



## **Vermont Postvention Strategic Plan**

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**For more information contact:**

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### **Background**

In September 2020, Vermont received a five-year Comprehensive Suicide Prevention (CSP) grant from the Centers for Disease Control and Prevention (CDC) to support the implementation and evaluation of the state's comprehensive public health approach to suicide prevention in Vermont.

The Department of Health, in coordination with the Department of Mental Health, is using the federal grant to build on existing partnerships and programs to implement and evaluate a data-driven public health approach to suicide prevention in Vermont. The grant bolsters collective efforts to integrate healthcare and mental health and works to ensure all Vermonters have access to the support they need. One strategy of this project is examining and expanding postvention efforts within the state, with an overarching goal of developing a coordinated and consistent statewide postvention effort with state partners and communities. To this end, the following steps have been taken:

- Track existing suicide postvention activities and programs across the state by utilizing survey data, key informant interview data, and working group input on existing programs.
- Determine gaps and needs within the current system as identified by stakeholders.
- Create a statewide plan for improving postvention support based on the statewide assessment to be implemented over three years.

Postvention is the organized response after a suicide or other unexpected death that aims to facilitate healing from grief and distress, mitigate the effects of exposure to suicide, and prevent suicide among those at high risk.

### **Engagement and Data Collection Activities**

#### **Postvention Work Group**

A Postvention Work Group was created to examine and determine postvention needs in the state. The group comprised of representatives from Designated Agencies and other organizations and met four times throughout the spring/summer of 2022. The postvention working group was tasked with the following:

- Examine current postvention efforts within the state.
- Discuss what more is needed to provide adequate postvention data, care, and resources throughout the state.
- Guide the creation of the strategic plan and review and make recommendations on the final postvention strategic plan.

The Postvention Work Group members were asked to provide information on current postvention practices within their organization, needs and gaps in postvention services in their organizations, and needs and gaps on a statewide level. Eleven Designated Agency representatives responded through the working group or key informant interviews. Three Designated Agencies did not respond to questionnaire or interview requests.

In addition to the Designated Agencies, interviews were conducted with the office of the Chief Medical Examiner, Department of Public Safety, Designated Agencies, Emergency Services Directors, and loss survivors. Additionally, first responders were sent a questionnaire.

*Postvention Work Group Participating Agencies and Organizations:*

American Foundation for Suicide Prevention  
Center for Health and Learning/Vermont Suicide Prevention Center (VTSPC)  
Vermont Department of Health  
Howard Center  
Lamoille County Mental Health  
Northwestern Counseling & Support Services  
Northeast Kingdom Human Services  
Vermont State Police Victim Services  
Vermont Care Partners  
Washington County Mental Health Services

*Key Informant Interviews:* Interviews lasted approximately one hour, and the questions asked were similar to those in the workgroup. Interviewees included:

American Foundation for Suicide Prevention - Vermont Board Members  
Chief Medical Examiner's Office  
Clara Martin Center  
Loss Survivors  
Emergency Services Director's Monthly Meeting

### *Groups Surveyed:*

A unique survey was developed for first responders and disseminated via an online Alchemer survey<sup>1</sup>. Thirty-two respondents completed the survey and answered questions regarding the availability of support for loss survivors after a death and training received for interaction with loss survivors.

### *Gaps in Engagement and Data Collection Activities*

Schools, both public and private/independent, and the broader system of pre-K-12 and higher education were not included in this data. Additional work to assess and meet the needs of schools and family programs will be implemented in 2023 through a federal Garrett Lee Smith grant project.

## **Findings**

Participants were asked to identify current practices within their organization and region on the community, organizational, and state levels through working group meetings, key informant interviews, or surveys.

