

Suicide Prevention Coalition

Seeking input for
recommendations to VT
legislature for Act 34

An Act relating to the
evaluation of suicide profiles

Goals for Today

Act 34 Overview

- Describe reporting asks over the 3-year period
- Update on what has been reported thus far
- Orient group to expectations for report due in Jan 2020

Small Group Grounding Exercise

- Micro Level Opportunities and Barriers – Report out
- Macro Level Opportunities and Barriers - Report out

Development of Coalition Recommendations

- Review VTSPC Suicide Platform Goals
- Review VTSPC and CDC Strategies
- Prioritization Activities to arrive at coalition input for recommendations

2018 – Report Summary of current state

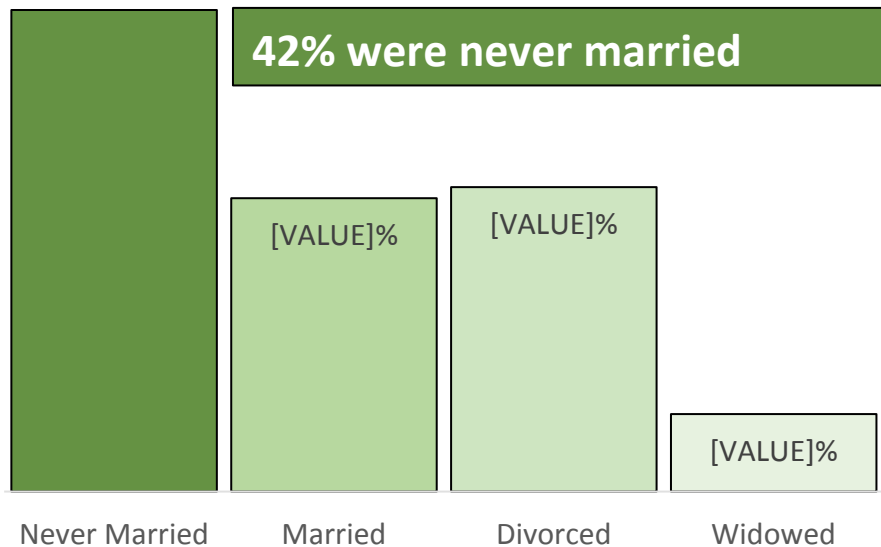
- *Sec. 1. EVALUATION OF SUICIDE PROFILES*
- *(a) On or before January 15, 2018, the Secretary of Human Services or designee shall present to the Senate Committee on Health and Welfare and to the House Committee on Health Care a summary of the Agency's internal Public Health Suicide Stat process results and any Vermont-specific analyses or reports completed in relation to the Agency's participation in the Centers for Disease Control and Prevention's National Violent Death Reporting System*

2019 – Report Plan for ongoing data collection

- *On or before January 15, 2019, the Secretary shall present plans describing how Vermont-specific data relevant to subdivisions (a)(1)–(4) of this section shall be collected after the National Violent Death Reporting System grant expires.*
- *The plan shall be presented to the Senate Committee on Health and Welfare, the House Committee on Health Care, and the Green Mountain Care Board, in its capacity overseeing development and implementation of the All-Payer Model that includes reductions in suicide deaths among Vermont residents as a quality measure.*

Example from 2019 Act 34 report:

