

This meeting was not recorded. Five members are needed for a quorum.

4/10/2023

Adult State Program Standing Committee Minutes

DRAFT

**Present Members:**  Ward Nial (he/him)  Bruce Wilson  Marla Simpson (she/they) (excu)  Dan Towle (he/him) (excu)  Lynne Cardozo  
 Zach Hughes (he/him)  Christopher Rotsettis (he/him)  Ann C Cummins (she/her)  Michael McAdoo  Alexis McGuiness (she/her) (excu)  
**DMH/State Staff:**  Eva Dayon (they/them)  Lauren Welch (she/her)  Trish Singer  Karen Barber  Nicole DiStasio  Chris Allen  
 Nick Nichols  Elora Taylor

**Public:**  Jessica Kantatan (she/her)  Anne Donahue

**Call in:** 732-673-3875 (no name given)

Agenda

- 12:30 SPSC Business: Introductions and Review Agenda, Statement on public comment, Vote on minutes, System of Care priorities for 2023, Vote on membership/membership update
- 1:00 DMH Legislative Update with Karen Barber, General Counsel and Nicole DiStasio, Policy Director
- 1:30 BREAK
- 1:35 Draft RMHS Visit questions and themes
- 2:00 DMH Leadership Update with Chris Allen, DMH Director of Suicide Prevention and Nick Nichols, VDH Suicide Prevention Program Coordinator
- 3:00 Public Comment
- 3:10 Closing meeting business and planning next meeting agenda

Agenda Item	Discussion (follow up items in yellow) Facilitator: Christopher Rotsettis Timekeeper: n/a
Opening and AMH SPSC Business	Meeting convened at 12:35pm. Quorum met.  <b>Announcements</b> <ul style="list-style-type: none"><li>• Lynne is up for reappointment. Committee will need to discuss and vote on reappointment.</li><li>• One change to the agenda since the last share: a DMH legislative update was added</li></ul> Lynne <b><u>motioned</u></b> to accept February 2023 minutes as written. Michael seconded. All in favor. <b>Approved.</b> Lynne <b><u>motioned</u></b> to accept March 2023 minutes as written. Zach seconded. Two abstentions. Three in favor. <b>Approved.</b>

This meeting was not recorded. Five members are needed for a quorum.

	<p><b>System of Care Priorities</b></p> <p>DMH shared the list of top five priorities, as voted on by the committee. DMH named that some minor modifications had been made (such as adding verbs) to try and make the items more specific, and asked the committee for feedback to ensure the new descriptions still met the committee’s purpose for each priority. The committee discussed and the following changes were made:</p> <ol style="list-style-type: none"> <li>1. Suicide Prevention – updated language to read “Increase suicide prevention efforts while respecting the voice of the individual”</li> <li>• Peer support – updated language to read “Increase Designated Agency employment of individuals with lived experience (aka peers) including intentional peer support and peer support counselors”</li> </ol> <p><b>Membership updates</b></p> <ul style="list-style-type: none"> <li>• Zach <b>motioned</b> to accept Lynne’s reappointment. Ann seconded. All in favor. Enthusiastically <b>approved</b>. <b>DMH will route this recommendation to the Commissioner, Secretary, and/or Governor as appropriate.</b></li> <li>• Still waiting on Ward’s updated resume, if he is choosing to re-apply for membership</li> </ul>
<p><b>DMH Legislative Update</b></p>	<p>Nicole DiStasio, DMH Director of Policy Karen Barber, DMH General Counsel</p> <ul style="list-style-type: none"> <li>• This is the first year of the legislative biennium, so bills that don’t meet crossover this year may still do so next year.</li> <li>• Crossover is the process in which a drafted bill moves to the opposite chamber. Bills can be introduced in the Senate or House of Representatives but must be voted forward by both legislative bodies in order to become a potential law. Bills should ‘crossover’ by a specific date to be on track for approval that year, and that date has already passed this year.</li> <li>• House bills <ul style="list-style-type: none"> <li>○ H62 – Counseling Compact <ul style="list-style-type: none"> <li>▪ 15 States have been signing on since 2017</li> <li>▪ Reciprocity in licensure – allows counselors to use their state’s license to provide services in other states involved in the compact</li> <li>▪ Benefits may include service continuity for clients moving out of state and ease of relocating for providers. Risks are that providers can offer their services to individuals outside Vermont, which may reduce the amount of time they are available to Vermonters.</li> </ul> </li> <li>○ H127 – Sports wagering <ul style="list-style-type: none"> <li>▪ Includes provisions for educational and therapeutic resources for gambling addiction</li> </ul> </li> </ul> </li> </ul>

This meeting was not recorded. Five members are needed for a quorum.

