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H.283

Introduced by Representatives Black of Essex, Berbeco of Winooski, Cina of Burlington, Cordes of Lincoln, Demar of Enosburgh, Farlice-Rubio of Barnet, Garofano of Essex, Goldman of Rockingham, Houghton of Essex Junction, McFaun of Barre Town, and Peterson of Clarendon

Referred to Committee on

Date:

Subject: Health; mental health; preventing death by suicide

Statement of purpose of bill as introduced: This bill proposes to (1) establish the 988 Suicide and Crisis Lifeline Special Fund; (2) establish the 988 Crisis Response Commission; (3) establish a Suicide Fatality Review Team; (4) require crisis telephone numbers to be printed on student identification cards; (5) require faculty and staff members to receive suicide and awareness training; (6) raise the universal service charge by four-tenths of one percent and earmark that revenue for the 988 Suicide and Crisis Lifeline; (7) require a report on reciprocal call diversion; and (8) appropriate funds for a statewide peer respite system and other suicide prevention activities.

An act relating to initiatives to prevent death by suicide

1 It is hereby enacted by the General Assembly of the State of Vermont:

2 Sec. 1. 18 V.S.A. chapter 192 is added to read

3 CHAPTER 192. PREVENTING DEATH BY SUICIDE

4 § 8151. 988 SUICIDE AND CRISIS LIFELINE SPECIAL FUND

5 (a) There is hereby established a special fund to be known as the 988
6 Suicide and Crisis Lifeline Special Fund, which shall be used for the purpose
7 of maintaining the statewide 988 Suicide and Crisis Lifeline and related
8 wraparound services.

9 (b) The Fund shall be established and held separate and apart from any
10 other funds or monies of the State and shall be used and administered
11 exclusively for the purpose of this section. Monies in the Fund shall be
12 invested in the same manner as permitted for the investment of funds
13 belonging to the State or held in the Treasury. The Fund shall consist of the
14 following:

15 (1) such sums as may be appropriated or transferred thereto from time to
16 time by the General Assembly, the State Emergency Board, or the Joint Fiscal
17 Committee during such times as the General Assembly is not in session;

18 (2) interest earned from the investment of Fund balances; and

19 (3) any other monies from any other source accepted for the benefit of
20 the Fund.

1 (c) The Fund shall be administered by the 988 Crisis Response
2 Commission established pursuant to section 8152 of this title.

3 (d) The Commission shall administer awards in such a way as to comply
4 with the requirements of Section 108(f) of the Internal Revenue Code.

5 § 8152. 988 CRISIS RESPONSE COMMISSION

6 (a) There is created the 988 Crisis Response Commission within the
7 Department of Mental Health to:

8 (1) oversee the operation and maintenance of the statewide 988 Suicide
9 and Crisis Lifeline; and

10 (2) manage the 988 Suicide and Crisis Lifeline Special Fund established
11 in section 8151 of this title.

12 (b)(1) The Commission shall comprise the following:

13 (A) the Commissioner of Mental Health or designee;

14 (B) the Commissioner of Health or designee;

15 (C) the Commissioner of Public Safety or designee;

16 (D) a representative of the designated and specialized service
17 agencies, appointed by Vermont Care Partners;

18 (E) a physician licensed to practice pursuant to 26 V.S.A. chapter 23
19 or 33 who specializes in the practice of psychiatry, appointed by the Vermont
20 Medical Society;

1 (F) a survivor of attempted death by suicide, appointed by Vermont
2 Psychiatric Survivors; and

3 (G) a family member of an individual who died by suicide, appointed
4 by the Vermont chapter of the National Alliance on Mental Illness.

5 (2) The term of office for members appointed pursuant to subdivisions
6 (b)(1)(D)–(G) of this section shall be three years. Members shall hold office
7 for the term of their appointments and until their successors have been
8 appointed. All vacancies shall be filled for the balance of the unexpired term
9 in the same manner as the original appointment. Members are eligible for
10 reappointment.

11 (c)(1) The Commissioner of Mental Health or designee shall call the first
12 meeting of the Commission to occur on or before September 30, 2023.

13 (2) The Commission shall select a chair and vice chair from among its
14 members at the first meeting and annually thereafter.

15 (3) The Commission shall meet at such times as may reasonably be
16 necessary to carry out its duties but at least once in each calendar quarter.

17 (4) The Department of Mental Health shall provide technical, legal, and
18 administrative assistance to the Commission.

19 (d) Notwithstanding 2 V.S.A. § 20(d), the Commission shall submit an
20 annual report containing a summary of its activities and any recommendations

1 to the House Committees on Appropriations and on Health Care and to the
2 Senate Committees on Appropriations and on Health and Welfare.