### **Current Postvention Practices**

#### **Crisis/Specialty Teams**

*Multiple respondents from all organizations listed above in the Engagement and Data Collection Activities Section (hereafter called “respondents”) utilize crisis or specialty teams to provide outreach to loss survivors at the scene of a death while first responders are still present or shortly thereafter. Follow-up and outreach are often based on specific needs and appropriate providers/staff, as each instance differs. The timeline of when crisis or specialty teams respond to the death varies based on protocol and if/when first responders make contact. Most respondent organizations send specialty teams to schools, workplaces, and local businesses/organizations to provide postvention support. All representatives indicated that support is tailored to the individual(s) in need to a large extent.*

#### **First Responder Notification**

*Communication between first responders and organizations is variable throughout Vermont when a suicide death has occurred. Multiple respondent organizations receive a notification when there is a death by suicide in the community, with some having a member of staff available to receive notifications 24/7. Notification helps to give the organization time to respond appropriately and allows loss survivors*

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<sup>1</sup> <https://survey.alchemer.com/s3/6918450/First-Responder-Suicide-Postvention-Survey>

to receive the support they need at the scene of a death. Several respondent organizations do not receive any notification from first responders and find out a death has occurred via community news, school district, or someone seeking services. *The occurrence of communication with first responders when a death has occurred is a significant influencing factor in whether organizational support is offered to loss survivors at the scene. A lack of communication between first responders and crisis/specialty teams can significantly influence whether organizational support is offered to loss survivors at the scene.*

### **Follow-up-Up Care/Support**

Multiple factors determine follow-up support with loss survivors post-suicide death. *The main factor determining whether follow-up support occurs is whether the individual who died or the loss survivor is already engaged with an organization within the system of care. The presence of crisis support at the scene of death for initial contact with loss survivors can also be a factor in the provision of follow-up support.*

*For loss survivors with no previous contact with the mental health system of care, the loss survivor needs to reach out to establish contact. Organizations must know of loss survivors to provide follow-up support.* For those already in the system, follow-up occurrence varies, with at least one respondent organization making a follow-up plan with loss survivors during initial contact when responding at the scene of a death. At least one respondent organization will make contact at the scene of a death or, if direct contact cannot be made, will call the loss survivor within 24 hours of a suicide death.

Other respondent organizations have no formal policy, and responses vary, ranging from providing support to loss survivors immediately, within 90 days of a death, or other long-term follow-up. At least one respondent organization will send a letter, including resources, if direct contact cannot be made. *The need for follow-up pertains to family members and those in the immediate circle of the deceased. In school communities, the follow-up is provided to the entire school community. It has been noted that follow-up should occur within the first 90 days following a suicide death.*

### **Resources Materials for Loss Survivors**

*There is significant variability in the delivery of resource materials to loss survivors and a lack of comprehensive public-facing resources.*

- **Resources Packets/Materials** - Several respondent organizations provide resource packets to loss survivors or those on the scene when a death has occurred. Packets provide resources to families and those who are experiencing a loss. *Of those that provide packets, there is no unanimity regarding when the packets are given out or who is responsible for handing them out.* In some instances, medical examiners will hand them out at the scene, while some are provided by crisis teams or when a loss survivor reaches out for help.

- **Online Resources - Several websites provide materials and resources specific to loss survivors in Vermont (AFSP.org, VTSPC.org, UVMhealth.org, NAMINH.org, and Mentalhealth.va.gov).** Most of these sites provide a directory of grief/bereavement support groups. Several sites provide grief support materials, such as self-care tips, coping tips, and shared personal stories. *In the past, VTSPC has taken on the responsibility of updating Support Group lists and posting them on the VTSPC site. VTSPC assumed this responsibility of necessity to meet perceived needs in the field identified by a prior Survivor Bereavement Support Work Group of the VT Suicide Prevention Coalition (composed of VDH, AFSP, and VTSPC representatives). However, staff time has not been systematically assigned for this task as would be done under a strategically planned approach.*

### **Grief/Bereavement Support Groups**

*Grief support groups are available in many Vermont counties, but not all, with only four counties providing suicide loss-specific groups (see Appendix 1).* There is currently a mix of online and in-person support groups. Some organizations have stated that in-person groups offer the most therapeutic support and help ensure the safety of group members during meetings yet providing an online option for those without a support group nearby is a convenient way to become part of a support group. Private and informal support groups run throughout the state, but there is limited information on the occurrence of these groups.