What Vermont has learned from NVDRS data



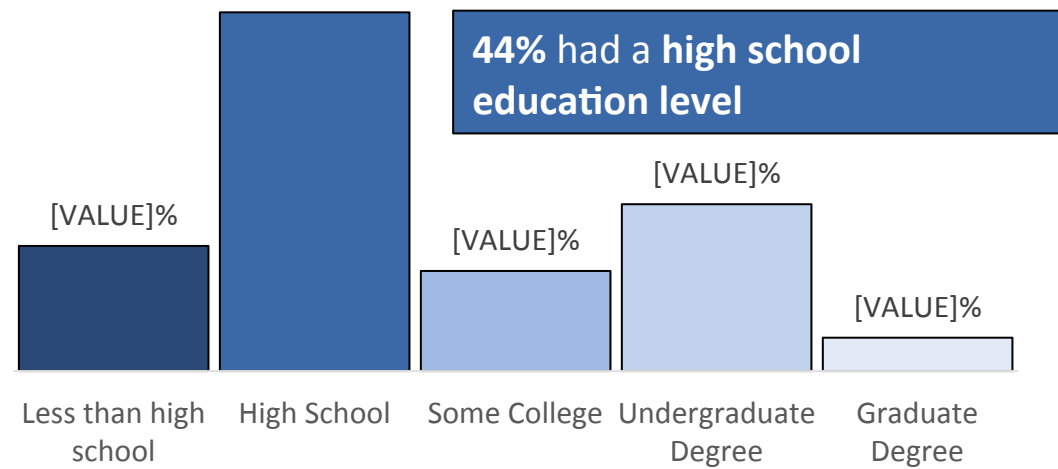
98% were **White/Non-Hispanic**

49.5
Average age
(median 52)

48% had a diagnosis of **depression**

32% had been receiving **mental health treatment**

14% had evidence of **recent release from institution**



2020 –Report Recommendations

- *On or before January 15, 2020, the Secretary shall submit a report to the Senate Committee on Health and Welfare, and to the House Committee on Health Care, and the Green Mountain Care Board summarizing:*
- *(1) any Vermont-specific information from the Agency’s final National Violent Death Reporting System analysis relevant to subdivisions (a)(1)–(4) of this section as well as national comparative data; and*
- *(2) the Agency’s recommendations and action plans resulting from its final National Violent Death Reporting System analysis and any additional Agency-led initiatives.*
- *(d) The presentation and report required by subsections (a) and (b) of this section shall not contain any personally identifying information.*



WE WANT
YOUR
INPUT!

Micro-Level

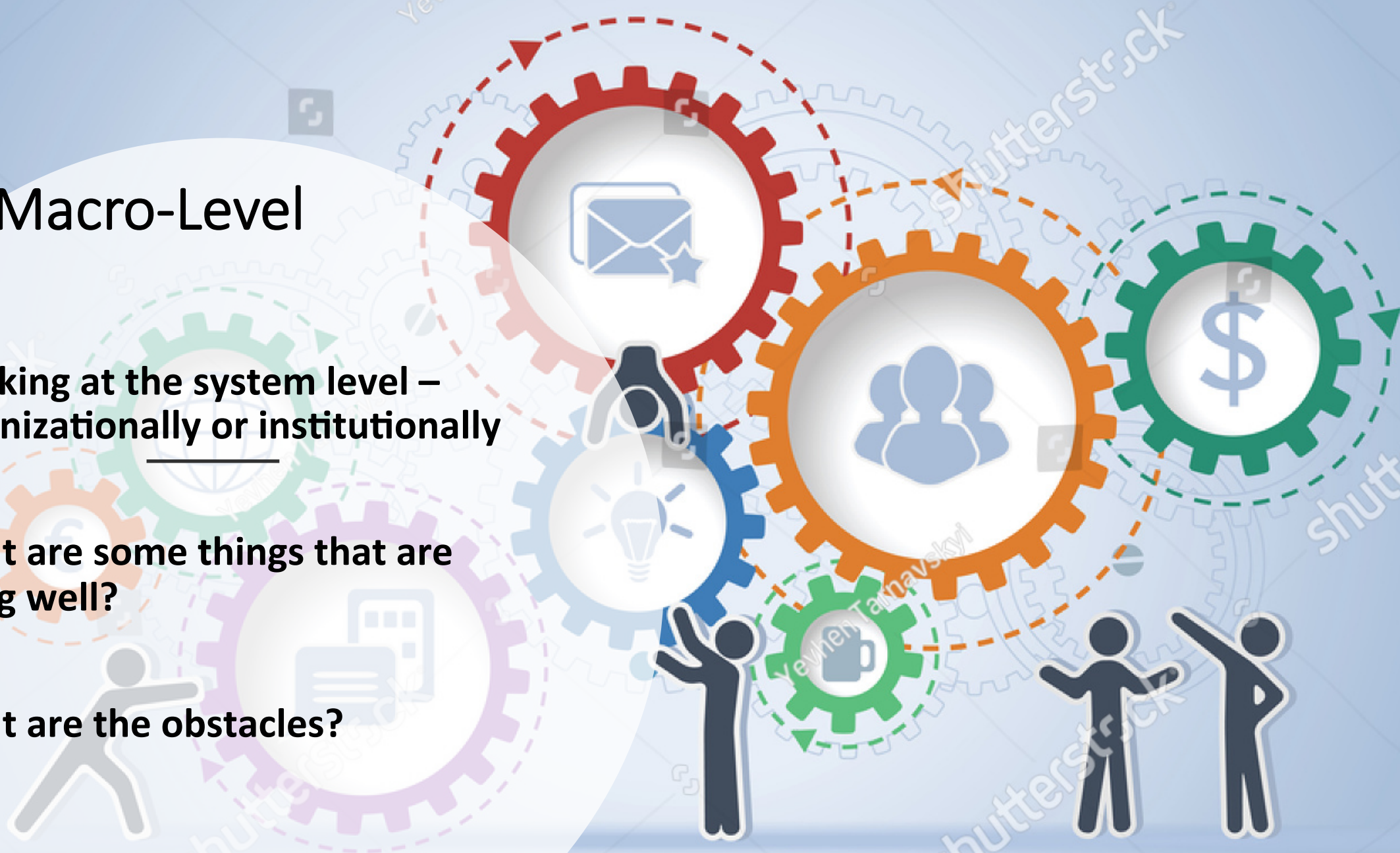
Thinking at the personal/micro level about suicide: as a survivor, a loss survivor, a friend, parent, sibling, professional who helps others...