3 § 8153. SUICIDE FATALITY REVIEW TEAM

4 (a) Creation. There is created the Suicide Fatality Review Team within the
5 Department of Mental Health for the following purposes:

6 (1) to examine cases of fatality in Vermont in which the fatality is
7 known or suspected to be death by suicide;

8 (2) to identify system gaps and risk factors associated with known or
9 suspected deaths by suicide;

10 (3) to release correlated findings based on social autopsies that identify
11 opportunities for intervention;

12 (4) to work with and inform organizations that can provide community
13 supports based on identified opportunities for intervention;

14 (5) to educate the public, service providers, and policy makers about
15 death by suicide and suspected death by suicide, including strategies for
16 intervention; and

17 (6) to recommend legislation, rules, policies, practices, training, and
18 coordination of services that promote interagency collaboration and prevent
19 future deaths by suicide.

20 (b) Membership.

21 (1) The Team shall comprise the following members:

1 (A) the Commissioner of Mental Health or designee;

2 (B) the Chief Medical Examiner or designee;

3 (C) a physician licensed to practice pursuant to 26 V.S.A. chapter 23
4 or 33 who specializes in the practice of psychiatry, appointed by the Vermont
5 Medical Society;

6 (D) a representative, appointed by Vermont Care Partners; and

7 (E) a representative, appointed by the Vermont Suicide Prevention
8 Center.

9 (2) Members of the Team appointed pursuant to subdivision (b)(1)(C)-
10 (E) of this section shall serve three-year terms. Members shall hold office for
11 the term of their appointments and until their successors have been appointed.
12 All vacancies shall be filled for the balance of the unexpired term in the same
13 manner as the original appointment. Members are eligible for reappointment.

14 (c) Meetings.

15 (1) The Team shall meet at such times as may reasonably be necessary
16 to carry out its duties, but at least once in each calendar quarter.

17 (2) The Commissioner of Mental Health or designee shall call the first
18 meeting of the Team to occur on or before September 30, 2023.

19 (3) The Team shall select a chair and vice chair from among its
20 members at the first meeting, and annually thereafter.

1 (d) Assistance. The Team shall have the administrative, technical, and
2 legal assistance of the Department of Mental Health.

3 (e) Access to information and records.

4 (1) In any case under review by the Team, upon written request of the
5 Chair, a person who possesses information or records that are necessary and
6 relevant to the review of a death by suicide or suspected death by suicide shall,
7 as soon as practicable, provide the Team with the information and records. All
8 requests for information or records by the Chair related to a case under review
9 shall be provided by the person possessing the information or records to the
10 Team at no cost.

11 (2) A person shall not be held criminally or civilly liable for disclosing
12 or providing information or records to the Team pursuant to this subsection.

13 (3) The Team shall not have access to the proceedings, reports, and
14 records of a peer review committee as defined in 26 V.S.A. § 1441.

15 (f) Limitations.

16 (1) The Team's review process shall not commence until:

17 (A) any criminal prosecution arising out of the fatality is concluded
18 or the Attorney General and State's Attorney provide written notice to the
19 Team that no criminal charges shall be filed; and

20 (B) any investigation by the Department for Children and Families is
21 concluded.

1 (2) The Team shall seek to obtain information or records generated in
2 the course of an investigation from State agencies or law enforcement officials
3 before making a request to health care providers and educators.

4 (g) Confidentiality.

5 (1)(A) The records produced or acquired by the Team are exempt from
6 public inspection and copying under the Public Records Act and shall be kept
7 confidential. The records of the Team are not subject to subpoena, discovery,
8 or introduction into evidence in a civil or criminal action. Nothing in this
9 section shall be construed to limit or restrict the right to discover or use in any
10 civil or criminal proceedings information or records that are available from
11 another source and entirely outside the Team's review. The Team shall not use
12 the information or records generated during the course of its review for
13 purposes other than those described in this section.

14 (B) The Department may share deidentified data produced or
15 acquired by the Team with other states that have suicide fatality review panels,
16 provided access under such agreements is consistent with the privacy, security,
17 and disclosure protections in this chapter.

18 (2) The Team's meetings are confidential and shall be exempt from 1
19 V.S.A. chapter 5, subchapter 2 (the Vermont Open Meeting Law).

20 (3) Members of the Team and persons invited to testify before the Team
21 shall not disclose information, records, discussions, and opinions stated in

1 connection to the Team’s review. Members of the Team and persons invited to
2 testify before the Team shall execute a sworn statement honoring the
3 confidentiality of all information, records, discussions, and opinions related to
4 the Team’s review, which shall be maintained by the Chair.

5 (h) Report. Notwithstanding 2 V.S.A. § 20(d), the Team shall report its
6 conclusions and recommendations to the Governor and General Assembly, as
7 the Team deems necessary, but not less frequently than once per calendar year.
8 The report shall disclose individually identifiable information only to the
9 extent necessary to convey the Team’s conclusions and recommendations, and
10 any such disclosures shall be limited to information already known to the
11 public. The report shall be available to the public through the Department of
12 Mental Health.

13 § 8154. SUICIDE PREVENTION INFORMATION; STUDENT

14 IDENTIFICATION CARDS

15 (a) Any school that provides students with a student identification card
16 shall ensure that the following information be printed on the reverse side of
17 each student identification card:

18 (1) the 988 Suicide and Crisis Lifeline;

19 (2) the Crisis Text Line;

1 (3) the school’s campus police or security telephone number or, if the
2 school does not have a campus police or security telephone number, the local
3 nonemergency telephone number.

