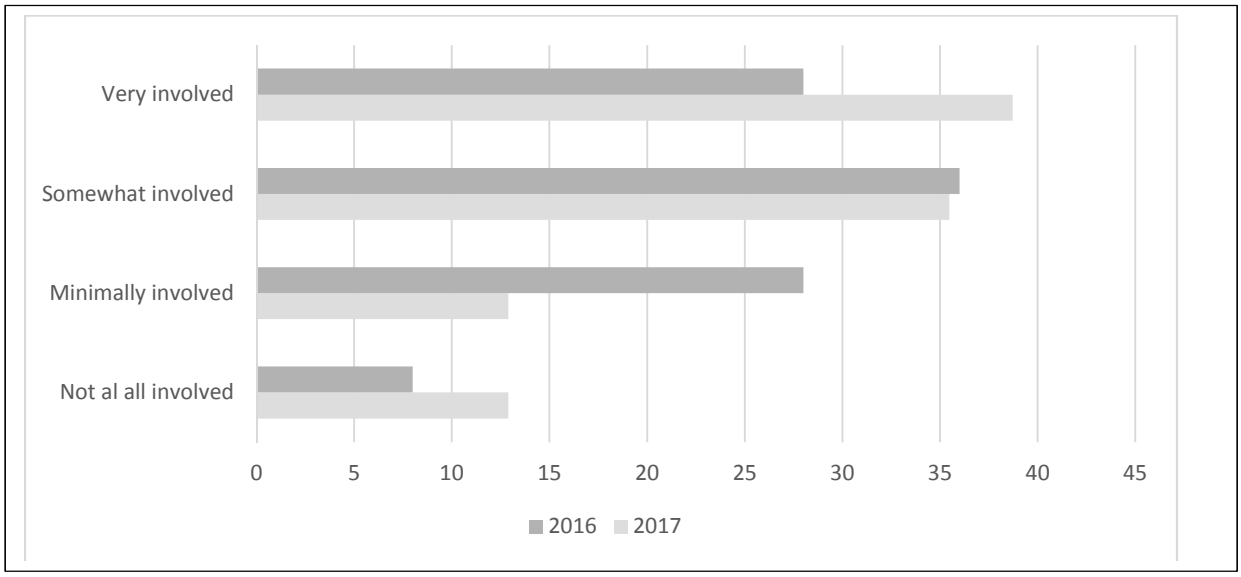


To what degree is your coalition involved in or working on improving continuity of care high-risk suicidal patients after emergency department visits and discharge from inpatient settings to community providers?