### **Identified Postvention Needs**

respondent organizations were asked to identify gaps/needs on the community, organizational, and state levels. Below are the needs identified.

- ***Developing a plan that addresses the state- and organizational-level roles, protocols, and resources needed to ensure comprehensive and systematic support for survivors of suicide loss. This plan would work across state agencies, workplaces, healthcare, educational, and community organizations to build the capacity to respond effectively to suicide loss, to prevent further loss, trauma, and other repercussions. A strategic plan will also require an operational plan, identifying the resources to support the roles and responsibilities assigned to the organizations identified in the plan.***
- ***Funding for postvention programs and support staff*** (e.g., outreach staff such as social workers and clinicians, ongoing support for postvention training to support external outreach and support of the organization's staff internally involved in postvention, etc.)
- ***Systems of notification to ensure Designated Agencies/Crisis Response Teams/embedded social workers*** are notified of suicide death as soon as possible to provide crisis support to loss survivors while first responders are at the scene when a suicide death has occurred.

- **Designated Agencies/Crisis Response Teams/organizations to follow up** with loss survivors within 90 days of a suicide death to ensure they receive support when needed.
- **Standard of postvention care/best practices** that are reflected in protocols that detail expectations and principles for organizations to follow. A strategy is needed to ensure these practices stay up-to-date and that there is a review process. From best practices, create a systematic template of protocols for postvention for use by various sectors.
- **Resource packets for loss survivors and those providing support at the time of intervention** and following the death to enable individuals to access help when needed. Packets should be made available to healthcare providers and mental health practitioners (including private practice), EDs, emergency responders, medical examiners, forensics, crisis response teams, schools, funeral directors, social service organizations, and EAP/employers. In addition, resources are needed for those at the scene who are not loss survivors (EMT, EMS, etc.).
- **Suicide-specific bereavement and support groups** throughout the state to incorporate into a comprehensive system of care. This includes well-trained facilitators to help loss survivors move through the grieving process.
- **Identifying critical roles and needs of schools in postvention.** This includes assistance for school professionals involved in this work when family members or students die by suicide and a system of response for schools needing postvention support 24/7.
- **Trauma/mental health support 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.
- **Regular statewide postvention training for organizations working with loss survivors or those who have experienced a death by suicide** that takes into account specific audience needs (e.g., PCPs, schools, funeral directors, emergency services, communities, EAP). Training focus: conversation guidance, reducing stigma in the community, post-event trauma guidance for those at the scene, and cultural competency training.
- **Outreach and advertising of support groups and services for loss survivors** with a focus on destigmatizing suicide and suicide loss.
- **In-depth media guidelines for writing and reporting on suicide.**

- ***Social Autopsies to look at the circumstances surrounding each death*** to determine if there are community-level nuances that are being overlooked while determining the circumstances of a death.
- ***Billing protocols for follow-up services after a suicide death*** (including those that occur at the scene of death) were provided to survivors and others.
- ***Embedded social workers with first responders or the medical examiner's office.***
- ***Training, support, and follow-up care that is accessible and culturally sensitive.***

## Recommendations

The recommendations are based on the input from respondent organizations and address the gaps and needs.

**Goal 1: Effective response at the scene and in the aftermath of all suicides ensuring that support and treatment services delivered to the suicide bereaved are accessible, adequate, consistent, and coordinated across systems of care.**

***a. Create a base of best practices/protocols for standard postvention response and care.***

Form a working group composed of Designated agencies (DAs), Emergency Services Providers (ESPs), loss survivors, and other relevant groups to generate recommendations for a base level standard of postvention response. This will serve as a resource for communities within regions. Best practices may include:

- State-level standardized response protocols for local adaptation.
- Standard of care for follow-up over time (i.e., short term, medium, and long term).
- Determine base service expectations that serve to identify essential postvention services.
- Situational response protocol guidelines for different settings, e.g., school, community, workplace, etc., (see Appendix 2 & 2a).
- Postvention training/protocols/planning/support to groups involved in the response, i.e., PCPs, ED, Police, EMS, medical examiners, schools, etc.
- Stigma-reducing terms and phrases.

