



# DEPARTMENT OF MENTAL HEALTH

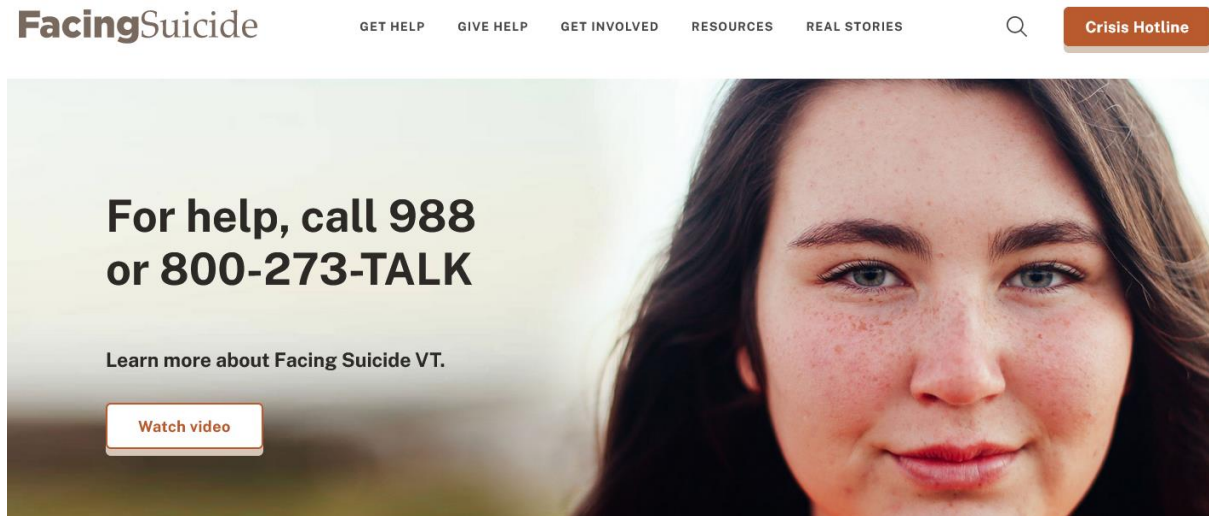
## SUICIDE PREVENTION

Chris Allen, Director of Suicide Prevention  
Alison Krompf, Deputy Commissioner

**3.14.23**

# FACINGSUICIDEVT.COM

- Partnership between VDH and DMH have launched a new state-wide website and public health campaign
- Promote awareness of suicide prevention resources, reduce stigma, encourage help-seeking and help-giving behavior, and give a voice to Vermonters who have been affected by suicide



In a crisis?  Dial 988 or  text VT to 741741

# FacingSuicide

[GET HELP](#)

[GIVE HELP](#)

[GET INVOLVED](#)

[RESOURCES](#)

[REAL STORIES](#)



[Crisis Hotline](#)

## Losing someone to suicide

You are not alone. There are resources and people to support you.

# COMMUNITY POSTVENTION SUPPORTS: AMERICAN FOUNDATION FOR SUICIDE PREVENTION

- Healing Conversations: peer to peer program giving survivors the opportunity to speak with trained, experienced volunteers who are also survivors of suicide loss, way forward into a world of support, seven requests in past six months, collaborate with regional chapters (NH, ME) to answer requests
- International Survivors of Suicide Loss Day: 4 in VT (Newport, Burlington, White River Junction, Manchester), virtual options too, speaker presentation, healing activity, guided questions and discussion
- Support Group Facilitator training: provided by AFSP to anyone running or looking to start a group, listing of support groups on AFSP.org
- Suicide Bereavement Clinicians Training: for mental health professionals to provide grief therapy to suicide loss survivors, overview of impact on survivors, list of clinicians trained in VT on AFSP.org
- "I've lost someone" site: offers information for loss and long term healing resources, postvention toolkits, hard copies of resource guides



iHeartCraftyThings.com

# VERMONT SUPPORT GROUPS-SURVIVORS OF SUICIDE LOSS



- South Burlington, St. Albans, Morrisville, Williston, Craftsbury
- Specific to survivors of suicide loss
- Offer mutual support, educational materials, various support services, space to listen and be heard
- All are facilitated by peers, some meet only in person, others meet virtually