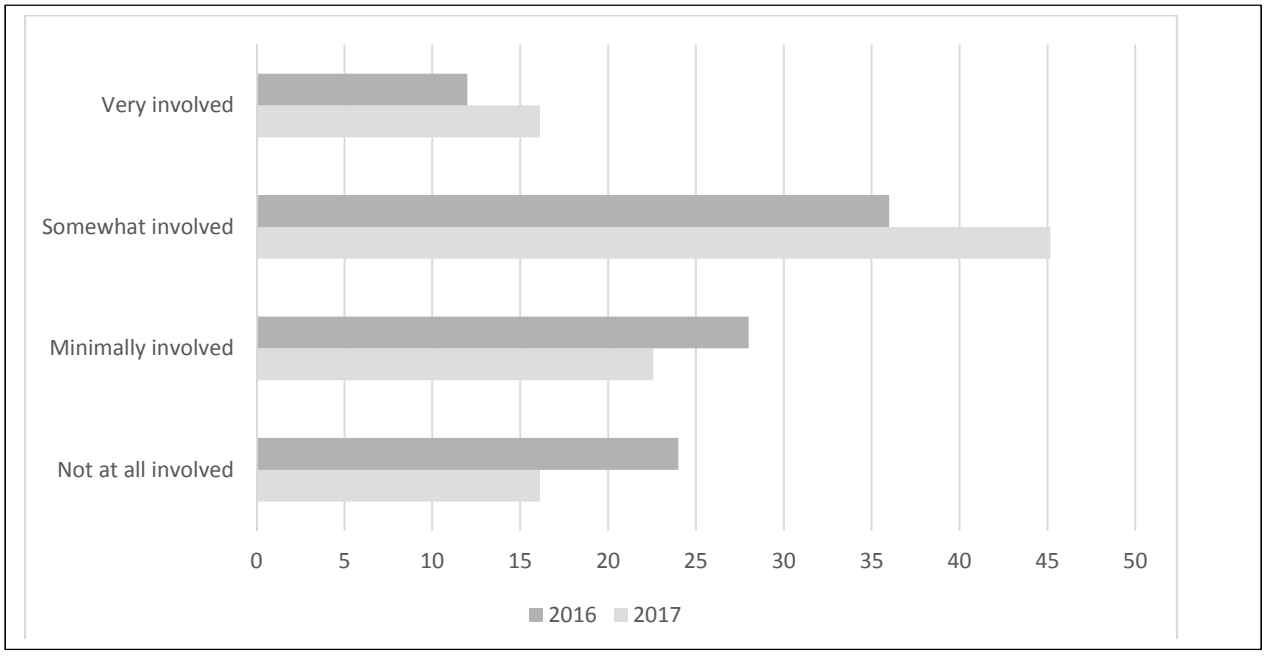


Goal 4: Improve Monitoring and Evaluation of Suicide and Suicide Prevention Activities.

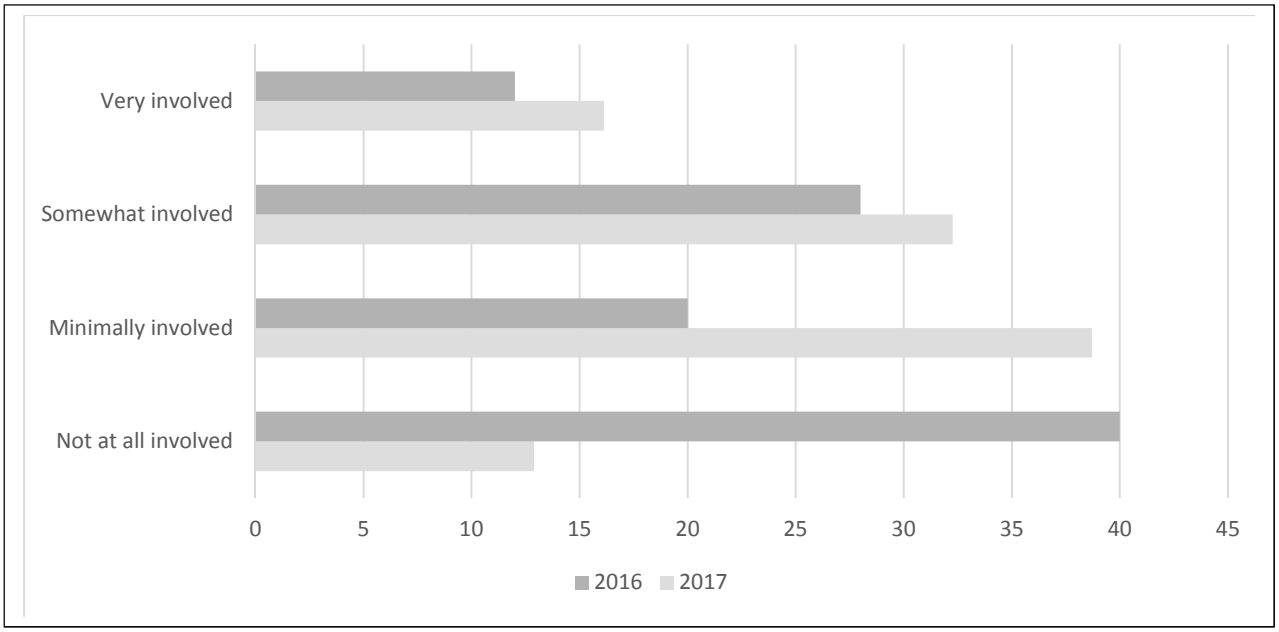
To what degree is your coalition involved in or working on using WI death certificate and violent death data to describe the burden of suicide in WI, improve data collection, and expand data linkages to further the understanding of suicide?



To what degree is your coalition involved in or working on using data to identify subpopulations at elevated risk of suicide in order to guide program efforts?

