



DEPARTMENT OF MENTAL HEALTH

SUICIDE PREVENTION

Alison Krompf, Deputy Commissioner
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2.9.23

CURRENT COLLABORATIONS



- Department of Mental Health
- Department of Health
- Center for Health and Learning (CHL)
- Designated Agencies & Specialized Service Agencies
- VT Child Health Improvement Program
- Vermont Program for Quality in Healthcare (VPQHC)
- Office of Veteran's Affairs
- Blueprint for Health
- Suicide Prevention Coalition
- Suicide Prevention Data Workgroup
- American Foundation for Suicide Prevention
- The Governor's Challenge
- National Alliance for Mental Illness (NAMI)

FY23 Budget Expanded Suicide Prevention Efforts

- Funding allocated to **expand Zero Suicide** to all 10 Designated Agencies and two Special Service Agencies
- Statewide leadership position: **Director of Suicide Prevention**
- **988** Implementation
- Increased funding for mental health **outreach to older Vermonters**



ZERO SUICIDE GRANT WORK - A PUBLIC HEALTH APPROACH TO SUICIDE PREVENTION

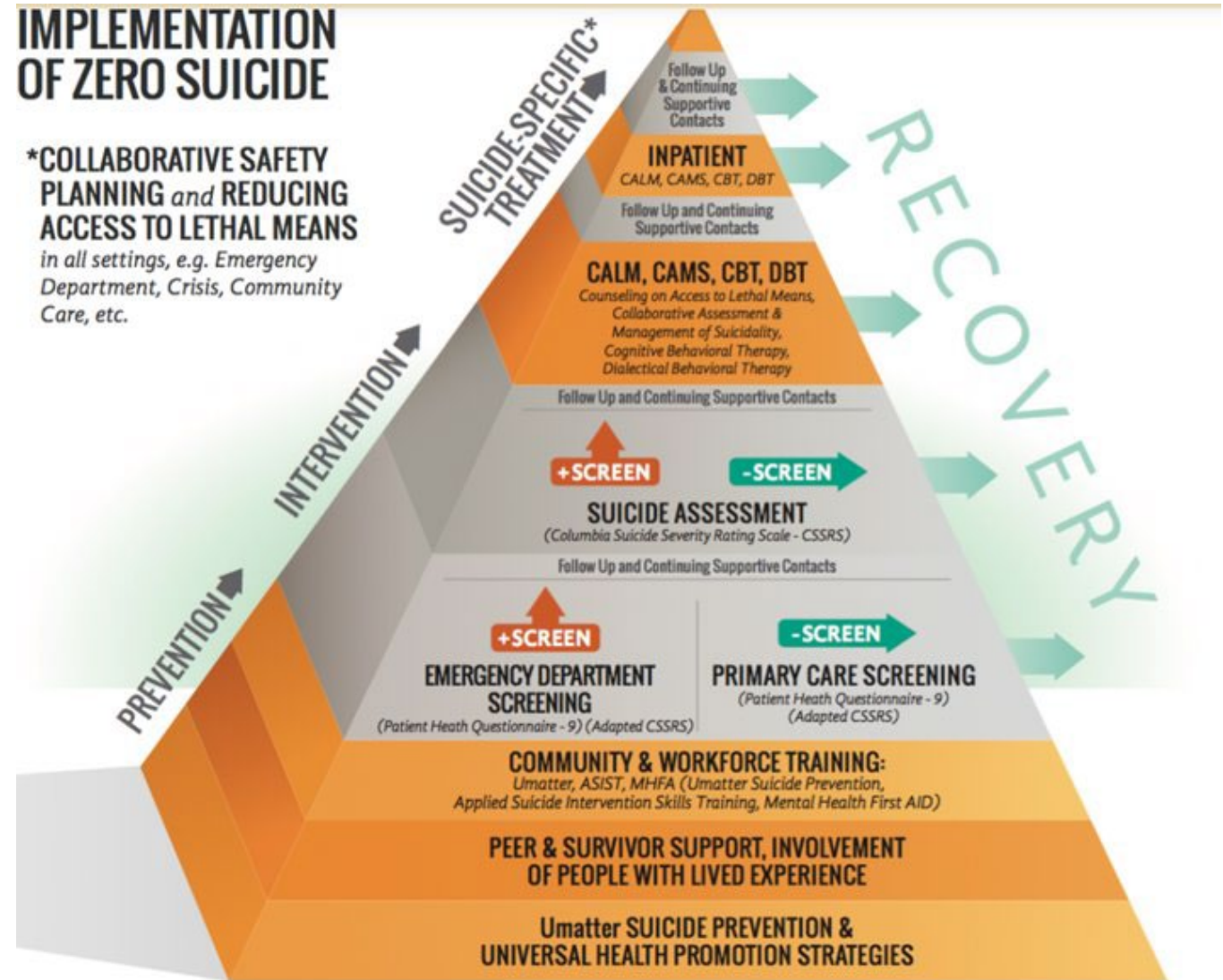
- DMH, the Center for Health and Learning, and the Designated Agencies have done a great deal of work with the \$495,000 to bring Zero Suicide to all 10 Designated Agencies and two Specialized Service Agencies.
- DMH & CHL current Grant timeline: 7/01/22-6/30/2023
- Program Goals:
 - 1.) Support Public Education and Information to improve awareness and access to suicide prevention support and services.
 - 2.) Develop and Support Suicide Prevention Infrastructure, Policy, Stakeholder Engagement to improve suicide prevention planning and implementation.
 - 3.) Advance Evidence-Based and Best Practices for Suicide Prevention through Workforce Development.
 - 4.) Promote Social and Emotional Wellness to Prevent Suicides in Vermont.