- What are some things that are going well?
- What are the obstacles?



Macro-Level

- Thinking at the system level –
organizationally or institutionally
- What are some things that are going well?
- What are the obstacles?



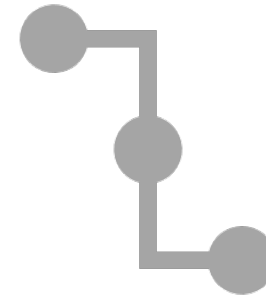
VTSPC Platform Goals

1. Promote awareness that suicide is a public health problem.
2. Build sustainable and integrated infrastructure in Vermont for mental health promotion, suicide prevention, intervention and postvention.
3. Develop and implement strategies to promote positive public attitudes toward being socially and emotionally healthy.
4. Develop, implement and monitor programs that promote social and emotional wellness.
5. Promote efforts to reduce access to lethal means among people at risk of suicide.
6. Provide training to community members and professionals on how to recognize suicide related behaviors and how to intervene.
6. Promote suicide prevention, screening, intervention, and treatment as core components of health care services with effective clinical and professional practices.
7. Improve coordination and accessibility of mental health and substance abuse treatment services.
8. Promote responsible reporting and accurate portrayals of suicidal behavior, mental health conditions and substance abuse in the media.
9. Improve and expand surveillance systems in order to: 1) monitor trends and profiles of at-risk populations, 2) assess the impact of existing policies and programs, and 3) inform the development of future efforts.
10. Provide care and support to individuals affected by suicide deaths and attempts.

Prioritizing Top 3 Goals



Look carefully at the 11 Goals and determine which ones are most important to focus on in the next 2 years.



Power voting: each person has 3 dots. Place your dots on the sheet of paper that corresponds with your priority goal. You may distribute your dots any way you wish (all on one, or one on 3 different)

VTSPC Strategies 2015

Promoting	Promoting the message that suicide across the lifespan is preventable
Increasing	Increasing public awareness of the importance of addressing mental health issues and the characteristics of mental health wellness
Establishing	Establishing a broad-based suicide prevention and intervention program throughout Vermont
Sponsoring	Sponsoring a public information campaign to reduce the stigma associated with being a consumer of mental health, substance abuse and suicide prevention services and to increase connectedness and the promotion of mental health wellness
Promoting	Promoting positive youth development and life-long mental health
Developing	Developing a five-year strategic plan to ensure long-term and sustainable approaches to prevention and early intervention
Equipping	Equipping health care and community-based providers with the knowledge and skills to respond effectively to anyone in distress

CDC Strategy & Approaches 2017



Preventing Suicide	
Strategy	Approach
Strengthen economic supports	<ul style="list-style-type: none"> • Strengthen household financial security • Housing stabilization policies
Strengthen access and delivery of suicide care	<ul style="list-style-type: none"> • Coverage of mental health conditions in health insurance policies • Reduce provider shortages in underserved areas • Safer suicide care through systems change
Create protective environments	<ul style="list-style-type: none"> • Reduce access to lethal means among persons at risk of suicide • Organizational policies and culture • Community-based policies to reduce excessive alcohol use
Promote connectedness	<ul style="list-style-type: none"> • Peer norm programs • Community engagement activities
Teach coping and problem-solving skills	<ul style="list-style-type: none"> • Social-emotional learning programs • Parenting skill and family relationship programs
Identify and support people at risk	<ul style="list-style-type: none"> • Gatekeeper training • Crisis intervention • Treatment for people at risk of suicide • Treatment to prevent re-attempts
Lessen harms and prevent future risk	<ul style="list-style-type: none"> • Postvention • Safe reporting and messaging about suicide

Recommendations Activity and Discussion

- In small groups, review the strategies and utilize them as a framework for putting forward 3 recommendations.
- At least 1-2 of the recommendations should be aimed at short term impact (feasible within 2 years)
- Report out and large group discussion