***b. Create templates and tailored guidance documents for use by various sector throughout the state (e.g., community-service organizations, schools and campuses communities, healthcare, etc.) to include:***

- Post-crisis response plan – six months, one year, etc., and how to best reach those needing resources months and years post-death.

- Standard base procedure to keep protocols up to date and train all new staff in protocols.
- Guidelines and tools for conducting a workforce assessment so organizations can determine capacity for postvention work and adjust goals when necessary.

**c. Create a system of notification where designated agencies/crisis response teams are notified of suicide death as soon as possible to provide crisis support to loss survivors while first responders are at the scene when a death has occurred.** Determine protocol and who will carry out the notification (this may vary by region).

**e. Create a system of notification to provide follow-up communication with loss survivors to ensure they receive support within a specific time (e.g., 90 days) after a suicide death.**

- Determine the appropriate time for outreach to ensure support is provided. This time must also consider the timeframe in which loss survivors are most at risk for suicidal ideation.
- A protocol is needed to provide notification to designated agencies, crisis support teams, healthcare organizations, and schools that follow-up support is needed for loss survivors within the catchment area of each organization. *This is especially important for those not currently in the mental health system of care.* This notification protocol can be tied into the above-mentioned suicide death notification system.
- An internal protocol will be needed once designated agencies/crisis support teams are notified, a note is added to the EMR, or communication within the crisis support team and other providers who may be providing support.

**f. Increase bereavement/loss support throughout the state to incorporate into a broad system of care.** This includes expanding support groups, therapy, and specialist support for loss survivors. There should be an emphasis on creating or building existing support groups with trained facilitators to ensure movement through the grief process. This may require an anchor organization to run support groups, which would fund the coordination and need assessments of support groups annually. Incorporate DAs, loss survivors, and other relevant groups to gain insight into what is needed and where to build a long-term peer and professional support model. This model should:

- Determine the need for support groups throughout all regions of the state by completing a needs assessment.
- Create a system to ensure an adequate amount of support groups are running throughout the state. This requires bi-annual or annual monitoring of the need for facilitator training and support groups in specific regions as the need may fluctuate. Support group involvement is fluid, and it is necessary to have a point of contact for organizations and individuals to reach out to ensure support groups are available when the need increases.



- When possible, support groups should be held in person to allow for face-to-face contact and intervention if needed. However, this must be countered with the convenience and usefulness of online support group participation.
- Train and recruit facilitators and utilize tools from the American Foundation for Suicide Prevention (AFSP) to create support groups. Train facilitators from various backgrounds, including faith leaders, veterans, and cultural groups within the state.
- Create a system to connect loss survivors with suicide loss support groups, bereavement/grief therapy, and specialist support if there aren't any in their area, as suicide loss is unique from other types of loss.
- Providing speaker training to loss survivors as many would like to share their story to help others, but few know the best way to convey it to provide grief support.
- Ensure grief/bereavement therapy and specialist support extends throughout the entire state and are available when needed and address cultural considerations of those seeking support.

***g. Increase support for schools that address the unique challenges they face when a suicide death occurs within the school system or the community.***

- Ensure that postvention support is available 24/7, as schools will need to provide postvention support immediately or hours after a death.
- Provide training to educators and school administrators on best practices when there is a suicide death that impacts a student or students.
- Conduct a focus group of school professionals responsible for responding to suicide attempts and events, including school counselors, nurses, social workers, student assistance professionals, and administrators, to better understand the unique set of challenges they face and current postvention practices and resources.