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## FAMILY AND SURVIVOR RESOURCES

- Every Designated Agency can offer interventions and supports immediately following a suicide death to family members and survivors
- How that resource is accessed depends on the situation
  - When made aware of a suicide the DA can actively outreach to a family.
    - DA's are not always made aware
    - Family may not be ready to receive this type of support



# EDUCATION AND AWARENESS

Education and awareness for how to support a loved one:



# SAFE MESSAGING

**Facing**Suicide

GET HELP

GIVE HELP

GET INVOLVED

RESOURCES

REAL STORIES



Crisis Hotline

Crisis

Prevention

After Suicide

For Communities

Advocates

Mental Health

Economic

Media

Substance Misuse

## Media



reporting  
on suicide

framework  
FOR SUCCESSFUL  
MESSAGING



# POSTVENTION FINDINGS FROM ZERO SUICIDE 2022 DESIGNATED AGENCY END OF YEAR REPORTING SURVEY

## Postvention Services Provided

Form of postvention service	%
Brief interventions/supports to loved ones immediately following a suicide	100%
Immediate support and education to organizations (e.g. schools, employers) that have experienced a suicide death	86%
Referral to postvention supports and education (e.g. AFSP)	57%
Coordination of postvention response with first-responders and other community partners	57%
Long-term follow-up with loss survivors	29%
Bereavement counseling	29%
Support groups for suicide loss survivors	29%
Internal postvention for staff	14%
Outreach as requested	14%
Follow up or long-term outreach, education and support to organizations (e.g., schools, employers) that have experienced a suicide death	0%
Outreach to local and regional media following a suicide death to provide guidance on media safe reporting of suicide deaths	0%

# SUICIDE PREVENTION COMMUNITY PARTNERS



- Department of Mental Health
- Department of Health
- Center for Health and Learning (CHL)
- Designated Agencies & Specialized Service Agencies
- VT Child Health Improvement Program
- Vermont Program for Quality in Healthcare (VPQHC)
- Office of Veteran's Affairs
- Blueprint for Health
- Suicide Prevention Coalition
- Suicide Prevention Data Workgroup
- American Foundation for Suicide Prevention
- The Governor's Challenge
- National Alliance for Mental Illness (NAMI)

# CENTER FOR HEALTH AND LEARNING

- Statewide, capacity building organization
- Focus on suicide prevention, substance misuse and mental health promotion
- Facilitate and administer mental health and suicide prevention trainings
- Coordination of the Vermont Suicide Prevention Coalition



**C | H | L**  
CENTER FOR HEALTH  
AND LEARNING  
HEALTHY LIVING MATTERS

# DESIGNATED AGENCIES AND SPECIAL SERVICE AGENCIES

- 10 DA's and 2 SSA's
- DA: community mental health agency, direct service provider covering a county or more, provide care coordination & follow up, peer support, suicide postvention, mental health treatment
- SSA: can operate in more than one geographic area, distinctive approach to service delivery and coordination



# NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI), VERMONT CHAPTER

- Statewide organization that supports, educates, and advocates so that all communities, families, and individuals affected by mental health can build better lives.
- Family Support Groups: 90 minutes, meet either once or twice a month, facilitated by a trained NAMI family member, can join virtually or in person, meetings held Monday-Wednesday
- Connection Recovery Support Groups: 90 minutes, bi monthly, facilitated by trained individuals who are in recovery too, first and third Wednesday nights in Burlington (virtual option), every Thursday afternoon in Burlington.



