

# Suicide Prevention Coalition Meeting

Date: 12/8/2022

Time: 8:30AM-12PM

Location: Zoom

AGENDA - Topics	Discussion
<p><b>9:00-9:20 am Opening, Agenda, Warmer</b></p> <p><b>Warmer: What are you going to do for self-care as we head into the end of this year? Or, any tidbits of wisdom you've learned about rest, self-care, etc. that you want to share with your breakout group?</b></p>	<p><b>Zan Lewis, Program Specialist, Center for Health and Learning</b></p> <p><b>Kirk Postlewaite, Senior Program Specialist, CHL and Director, VTSPC</b></p>
<p><b>9:20-10 am Vermont Department of Health (VDH) and the Department of Mental Health (DMH) Updates</b></p>	<p><b>Alex Karambelas, Senior Policy Director and Alison Krompf, Deputy Commissioner, Department of Mental Health (9:20-9:30)</b></p> <p>Alex Karambelas shared information about the FY22 budget expansion which has allowed for:</p> <ul style="list-style-type: none"> <li>- Expansion of DA Zero Suicide project</li> <li>- Hiring of Statewide Suicide Prevention Director</li> <li>- 988 Implementation, which has resulted in answer rates increasing from 0% to 80% in Vermont over several years</li> <li>- Increased funding for mental health outreach to older Vermonters</li> </ul> <p>DMH is also in the process of planning for alternatives to the use of Emergency Departments for mental health needs in Vermont. Three essential elements of crisis system of care: 1) crisis call centers; 2) crisis mobile team response; and 3) crisis-receiving and stabilization facilities are a part of this work.</p> <p>Alison Krompf discussed activities to advance evidence-based and best practice approaches to suicide prevention, including:</p> <ul style="list-style-type: none"> <li>- <b><u>Mini-grant Suicide Safer Pathways to Care project</u></b> (incentive funding to promote suicide safer pathways to care between primary care practices and designated agencies)</li> <li>- <b><u>CAMS</u></b> (Collaborative Assessment and Management of Suicidality) assessment and treatment training</li> </ul>

- **Umatter** (aims to enhance knowledge, comfort, and skills to identify those at risk for suicide in your organization/community, and resources to get help)

Also shared was information from the Governor’s Challenge for Suicide Prevention. The three areas of focus include 1) identifying SMVF (Service Members, Veterans, and their Families); 2) Promoting connectedness and improving care transitions; and 3) increasing lethal means safety and safety planning. This involves using a toolkit and screening questions and resources for providers to conduct follow-up. To promote connectedness, there is a focus on creating a roadmap for those needing care via an inventory of existing resources for this population. Regarding lethal means safety, conducting a needs assessment and implementation plan are in order to reduce lethal means use.

<https://www.joshpallottafund.org/>

**Nick Nichols, Suicide Prevention Program Coordinator, Vermont Department of Health (9:30-9:40)**

Nick Nichols shared updates on Postvention, one of six grant strategies within the Vermont Comprehensive Suicide Prevention Grant. VDH and DMH are working together to allow for broad implementation of strategies and the ability to look into high-risk groups.

Working alongside the Center for Health and Learning, VDH has collected data through working groups, key informant interviews, and surveys to understand postvention needs throughout the state. Identified needs were: standardization of postvention care and best practices, funding for programs and support staff, notification and communication systems, additional support for loss survivors and those providing support. Regular statewide postvention training, embedded social workers working with first responders or the medical examiner’s office, and in-depth media guidelines were also identified.