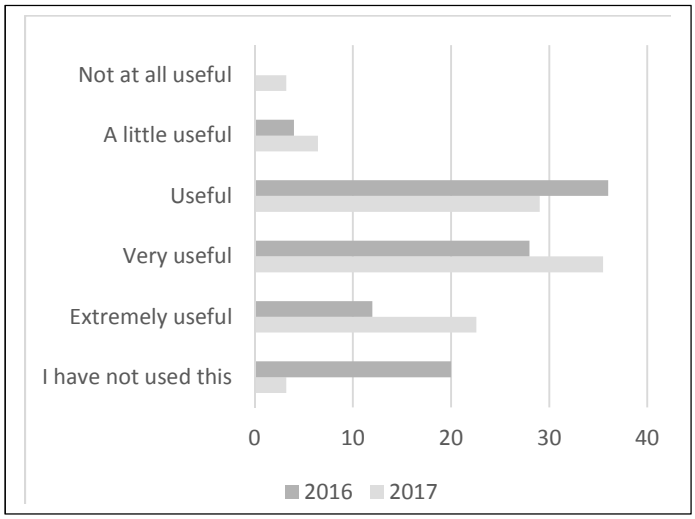


To what degree is your coalition involved in or working on evaluating interventions used to reduce suicide attempts and deaths in WI?



Resources - Burden of Suicide in Wisconsin Reports

Usefulness of the Burden of Suicide in WI

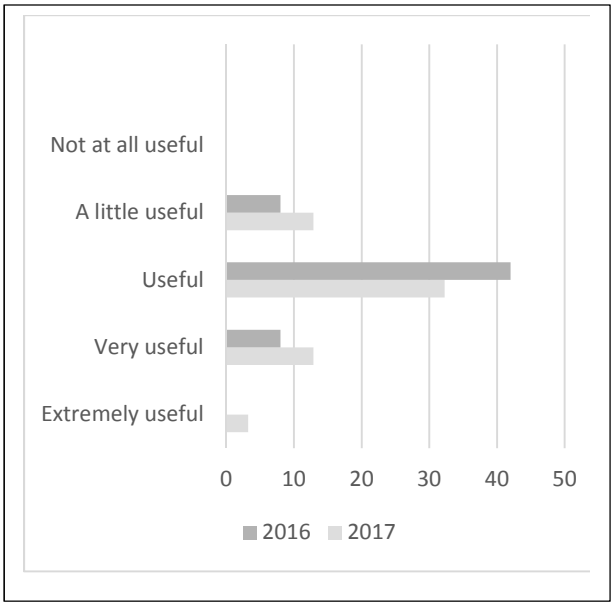


What would make the Burden of Suicide report more useful?

- Relating impact of successful local initiatives in decreasing the rate of suicide attempts/deaths. Program evaluation, so we know what are the most important areas to focus our limited resources to make the most impact. We are going for means restriction and some other public health approaches, and trying to start getting better and more time sensitive data to help evaluate impact.
- Time available to fully read it
- The time lag in all available data is an issue wish we could all access more timely data
- Data is often outdated and needs to be presented in a way that the general population (non-clinicians) can understand. Also, more individual county data would be helpful.
- More up to date information.

Resources – PSW Teleconference

Usefulness of PSW Teleconferences

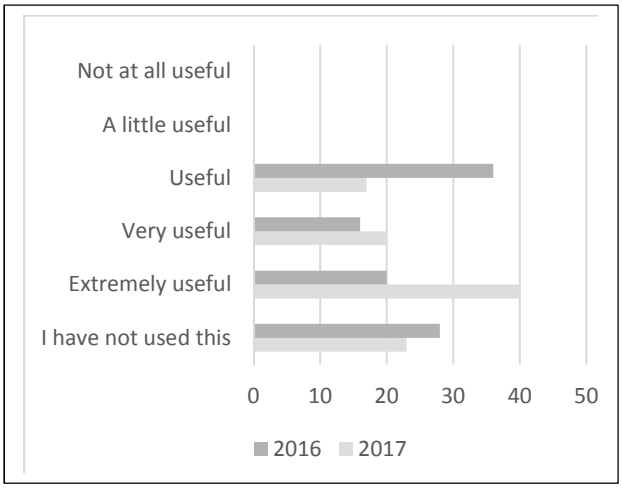


What would make the teleconference more useful?

- I like the presentations. Really appreciate having handouts available. The technology often gets in our way. I would like to hear more about what other groups around the state are doing, but there is very little discussion. The teleconferences are a nice way to offer a presentation and make general statewide announcements. It doesn't feel like there is any connection needed or wanted between the various callers. Maybe I'm expecting the wrong thing.
- Coalition work needs to come after other Public Health expectations. Will participate as schedule allows.
- I can't always attend. Are they archived now?
- I was unaware of these teleconferences
- Scheduling conflicts
- Because these occur during working hours I have not been able to participate this year.
- Having the time available to join them. Is there a way to share the information that is given at the conferences?