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

***a. Create resource packets for loss survivors.***

Create resource packets with a corresponding dissemination plan for individuals who may want to access help when needed after a death has occurred. Packets should be made available to primary care practices and mental health practitioners (including private practice), EDs, first responders, medical examiners, forensics, crisis response teams, schools, funeral directors, social service organizations, and EAP/employers. Packets should be made available in multiple languages to support equity in postvention care. In relevant regions, a culturally specific packet should be available (e.g., Abenaki culture) to address differences in response to a death and appropriate support. Utilizing and dissemination of packets should be part of any postvention training provided. Packets may include (*see Appendix 3 for additional ideas*).

- A letter from a survivor of loss.

- List of all designated agencies and relevant mental health services throughout the state.
- Grief support and bereavement services.
- AFSP toolkit.
- Information about obituary writing.
- Directory of clean-up companies.
- Information and links to resources such as probate/estates/guardianship/Medicaid.
- Loss topics: grief, stigma, memorials.

***b. Work with AFSP to 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.***

***c. Create a postvention information center and resource directory on websites in Vermont, e.g., VTSPC.org, Facing Suicide, etc. The site will serve as a clearinghouse for postvention activities and resources. This site will support community members accessing postvention help resources and healthcare or other professionals seeking information on best practices and aligning individuals with resources. Web pages should be available in multiple languages to ensure all Vermonters are reached. The site will be easily navigable and updated regularly.***

- Professional Section:
  - Protocol templates for organizations and communities to create postvention plans. Include schools, employers (VCF Postvention grant), and industry-specific protocols when available, e.g., those (available on the VTSPC site).
  - Help resources for those exposed to a suicide death, including peer support resources and debriefing protocols.
  - Media guidelines and other relevant information resources list for professionals at the scene or those dealing with sudden patient death
- Loss Survivor Section:
  - Up-to-date support groups and mental health resources that are available throughout the state.
  - Resource packet information (including any culture-specific packets that have been created throughout the state).

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

***a. Create Outreach/Advertising Campaign to highlight postvention support services.***

Focus outreach and information dissemination on bereavement, support groups, and mental health services available for loss survivors. A focus will also be placed on destigmatizing suicide and suicide

loss and helping the community understand what support is needed for loss survivors and how to be respectful of the loss. Information about a postvention-specific website should also be included. Outreach and advertising should be available in multiple languages to ensure all Vermonters are reached.

***b. Annually disseminate media reporting guidelines and include training for media.***

**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.**

***a. Sponsor postvention training statewide.***

Focus training on best practices for crisis management and debriefing, how to support those experiencing a loss, connecting individuals with support services, death notification, trauma-informed scene management, advice for conversations on suicide, reducing the stigma of suicide and help-seeking, and cultural sensitivity. Provide ongoing opportunities for organizations, by sector, to provide staff development focused on practice improvement.

- Create a workforce development plan focused on best practices for postvention for identified audiences and customize training based on needs from this. Training audience may include:
  - PCPs
  - Schools
  - Funeral directors
  - Medical examiners and forensics
  - Emergency services
  - Communities
  - EAP programs

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

***a. Perform social autopsies to look at the circumstances surrounding each death to determine social, behavioral, systems, and community-level factors that may increase the risk for suicide.***

***b. Create a suicide fatality review board to perform and review the results of social autopsies and work to reduce community-level risk factors.***