SUICIDE IS PREVENTABLE:

**ZERO
SUICIDE
IN VERMONT**

WHAT IS ZERO SUICIDE?

Zero suicide has proven effective in other states. It has also been evaluated in our state; provider assessments illustrate it builds competencies for suicide safe care and changes protocols and practices towards best practice



ZERO SUICIDE-IMPLEMENTATION STATEWIDE

- Training for Designated Agency and Specialized Service Agency staff on evidence-based best practices on screening and assessment: Collaborative assessment and management of suicidality (CAMS), The Columbia Suicide Severity Rating Scale (CSSRS), Counseling on Access to Lethal Means (CALM), etc.
- New trainings being implemented: Follow Up/Caring Contacts/Caring Coordination, Electronic Health Records Training, Diversity, Equity and Inclusion Training, Conversations on Suicide (peer model, Peer Workforce Development Initiative)
- Support for youth and schools through Umatter gatekeeper training
- Monthly coalition meetings bringing state partners and program leaders together to coordinate efforts
- Zero Suicide Practice Institute, held in November 2022, coordination of efforts and networking opportunities for agencies participating in Zero Suicide
- Annual Suicide Prevention Symposium



ZERO SUICIDE OUTCOMES: TRAINING NUMBERS

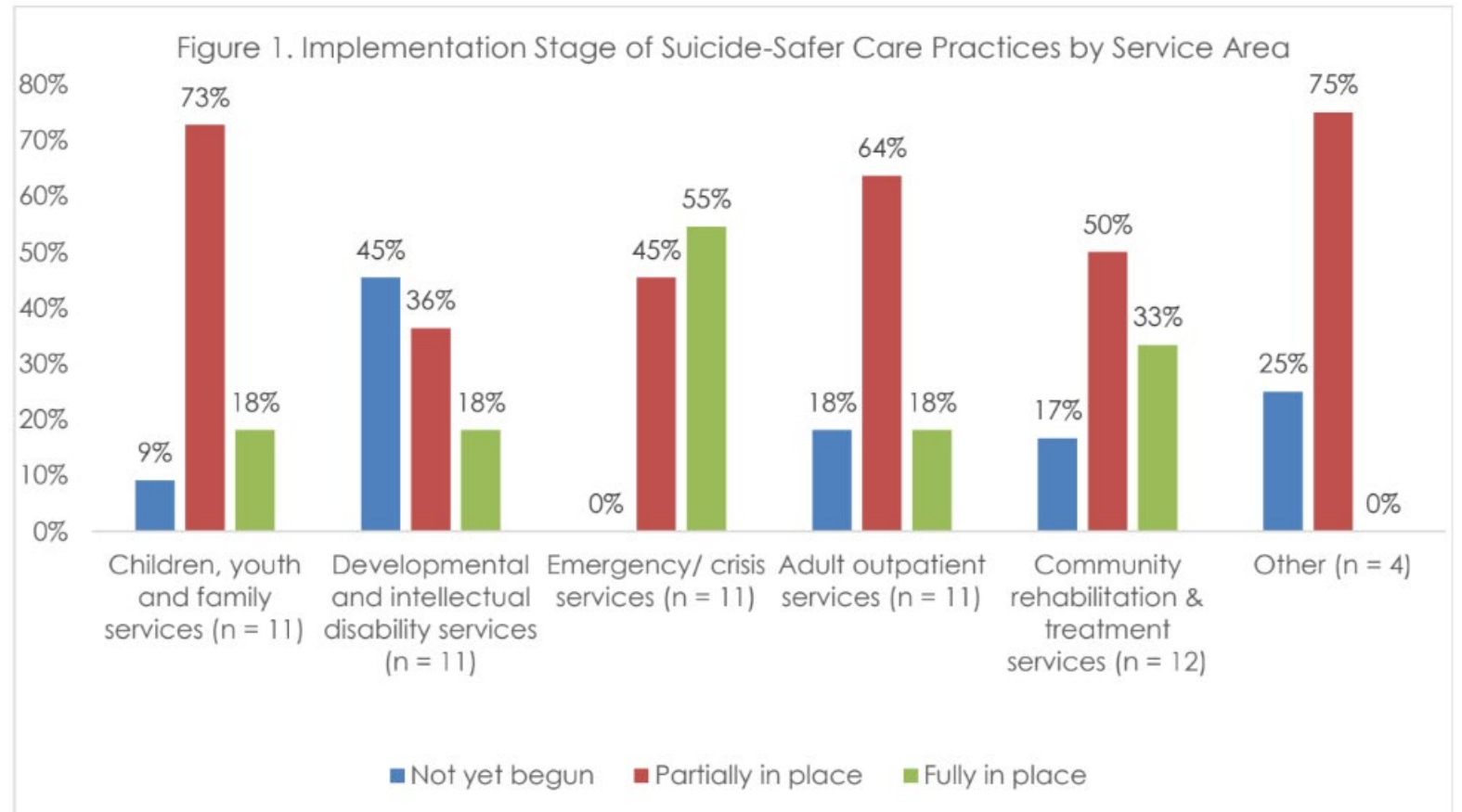
Training Name	Fall Participants
CAMS	47
CAMS for Supervisors	13
CALM	250
CSSRS	114
ZS Intro	25

