VTSP Coalition Meeting Minutes
September 12, 2019
Capital Plaza, Montpelier, VT

Present (31): Christy Anderson (RRMC), Dianne Bourchard (WCMHS), Steve Broer (NCSS), Joanna Cole (Former State Legislator, Survivor), Livia Davis (C4 Innovations, MHTTC), Tracy Dolan (VDH), Laurie Emerson (NAMI VT), Marueen Fraser (OneCare VT), Tim Gendron (Retired, Survivor), Valerie Gold (C4 Innovations, MHTTC), Jenny Grosvenor (UVM), Charles Gurney (DAIL), Michael Hartman (LCMH), Julia Hampton (CHL, VTSPC), Debby Haskins (CHL), Alison Krompf (DMH), Terri Lavely (NKHS), Debra Lopez (Psychiatrist, Survivor), Ruth Marquette (NKHS), Mark Margolis (Howard Center), Amos Meacham (Pathways VT), Nick Nichols (VDH-ADAP), Melissa Southwick (SASH, Catherdral Square), JoEllen Tarello (CHL, VTSPC), Thea Schlieben (VA), Sara Vaclavik (Vermont 2-1-1, United Ways of VT), Annie Valentine (UVM, Center for Health and Wellbeing), Auburn Watersong (AHS), Andrea Wicher (RRMC), Andrea Willey (NVRH), Matt Wolf (VFFCMH/YIT)

Presentation slides are available on http://vtspc.org/vermont-suicide-prevention-coalition-resources/

New England Mental Health Technology and Transfer Center (MHTTC)

- Livia Davis, Chief Learning Officer and Subject Matter Expert
- Vanessa Gold, Senior Advisor

SAMHSA funded ten Centers focused on serious mental health disturbances around the nation. Yale Program for Recovery and Community Health in partnership with C4 Innovations & Harvard University Department of Psychiatry came together to form the New England MHTTC. Their goal is to equip the behavior health workforce to use evidence based means to disseminate evidence-based practices across the New England region. The area of focus is Recovery Oriented Practices, including Recovery Support Services, within the context of recovery-oriented systems of care.

They are in the second year of a five-year project. There are resources for MHTTC that can be accessed. Key activities include: assessing needs, technical assistance, develop and disseminate core topic learning products, and monitoring and evaluation.

Types of Technical Assistance:

1) Information and resources
2) Specific requests for subject matter expertise
3) Intensive- systems transformation over time

All under a cultural and linguistic appropriate framework

They are actively working on a Childhood-Trauma Learning Collaborative; more information about this initiative and all their work is available here: https://mhttcnetwork.org/centers/new-england-mhttc/home

Discussion included requests for T.A.**:**

- Andrea Willey (OneCare Clinical Consultant, St. Johnsbury, Newport): Providing professional support for self-care
- Christy Andersen (Rutland Regional Medical Center): Trainings for resiliency for EMTs, public health, workforce

- Amos Meacham (Pathways VT): asked about Alternatives to Suicide
- Discussion about how we elevate people with lived experience in our efforts. They have their own expertise to bring to the table and it is important to connect this experience with that of traditional mental health professionals.
- What are some training models that fit busy practices? Vivia described varying ways to provide training and technical assistance to meet organization's needs. A cycle might look like planning sessions followed by implementation, gathering feedback, reviewing feedback and making adjustments. It is important to have leadership buy in for this process to work well. "Just in time" TA is also an option, which means you can call in when you have a specific issue and need some problem solving help or resources.

Thea Schlieben from the Veterans Association shared that they are providing a training for first responders to prevent Veteran suicide and it incorporates resources for providers self-care.

Act 34: ***An act relating to the evaluation of suicide profiles***

Update and Input from the Coalition

- Tracy Dolan, Deputy Commissioner, VT Dept of Health
- Alison Krompf, Director of Quality Improvement
- Co-Chairs of AHS Suicide Prevention Committee

In this presentation, they provide an overview of what has been accomplished so far. The first phase of Act 34 was to focus on data. The 2018 report summarized data from an evaluation of suicide profiles with a focus on National Violent Death Reporting System. The first grant for NVDRS was collaborative with Maine; Vermont will be receiving their own grant soon. The 2019 report included a plan for ongoing data collection with a focus on how the data informed specific strategies moving forward. The 2020 report will include recommendations for statewide suicide prevention efforts. The Coalition was asked to use an Act 34 Recommendations Worksheet to indicate micro and macro level practices through reflecting on what has worked well and what has been challenging in suicide prevention efforts.