## GOVERNOR'S CHALLENGE

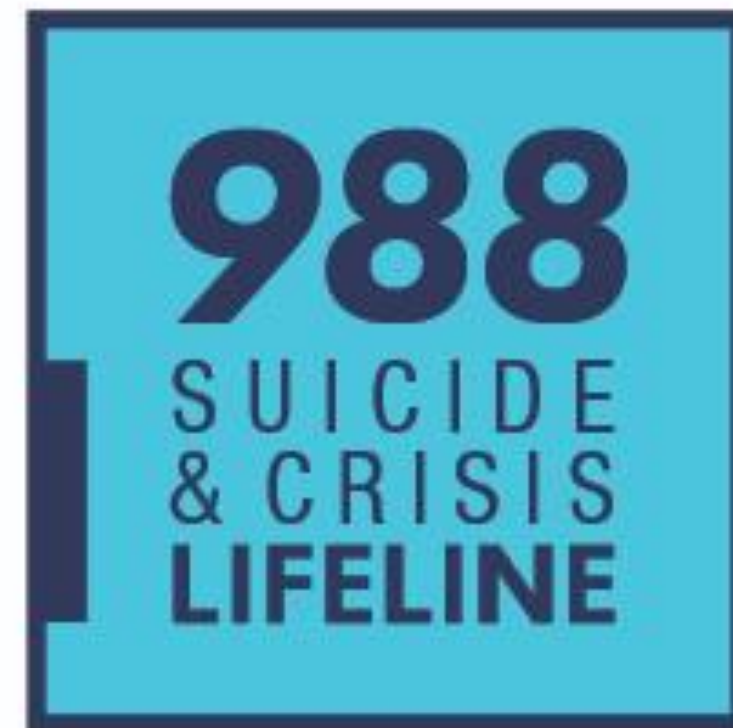
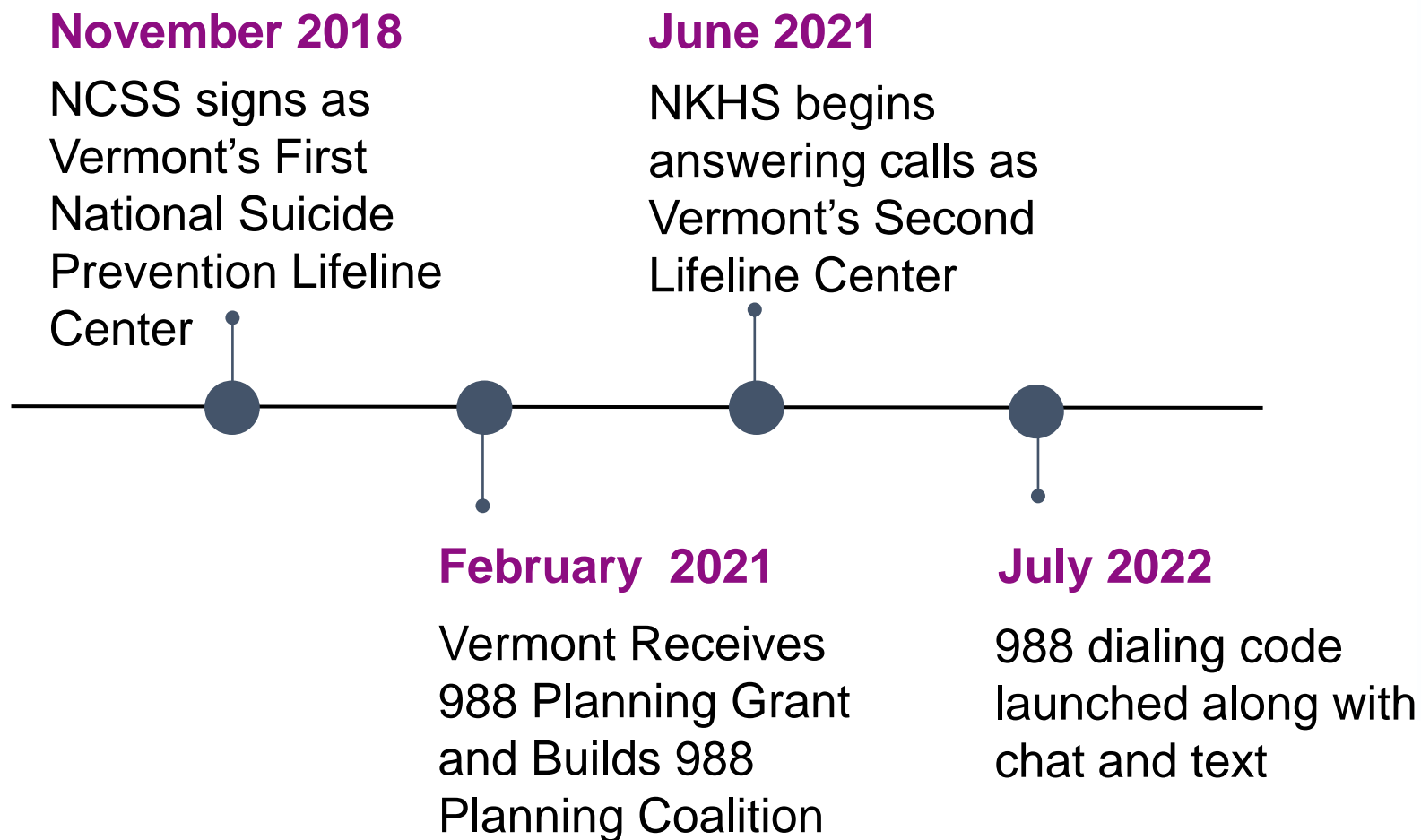
- Coordinated through the Governor's Office, Vermont Department of Mental Health and the National Guard
  - More than 25 representatives
- Focus is on Service Members, Veterans and their Families (SMVF) due to the increased risk of suicide
- Collaborate, plan, and implement suicide prevention best practices and policies for SMVF state-wide
- Three workgroups: identify SMVF and screen for suicide risk, promote connectedness and improve care transitions, and increase lethal means safety