	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ Benefits are alignment with surrounding states, legalization of an activity that can be fun and engaging for most, but risky in that it will be addicting for some. Legalization allows for new revenue and better data for potential addiction resources</li> </ul> </li> <li>○ H481 – Public health initiative for death by suicide           <ul style="list-style-type: none"> <li>▪ Requires more reporting to legislature and collaboration with Department of Education, along with more collaboration overall between state departments on this topic</li> </ul> </li> <li>○ H230 – Securing handguns           <ul style="list-style-type: none"> <li>▪ DMH does not have a position on this bill</li> </ul> </li> </ul> </li> <li>• Senate bills       <ul style="list-style-type: none"> <li>○ S36 – Vermont Association of Hospitals and Health Systems proposal. Permits law enforcement involvement when health care workers are assaulted or threatened           <ul style="list-style-type: none"> <li>▪ DMH does not have a position on this bill</li> </ul> </li> <li>○ S47 – Vermont Care Partners proposal. Clarifying inconsistencies and confusion around mental health warrants           <ul style="list-style-type: none"> <li>▪ Defining law enforcement jurisdiction</li> <li>▪ DMH is involved in developing language including provisions for due process</li> </ul> </li> <li>○ S89 – Forensic facility for incompetent/insane individuals not meeting hospital criteria but needing secure treatment. Potential solution to fill a service gap.           <ul style="list-style-type: none"> <li>▪ Competency – threshold for understanding charges and appearing in court</li> <li>▪ Sanity – point-in-time assessment of mental state during crime. Used as an affirmative defense.</li> <li>▪ Develops statute for Emergency Involuntary Procedures, involuntary medications, and due process</li> </ul> </li> <li>○ S91 – Competency and sanity evaluations           <ul style="list-style-type: none"> <li>▪ Streamlining DMH’s process for evaluations</li> <li>▪ Includes access to medical records, distinguishing competency and sanity, no-shows, multiple evaluations for an individual, appropriate clinical evaluators</li> <li>▪ Explore formal “reinstatement of competency” process</li> </ul> </li> </ul> </li> </ul> <p>Committee entered <b>BREAK</b> at 1:33.</p>
<p><b>Draft RMHS Visit Questions and Themes</b></p>	<p><b>Reconvened 1:43.</b></p> <p>Members agree to reuse NCSS questions and develop a standardized set of questions. Keep space for follow up questions based on DA responses.</p>