MICRO LEVEL**:** Thinking at the personal level, what are some things that are going well?

- Involving people with lived experience (PWLE)
- Use of technology in psychotherapy
- Good communication with the Medical Examiner; they have been timely and helpful in providing information.
- Many access points for help: Text Line, Call Lines, Crisis Lines
- Suicide prevention trainings help people feel comfortable sharing stories, know what to do, and they help to reduce stigma (i.e. *Umatter* Awareness Trainings, QPR, Zero Suicide Grand Rounds with the Department of Child Psychology tc.)
- Building community engages people and helps develop personal connections opening opportunities to help
- Support groups for survivors; helps to have a diverse community of people to help process grief

- Peer support
- Equine groups to help people with mental health issues. This turned into a lifesaver for a local professional.
- Walk in care helps to reduce wait time for services
- More obituaries are mentioning suicide – indicative of a culture shift
- There seems to be less judgment, more compassion around the topic with shifts in language and understanding
- Seeing more health and wellness focused messaging (i.e. PCP offices)
- In a short period of time many things have come together for example CAMS training as an effective intervention; speaking frankly, using the language.
- Saving lives among youth by building leadership skills and community connections

MICRO LEVEL**:** What are the challenges?

- Mental illness resulting from ripple effects of suicide
- Stigma, embarrassment, shame
- People not knowing how to react
- Lack of acceptance within the workforce of it being O.K not being O.K.
- Access to healthcare
- Not enough beds in the ER or psychiatric facilities
- Awareness of and having access to resources available
- People not asked about veteran status.
- Knowing what self-care is and creating a culture that values this in action; leadership exemplifying "making the healthy choice the only choice"
- Not enough voices to spread the word that suicide is preventable – we need to be persistent!
- Need more voices of HOPE! Need to engage PWLE to share their stories of getting the help they need
- Need to increase the number of primary care providers who are comfortable with asking about suicide and knowing what to do.

- MACRO Level: What is working well?
  - VA, SASH, and LCMHS: Universal screening for suicide using the CSSRS
  - Community collaborative approaches engaging other providers and agencies and prioritizing suicide prevention
  - Abenaki collaboration in Grand Isle
  - Crisis Lines integrated into the health care system and then appointments are scheduled right away; follow up after crisis line calls
- MACRO Level: What are the challenges?
  - Desire to see more doing evidenced based assessments
  - May need more data, may need to better use data – how to collect and use?
  - Lack of shared language, knowledge about prevention of toxic stress, self care
  - Lack of treatment centers with comprehensive treatment.

    - Lack of funding to support workforce in the field (compensation)
    - Need for more mobile crisis teams- need more initiatives across the state

Using the Vermont Suicide Prevention Platform, Coalition members prioritized goals and strategies to incorporate in the report to the legislature on Act 34. *Note: asterisks (*) indicate number of people who said the same thing.*

Platform Goal #2: *Build sustainable and integrated infrastructure in Vermont for mental health promotion and suicide prevention, intervention, and postvention.* (18 votes)

Strategies:

- Funding from the state to support non-profits on suicide efforts; increase workforce capacity***
    - Need huge investment in Mental Health multilevel system with regional standardization.
- Vermont declares suicide a public health problem. This happens in order to support (fiscally) the initiative within the goal***
- Help ensure the input of PWLE of mental health conditions and suicide attempt and loss survivors in advising suicide prevention initiatives and activities**
    - Increase the number of youth and young adults advising prevention and activities of VTSPC
- Coordinate care between general practitioners/primary care and mental health agencies**
    - Make this a state-mandate and fund programs to increase care coordination
    - Create a statewide initiative to train physicians in hospitals and primary care on their role with suicide prevention
- Integrate suicide prevention into all relevant health care reform efforts**
    - Incorporate the language “suicide prevention” into all health care policies
    - Mental and physical health conditions need to be treated equally
- Have leadership in all state agencies trained in suicide prevention
- Create a policy or leadership position at AHS focused on Community Connection like “Loneliness Minister” in UK to coordinate existing work (BBF, YIT, etc)
- Coalition members join forces to collaborate and share information
- Promote CALM training and talk more about access to lethal means
- Engage prof. voluntary / other orgs integrate effective, sustainable CULTURALLY COMPETENT, collaborative suicide prevention efforts
- Embed people from the suicide prevention coalition in more local/regional Community Health Team meetings to spread this work there.
- Increase the number of VT communities trained in best-practice prevention, intervention, and postvention programs
- Immediate access to services

