



DRAFT Recommendations from the AHS Suicide Prevention Work Group

AHS 2020 Suicide Prevention DRAFT Work Group
Recommendations

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Summary of Themes from Sept Coalition Meeting Feedback

Subtitle

Part 1 Themes of Micro and Macro Opportunities

Peer Support
Postvention Support
Reduce Stigma
Improved Access
Target At Risk Populations
Healthcare Integration and Parity
Creating Culture of Self-Care
Building Community Connection
Systematic Data Collection
Messaging Suicide is Preventable
More Evidenced Based Assessment and Treatment

Strategies Identified by the Coalition

1. Build sustainable and integrated infrastructure in Vermont for mental health promotion and suicide prevention, intervention, and postvention.
2. Improve coordination and accessibility of mental health and substance abuse treatment services.
3. Provide training to community members and professionals on how to recognize suicide related behaviors and how to intervene.
4. Develop, implement, and monitor programs that promote social and emotional wellness.
5. 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.

AHS Suicide Prevention Work Group **DRAFT** Recommendations

Recommendation 1: Expand and bring to scale ZERO SUICIDE in Vermont

Zero Suicide is a system-wide approach to improve outcomes and close gaps. This includes:

- **Workforce training** to ensure that mental health and health care providers feel confident in their ability to provide care and effective assistance to patients with suicide risk
- **utilization of evidence-based practices** including; screening and suicide risk assessment, suicide-focused care, intervention and collaborative safety planning, treating suicide risk, and care coordination and follow-up.
- Vermont has piloted Zero Suicide in limited regions of the state and requires additional resources to scale up statewide.

Strategies: 1, 2, 3 , 4 & 5

Themes:

- Reduce Stigma
- Improved Access
- Healthcare Integration
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Recommendation 2: Expand Vermont's Suicide Prevention Lifeline

The National Suicide Prevention Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

- The National Suicide Prevention Lifeline is dependent on local, in-state call response infrastructure. Vermont currently ranks at the very bottom of in-state response for National Lifeline calls, at **0% response rate**.
- Currently Vermont callers are routed out of state resulting in potential delays and barriers to appropriate referrals. Vermont has set a target to increase to a 70% in state call response by 2021.

Strategies: 1 & 2

Themes:

- Peer Support
- Reduce Stigma
- Improved Access

Note: VT has received an NSPL grant to build in state capacity for the Lifeline. Funding is necessary to sustain this effort beyond the grant period.

Recommendation 3: Implement Mobile Response

- Loneliness and isolation are common threads in stories of suicide. Positive human connection during a crisis can save a life. Vermont should implement Mobile Response and Stabilization Services across Vermont to help children, youth and families in distress in timely way.
- Mobile Response and Stabilization Services (MRSS) differ from traditional crisis services in that MRSS provides more upstream services. A mobile face-to-face response is provided to a **family-defined crisis** to provide support and intervention for a child/youth and their family, *before* emotional and behavioral difficulties escalate.

Strategies: 1, 2 & 4

Themes:

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Recommendation 4: Support Elder Care Clinician Program

Funding has decreased over the years for this program which connects older, often isolated Vermonters to mental health supports. This has prevented DAs from maintaining stable staffing and serving more people despite growing mental health needs for this population.

We request an increase to bring the funding back at least to its original level.

In the FY20 DA Master Grants, **the ECCs will now be screening annually for suicide risk** in addition to screenings for depression, substance use and dementia.

Strategies: 1, 2 & 4

Themes:

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Recommendation 5: Support and expand programs that promote connectedness for youth and families

- **Promote connectedness** through peer norm programs and community engagement activities
- **Teach coping and problem-solving skills** through social emotional learning programs and parenting skill and family relationship programs
- Promote healthy behaviors among youth through an empowerment model, [Up for Learning's Getting to 'Y'](#) program.
- Support funding for [Umatter for Youth and Young adults](#). Umatter YYA is a youth leadership and engagement initiative with a goal to promote mental health wellness.

Strategies: 3 & 4

Themes:

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Recommendation 6: Umatter Suicide Prevention- creating prevention prepared school communities

- **Support Umatter Suicide Prevention** - A national Best Practice Program which helps school communities create suicide prevention-prepared communities. It is a universal prevention approach which lays the base for identifying and supporting students and adults at risk through staff and parent engagement.
- **Umatter for Schools** includes Gatekeeper training, development of suicide prevention and postvention protocols, and prepares health educators to implement the *Lifelines* curriculum with students.

Strategies: 1, 2, 3 & 4

Themes:

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Recommendation 7: Request a Medicare Waiver to Improve Access to Treatment

Request CMS approve a waiver to allow Medicare reimbursement to those mental health and substance use treatment professionals who are enrolled as providers in Vermont Medicaid.

- Much of Vermont's existing clinical workforce does not meet the existing restrictive eligibility and licensing requirements in Medicare conditions of participation.
- Most older Vermonters rely on Medicare (and Medicare providers) for all health-related services. This means that older Vermonters at risk of suicide may not be able to access appropriate treatment.

Strategies: 1 & 2

Themes:

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Strategy 8: Address Social Isolation for Older Vermonters

- Suicide risk is often coupled with social isolation and a lack of meaningful relationships. Research shows that chronic social isolation has the equivalent health impact of smoking 15 cigarettes a day, increasing risk of death by 50%.
- Older Vermonters have the highest rate of suicide and the highest risk of social isolation. Vermont proposes an upstream suicide prevention strategy to support the five Area Agencies on Aging (AAA) in working with older Vermonters to build their capacity for social connections in their community.

Strategies: 1, 2 & 4

Themes:

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Strategy 9: Address the role of access to lethal means and safe storage practices

Means restriction is the **single most important factor in reducing suicidal action** when someone is going through a difficult time and experiencing suicidal thoughts.

Safe storage of medications, risk mitigation on bridges and tall buildings, and proper firearm and ammunition storage are central ingredients to reducing the suicide rate in Vermont.

The national Suicide Prevention Resource Center suggests the following evidence-based strategies to approach this issue:

- Train healthcare professionals in lethal means counseling (CALM training)
- Train nontraditional providers in lethal means counseling (ex. First responders, faith leaders, divorce and defense attorneys, probation and parole.)
- Institute lethal means counseling policies in mental health and healthcare settings
- Ensure that bridges and high buildings have protective barriers
- Pass policies that exempt high risk patients from mandatory 90-day refill policies

Strategy 9: Address the role of access to lethal means and safe storage practices

In Vermont, suicide death by firearm is more prevalent than **all other lethal means combined**.

Effective ways to address this issue include:

- Educating family members and the community about options for temporary storage of firearms during a suicidal crisis,
- Distributing free or low-cost gun locks or gun safes, and
- Working collaboratively with gun retailers and gun owner groups on suicide prevention efforts.

Strategies: 1 & 3

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DMH Ten Year Vision

- Promoting Health and Wellness
- Influencing Social Contributors of Health
- Eliminating Stigma
- Expanding Access to Community-Based Care
- Enhancing Intervention and Discharge Planning Services to Support Vermonters in Crisis
- Incorporating Peer Services in All Levels of Care
- Ensuring Service Delivery is Person-led
- Committing to Workforce Development and Payment Parity