# The history of 988: Building on the Existing National Suicide Prevention Lifeline

988



# 988 by the Numbers

# 988

	October	November	December	January
Calls/Chats/Texts Received*	720/3/1	614/23/14	605/5/2	958/58/38
Calls/Chats/Texts Answered	605/2/0	465/3/3	503/3/2	793/30/11
Calls/Chats/Texts Answer Rate	84%/67%/0%	76%/13%/21%	83%/60%/100%	83%/52%/29%

<b>FY 24 Revenue:</b>	<b>Amount</b>
Current State Funding	\$440,159
Federal Grant Revenue	<u>\$684,453</u>
<b>Total Revenue for FY 24</b>	<b>\$1,124,612</b>
<b>FY 24 Expenses:</b>	
Lifeline Centers	\$1,146,613
Marketing and Other One -Time Expenses	<u>\$187,257</u>
<b>Total Projected Expenses for FY 24</b>	<b>\$1,333,870</b>
<b>FY 24 Updated Need</b>	<b>\$209,258</b>
Ongoing additional base budget need in FY25 based on current level of service to cover Lifeline centers if DMH is appropriated \$209,417 in the FY 24 budget.	\$497,196

## 988 PILOTS

- Starting Monday, March 6, 2023, the 988 Suicide & Crisis Lifeline LGBTQ+ pilot line is now available 24/7 by texting 988 and by chat at in addition to the “press 3” option available by phone 24/7.
- Currently developing partnerships and programs to provide enhancement in services for Native peoples and Tribal Communities, Black, and brown communities, older adults, people living in rural areas, and people with functional disabilities.

*Help is  
here*

# ZERO SUICIDE FUNDING BREAKDOWN

## Zero Suicide Implementation:

- 1.) Support Public Education and Information to improve awareness and access to suicide prevention support and services.
- 2.) Develop and Support Suicide Prevention Infrastructure, Policy, Stakeholder Engagement to improve suicide prevention planning and implementation.
- 3.) Advance Evidence-Based and Best Practices for Suicide Prevention through Workforce Development.
- 4.) Promote Social and Emotional Wellness to Prevent Suicides in Vermont.

**\$495,000**

Department Base Budget-Grant work allocated to the Center for Health and Learning (spanning 7/01/22-6/30/2023)

Suicide Prevention Symposium: CHL will plan, manage, deliver the 2023 VT Suicide Prevention Symposium, including a detailed Symposium Plan which outlines proposed 2023 Symposium planning activities, public outreach plan, curriculum and presenters. Report will be informed by previous attendee evaluation or feedback and include strategy for increasing representation of people with lived mental health and substance misuse experience, BIPOC, LGBTQIA community, refugees and other minorities.