Platform Goal #8: *Improve coordination and accessibility of mental health and substance abuse treatment services.* (14 votes)

Strategies:

- Timely access to assessment and intervention for increase risk of suicide
- Ensure health benefits cover coordination and access to mental health care*
- Integrate mental health and substance abuse services into primary medical care through co-location and other convenient access to services
- Partner with AHEC to increase opportunities for individuals interested in careers in mental health and wellness
- Continue to build capacity for mental health and substance abuse treatment statewide
    - Invest more state funding in mental health facilities*, mental health agencies, mental health providers
    - State funding for more first responder crisis teams
- "I completely agree that this is an important goal, but I feel like addressing it here could be redundant to other work that is happening elsewhere. It seems like our efforts may be best spent focusing on areas not being addressed differently."

Platform Gal #6: *Provide training to community members and professionals on how to recognize suicide related behaviors and how to intervene.* (10 votes)

Strategies:

- Develop a cadre of trainers in suicide prevention, intervention and postvention****
    - Expand and evaluate Gatekeeper training
    - Include empathy in training
- Restart the gun shop project and develop additional ways to reach people in the gun-owning community *
- Ensure that all suicide prevention training addresses issues related to cultural diversity, including but not limited to LGBTQ, military, veterans, and youth in foster care or corrections*
- Increase offerings of workforce training, beyond Gatekeeper, on screening for suicidality and how to support someone that is feeling suicidal*
- Adopt suicide screenings and intervention standards for all mental health and suicide prevention professionals*
- Develop and implement protocols and programs for implement effective strategies for managing risk
- Identify existing community interagency committees in which to promote suicide prevention as a goal (also applies to goals 1, 6, 7 and 11)

Platform Goal #4: *Develop, implement, and monitor programs that promote social and emotional wellness* (9 votes)

- Measure wellness, not just illness; it's hard to manage what we don't measure*
- Increase the number of organization that have prevention and postvention protocols in place and have trained Gatekeepers among staff*

    - Postvention protocols – clear and concise
- Include suicide prevention in the pre-training of health and behavior health care providers, senior network providers, and social services professionals
    - Require mental health and suicide prevention classes in school as well as life skills training
    - Support identification of suicide risk and appropriate referral in a variety of settings
- Recognize that everyone needs support in building resiliency skills and promoting resiliency across the lifespan including middle aged adults and elders
- Expand CAMS beyond the 3 DA pilot regions and beyond DAs
- Implement comprehensive community wide prevention strategies that engage first responders, social services, youth, primary care, and faith leaders
- RISE VT – collaborating with communities to promote wellness, health and positive nutrition
- Most of the strategies are too vague and need to be more specific and measureable

Platform Goal #10: *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*. (8 votes)

- Focus more on 2 and 3!
- Create and utilize NVDRS board to better inform program and policy development and implementation*
- State level data that is measured consistently across all communities and organizations that can be paired down for organizations to be able to measure county, city, and town suicide rates to monitor interventions implemented.
    - Systematic data collection***
- Develop clear goals and priorities base on needs indicated by data on an annual basis*
    - Implement policies and protocols based on data found in Vermont
    - Current strategies too vague – needs to be pared down to specific, measureable, attainable goals
- Complete more in depth analysis of why existing suicide prevention initiatives have failed to reduce suicide rates*
- Support survivors of suicide in being open about then experiences of loss to help other families realize that reporting a death as a suicide is courageous and helps prevention efforts.
- Based on data, work with communities to determine areas of need and opportunities for positive change and impact
- Maintain an up to date summary of evidence based warning signs; disseminate this to schools, health care organizations, etc
- Participate in ongoing efforts to develop and refine programs and trainings