FINDINGS FROM THE ZERO SUICIDE 2023 PLANNING AND REPORTING SURVEY

The Zero Suicide 2022-2023 Planning and Reporting Survey was administered in December, 2022.

The survey had a response rate of 100%. Participating agencies include all ten Designated Agencies and two Specialized Service Agencies currently engaging in Zero Suicide.

This is part of a larger effort between CHL and BHII (Behavioral Health Improvement Institute) to increase evaluation of Zero Suicide efforts.



ZS CLIENT LEVEL MEASUREMENT 2022-2023 IN DA REPORTING

Core Measures

Recommended Measures:

	Measure	Numerator	Denominator	%
1	Screening	Number of clients who received a suicide screening during the reporting period	Number of clients enrolled during the reporting period	
2	Assessment	Number of clients who screened positive for suicide risk and had a comprehensive risk assessment (same day as screening) during the reporting period	Number of clients who screened positive for suicide risk during the reporting period	
3	Safety Plan Development	Number of clients with a safety plan developed (same day as screening) during the reporting period	Number of clients who screened and assessed positive for suicide risk during the reporting period	
4	Lethal Means Counseling	Number of clients who screened and assessed positive for suicide risk and were counseled about lethal means (same day as screening) during the reporting period	Number of clients who screened and assessed positive for suicide risk during the reporting period	

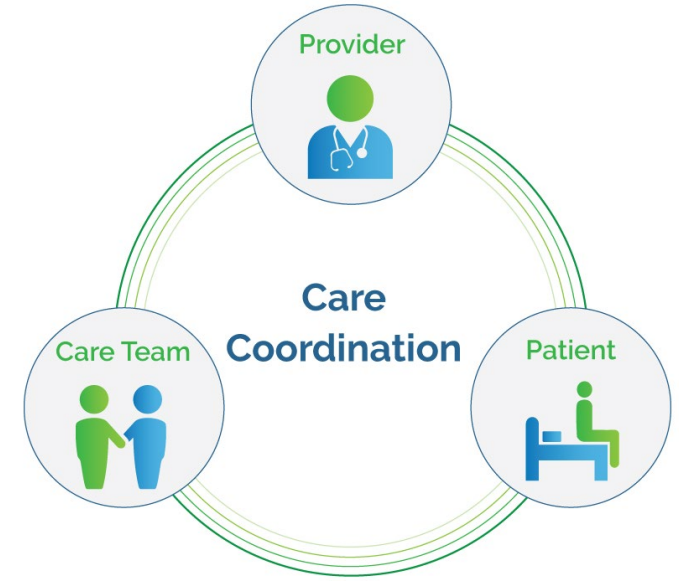
ZERO SUICIDE-MINI GRANT PROJECT HIGHLIGHT

- Pairing a designated agency (DA) with a patient centered medical home (PCMH) to develop suicide safe pathways

- Using evidence-based practices to screen, assess, and manage suicidality, and care coordination

- Measuring: what screener was used?, was a referral made?, was a warm

hand-off made?, did coordination with PCP occur?, was CALM documented?, has CAMS training begun for clinical staff?



