

House Health Care is inviting the Department to comment on the proposal to create a Suicide Fatality Review Team from H.283 (§ 8153 of H.283 As Introduced), as this language may be put into a committee bill. The Vermont Medical Society and Vermont Care Partners will also testify.

The current Child Fatality Review Team has a membership that is representative of the child, youth and family system and is co-facilitated by Department of Health and a Designated Agency mental health representative. A sub-committee selects cases for review by the CFRT, the team does not review all suicide deaths. The purposes of the CFRT is similar to that outlined for the Suicide Fatality Review Team, yet suicide is one among several categories of death which are reviewed, so suicide is not the primary or sole focus. The team reviews deaths of children and youth up to age 18.

The Department of Mental Health recognizes the value of having a team comprised of subject matter experts for the population of focus. There is some concern about considering the creation of a new Suicide Fatality Review Team with a whole life-span focus, as the team would need to ensure there are representatives from the child, adult and older adult systems and this would likely be too large for effective work. It would also create redundancies with the existing CFRT.

The Department suggests charging the existing Child Fatality Review Team with the review of possible or known child and youth suicide deaths, with any necessary adjustments to the team membership and charge to ensure the specifics needed for review of suicide deaths. The newly formed Suicide Fatality Review Team could then focus specifically on the adult population with the relevant membership.

The Department also has insight on best practices from the current Domestic Violence Fatality Review Commission, comprised of five staff members. The Department recommends including individuals with experience working with substance use disorders, as well as advocates in the realm of suicide prevention, and people with lived experience in the realm of suicide. The Department recommends that all fatality commissions work jointly with other fatality review teams with explicit authority to share information.

The Vermont Department of Health has also recently implemented the Suicide Data Linkage Project to better understand risk factors and interactions among those who have died by suicide. The current project is analyzing Vermont suicide deaths in 2020 and 2021, accomplished through partnering with several state agencies and organizations. This project's goal is to identify populations that may be at risk for suicide, and to identify opportunities for intervention. The current community partners involved include:

- Green Mountain Care Board - VHCURES – medical billing claims
- Vermont Prescription Drug Monitoring System (VPMS)
- Statewide Incident Reporting Network (SIREN)- EMS data
- Department of Public Safety
- Department of Children and Families
- Department of Corrections
- Vermont Judiciary
- Department of Labor
- Vermont Violent Death Reporting System (VTVDRS)

- Department of Mental Health
- Department of Disability, Aging, and Independent Living
- Areas Agencies on Aging
- Institute for Community Alliances – who manage the Homeless Management Information System (HMIS)