SUICDE PREVENTION ADVOCACY COMMITEE

Julia announced the partnership with AFSP to convene a group to focus on advocacy and public policy. The group has identified the following goals:

1) Support local advocacy efforts on specific projects and to increase relationships with legislators throughout the year
2) Help organize Suicide Prevention Day at the State House (usually in February)
3) Identify priorities for legislative initiatives (specific asks)

AFSP and VTSPC met with Rep. Anne Donahue who has sponsored some of our activities in the past. Rep. Donahue recommended that the focus of any advocacy should align with the DMH 2030 strategic plan being developed currently which will be presented to the legislature in December 2019.

DMH has conducted listening sessions around the state this summer to gain input on the 2030 strategic plan; you can still provide input by filling out a survey by September 30th. You can find the survey here: https://mentalhealth.vermont.gov/news/planning-future-mental-health-services-and-wellness-promotion. Information is being collated and a Think Tank starts to meet this month to put all the information gathered into recommendations for the strategic plan.

Tracy Dolan provided insight into how is money appropriated for the kind of work we are discussing.

1) Agency may say there is no money, and then the legislature may appropriate funds.
2) Legislature may say it's your responsibility and you must figure out how to do it within your existing budget.
3) The Agency may also simply budget for it.

LOSS SURVIVOR GROUPS Discussion

Julia announced the creation of a post card for loss survivors indicating resources available at vtspc.org and afsp.org. She asked for any feedback on wording, layout, etc.

JoEllen reported on a conversation she had with a loss survivor who has run support groups for a long time and is stepping back from the role, but is concerned about the continuation of these groups. There is a great need for support groups for survivors; it is important that they are peer lead and independent from a mental health agency. However, the lack of centralized coordination and infrastructure means that groups are not well supported, there are not groups in all areas of the state, and they are not well known.

- Joanna Cole shared her experience of being trained to be a group facilitator through support from AFSP. She went to Cleveland for 4 days of training.
- Annie Valentine shared that she used to be on the AFSP board and this organization raises a lot of money which is supposed to be funneled back into the local communities for suicide prevention, awareness, and survivor training.

- The Coalition would like to be able to work with AFSP to help provide structure/support for survivor support groups and volunteers leading these groups. Questions the Coalition has for AFSP include:
    - How are funds raised used in local communities?
    - How can we create an organized approach ensuring groups are in communities?
    - Could we get a training to be hosted closer to Vermont or in Vermont?
    - How can we support those facilitating these groups?
- The December Coalition meeting will include a follow up on this topic.

Resource for **involving people with lived experience in organizations** – a toolkit is available here: http://www.sprc.org/livedexperiencetoolkit/about. The toolkit includes information on the benefits for both an organization and PWLE, how to engage PWLE, how to create a welcoming environment, levels of engagement, and more.

ANNOUNCEMENTS:

Association of Student Assistance Professionals Fall Conference October 7 at the Capital Plaza
Speaker: Marilyn Huestis, a toxicologist who studies the effects of illicit drugs on the body
Workshop: Virginia Fry providing hands-on strategies for going through grief and loss
Information at: https://asap-vt.org/wp/

Pathways VT: Two openings for clients for early psychosis program

Ripple Effect movies: at local Mental Health Agencies near you; Governor did a PSA promoting them. Find out more at https://vermontcarepartners.org/evrplus_registration/?action=evrplusegister&event_id=24

MindWalk NAMI VT Saturday Sept. 28, Drumming and Fundraising. Doing a one day workshop for the Abenaki population on mental illness. Ending the Silence for middle and high school students – looking to train adults and young adults who want to share their story. Looking to have this go statewide eventually. It is Message: It's OK not to be OK.

MHFA Adult Training – mental health literacy, concerned about the advent of drug induced psychosis as edibles and other products become available. You can request a training for free by contacting Lance Metayer lance.metayer@ncssinc.org

Cultural Disparities training – Mercedes Avila offers this training by request; contact Lance Metayer about information about these trainings (lance.metayer@ncssinc.org). The group showed interest in this being offered in conjunction with a Coalition meeting.

Umatter YYA promotional video was shown. View more information on the program and see the video here: https://vtspc.org/event/umatter-for-youth-and-young-adults/