DA (7 DAs @ \$5,000.00 each)	PCMH (7 PCMHs @ \$5,000.00 each)
Round One Teams (Started October 2022)	
Northwestern Counseling & Support Services (NCSS)	Cold Hollow Family Practice (CHFP)
Howard Center (HC)	Thomas Chittenden Health Center (TCHC)
Northeast Kingdom Human Services (NKHS)	Northern Counties Health Center (NKHC)
Rutland Mental Health Services (RMHS)	Community Health Centers of Rutland Region (CHCRR)
Lamoille County Mental Health Services (LCMCS)	Lamoille Health Partners (LHP)

Round Two Teams (Start January 2023)	
Healthcare and Rehabilitation Services (HCRS)	Mount Ascutney Hospital and Health Center and Ottauquechee Health Center
Counseling Services of Addison County (CSAC)	University of Vermont Health Network (UVMHN) Porter Pediatric Primary Care

FINDINGS FROM ZERO SUICIDE 2022 DESIGNATED AGENCY END OF YEAR REPORTING SURVEY

Postvention Services Provided

Form of postvention service	%
Brief interventions/supports to loved ones immediately following a suicide	100%
Immediate support and education to organizations (e.g. schools, employers) that have experienced a suicide death	86%
Referral to postvention supports and education (e.g. AFSP)	57%
Coordination of postvention response with first-responders and other community partners	57%
Long-term follow-up with loss survivors	29%
Bereavement counseling	29%
Support groups for suicide loss survivors	29%
Internal postvention for staff	14%
Outreach as requested	14%
Follow up or long-term outreach, education and support to organizations (e.g., schools, employers) that have experienced a suicide death	0%
Outreach to local and regional media following a suicide death to provide guidance on media safe reporting of suicide deaths	0%

9-8-8



- The transition of the existing National Suicide Prevention Lifeline to 988 began July 16, 2022.
- In state call response provides Vermont callers with referral options to local resources such as mental health counseling, economic or housing supports, which can help them manage the life stressors that may be contributing to their suicidality.
- Recently expanded to answering chats and text (October 2022)

	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022
Routed	327	426	361	400	324	421	427	758	671	562	720	614	605
Received	327	426	361	400	324	421	427	714	623	531	720	614	605
Answered In-State	291	369	317	328	266	339	363	626	557	471	605	465	503
In-State Answer Rate	89%	87%	88%	82%	82%	81%	85%	88%	89%	89%	84%	76%	83%

THE GOVERNOR'S CHALLENGE FOR SUICIDE PREVENTION



OBJECTIVE:

Form an interagency military and civilian team of state leaders and policy makers to develop and implement a strategic action plan to prevent and reduce suicide among service members, veterans and their families

GOVERNOR SCOTT SIGNED ON IN MAY OF 2022

Priority Areas:

1. Identify SMVF and Screen for Suicide Risk

- Define how we ask the question about SMVF Status (“Have you Ever Served?”)
- Implement the common definition and practices for identification of SMVF status across agencies serving SMVF through training, messaging and supporting adoption

2. Promote Connectedness and Improve Care Transitions

- Create an Interactive Resource map of SMVF resources

3. Increase Lethal Means Safety and Safety Planning

- Increase the use and consistency of use of the Stanley Brown safety plans in EDs, including having them in electronic health records.
- Distribute medication safe storage devices to reduce access to lethal means during times of crisis.

ELDERCARE OUTREACH

- Funding will expand an existing program that provides mental health services to older Vermonters in their homes
- Older Vermonters have been at higher risk for suicide for many years - and the COVID-19 pandemic and ensuing quarantine increased isolation and thereby increased risk for anxiety, depression and suicidality
- Funding was prioritized to:
 - Increase the # of individuals receiving mental health counseling services from eldercare clinicians
 - Increase training for eldercare clinicians about suicide prevention, and/or
 - Increase awareness and outreach for eldercare clinician services

