



Vermont Department of Health Suicide Prevention Programs

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House Health Care Committee

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Department of Health: Suicide Prevention Grants

Grants/Funding:

- **Centers for Disease Control and Prevention (CDC) Comprehensive Suicide Prevention (CSP) Grant**
 - Vermonters Ages 15 – 64,
 - Focus Populations: Rural, Men, LGBTQ+, People with Disabilities
- **Substance Abuse and Mental Health Services Administration (SAMHSA) Garrett Lee Smith Youth (GLS) Suicide Prevention Grant**
 - Youth 12 – 24
 - Focus Populations: LGBTQ+, BIPOC, Child Welfare/Juvenile Justice-involved

** Not specific to suicide prevention*

CSP Grant Strategies: Improve Postvention Supports

- 1) Expand Suicide Awareness and Support training for community partners to identify, support and refer individuals who are experiencing suicidality
- 2) Promote Counseling on Access to Lethal Means (CALM) and Safe Storage Messaging
- 3) Expand Peer Supports for Individuals At-Risk
- 4) Improve Postvention Supports and Community Response to Suicide Loss
- 5) Expand suicide-safe treatment and care (*Zero Suicide*) within health care settings (primary care practices, hospital emergency departments)
- 6) Expand access to treatment and support of suicidality via Telehealth

Statewide Postvention Assessment and Strategic Plan

Statewide Assessment compiled by Center for Health and Learning in 2022:

Postvention working group

- Loss survivors, Designated Agencies, First Responders, Vermont State Police Victim's Services, American Foundation for Suicide Prevention (AFSP)

Key Informant interviews

- Office of the Chief Medical Examiner, Department of Public Safety, Designated Agencies, Emergency Services Directors, AFSP, loss survivors.

First Responder Survey

- Availability of support for loss survivors
- Training resources needs to improve postvention response
- Supports needed for first responders

Findings and Recommendations

Goal 1: Effective response at the scene and in the aftermath of all suicide deaths ensuring support and treatment services delivered are accessible and consistent.

- Create base of best practices/protocols for standard postvention response and care.
- Create system of notification where designated agencies/crisis response teams are notified of suicide death to provide crisis support to loss survivors.
- Create a system of notification to provide follow-up communication with loss survivors to ensure they are receiving support within 90 days of a suicide death.
- Increase support for schools and establish school-based postvention plans
- Establish sustainable funding streams to support access to core postvention supports statewide.

Recommendations (cont.)

Goal 2: Ensure that people exposed to a suicide death receive essential and appropriate information.

- Create and consistently distribute resources packets for loss survivors for dissemination immediately after a death has occurred or during immediate follow-up care.
- Create resource packets for first responders, crisis response teams, and other professionals at the scene or working with loss survivors or others immediately following a death by suicide.

Goal 3: Communicate information about the impact of suicide loss and the availability of services in the state.

- Create Outreach/Advertising Campaign to highlight postvention support services.
- Annually disseminate media reporting guidelines and include training for media.

Recommendations (cont.)

Goal 4: Provide training to a wide array of service providers in suicide bereavement support, treatment, and minimizing the adverse effects of exposure to a suicide death.

- Sponsor postvention training statewide: best practices for crisis management and debriefing, how to support those experiencing a loss, connecting individuals with support services, death notification, advice for conversations on suicide, and reducing stigma.

Goal 5: Create a system of surveillance to explore circumstances surrounding death by suicide to enhance prevention efforts and prevent suicide clusters.

- Complete the Suicide Data Linkage Project to examine the circumstances surrounding each death to determine social, behavioral, systems, and community-level factors that may increase the risk for suicide.

Postvention Areas of Focus in 2023

- 1. Develop and Distribute Resource Packets for Loss Survivors and First Responders Statewide**
- 2. Training for First Responders on Postvention Best Practices**
- 3. Develop and Promote Postvention Best Practice Guidelines for Coordinated First Responder and Mental Health Response**
- 4. Complete Suicide Data Linkage Project**

What is the Suicide Data Linkage Project ?

- Understand **risk factors** and **interactions** among those who have died by suicide.

Who?

- Vermont suicide deaths in 2020 and 2021.

How?