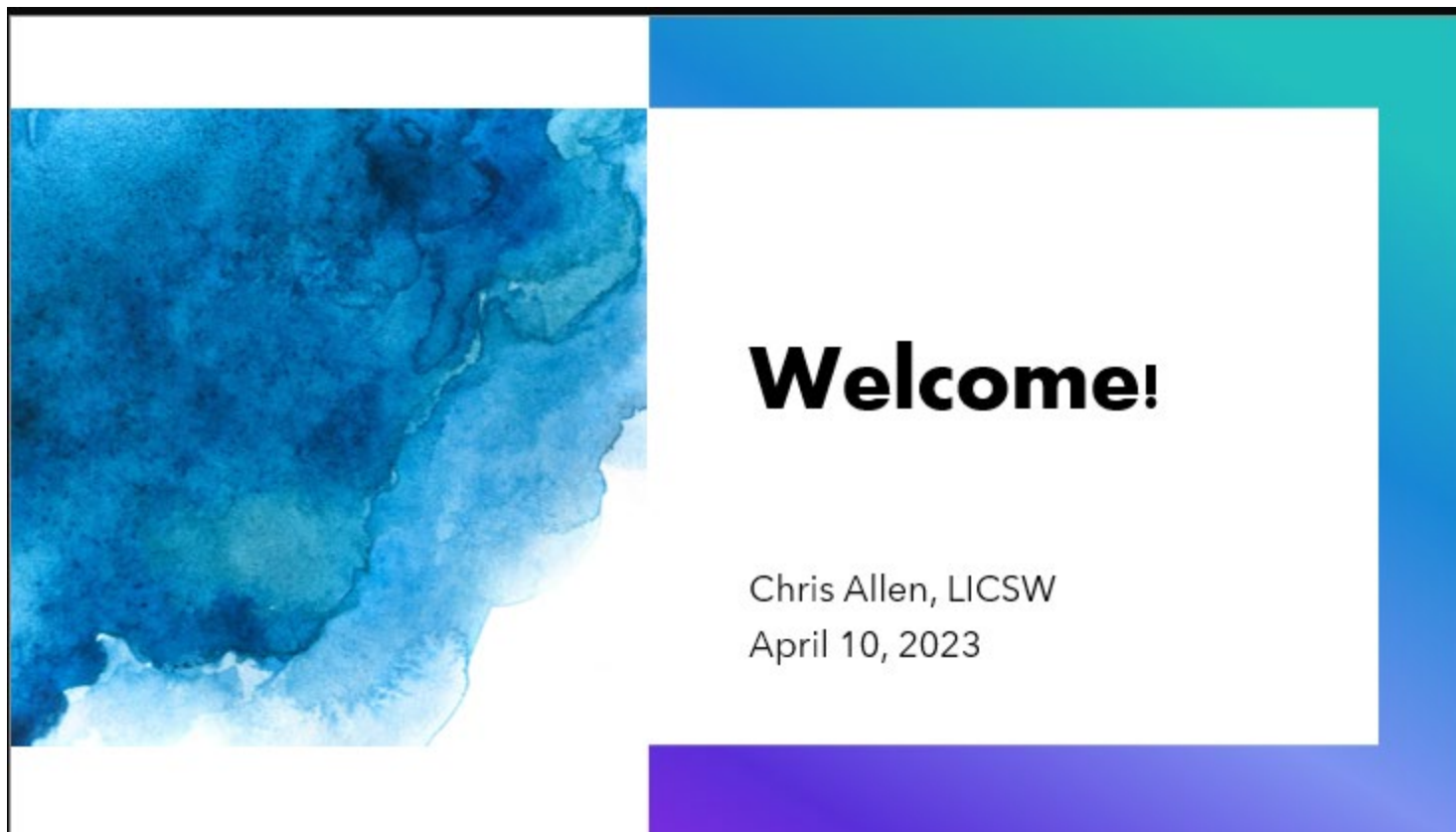
This meeting was not recorded. Five members are needed for a quorum.

	<p>Specific RMHS concerns</p> <ul style="list-style-type: none"> <li>• Crisis Stabilization and Inpatient Diversion (CSID) doesn't appear to have clinicians on staff – general questions about staffing shortages</li> <li>• Update on Mobile Crisis?</li> <li>• Staff turnover → Staff turnover and recruitment (DMH will relabel in question template)</li> </ul> <p>Kudos for RMHS</p> <ul style="list-style-type: none"> <li>• Conducting stay interviews to improve staff retention</li> <li>• Employee wellness programs including massage chairs</li> </ul>
<p><b>DMH Leadership Update: Suicide Prevention</b></p>	<p>Chris Allen, DMH Director of Suicide Prevention          Nick Nichols, VDH Suicide Prevention Program Coordinator          Elora Taylor, VDH Garrett Lee Smith Grant Coordinator (new hire)</p> <p>See slides after the minutes.</p> <p><b>Suicide Prevention at DMH</b></p> <ul style="list-style-type: none"> <li>• Recent increase in suicide deaths since 2019             <ul style="list-style-type: none"> <li>○ Informal 2022 suicide deaths count: between 117 and 142</li> </ul> </li> <li>• 988 Lifeline – weekly meetings with NCSS and NKHS call centers (Headrest NH is backup call center)             <ul style="list-style-type: none"> <li>○ Vermont has been able increase capacity alongside call volume to maintain ~80% answer rate                 <ul style="list-style-type: none"> <li>▪ Remaining ~20% of calls are answered by national backup center</li> </ul> </li> <li>○ Chat and text services are available at about 72hrs/week with hopes to offer 24/7 coverage soon                 <ul style="list-style-type: none"> <li>▪ Chris will look into how unanswered texts and chats are responded to (auto-response?)</li> <li>▪ Chris's follow up: When a community member chats or texts 988 and no one from a Vermont Lifeline Center is available or responds, the chat or texts rolls up to the national back up center. Thus all chats and texts get answered by someone.</li> </ul> </li> </ul> </li> </ul> <p><b>Suicide Prevention at VDH – Comprehensive Suicide Prevention Grant</b></p> <ul style="list-style-type: none"> <li>• CDC grant coordination from public health approach – comanaged between VDH and DMH             <ul style="list-style-type: none"> <li>○ Population approach to support people who may not be showing up and asking for services</li> <li>○ About 2/3 of Vermonters who have died of suicide were not receiving mental health treatment at the time of their death</li> </ul> </li> </ul>