4 (b) As used in this section:

5 (1) “School” means public school as defined in 16 V.S.A. § 11(a)(7) and
6 independent school as defined in 16 V.S.A. § 11(a)(8).

7 (2) “Student” means youth enrolled in grades 7 through 12.

8 § 8155. SUICIDE PREVENTION TRAINING FOR FACULTY AND STAFF

9 (a)(1) Each faculty and staff member employed by a school shall receive
10 two hours of approved evidence-based suicide and awareness training provided
11 by the school or supervisory union at least every three years. A newly hired
12 faculty or staff member shall receive this training within six months of
13 beginning employment.

14 (2) The Department of Mental Health, in consultation with the Agency
15 of Education, shall post on its website a list of approved evidence-based
16 suicide and awareness trainings and related materials that address the
17 following topics:

18 (A) how to identify appropriate mental health services both within a
19 school and in the larger community; and

20 (B) when and how to refer students and their families to those mental
21 health services.

1 **(b) Each school shall identify up to two licensed faculty members to**
2 **receive suicide bereavement clinician training. The school or supervisory**
3 **union shall pay for each identified faculty member’s training.**

4 Sec. 2. 16 V.S.A. § 137 is added to read:

5 **§ 137. SUICIDE PREVENTION INITIATIVES**

6 **(a) Public schools and independent schools shall ensure that any student**
7 **identification cards issued contain crisis telephone and text numbers in**
8 **accordance with 18 V.S.A. § 8154.**

9 **(b) Each faculty and staff member employed by a public school or**
10 **independent school shall receive two hours of approved evidence-based suicide**
11 **and awareness training provided by the school or supervisory union at least**
12 **every three years in accordance with 18 V.S.A. § 8155.**

13 Sec. 3. 30 V.S.A. § 7523 is amended to read:

14 **§ 7523. RATE OF CHARGE**

15 * * *

16 **(c) Beginning on July 1, 2023, the rate of charge established under**
17 **subsection (a) of this section shall be increased by four-tenths of one percent of**
18 **retail telecommunications service and the monies collected from this increase**
19 **shall be transferred to 988 Suicide and Crisis Lifeline Special Fund established**
20 **under 18 V.S.A. § 8151 for the 988 Suicide and Crisis Lifeline. This increase**

1 shall be in addition to the rate increase established in subsection (b) of this
2 section.

3 (d) Universal Service Charges imposed and collected by the fiscal agent
4 under this subchapter shall not be transferred to any other fund or used to
5 support the cost of any activity other than in the manner authorized by this
6 section and section 7511 of this title.

7 Sec. 4. REPORT; RECIPROCAL CALL DIVERSION

8 On or before November 15, 2023, the Department of Public Safety, in
9 consultation with the Department of Mental Health and local law enforcement
10 agencies, shall submit a report to the House Committees on Government
11 Operations and Military Affairs and on Health Care and to the Senate
12 Committees on Government Operations and on Health and Welfare examining
13 systemic changes necessary to include the 988 Suicide and Crisis Lifeline in
14 emergency service response and to further integrate the 988 Suicide and Crisis
15 Lifeline into the Enhanced 911 system, including call diversion to the 988
16 Suicide and Crisis Lifeline from local law enforcement dispatch and evidence-
17 based risk assessment training to dispatch and 911 operators.

18 Sec. 5. APPROPRIATION; STATEWIDE PEER RESPITE SYSTEM

19 In fiscal year 2024, \$6,000,000.00 is appropriated from the General Fund to
20 the Department of Mental Health for the purpose of establishing a statewide

1 system of peer respite services, including \$1,000,000.00 designated for a two-
2 year pilot program in Chittenden County.

3 Sec. 6. APPROPRIATION; SUICIDE PREVENTION STRATEGIES

4 In fiscal year 2024, \$1,800,000.00 is appropriated from the General Fund to
5 the Department of Mental Health to expand the Vermont Suicide Prevention
6 Center's Zero Suicide program and other suicide prevention initiatives
7 including:

8 (1) developing and expanding postvention services;

9 (2) expanding evidence-based trainings for inpatient psychiatric care;

10 (3) expanding trainings on evidence-based treatments for mental health
11 professionals;

12 (4) increasing access to ongoing suicide prevention awareness training
13 with a focus on cultural competencies, substance misuse, and prevention;

14 (5) increasing the diversity of providers offering suicide prevention
15 services;

16 (6) creating a data management system for managing suicide prevention
17 data across time and among organizations;

18 (7) supporting public messaging to reduce stigma around mental health;

19 (8) increasing staffing to expand outreach efforts and requests for in-
20 house expertise, technical support, professional training, and managing grants;

1 (9) expanding the Zero Suicide program to service organizations
2 providing case management and care coordination for vulnerable populations;

3 (10) enabling the designated and specialized service agencies to manage
4 internal Zero Suicide program activities and suicide prevention pathways to
5 care; and

6 (11) funding crisis teams staffed by designated and specialized service
7 agencies.

8 Sec. 7. EFFECTIVE DATE

9 This act shall take effect on July 1, 2023.