- Accomplished through partnering with several state agencies and organizations.

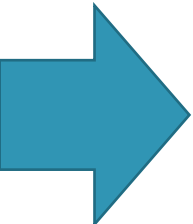
Why?

- Populations that may be at risk for suicide
- Identify opportunities for intervention

Suicide Data Linkage Project

- Green Mountain Care Board - VHCURES – medical billing claims
- Vermont Prescription Drug Monitoring System (VPMS)
- Statewide Incident Reporting Network (SIREN)- EMS data
- Department of Public Safety
- Department of Children and Families
- Department of Corrections
- Vermont Judiciary
- Department of Labor
- Vermont Violent Death Reporting System (VTVDRS)
- Department of Mental Health
- Department of Disability, Aging, and Independent Living
- Areas Agencies on Aging
- Institute for Community Alliances – who manage the Homeless Management Information System (HMIS)

CSP Grant Strategies: Zero Suicide in Healthcare Settings

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Suicide Prevention in Emergency Departments Quality Improvement Project

- Managed by Vermont Program for Quality in Healthcare
- Jointly funded through private (Vermont Community Foundation, Four Pines) and public (Department of Health) grant funds
- Focus on Improving Care in VT Emergency Departments:
 - Training All Direct Care Staff in Counseling on Access to Lethal Means (CALM)
 - Zero Suicide Organizational Assessment – Modified ED Assessment
 - Focused Mock Surveys – Joint Commission Suicide Care Standards
 - Quality Improved Project to Implement at least one improvement in patient care
 - Participation in Peer Networking and Technical Assistance
 - Incentives for completion of project activities

Suicide Prevention in Emergency Departments: Year 1 Outcomes

- 100% (14/14) of hospitals completed the Zero Suicide organizational assessment
- 100% (14/14) of participating hospitals submitted QI project proposals
- 86% (12/14) hospitals engaged in suicide-prevention focused and general mock surveys
- 100% (14/14) of hospitals indicated one or more improvements were made to their suicide care policies, procedures, or process
- 93% (13/14) of hospitals demonstrated improvement in their QI projects

Year 1 Outcomes: Counseling on Access to Lethal Means (CALM)

- 303 Personnel from 13 of 14 Vermont EDs completed CALM training
- CALM rated highest as “most helpful” among all project activities for ED staff
- Testimonials:

“A staff member who had completed CALM ...was very quickly able to intervene and assess for access to lethal means. This allowed the care team the ability to ensure these items were secured for safety and education was provided to the patient and family. The staff member indicates that prior to completing CALM training they would not have been comfortable or thought to conduct this assessment.”

“One nurse told me that his first shift after completing CALM training he was working with a patient who had a progressive medical illness, and in their conversation it came up that the patient has been having increased thoughts of suicide recently, and he also happens to have a lot of firearms in his home. Family was able to help remove the firearms out of the home as part of the discharge plan, and this patient without any active plan or intent of suicide was able to discharge home safely with decreased risk! “


“An EMT shared how she was able to have a more involved conversation with a patient on the ambulance who was having thoughts of suicide. "I felt more informed and better able to help the patient after completing the training.”

Suicide Prevention in Emergency Departments: Year 1 Outcomes

Quality Improvement Project Outcomes in Emergency Departments (Examples):

- 100% of ED Patient Care Staff Trained in CALM
- Increase in % of patients who screened positive for suicidal ideation receiving a formalized risk assessment and safety planning
- Increase in % ED patients over age 16 screened using the C-SSRS
- Increase in % of patients with suicidal ideation in the ED that receive 1:1 observer within 15 minutes
- Increase in % of patient charts that documented lethal means safety
- Progress toward establishment of emergency telepsychiatry program for patients boarding in ED

CSP Grant Strategies: Community Education

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- 1) Expand Suicide Awareness and Support training for community partners to identify, support and refer individuals who are experiencing suicidality
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Suicide Awareness and Support Training

Goal: Expand Suicide Awareness and Support training for community partners to identify, support and refer individuals who are experiencing suicidality