Resources – PSW Annual Conference

Usefulness of the PSW Annual Conference

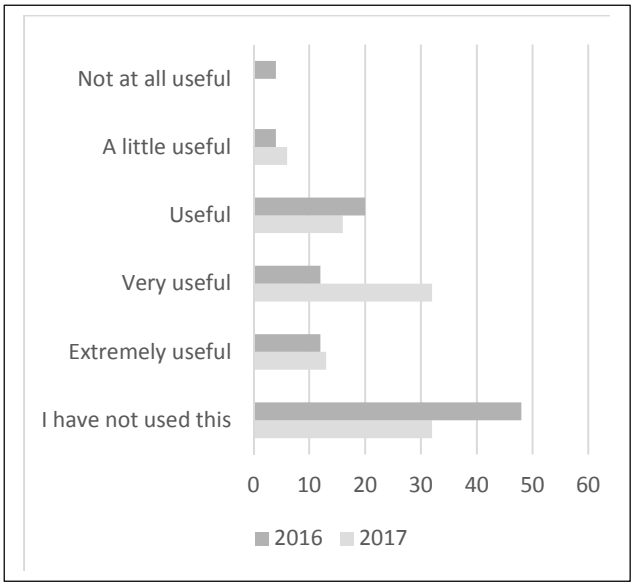


What would make the PSW Annual Conference more useful for you?

- Have attended the past few years□liked the lunch discussion last year□a great addition! Preconference trainings are relevant. Any opportunities to increase networking (social event) would be appreciated.
- The breakout sessions were not all high quality. More skill-building workshops would be helpful (e.g., how to market QPR and Zero Suicide effectively, how to work with business partners, how to engage hospitals...)
- To be able to network more with other coalitions. More useful breakout trainings.
- How and where to write grants

Resources – Technical Assistance from MHA

Usefulness of technical assistance from MHA

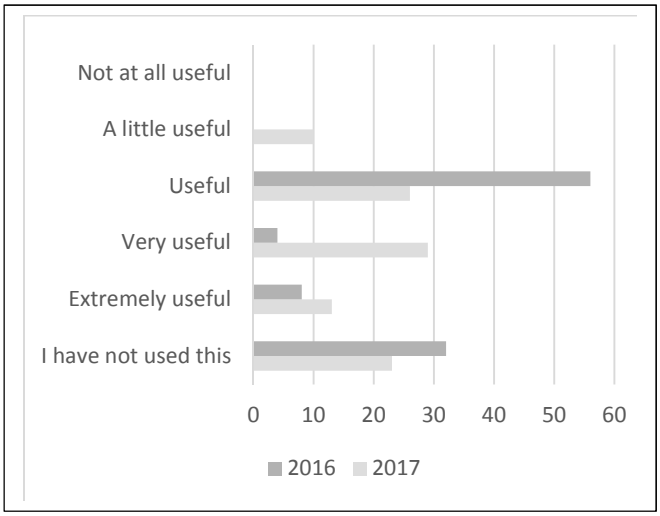


What would make technical assistance from MHA more useful for you?

- PSGM is a program of MHA, and we have significant involvement from Adrienne O'Neil, Martina Gollin Graves and Shel Gross. Attending the PSW steering meeting last June really helped with understanding the whole frame of reference of what is happening in WI in suicide prevention. Really like the newsletters. Can we borrow your template??
- Not sure if this fits into the category of TA, but the fact that you bring programs like Man Therapy and Zero Suicide to the state is very helpful
- I'd like to have a targeted discussion on how a coalition can increase access to mental health services (i.e., more providers, especially for Medicaid clients)
- Have had little need.

Resources – PSW e-Newsletter

Usefulness of the PSW e-Newsletter

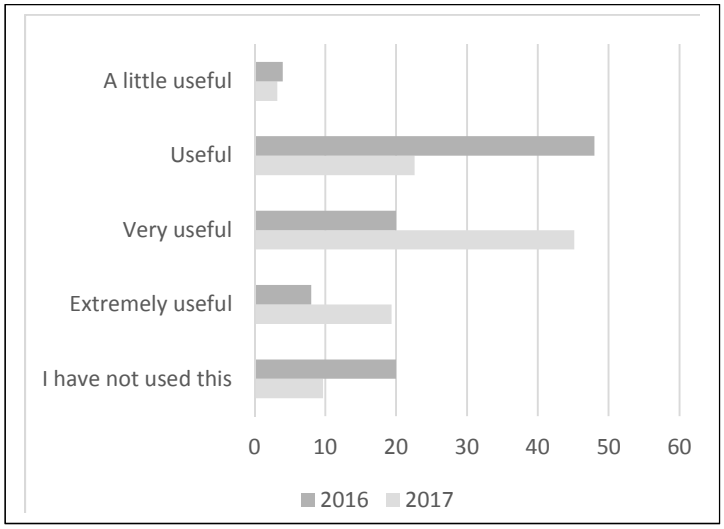


What would make the PSW e Newsletter more useful for you?