<b>OBJECTIVES AND ACTIVITIES</b>	
<b>3-year plan</b>	
<b>Yr. 1</b>	
	Review and assemble a base of best practices/protocols for standard postvention response and care.
	Identify sectors and audiences and create templates and guidance documents for use and adaptation throughout the state (e.g., community-service organizations, schools and campuses, healthcare, etc.)
	Create a system of notification where designated agencies/crisis response teams are notified of suicide death as soon as possible to provide crisis support to loss survivors while first responders are at the scene when a death has occurred.
	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.
	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.
	Create resource packets for loss survivors
	Create outreach/advertising campaigns to highlight postvention support services.
	Conduct a Needs Assessment to inform a workforce development plan focused on best practices for postvention for identified audiences.
	Create a focus group of school professionals responsible for responding to suicide attempts and events, including school counselors, nurses, social workers, student assistance professionals, and administrators to better understand the unique set of challenges they face and current postvention practices and resources.
<b>Yr. 2</b>	
	Create a postvention information center and resource directory (webpage) comprised of links to of existing websites in Vermont, e.g., VTSPC.org, Facing Suicide, etc.
	Perform social autopsies to look at the circumstances surrounding each death to determine social, behavioral, systems and community level factors that may increase risk for suicide.
	Identify policies and policy initiatives that impact and/or are impacted by postvention and engage the Child Fatality Review Team and Domestic Fatality Review Team in this process.
	Annually disseminate media reporting guidelines and include training for media.
	Sponsor postvention training statewide to provide for ongoing opportunities for organizations, by sector, to provide staff development focused on practice improvement.
	Increase access to bereavement and support groups throughout the state and incorporate into a broad system of care.
<b>Yr. 3</b>	
	Sustain data driven focus on priority postvention policy initiatives.
	Continue to embed postvention training focused on practice improvement into training systems across sectors, e.g., health care, education, social services, first responders, etc.
	Expand and sustain communications and resources related to postvention and accessible through public facing media.

## Appendix

### Appendix 1

#### Suicide Loss Grief Support Group in Vermont

(Updated June 2022)

##### **Bennington County**

###### **Bennington**

###### **United Counseling Service**

United Counseling Services, with VNA & Hospice of the Southwest Region, offers individual bereavement services and grief workshops. For more information, call 800-244-0568 or email [Hospice@vnahsr.org](mailto:Hospice@vnahsr.org).

You may also wish to visit the Support Groups Calendar page to view a schedule of upcoming workshops <https://www.vermontvisitingnurses.org/events/category/grief-support-group/>.

##### **Chittenden County**

###### **Burlington**

###### **UVM Health Network Home Health and Hospice**

Online support group for anyone that is grieving. Meets via Zoom twice a month. For more information, contact Ally Parker at 802-860-4497 ext.3405 or [Allyson.Parker@uvmhomehealth.org](mailto:Allyson.Parker@uvmhomehealth.org)

<https://www.uvmhealth.org/medcenter/wellness-resources/support-groups>.

###### **South Burlington**

###### **Survivors of Suicide Support Group**

This group is open to persons experiencing the impact of the loss of a loved one to suicide. Meetings are held in person on the 1st Wednesday of each month, from 6:00-7:30 pm. People interested in attending are asked to kindly contact Heather Schlepner, at 301-514-2445 or

[RaysOfLifeYoga@gmail.com](mailto:RaysOfLifeYoga@gmail.com), for additional information before coming to their first meeting.

###### **Williston**

###### **Adult Survivors of Suicide Loss Support Group**

The support group is for anyone who has been touched by suicide loss recently or long ago and wants to work through their grief in a safe, respectful environment. Meetings are held every 3rd Thursday from 6:30-8:00 pm. Please contact Maria, [mariagrindle@msn.com](mailto:mariagrindle@msn.com), 802-879-5940, or Joanna, [joanna.colevt@gmail.com](mailto:joanna.colevt@gmail.com), 802-777-5244, to register and have a preliminary conversation to see if the group is right for you.

##### **Franklin County**

###### **St. Albans**

###### **Northwestern Counseling & Support Services**

Survivors of Suicide Loss Support Group Meetings are held on the 2nd Thursday of each month. 6:00-7:30 pm at the Northwestern Medical Center, Grand Isle Conference Room, 133 Fairfield St, St Albans, Vermont, 05478. Those wishing to attend may call ahead of time for more information or show up at the

designated time and place. For more information, please contact Tony Stevens at [astevens@ncssinc.org](mailto:astevens@ncssinc.org), 802-393-6503, or Deb Babbie [atdbabbie@ncssinc.org](mailto:atdbabbie@ncssinc.org), 802-393-6488.

