

## VTSP Coalition Meeting Minutes

December 12, 2019

Capital Plaza, Montpelier, VT

**Thirty four attendees from 30 organizations, including four Departments of the Agency of Human Services, and survivors of suicide of family members and friends attended the meeting.**

Materials from this meeting can be found at: VTSPCoalition Resource page

<http://vtspc.org/vermont-suicide-prevention-coalition-resources/>

### Announcements

In the January VTSPC online MailChimp newsletter, CHL will send:

- Link to online portal to access meeting materials
- Vermont Department of Health Data-briefs
- Reminder for Important Dates:
  - *Mental Health Advocacy Day at the Statehouse - January 29, 2020*
  - *Suicide Prevention Day at the Statehouse--February 13, 2020*
  - *Vermont Suicide Prevention Coalition Meeting--April 16, 2020 at the V.A. in White River Junction*
  - *Suicide Prevention Symposium, June 30, 2020 at Champlain College*

### Statewide Suicide Prevention Infrastructure Assessment

- Tom Delaney, UVM evaluator for VTSPC and DMH, requested input from the Coalition to begin development of a Suicide Prevention Infrastructure Assessment 2020 based upon the new national guidelines for Infrastructure recently published by the national Suicide Prevention Resource Center.
- VTSPC last conducted an Infrastructure Assessment in 2013 and 14, generating a set of recommendations--some of which were implemented given time and capacity. Two examples of this is a focus on statewide training for suicide prevention and expanded use of data with more inter-Departmental communication.

### Comprehensive Approaches to Suicide Prevention - Presentations and Discussion

**The following organizations provided presentations:**

**Craftsbury Mental Health Group** - receiving support from AFSP & collaborating with Northeast Kingdom Human Services

- Following death by suicide by Wesley, Craftsbury Mental Health Resource Group initiated--50 people on distribution list (survivor focus)
- Mission is to reduce the stigma of mental illness and to connect people with resources and training, and have a presence in the region, including at Town Meeting
- Children can access resources in Morrisville but adults cannot
- Volunteers will walk with people into the system--the goal is to help people into that system--hard system to learn
- A retired psychiatrist in the group assists with resources and support
- Mentoring to build confidence of those involved was identified as important. Alison Krompf, DMH discussed importance of pooling resources and providing TA across the state.

### **Franklin-Grand Isle Suicide Prevention Task Force**

- 70% of people that are dying by suicide are not accessing MH
- Abenaki community are not part of data streams for suicide prevention-we started asking individuals through community participatory qualitative interviews (20 thus far)
- Increase cultural competence--
  - Show standard first appointment
  - Training in schools
- ZS Teams
  - How to keep skills up through the use of CAMS--more presentations/mentoring
  - ZS policies and procedures--pathways to care with CAMS (at least 3 sessions)
  - PHQ--modify question 9, assist with workflow, time
  - Community awareness and training--Ripple Effect--community and HS
  - Evaluation--Data/interview process
    - Pressure not to add any screening questions--argument is that provider pool does not have time
    - It was suggested to bring in the expertise of VPQHC
    - One Care is passively committed to ZS==further action needed to more aggressively engage

NOTE: **Change**--Alison Krompf reminded folks that as of January 1st, clinicians (Medicaid billable providers) no longer need to diagnose before they bill, but rather they need to diagnose within 45 days (includes CAMS)

### **Mentally Healthy Collaborative Action Network (Northeast Kingdom)**

- Home and Health Hospice Agency--initiated in 2013
- NKHS--represents highest suicide rate in VT
- Utilizes collective impact and infrastructure methodology
- Multi-sectoral partnership
  - Faith partnerships
  - Schools
  - Data and indicators
- Collaborative Action Network: Diverse group of middle schoolers conducted first middle school walk in the nation (80 people came out). Have conducted a range of other activities including:
  - Conducted a factor analysis
  - Trained over 500 people in NEK (conducted pre and post)
    - Pre--training, less than 30% reported they were comfortable discussing suicide
    - After training 70% said they are comfortable discussing suicide prevention
    - Developed a protocol (using CHL templates as a basis)
  - Community outreach, resources, surveys--school based, QPR,
  - What is needed to make it work--Leadership, Shifting passive approach to aggressive approach