Five Goals were identified in this project:

1. Ensure effective response at the scene and in the aftermath of all suicide deaths
2. Ensure that people exposed to a suicide death receive essential and appropriate information
3. Communicate information about the impact of suicide loss and availability of services in the state

4. Provide training to a wide array of service providers in suicide bereavement support, treatment, and minimizing the adverse effects of exposure to a suicide death
5. Improve surveillance systems to evaluation circumstances surrounding death by suicide to enhance prevention efforts and prevent suicide clusters

Nick shared four areas of focus for 2023. If you have questions, you can contact Nick at [nick.nichols@vermont.gov](mailto:nick.nichols@vermont.gov):

1. Develop and distribute resource packets for loss survivors and first responders statewide
2. Training for first responders on postvention best practices
3. Develop and promote postvention best practice guidelines for first responders and mental health response
4. Suicide death data linkage project

**Caitlin Quinn, Public Health Analyst, VDH (9:40-10:00)**

Caitlin Quinn presented the monthly suicide report, which showed that 93 Vermont residents died by suicide, which is higher than the 3-year-average of 79 residents. Suicide death rate was higher in March, May, and August. Caitlin also noted that the rate of suicide deaths among Black, Indigenous, and People of Color populations is currently higher than during the previous 3 years.

Caitlin shared ED visits related to suicide. In the first quarter of 2022 there was an increased rate in ED visits but now the numbers are similar to previous years. Chittenden, Rutland, Bennington, and Windham counties show the most visits for suicidal ideation.

Caitlin also discussed safe storage for firearms and reduced risk by separating people from firearms who showed risk. She shared that in Vermont, firearm deaths are mostly due to suicide - 91%, or an average of 67 deaths per year - with men at increased risk and also that Veterans are more likely to own a firearm. Residents living in Caledonia, Franklin, Orange, and Orleans Counties are more likely to have a firearm.

Populations that have shown less likelihood to practice safe storage include veterans, males, and those without children.

10-10:30 am

**Advocacy Session  
Legislative Updates**

**Heather White, AFSP Area Director; Kate Morey, CHL**

Heather White shared with us an overview of legislation and advocacy, sharing that where we are right now is: we've identified priorities during a previous coalition meeting, and they are now being written into suggested legislation via the lobbyist and to biggest supporters in the legislature.

Current priorities for the legislative season include:

- Supporting \$970,000 in funding for 988 and wraparound services included in the Governor's Budget
- Increase in funding to expand Zero Suicide initiative and other suicide prevention activities statewide to \$1.2 million

Legislative, or policy, priorities create legislation and funding within suicide prevention initiatives for the following:

- Suicide fatality review board creation
- Reciprocal 911/988 - an attendee noted the need to be aware of the use of the word "reciprocal" given potential confusion and need to understand differences between the two call lines
- Long-term sustainability for 988 and wraparound services
- School-based initiatives

Heather shared how a bill becomes a law (see details in PDF version of the Coalition Meeting slide deck), as well as a sample agenda for legislative advocacy day. Important to note is the slide "Speaking Out About Suicide" - also found in the slide deck document - which shares guidance and the do's and don't's on speaking out about suicide and telling your story.

In addition to the above guidelines and agenda, those who plan to advocate will be provided an advocate packet and legislative packet. One of the key messages is that legislators benefit from brief, informative, and story-driven communication. Other ways to be a resource for lawmakers are detailed in the Coalition Meeting slide deck PDF. Heather encouraged attendees to visit the state legislative website, visit websites of legislators and sign up for newsletters, social media pages, and try to meet with them at their district and capitol office.

If you have questions now or in the future, please reach out to the AFSP Public Policy Office via email at [advocacy@afsp.org](mailto:advocacy@afsp.org).

Heather shared helpful websites for the following:

- State legislature: <https://legislature.vermont.gov/>
- Congress - search for federal legislation by bill number or keyword; get details and contact information for members of Congress, and