**\$45,000**

Mental Health Block Grant funding allocated to the Center for Health and Learning (SFY24)

# ZERO SUICIDE OUTCOMES STATEWIDE

- Training for Designated Agency and Specialized Service Agency staff on evidence-based best practices on screening and assessment: Collaborative assessment and management of suicidality (CAMS), The Columbia Suicide Severity Rating Scale (CSSRS), Counseling on Access to Lethal Means (CALM), etc. *\*see next slide for further details*
- New trainings being implemented: Follow Up/Caring Contacts/Caring Coordination, Electronic Health Records Training, Diversity, Equity and Inclusion Training, Conversations on Suicide (peer model, Peer Workforce Development Initiative)
- Support for youth and schools through Umatter gatekeeper training- 108 participants
- Monthly coalition meetings bringing state partners and program leaders together to coordinate efforts- ongoing through 2023
- Zero Suicide Practice Institute- held in November 2022, coordination of efforts and networking opportunities for agencies participating in Zero Suicide- 38 attendees
- Annual Suicide Prevention Symposium- 231 attendees
- Zero Suicide Steering Committees: 6 of 7 DAs (86%) reported they have active Zero Suicide steering committees



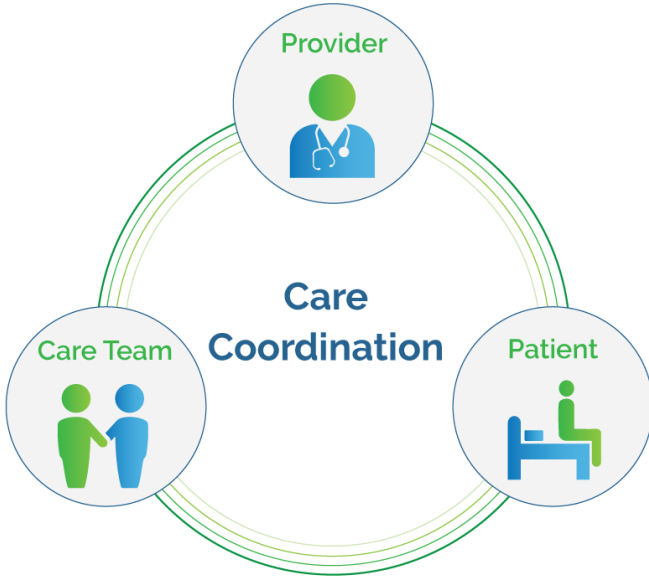
## ZERO SUICIDE OUTCOMES: TRAINING NUMBERS

Training Name	Total Trained
Umatter Suicide Prevention Awareness Webinars (n=5)	108
Introduction to Zero Suicide in Vermont: Suicide Safer Pathways to Care (n=2)	61
CAMS (2 Cohorts consisting of 6 calls each - call Series- Fall 21 and Spring 22) (n=2)	336
CAMS for Supervisor (2 cohorts consisting of 2 calls each- Spring 2022) (n=2)	14
ZS Intro	25
CSSRS Interactive Training (n=4)	116
CSSRS Part II Interactive Training (n=2)	31
<b>Total</b>	<b>691</b>

# ZERO SUICIDE OUTCOMES: MINI GRANT PROJECT

Pairing a designated agency (DA) with a patient centered medical home (PCMH) to develop suicide safe pathways

- Using evidence-based practices to screen, assess, and manage suicidality, and care coordination
- Measuring: what screener was used?, was a referral made?, was a warm hand-off made?, did coordination with PCP occur?, was CALM documented?, has CAMS training begun for clinical staff?



DA (7 DAs @ \$5,000.00 each)	PCMH (7 PCMHs @ \$5,000.00 each)
<b>Round One Teams (Started October 2022)</b>	
Northwestern Counseling & Support Services (NCSS)	Cold Hollow Family Practice (CHFP)
Howard Center (HC)	Thomas Chittenden Health Center (TCHC)
Northeast Kingdom Human Services (NKHS)	Northern Counties Health Center (NKHC)
Rutland Mental Health Services (RMHS)	Community Health Centers of Rutland Region (CHCRR)
Lamoille County Mental Health Services (LCMCS)	Lamoille Health Partners (LHP)

<b>Round Two Teams (Start January 2023)</b>	
Healthcare and Rehabilitation Services (HCRS)	Mount Ascutney Hospital and Health Center and Ottauquechee Health Center
Counseling Services of Addison County (CSAC)	University of Vermont Health Network (UVMHN) Porter Pediatric Primary Care

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# ZS CLIENT LEVEL MEASUREMENT 2022-2023 IN DA REPORTING

## **1. Screening**

Measure: Number of clients who received a suicide screening during the reporting period