## **Lamoille County**

### **Morrisville**

#### **Lamoille Home Health & Hospice**

A grief support group for anyone who is grieving is offered on the first and third Tuesday of every month from 5:30-6:30 pm. Please contact Oona Lee at [olee@lhha.org](mailto:olee@lhha.org) for Grief Support Group information.

The Survivors of Suicide Loss Support Group meets the third Wednesday of every month from 6:00-7:00 pm via ZOOM. For the SOSL zoom link or additional information, please contact Jane Paine at [jpaine@lhha.org](mailto:jpaine@lhha.org) or visit <https://www.lhha.org/support-groups>.

## **Rutland County**

### **Rutland**

#### **United Counseling Service**

United Counseling Services, with VNA & Hospice of the Southwest Region, offers individual bereavement services and grief workshops. For more information, call 800-244-0568 or email [Hospice@vnahrs.org](mailto:Hospice@vnahrs.org).

You may also wish to visit the Support Groups Calendar page to view a schedule of upcoming workshops <https://www.vermontvisitingnurses.org/events/category/grief-support-group/>.

## **Compassionate Friends**

Families that have experienced the death of a child. Parents, siblings, and grandparents are encouraged to attend. For more information, please contact Michael at 802-446-2278.

## **Washington County**

### **Barre**

#### **Washington County Mental Health Services, Central Vermont Health & Hospice**

Central Vermont Health & Hospice offers online via Zoom. CVHHH offers grief support groups in 6-week sessions. Groups offered: Grief and Loss, Spouse/Partner Loss. Contact Diana Moore, Bereavement Coordinator, 802-224-2241, [dmoore@cvhhh.org](mailto:dmoore@cvhhh.org) <https://www.cvmc.org/community-wellness/classes-and-events/bereavement-support-group-0>.

## **Windham County**

### **Brattleboro/Keene, NH**

#### **A Safe Place, The Samaritans, Inc.**

A confidential, peer-facilitated, closed support group for those who've lost a friend or loved one to suicide. Meetings are held on Monday evenings in Keene. For more information, the time and location, please call 603-357-5510 or email [director@samaritansnh.org](mailto:director@samaritansnh.org). Crisis Hotlines 603-357-5505 or 1-866-457-2910 toll-free in NH. Individual or group suicide bereavement support is offered.

<http://samaritansnh.org/support-groups/>

## **Windsor County**

### **Lebanon, NH**

#### **The Dartmouth-Hitchcock Aging Resource Center**

The center offers one-on-one bereavement support, periodic eight-week support groups, a lending library, and assistance finding ongoing bereavement support in the Upper Valley. For more information, contact [Deadra.B.Ashton@hitchcock.org](mailto:Deadra.B.Ashton@hitchcock.org).

### **White River Junction**

#### **Veterans Affairs**

The VA Medical Center provides bereavement support to those connected to the military, offering bimonthly support groups, one-on-one counseling, and memorial services. For more information, **contact** Mary Lewis Webb at (802) 295-9363, ext. 5417

#### Appendix 2(a)

<https://vtspc.org/wp-content/uploads/2016/12/Final-Primary-Care-POSTvention.pdf>

#### Appendix 2(b)

<https://vtspc.org/postvention-for-employers/>

#### Appendix 3

#### Letter to Family

<https://vtspc.org/wp-content/uploads/2018/02/VTSPC-loss-letter-to-families.pdf>

#### Self-care tips after suicide

<https://vtspc.org/wp-content/uploads/2019/06/Self-Care-Tips-after-a-Suicide-Loss-PDF-1.pdf>

#### Practical Information for Immediately After a Loss

<https://afsp.org/practical-information-for-immediately-after-a-loss>