- Nothing, I just want to use your template for the PSGM newsletter, and we haven't been able to figure out how to import it for our use.
- Thanks for avoiding repeating info available elsewhere.

Resources – PSW Website

Usefulness of the PSW Website



What would make the PSW website more useful for you?

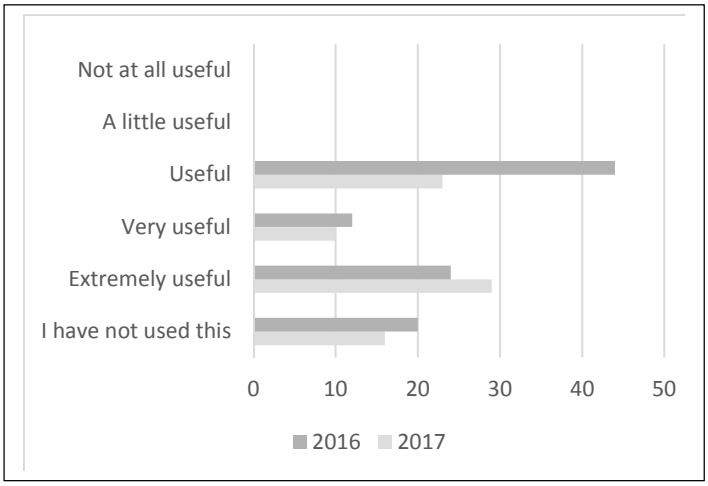
- It has really been helpful over the past 1-2 years.
- I haven't checked the website for a while. I went there recently and was impressed with all the info that was there. I hope to take the time to look at it further.

What are some suggestions you have for web site improvement?

- Do you have a link to the WISH system? That would be good.
- It would be nice to have something for coalitions to be able to interact with each other and share ideas.

Resources - Suicide Prevention Resource Center (SPRC)

Usefulness of the Suicide Prevention Resource Center (SPRC)



What would make the SPRC more useful for you?

- Love the Weekly Spark

Appendix 2: PSW Coalition Survey Respondents

COUNTY	2015	2016	2017
Adam		X	
Brown	X	X	X
Burnet	X	X	X
Calumet	X	X	X
Chippewa	X	X	
Clark	X	X	X
Columbia	X	X	X
Dane	X	X	X
Door	X		X
Eau Claire	X	X	X
Florence			X
Fond du Lac	X	X	
Iowa	X		X
Jackson	X	X	X
Juneau	X	X	X
Kenosha	X	X	X
La Crosse	X	X	
Langlade	X		X
Lincoln	X	X	X
Manitowoc	X		X
Marathon	X	X	X
Milwaukee	X	X	X
Monroe			X
Oneida	X		
Outagamie	X	X	X
Price			X
Polk		X	X
Portage	X	X	X
Rusk		X	
Sauk		X	
Shawano		X	
St Croix		X	X
Taylor	X		X
Walworth			X
Trempealeau			X
Walworth			
Waukesha	X		X
Waupaca	X	X	
Winnebago			X

Highlighted counties are those represented in both 2016 and 2017 survey.

Appendix 3: Involvement with WSPS Objectives- for counties who responded in both 2016 and 2017

Percent of coalitions who were: Objectives:	Very or Somewhat 2017	Very or Somewhat 2016	Very involved 2017	Very involved 2016	Somewhat involved 2017	Somewhat involved 2016
Goal 1: Increase protective factors						
Create suicide safe environment	88	76	65	47	24	29
Increase social connections	94	76	47	35	47	41
ACEs/TIC	59	53	12	18	47	35
Goal 2: Increase Access to Care for People at Risk						
Increasing public's knowledge of risk factors	100	100	94	76	6	24
Reduce stigma	94	71	59	29	35	41
Expand access to services	65	59	18	6	47	53
Goal 3: Implement Best Practices in Health Care System						
Increase resources for providers	82	71	35	47	47	24
Improve continuity of care	53	37	18	12	35	24
Goal 4: Improve Monitoring and Evaluation						
Using data: describe, improve	76	76	47	35	29	41
Using data identify sub-population	65	65	18	18	47	47
Using data: evaluate	47	47	18	12	29	35