This meeting was not recorded. Five members are needed for a quorum.

<b>Public Comment</b>	No members of the public in attendance.
<b>Closing Meeting Business</b>	<p><b>Debriefing River Valley Therapeutic Residence tour</b></p> <ul style="list-style-type: none"><li>• Eva or Lauren will let this group know if there is another tour opportunity of the space.</li><li>• Lynne has already toured the space<ul style="list-style-type: none"><li>○ Very different from Middlesex space</li><li>○ Balance of warmth/welcoming and clinical practicality</li><li>○ Only one accessible room, which was disappointing</li><li>○ Thoughtful about different therapeutic/recreational spaces (art, cooking, quiet room, yoga, TV)</li><li>○ While the site is right past Fanny Allen, it feels remote and nicely situated</li></ul></li></ul> <p><b>Agenda for next meeting</b> Lynne volunteered to facilitate.</p> <p>12:30 Committee business 1:00 RMHS Visit 2:00 Committee business continued, end early</p> <p>Zach motioned to adjourn. Lynne seconded. All in favor. Meeting <b>adjourned</b> 3:35.</p>

This meeting was not recorded. Five members are needed for a quorum.

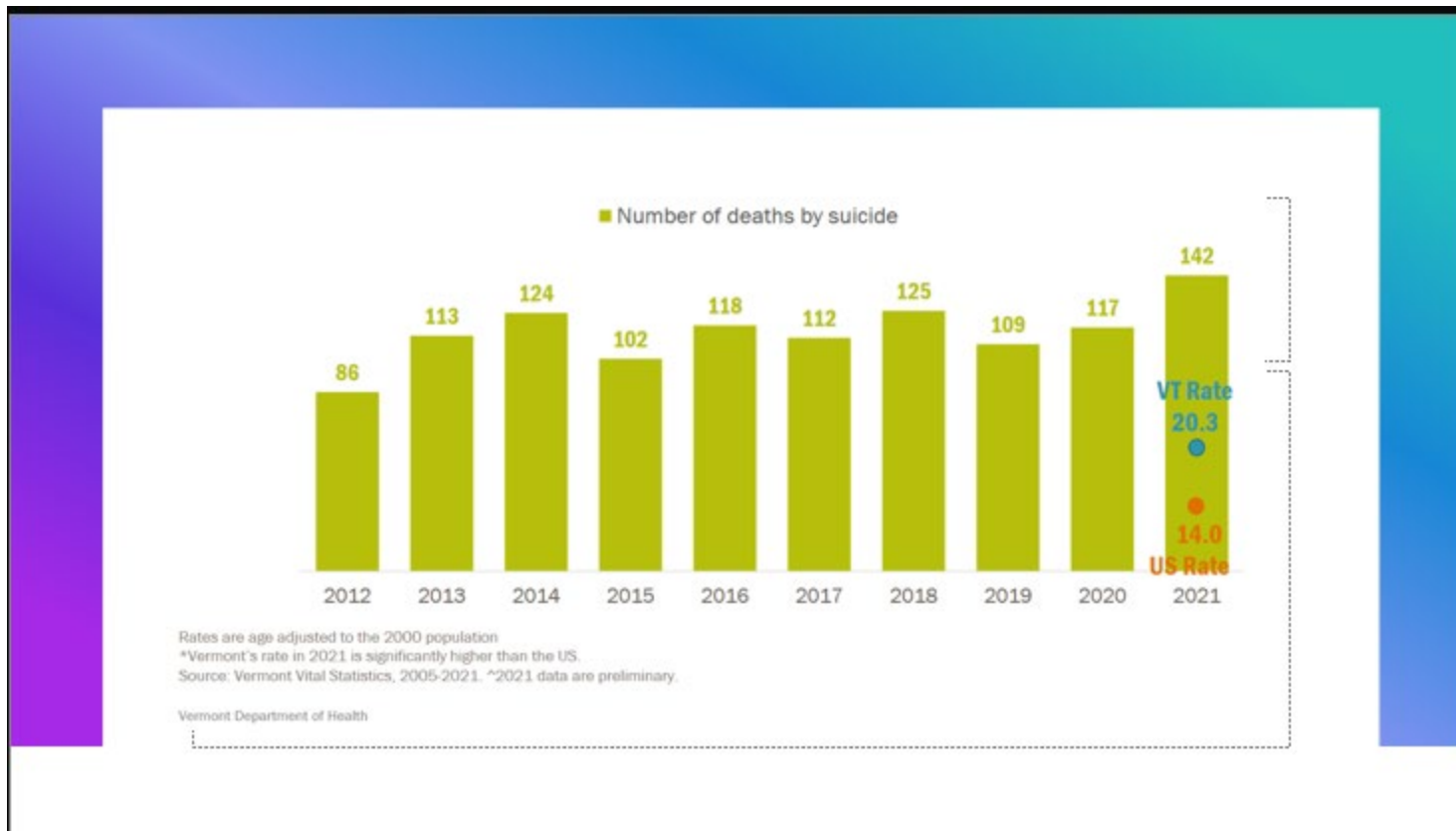


This meeting was not recorded. Five members are needed for a quorum.

## Introduction

- + Chris Allen, LICSW
- + Things I like: riding my bike in the rain, camping under the stars, skiing Steins!
- + Director of Suicide Prevention at VT DMH
- + Vermont Psychiatric Care Hospital Social Worker in Berlin