	<p>see videos on the federal legislative process:  <a href="https://www.congress.gov/">https://www.congress.gov/</a></p> <ul style="list-style-type: none"> <li>- AFSP Advocacy resources: <ul style="list-style-type: none"> <li>- Training materials: <a href="https://afsp.org/advocacy-resources">https://afsp.org/advocacy-resources</a></li> <li>- Public policy issue briefs: <a href="https://afsp.org/public-policy-priorities">https://afsp.org/public-policy-priorities</a></li> </ul> </li> </ul> <p>NOTE: AFSP advocacy event at the statehouse is on Thursday, February 15, 2023.</p> <p>Heather ended the presentation with the following action items, noting this is about relationships and connections with people:</p> <ol style="list-style-type: none"> <li>1. Register for “Be the Voice” State Capitol Day</li> <li>2. Become a Field Advocate (email federal and state officials via the AFSP Action Center)</li> <li>3. Join the Advocacy Committee</li> </ol> <p>For further questions, please email Heather White - <a href="mailto:hwhite@afsp.org">hwhite@afsp.org</a> - or Kate Morey - <a href="mailto:kate@healthandlearning.org">kate@healthandlearning.org</a></p>
<p><b>10:30-10:40 am</b></p>	<p><b>Break</b></p>
<p><b>10:40-11:10 am</b></p> <p><b>Alternatives to Suicide</b></p>	<p><b>Sera Davidow, Wildflower Alliance; Malaika Puffer, Health Care and Rehabilitation Services of VT (HCRS)</b></p> <p>Sera Davidow gave an overview of the Alternatives to Suicide approach, which focuses on harm reduction. Alt2Su makes space for people who are struggling with suicidal thoughts to talk about suicide without fear of consequences, and explores roots of suicide, which often includes loss of power and control. Systemic injustices often remove power in our lives impacted by oppression. As a result, this approach works to share power and support individuals making meaning in their lives.</p> <p>The Wildflower Alliance (see full mission statement in Coalition Meeting slide deck PDF) supports healing through:</p> <ul style="list-style-type: none"> <li>- Peer-to-peer support and genuine human relationships</li> <li>- Alternative healing practices</li> <li>- Learning opportunities</li> <li>- Advocacy</li> </ul>

Sera noted that not dying by suicide is a side effect of creating the conditions for someone to find their own reasons to live and shared three stories reflecting this (see slide deck PDF). One of the most important findings in this work is not that people stop thinking about suicide, but that their relationship to their suicidal thoughts changes, including a heightened ability to notice and sit with those feelings rather than being overtaken by them. Another finding in 2018 is that approximately 90% of respondents noted that the most important factor of Alt2Su groups is the ability to talk about anything without fear of negative consequences like forced hospitalization. Sera also shared some concerns about the dialogue that 988 text/call responders use from her experiences of contacting the line.

Two core Alternatives to Suicide Trainings are:

- **Alternatives to Suicide Group Facilitator Training** (24 hours, open only to people who have had suicidal thoughts)
- **When Conversation Turns to Suicide Training** (16 hours, open to anyone)
- See full trainings available:  
<https://wildfloweralliance.org/trainings/>

Also, to learn more about Alt2Su:

- <https://tinyurl.com/CPalt2su>
- <https://tinyurl.com/SIAlt2su>

Malaika Puffer, who manages peer support at HCRS which includes advocacy. Malaika works to impact practice, policies, and culture at her agency. Their Zero Suicide group is now referred to as the Alternatives to Suicide workgroup, and Malaika noted that certain things within Zero Suicide are in alignment with their group values, but others aren't. She noted that an emphasis on increasing screening does not give people freedom and space for someone to really speak about what is going on. HCRS is working with Wildflower Alliance to train their staff across divisions and to encourage those teams to consult the HCRS Alternatives to Suicide group to better align policies and procedures with practices desired to support people.

She noted it was helpful to have people in the Alternatives to Suicide work group who understood the requirements of the system but buy-in to the model. She suggested for others to iron out policies first before training staff so there are fewer barriers to enacting what they've learned in the trainings. Malaika discussed the benefits of having external support to provide tools to staff and, although still in process, there's been a lot of change. Sera shared that, in trainings, many people especially in crisis services felt frustration in learning strategies they were excited about but didn't know if they could implement them without issue. Given this, she emphasized aligning policies first before training staff.

