Suicide Prevention in Vermont - Testimony to House Committee on Health Care

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Suicide Infrastructure in Vermont:

- **Data- National/Vermont (2-3 deaths per week in VT)**
- **Act 34 AHS Recommendations- only some prioritized in Governor's budget for funding**
- **Healthcare Engagement – D.A.s, Beyond the Scope of DMH – VDH, DVHA, Blueprint, OneCare**
- **Zero Suicide: Evidence – based Principles and Practices for Health Care**
    - **Zero Suicide Pilot sites 2015-2018**
    - **Zero Suicide 2020 - Seven D.A.s**
        - Organizational Self-Studies- Leadership, Work Plans, Coordination, Steering Committees, Quality Improvement
        - Workforce Development Survey
        - Outcome Measures- n=12, currently focused on Screening and Collaborative Safety Planning

Opportunities and Challenges

- Pathway to care- Suicide Specific Screening-Assessment-Treatment-Recovery
    - Designated Agencies and Independent Providers for Mental Health
    - Primary Care, Emergency Departments and Inpatient
    - Where and when does screening occur – recommendation for Universal Screening- medium and high risk
    - Follow Up and Care Coordination
    - Work Flows and Protocols
    - Practice Improvement
- Resources and Crisis Response
    - Lifelines/Text Line
    - Designated Agencies
- Recovery- Peer/Support groups and EBP, e.g., WRAP
- EHR – Embedded tools to establish mild, moderate, high risk
    - cohesive approach communicating a client's pathway status with warm hand-offs
- Outcome Measures-Data Elements
- Cultural Considerations – Subpopulations: Youth, Middle-aged, Older, LGBTQ, Veterans, New Americans/Refugees

Workforce Development

- Prevention: Clinical efficacy -Gatekeeper training- Umatter/QPR, etc.
- Intervention – EB screenings, Safety Planning, Treatment, Follow-Up

Comprehensive Community Approach

- Messaging and Media
- Schools and Campuses
- Community providers – Social Services, Juvenile Justice/Corrections, etc.