- **Coordinated by Center for Health and Learning**
- **Focus on Programs that serve LGBTQ+, Rural VT, Men, People living with disabilities**
- **Increase capacity of communities and programs to better identify and support people with suicidality**
- **Training Models: Umatter; Mental Health First Aid; Question, Persuade, Refer (QPR); Talk Saves Lives, Conversations About Suicide**

Training Partners and Models

Center for Health and Learning: Umatter, Umatter for Schools

Designated Agencies: Mental Health First Aid, Question Persuade Refer, Applied Suicide Intervention Skills Training (ASIST)

American Foundation for Suicide Prevention: Talk Saves Lives

Pathways-VT: Conversations about Suicide

Suicide Awareness Training: Year 1 Outcomes

- **Active Partnerships with over 80 private and public organizations**
- **212 Community Members and Professionals trained in Suicide Awareness:**
 - Agricultural Community, Law Enforcement, Emergency Medical Services, Pharmacists, Librarians, Capstone Community Action
- **90% of training respondents reported increased knowledge and confidence:**

“I am confident in my ability to recognize signs and symptoms of people who may be at risk for suicide.”

“I am confident I know what to do if someone wants to take their life”
- **Active planning to complete at least 19 trainings in 2023**
 - Expansion to construction companies, disability and aging services, LGBTQ+, media, gun-owning community, programs supporting black, indigenous and people of color
 - **Sustainability: Training of Program Staff as Trainers**

CSP Grant: Stakeholder Survey and Program Inventory

- **Broad Survey of 139 Vermont Organizations**
- **Strengths Identified by Respondents:**
 - **Increasing awareness, focus and resources on suicide prevention**
 - **Increasing collaboration across programs and organizations**
 - **Increasing use of evidence-based interventions and tools**
 - **Broader focus on lethal means safety**
 - **Increase availability of training for staff**
 - **Suicide attempt and loss survivors having a voice in suicide prevention work**

Stakeholder Survey and Program Inventory

- **Areas for Improvement**
 - Increasing Access to Telehealth
 - Additional resources for dedicated staff time to focus on suicide prevention
 - More support and training for families and care givers
 - Increase use of lethal means counseling, safety planning, and promotion of safe storage
 - Addressing mental health workforce shortages
 - Improving culturally appropriate care and addressing disparities
 - Stronger focus on postvention supports
 - Increasing access to peer supports
 - More programming for occupational groups (farmers, first responders)
 - Increased youth and school-based programming
 - Increased community supports for people with suicidal ideation
 - Improving clinical supervision and licensure requirements focused on suicide treatment

Vermont Suicide Prevention Resources and Programs

American Foundation for Suicide Prevention – VT

- Prevention Education (Talk Saves Lives, More Than Sad, SafeTalk)
- Loss and Healing (Out of the Darkness Walks, Support Groups, Bereavement Training)
- Lived Experience and Families (Finding Hope)

Vermont Program for Quality in Health Care

- Vermont Independent Providers Training Project (CAMS)
- Suicide Prevention Emergency Department QI Project
- Telehealth and Suicide Safer Care

Vermont Suicide Prevention Resources and Programs (cont.)

Center for Health and Learning + VT Suicide Prevention Center (VTSPC)

- Public Education
- VTSPC Coalition
- Zero Suicide Implementation in DA's and Primary Care Practices
- Umatter, Umatter for Schools
- Postvention Projects
- Connecting Rural Communities: Suicide Prevention and Cultural Competency

Designated Agencies

- Zero Suicide
- Mental Health Awareness (Mental Health First Aid, QPR)

Vermont Suicide Prevention Resources and Programs (cont.)

Vermont Blueprint for Health

- Zero Suicide in Primary Care Practices and DA Care Coordination

University of Vermont

- Improving Access to Suicide Safe Child Psychiatry
- Safe Storage Promotion
- Evaluation of Suicide Prevention Programing (VCHIP)

InvestEAP

- Farm First
- Project Secure
- MH Construction Consortium

Vermont Suicide Prevention Resources and Programs (cont.)

Moms Demand Action

- Education and Advocacy on Safe Storage and Means Safety
- BE SMART educational program for families

NAMI-VT

- Mental Health Education, Training and Support Groups

US Attorney's Office – District of Vermont

- Safe Storage Education and Resources (GunSafeVT.org)
- Free Gun Locks

Thank you!

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