	<p>Sera shared the message that this approach is not to take things off the table (i.e., diagnoses, other modalities), but to add and not elevate one thing over others that can potentially be harmful to people.</p> <p>If you have questions, please contact Sera or Malaika:</p> <ul style="list-style-type: none"> <li>- <a href="mailto:sera@wildfloweralliance.org">sera@wildfloweralliance.org</a></li> <li>- <a href="mailto:mpuffer@hcrs.org">mpuffer@hcrs.org</a>, 802-282-3097</li> </ul>
<p><b>11:10-11:40 am</b></p> <p><b>Be SMART for Kids Lethal Means Safety</b></p>	<p><b>Pat Byrd, Be SMART, MOMS Demand Action; Seton McIlroy, MOMS Demand Action</b></p> <p>Pat Byrd introduced Be SMART, a program developed by Everytown for Gun Safety Support Fund to bring together parents and all adults concerned about kids, guns, and safety. She shared that, in Vermont, an average of 74 deaths occur by gun each year, and that firearms are the leading cause of death for children in the U.S. In incidents of gunfire on school grounds, up to 76% of shooters under age 18 yo obtained the gun(s) they used from their home or from the home of relatives or friends. This is centrally relevant, as 4.5 million U.S. children live in a household with at least one loaded, unlocked gun. 700 children per year die by firearm suicide.</p> <p>Be SMART campaign gives caregivers quick tips on how to prevent tragedies from firearms. SMART stands for:</p> <ul style="list-style-type: none"> <li>- <b>Secure</b> all guns in your home and vehicle</li> <li>- <b>Model</b> responsible behavior</li> <li>- <b>Ask</b> about unsecured guns in other homes</li> <li>- <b>Recognize</b> the role of guns in suicide</li> <li>- <b>Tell</b> your peers to Be SMART</li> </ul> <p>Be SMART campaign teaches people tangible examples about what secure storage means and looks like. A continuing myth is that storage devices create too much of a time-lapse between the gun owner and their means of defense; however many affordable options are provided that allow owners quick access to their guns while preventing access to children and people at increased risk of harming themselves or others. Guns are often stolen from cars, and so there are gun lock boxes available, made specifically for vehicle storage (see Coalition Meeting slide deck PDF for specific examples of secure storage options).</p> <p>Pat also emphasized modeling responsible behavior, noting that we as adults can't rely on curious kids not to find or handle a gun, even if they know the rules. She also noted the importance of making this a part of normal safety conversations with children. Caregivers should also ask about firearms in other homes their child visits.</p>

Currently, Vermont remains the only state in New England without a secure storage law. Pat notes that many people who attempt suicide do not die, unless they use a gun. 90% of suicide attempts with a gun result in death, a much higher fatality rate than any other means of self-harm. 41% of child suicides involve a gun.

Pat discussed national youth survey conducted by the CDC which showed that 20% of high school students had seriously considered attempting suicide within the last year. Another study showed that 41% of adolescents in gun-owning households reported having “easy access” to guns in their home.

Pat ended by reminding everyone to tell at least three people about the SMART message, and to share Be SMART with their communities. Events such as National Night Out help to spread the word.

Pat shared her contact information for questions:

Vermont BeSMART Lead  
Pat Byrd  
[pd.vett@gmail.com](mailto:pd.vett@gmail.com)  
(502) 439-0974

Pat also shared information on Extreme Risk Protective Order (ERPO) as a tool to reduce firearm suicide, noting that one thing you can do to help someone get through crisis is to remove a gun until the crisis passes.

Vermont has an ERPO law. The law is different in each state, but there are some similarities: they are issued by a court, and temporarily prohibits a person from possessing or purchasing a firearm. It requires law enforcement or a third party to temporarily hold the firearm. This is an emergency and is temporary - it does not result in a criminal record and is not reliant on a mental health diagnosis.