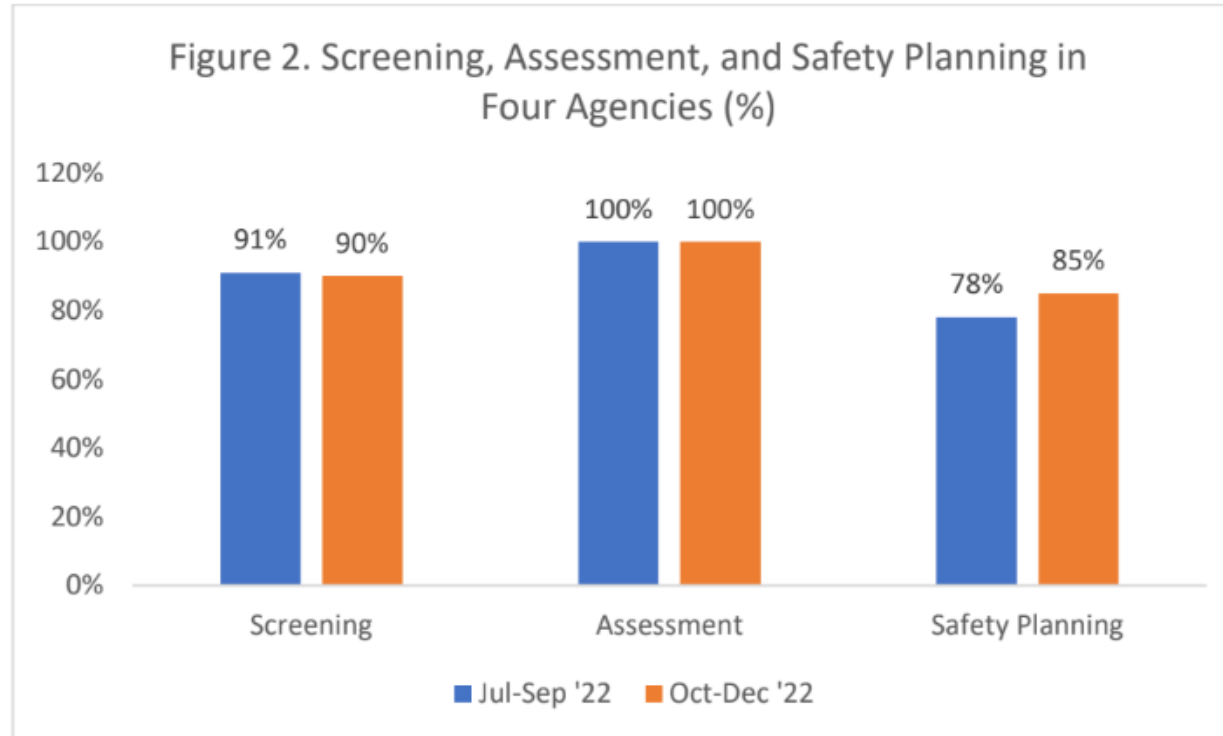
## **2. Assessment**

Measure: Number of clients who screened positive for suicide risk and had a comprehensive risk assessment (same day as screening) during the reporting period

## **3. Safety Plan Development**

Measure: Number of clients with a safety plan developed (same day as screening) during the reporting period