- + volunteered for many years with American Foundation for Suicide Prevention

This meeting was not recorded. Five members are needed for a quorum.





This meeting was not recorded. Five members are needed for a quorum.



This meeting was not recorded. Five members are needed for a quorum.

## 988 Vision

988 offers 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress, thoughts of suicide, mental health or substance use crisis, or any other kind of emotion distress.

People can call or text 988 or chat at [988lifeline.org](https://www.988lifeline.org) for themselves or if they are worried about a loved one.

The long-term vision for 988 is to build a robust crisis care response system across the country that links callers to community-based providers who can deliver a full range of crisis care services.

## **988 Suicide & Crisis Lifeline**

- + Vermont has built 24/7 instate coverage for 988 call response
- + Two Lifeline Centers (NCSS and NKHS, Headrest is the backup center)
- + Since the launch (July 2022, Vermont has seen a significant increase in call volume, and maintained an answer rate over 80%.



This meeting was not recorded. Five members are needed for a quorum.

# 988 by the Numbers

# 988

	December 2022			January 2023			February 2023		
	Calls	Chats	Texts	Calls	Chats	Texts	Calls	Chats	Texts
RECEIVED	605	22	62	958	58	38	1,131	44	78
ANSWERED	503	7	15	793	30	11	913	7	17
ANSWER RATE	83%	32%	24%	83%	52%	29%	81%	16%	22%