Pat shared the campaign One Thing You Can Do, with a link to VT specific information: <https://onethingyoucando.org/#states-info>. In Vermont, in 2021 Governor Scott signed a bill to allow health care providers to go directly to law enforcement with this issue; they cannot petition the court. The only people who can petition the court are prosecutors. People have to contact law enforcement about a family member or loved one in crisis, and law enforcement works with the Attorney General’s office. It takes days, not hours, to issue ERPO. In an emergency, a judge can elect to impose emergency ERPO - in this case, law enforcement would obtain the gun(s) and hold it while ERPO is pending. Then, a hearing is scheduled.

In Vermont, ERPO lasts six months and then the weapons are returned. This has been used 74 times in the state since 2017.



<p><b>11:40-11:45</b></p> <p><b>Brief VT Suicide Prevention Platform Update</b></p>	<p><b>Zan Lewis, CHL</b></p> <p>Zan shared brief information about the upcoming VT Suicide Prevention Platform update from the 2015 version, found here (<a href="https://vtspc.org/?s=platform&amp;doing_wp_cron=1659116779.5781600475311279296875">https://vtspc.org/?s=platform&amp;doing_wp_cron=1659116779.5781600475311279296875</a>)</p> <p>The 2015 version of the VT Suicide Prevention Platform was developed by VTSPC alongside Coalition stakeholders. Earlier versions of the Platform were built on the National Strategy for Suicide Prevention (NSSP) with Coalition input on the 11 goals used by VTSPC.</p> <p>Per recommendations from the Suicide Prevention Resource Center, the goal of the Platform as a recognized state plan is to guide and coordinate suicide prevention activities and includes measurable outcomes. The plan should use a multifaceted, lifespan approach across the state.</p> <p>Key Focus Areas to the 2023 Update are:</p> <ol style="list-style-type: none"> <li>1. Incorporate key infrastructure pillars (<a href="https://www.sprc.org/state-infrastructure">https://www.sprc.org/state-infrastructure</a>)</li> <li>2. Identify emerging areas of prevention in Vermont</li> <li>3. Ask: what opportunities do we have to move forward in current areas of work? (e.g. CDC Comprehensive Suicide Prevention grant and Zero Suicide initiatives)</li> <li>4. Prioritize Diversity, Equity, and Inclusion; incorporating Social Determinants of Health</li> <li>5. Increase efforts to involve a wider range of stakeholders</li> </ol> <p>If you are interested in getting involved but haven't yet filled out the survey, please email Zan at <a href="mailto:zan@healthandlearning.org">zan@healthandlearning.org</a>.</p>
<p><b>11:45-12:00 pm</b></p> <p><b>Announcements, Upcoming Training, Closing</b></p>	<p><b>Coalition Working Groups</b></p> <ul style="list-style-type: none"> <li>- If you haven't filled out the survey but want to get involved or learn more, please email <a href="mailto:zan@healthandlearning.org">zan@healthandlearning.org</a>.</li> </ul> <p><b>VTSPC Trainings Winter/Spring 2023</b></p> <ul style="list-style-type: none"> <li>- View trainings with links to each in <a href="#">THIS DOCUMENT</a>.</li> </ul> <p><b>JoEllen Tarallo, Outgoing Executive Director at CHL</b></p> <ul style="list-style-type: none"> <li>- Email <a href="mailto:joellen@healthandlearning.org">joellen@healthandlearning.org</a> to express appreciations or say farewell.</li> </ul> <p><b>VT Suicide Safer Pathways Project 2022 Evaluation</b></p> <ul style="list-style-type: none"> <li>- Please view <a href="#">FULL REPORT HERE</a></li> </ul> <p><b>Updated HELP resources for order with 988 Lifeline Information</b></p>

- Visit here to download: <https://vtspc.org/resource/vt-help-card/>

**Trainings offered by NKHS**

- NKHS is offering 3 more QPR introductory suicide prevention awareness trainings in 2023. If interested, please email Ruth Marquette at [rmarquette@nkhs.net](mailto:rmarquette@nkhs.net).

**NAMI Vermont**

- Laurie Emerson invites everyone to the virtual 8th Annual Mental Health Advocacy Day on January 30th, 2023. You can learn more at <https://namivt.org/advocacy/#advocacy-day>