

**AHS Testimony on H 184: An Act Related to Evaluating Suicide Profiles**  
**Senate Health and Welfare**  
**Tuesday, April 11, 2017/ 11 Am**

We appreciate the focus on suicide prevention and fully support the concept of H 184

As an Agency, we think we are doing much if not all the work outlined in this Bill and so we want to briefly review what is currently being done to ensure there is no duplication.

First, we are in year one of a five year CDC grant in which we partnered with Maine to study violent deaths including suicides in Vermont. We are now part of the CDC's National Violent Death Reporting System. We will be issuing reports to the CDC as part of this grant.

Researchers are regularly coming from Maine to work with our Medical Examiner to review not only the vital statistics that this report calls for but many additional variables that will help us assess individual deaths by suicide for the five purposes outlined in this bill under the Section: Evaluation of Suicide Profiles on page 1.

Shayla Livingston is here from our Health Department to talk more about this grant as well as our interagency Stat team led by VDH which meets every six months to analyze data and to track Vermont resident suicides. We focus on this Indicator as part of the Agency's Strategic goal for the health and wellbeing of Vermonters.

Connected to the Stat process we have an Agency interdepartmental Suicide Task Force that has adopted the World Health Organization Methodology for Suicide Prevention Planning. AHS has a number of initiatives within this framework and we are happy to come in and present on this work if asked.

In addition, AHS partners and helps fund the Vermont Suicide Prevention Center to improve suicide prevention strategies and interventions throughout the State. The Center brings in research from around the country and all over the world to inform its work.

AHS also implemented a Suicide Protocol for AHS staff in 2015. I believe we are the only Agency in State Government with this protocol and guidance for staff, colleagues and supervisors.

- We know that Prevention is key. Suicidal behavior is often best addressed indirectly through treatment for depression, alcohol or drug use, school failure, delinquency, family conflict and by developing resiliency. In short, this kind of indirect work is what AHS does each day.

The Agency is fully committed to a zero-suicide approach however deeply entrenched social issues like suicide can't be solved by AHS alone and must be addressed systemically by aligning statewide and community-wide policies and interventions if we are to reach the goal of zero suicide.

We are not sure this Act is necessary considering what we are currently collecting through the CDC grant. Perhaps a more efficient way to do this is to ask us to come and present the report we are doing as part of the CDC grant.