# Governor's Challenge

- < B f k g e s i k o o p a { ^ | s { k a ^ q k | g o { s s e ^ a o ^ | i g s i s s ^ | e k ^ { ~ p a e ^ e k z ^ i k a a ^ | i a ~ z g o { ^ y k a a e i k i k z a ^ | i s { a z { k | e ^ a e a ^ e k q s g ^ g e s ~ | a z ^ | e ~ a a k i k | e ^ | i a k i e g k a e s g s i k ^ { ~ | q a k a i s g k { k { f k a a Q k e k a ^ | a ^ | i e r k s a p ^ { s z k a Q ? V 4 a z E
- < 4 ~ g e a ^ a k ^ a o o s i k | e s p o N ? V 4 ^ | i a g a k k | p ~ a a e s g s i k a s a y Q a y e r k a e k a e s ~ | e ~ z y s e a a ~ { ~ e k g ~ | | k g e k i | k a a ^ | i s { a a ~ i k g ^ a k e a ^ | a s e s ~ | a Q a k a ~ e a g k { ^ a a s q a e Q g a k ^ a k z e r ^ z { k ^ | a a ^ p k e o ^ | i a ^ p k e o a z ^ | | s q Q a ^ | i a ~ e | i a e



This meeting was not recorded. Five members are needed for a quorum.

## **My hopes**

- + Create safer transitions from various care settings
- + Develop a path forward
- + Strengthen partnerships and increase collaboration
- + Enhance existing materials such as [facingsuicidevt.com](http://facingsuicidevt.com)



This meeting was not recorded. Five members are needed for a quorum.

## How to reach me?

[Christopher.M.Allen@vermont.gov](mailto:Christopher.M.Allen@vermont.gov)

**(802) 760-9208**



This meeting was not recorded. Five members are needed for a quorum.



## **Vermont Department of Health:**

# **Suicide Prevention Program Updates**

Nick Nichols,  
Department of Health Suicide Prevention  
Grant Coordinator

April 10, 2023





This meeting was not recorded. Five members are needed for a quorum.

## Public Health Approach to Suicide Prevention

- Public Health: The science of protecting and improving the health of entire populations and their communities.
- Population approach and primary prevention are critical to suicide prevention
  - People at risk often do not seek help:
    - Only 37% of Vermonters who died by suicide were engaged in mental health treatment at the time of their death
- Suicide Prevention + Public Health = expanding suicide prevention beyond the mental health treatment system into communities, healthcare, and the general public

“All Vermonters have a role in facing suicide”  
FacingSuicideVT.org

Source: Vermont Violent Death Reporting System (VTVDRS), 2017-2018  
Vermont Department of Health

2

This meeting was not recorded. Five members are needed for a quorum.

## Comprehensive Suicide Prevention (CSP) Grant: Overview

- 5-year Grant from Center for Disease Control and Prevention: September 2020 – August 2025
- Support 10% decrease in morbidity and mortality among Vermonters Ages 15 – 64
- Expand prevention to focus populations
  - LGBTQ+, Rural, Men, Living with Disabilities
- Support suicide prevention broadly across community programs, employers, healthcare, and the general public
- Improve public awareness and access to suicide prevention resources
- Co-managed by the Department of Mental Health

This meeting was not recorded. Five members are needed for a quorum.

## CSP Grant: Strategies and Activities

- **Enhance Data Surveillance**
  - Monthly Suicide Reports, Population Data Briefs, Suicide Data Linkage Project
- **Expand Suicide Awareness trainings for social services agencies and community partners**
  - Mental Health First Aid, Umatter, Question Persuade Refer (QPR)
- **Reduce Access to Lethal Means**
  - Counseling on Access to Lethal Means and Safe Storage in healthcare settings
  - Public Promotion of Safe Storage
- **Expand Supports for At-Risk Occupations (First Responders, Farmers, Construction)**
  - Farm First
  - Project Secure for First Responders
  - Mental Health and Overdose Prevention Construction Project

This meeting was not recorded. Five members are needed for a quorum.

## CSP Grant: Strategies and Activities

- **Improve Postvention Response to Suicide Loss**
  - Statewide Assessment and Planning
  - Statewide training and First Responder Postvention Guidelines and Resources
- **Support Suicide Safe Care among Healthcare Providers**
  - Emergency Department Suicide Prevention QI Project
  - Suicide Safer Care Mini-Grant Project for Primary Care
- **Increase Access to Suicide Mental Health Care via Telehealth**
  - Training for Suicide Treatment (CAMS) via Telehealth
- **Public messaging and campaigns to promote suicide prevention awareness**
  - Public Awareness Campaign: [FacingSuicideVT.com](http://FacingSuicideVT.com)

This meeting was not recorded. Five members are needed for a quorum.