### **VA and the Governor's Challenge to End Suicide Among Service Members, Veterans, and their Families**

- The VA has 4 Strategic Directions currently.
- Priority 3--Strengthen Access & Delivery of Services Leading to Suicide Prevention and Recovery Care for SMVF

## Discussion

In a reflective activity, the group was asked, **How Can We Build A Comprehensive Approach?** and generated these suggestions.

- Address social behavioral indicators through focused efforts
- Build out lessons learned through peer recovery network including components for confidence
- Support grassroots initiatives--communities know what they need best around prevention & stigma
- Support and develop a central repository for tools & resources
- Use principles of collective impact to further define suicide prevention efforts
- Focus on lifespan of suicide prevention

**Update on Agency of Human Services recommendations to the legislature--Alison Krompf presented ten recommendations that AHS is introducing to the legislature with funding attached to each recommendation.**

- Recommendations to AHS--Act 34 Report
  - Governors expressed interest in the last 2 months in Zero Suicide with the Veterans Association as it relates to:
    - Expanding lifeline
    - Elder care
    - Has agreed to create a position for a State Coordinator with a focus on health care.
- In addition to the ten recommendations, some salient points raised by Alison under some of the recommendations included:
  - Recommendation 1**
    - Includes CAMS training across the state as well as MH training
  - Recommendation 2**
    - This is in anticipation that SAMSA funds will eventually be phased out and that this important work that NCSS and others have started must continue
  - Recommendation 3**
    - Family defined crisis, improving access & getting out to communities
  - Recommendation 4**
    - Elder care--highlighting that we need to restore funding for program
  - Recommendation 5**
    - Support existing programs already out there (e.g. Umatter)
  - Recommendation 6**
    - Supports evidence-based programs (e.g. Umatter)
  - Recommendation 7**
    - Medicare Waiver is a staffing issue
  - Recommendation 8**
    - Older--Has a list of programs that they want to support--Bed to bed programs
  - Recommendation 9**
    - Lethal means--recommendation does not include waiting periods
    - Safe storage is included (e.g. gun locks, access matters, youth, etc.)
    - Please note, VA does give away gun locks
- Ten Year Vision of AHS
  - Peer Support top of the list

### **Upcoming Legislative Issues Related to Suicide Prevention**

VT has highest rate of suicide by guns and VT is a leader in gun protection currently

There are three pending proposed areas to the legislature for firearm safety legislation:

- 1) Safe Storage law
  - 2) Extreme Risk Protection Law for those with Relief from Abuse Orders
  - 3) Waiting Period 72 hours
- Extreme Risk Protection Order (ERPO)--someone in the household can go to the police and say that someone in the house is suicidal and fill out a form and the police can remove the gun ( House and Senate Bill). Working with the VT medical association to pass.
  - CAPP--Child Protection Order
  - Relief from Abuse Order--(House Bill)--includes a number of provisions related to domestic violence (priority for Maxine Grad) will include ERPO protections
  - Expanded background check--16% of suicides can be reduced by background checks
    - Good evidence that waiting periods work

### **What does the Coalition want to respond to the Firearm Legislation?**

The Coalition agreed that the role of VTSPC is to provide stakeholder education on any research we have available to us on the impact of policy on public health and keeping people safe, with regard to mental health and suicide prevention.

- VTSPC has agreed to form workgroup committee
- Frame it in public health approach and language

### **Suicide Prevention Advocacy Day Planning**

Theme was identified: ***Comprehensive Public Health Approach to Suicide Prevention Across the Lifespan. The planning Committee composed of sponsors is meeting. If you would like to be a sponsor contact: Helen Cornman at [helen@healthandlearning.org](mailto:helen@healthandlearning.org)***