# ZS CLIENT LEVEL MEASUREMENT 2022-2023 IN DA REPORTING



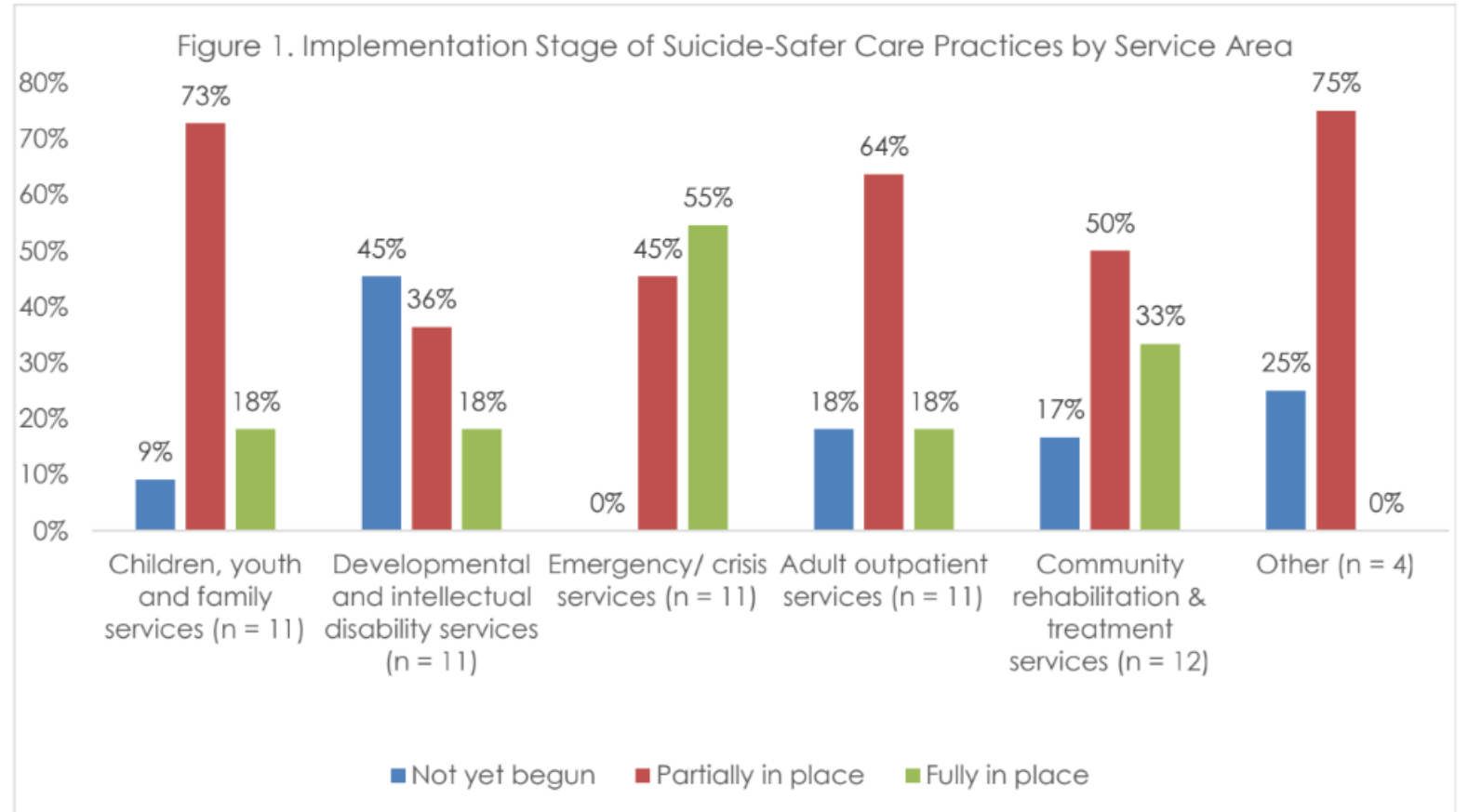
*\*The above graph shows a sample of new clients who received these services during Q1-Q2 (July-December 2022)*

# FINDINGS FROM THE ZERO SUICIDE 2023 PLANNING AND REPORTING SURVEY

The Zero Suicide 2022-2023 Planning and Reporting Survey was administered in December, 2022.

The survey had a response rate of 100%. Participating agencies include all ten Designated Agencies and two Specialized Service Agencies currently engaging in Zero Suicide.

This is part of a larger effort between CHL and BHII (Behavioral Health Improvement Institute) to increase evaluation of Zero Suicide efforts.



## AGENCY PRIORITIES FOR FUTURE ZERO SUICIDE WORK

Priority	Percentage of Designated Agencies
Increasing training (e.g., Suicide Prevention Awareness and Support training, CALM, CAMS, Quality Improvement)	86%
Expanding protocols within the agency	86%
Building pathways to care with PCPs and other medical providers	86%
Engaging community partners	86%
Expanding implementation of C-SSRS and CAMS	71%
Obtaining client-level measures from your EHR system	57%



# Populations at Risk

## Males

80% of all suicides  
41% experiencing a  
crisis at time of death

## Rural

80% of all suicides  
Less likely to have mental  
health treatment at death

## LGBTQ+

Youth are much more likely  
to have more risk and  
fewer protective factors

## VTers w/ Disability

61% of all adults who  
seriously consider suicide  
have a disability