## CSP Grant Outcomes: 2022

- Active Partnerships with over 80 private and public organizations
- 100 % of Hospital ED's Engaged in Suicide Prevention Quality Improvement
  - 281 Hospital ED staff trained in Counseling on Access to Lethal Means
- 212 Professionals trained in Suicide Awareness and Support
  - Farmers, First Responders, Pharmacists, Librarians, Community Action, Attorney General
- 1,878,383 clicks, views and engagements of Facing Suicide Social Media
- 7,565 new visitors to Facing Suicide VT Website
- 416 Views of Facing Suicide “Real Stories” of Vermonters Affected by Suicide
- Completion of Postvention Statewide Assessment and Plan
- Establishment of 5 Regional Peer Networks for First Responders
  - Recruitment and training of 61 First Responder Peers
- 265 MH Clinicians trained in suicide treatment via telehealth

Vermont Department of Health

6

This meeting was not recorded. Five members are needed for a quorum.

## CSP Grant: Spring Highlights

- **Annual Stakeholder Survey: “State of the State” for Suicide Prevention**
  - **Organizational Survey:** <https://www.surveymonkey.com/r/org23>
  - **Individual:** <https://www.surveymonkey.com/r/individual2023>
- **Improving Postvention Response to Suicide Loss**
  - Statewide training and First Responder Postvention Guidelines and Resources
  - Contact CHL – Deana Chase: [deana@healthandlearning.org](mailto:deana@healthandlearning.org)
- **Supporting Suicide Safe Care among Healthcare Providers**
  - Emergency Department Suicide Prevention QI Project – Year 2

This meeting was not recorded. Five members are needed for a quorum.

## Garrett Lee Smith (GLS) Youth Suicide Prevention Grant

- 5-year Grant from Substance Abuse and Mental Health Services Administration: September 2022 – August 2027
- Reduce suicide deaths and attempts among Vermont youth Ages 10 – 24
- Expand prevention to focus populations
  - LGBTQA Youth, BIPOC Youth, Child welfare and justice-involved youth
- Support suicide prevention broadly across schools, youth programs (afterschool), mental health and healthcare, child welfare and juvenile justice
- Promote youth mental health and wellness
- Improve supports for families
- Coordination support from Department of Mental Health

This meeting was not recorded. Five members are needed for a quorum.

## Garrett Lee Smith Grant: Activities

- Youth and teen Mental Health First Aid
- Umatter Suicide Prevention for Schools
- Improving Youth Suicide Treatment and Care Transitions (Zero Suicide)
- Expanding Family Supports (Finding Hope Support Groups, Bereavement Support)
- Reducing Access to Lethal Means (e.g., Safe Storage)
- Improving Social Connectedness Among Populations of Focus
- Public Health Campaigns to Promote youth mental health and wellness
- Enhanced Data Analysis

Vermont Department of Health

9



This meeting was not recorded. Five members are needed for a quorum.

## Zero Suicide Academy and Community of Practice for Youth Treatment Providers: May 24 – 25, 2023

- Training and TA for 16 youth health and mental health providers to Implement Zero Suicide Model
- Focus on Chittenden, Rutland, Bennington and Windham Counties
- Two-Day Virtual Session: May 24<sup>th</sup> and 25<sup>th</sup>, 2023
  - Orientation to Zero Suicide Framework and Seven Elements
  - Begin Strategic Implementation Planning
  - Network with Similar Organizations
  - Develop Organizational Action Plans
  - Lead by National Experts and the Educational Development Center
- 9-month Community of Practice: September 2023 – June 2024
  - Monthly TA session to support improved policies and treatment practices



<https://solutions.edc.org/solutions/zero-suicide-institute/events/zero-suicide-academy-vermont-youth-zero-suicide-academy-and>

Vermont Department of Health

10

This meeting was not recorded. Five members are needed for a quorum.

**Thank you!**

Nick Nichols, MSW  
Suicide Prevention Grant Coordinator  
Vermont Department of Health

[Nick.Nichols@vermont.gov](mailto:Nick.Nichols@vermont.gov)