#### 2/1/2024

Children, Adolescent and Family State Program Standing Committee Minutes

#### State Program Standing Committee for Children, Adolescent and Family Mental Health

Present Members:⊠ Cinn Smith, Chair⊠ Laurie Mulhurn□ Ron Bos Lun, Chair⊠ Sunny NaughtonDMH/State Staff:□ Gillian Shapiro□ Megan Shedaker⊠ Puja Senning□ Dana Robson□ Laurel OmlandPublic:□ Sandra Zeigler of NFI Vermont□ Karen Carreira⊠ Sarah Kenney of NCSS

<ul> <li>Business</li> <li>Introductions, Identify Timekeeper</li> <li>Review Jan meeting minutes</li> <li>Review agenda for March <ul> <li>Meet with UCS</li> </ul> </li> </ul>	9:05 – 9:15
Sarah Kenney of NCSS presents on an update of 988 Services at NCSS	9:15-10:00
<ul> <li>Review UCS documents and create questions</li> <li>Update on DCF workgroup on Broken Systems, Broken Promises</li> <li>System of Care Recommendations</li> <li>Act 264 Board's SOC Recs</li> <li>Adult SPSC SOC Recs</li> </ul>	10:00 - 10:55
Public Comment	10:55 - 11:00
Close/Meeting Adjournment	11:00

Agenda Item	Discussion (follow up items in yellow)	2 members needed for a quorum vote
Sarah Kenny of		
NCSS presents		
an update on	- (Power point l	
988 at NCSS	- NCSS is one of	2 DA's that cover 988 services in VT

-	NKHS takes over the over night shift where NCSS ends, so now there is 24 hour
	coverage
-	2019 – just had 1 phone installed in crisis department. Started with 40 hours of phone coverage. Then added 9-8 and then weekends.
	Chat and text slowly came on board.
	Switched from suicide number, which is a long number, to 988, and also chat and text
	in July 2022
-	988 was created to simplify. Similar to 911. Easier to remember and use
-	When Covid happened is put in forefront the deep need for mental health care for VT'ers
_	988 was the beautiful ability to make that response quick!
_	988 for support for crisis services. 911 for medical need.
_	Difference between 988 and local crisis lines is that there is anonymity. Some people
	don't' want to reach out to local crisis line because they may be known in the
	community/crisis team. Also, it's another form of support. And, it's 24-7 availability.
-	988 clinicians are trained through Vibrant. NCSS has layered in crisis training as well.
-	Have a former nurse, EMT and firefighter. Then, their previous experience is
	supplemented with these trainings.
-	We meet the client where they are, with what their current crisis is, and then move
	from there. May include safety planning if in imminent risk for suicidality.
-	The more they're able to build their staffing, the more they're able to answer on site.
-	Overflow goes to New Hampshire. Hasn't received too many calls/texts as NCSS and
	NKHS have been able to do great coverage so far.
-	Increasing to 2 providers on the weekends – that's the goal for this year.
-	Have 30 seconds to pick up that phone or it'll go to New Hampshire.
-	Don't have clear data as to males vs. females – who calls or texts more
-	People don't need to disclose age, it's their choice. This is important data so we're
	hoping to more consistently ask.
-	The chat and text system currently doesn't gather data. On Tuesday switch over to a
	new system which gives greater ability to track this data. Younger population use chat
	and text more.
-	In 2024 want to grow their team!
-	Do have people call in from other states.

- QUESTIONS:
<ul> <li>Karen – appreciate all the data. Kudos on how far it's grown!</li> </ul>
<ul> <li>Any issues of dropped calls?</li> </ul>
<ul> <li>Yes, sometimes do have dropped calls. Have robo calls. This information is</li> </ul>
shared with DMH's Jeremy Therrien weekly. In terms of cell phone dropped
calls, we try to give a call back.
<ul> <li>Karen appreciated this information and said it's helpful to offer this feedback to</li> </ul>
folks – that 988 will call you back if the call is dropped, per their policy. Nobody
is perfect and they do call back.
<ul> <li>Yes, if someone does call and is actively suicidal, safety plan is put in place. We</li> </ul>
call back next day and 48 hours later.
<ul> <li>DMH would love follow ups for every single person. We cannot do that yet – but</li> </ul>
we always end our calls letting them know that they can call back at any time.
<ul> <li>Among group of 55-64 aged folks, are they calling as caregivers or selves?</li> </ul>
<ul> <li>Calling about themselves. Also does have a good number of 'frequent caller's</li> </ul>
calling everyday in this age group.
<ul> <li>Laurie – can you give an idea of type of training clinicians receive?</li> </ul>
• Vibrant has 2-8 hours of training on how to assess for imminent risk, how to talk
about suicide, how to build rapport, chat and text is a different training on
building rapport, on phone listen to background, listen to voice cues. It's very
interactive. They spend 2-4 hours simulating actual calls/texts. NCSS does the
CALM training, DBT training to understand someone who may have Borderline
Personality Disorder. NCSS does training on how to help person build skills
quickly.
• First 10 days on onboarding, clinicians listen and don't answer calls yet. Then,
answer calls with someone shadowing them for 3-5 days. Superivisor is always
available from then on via Teams.
Can send a list of training, if helpful.
- Do you have the ability to listen in?
• We do not. Once we move to Vibrant's other phone system, we will have that
ability. Once that happens, I can listen in, participate, and/or take over the call.
<ul> <li>For folks who cannot speak, how can they access 988?</li> </ul>

• There is a TTY line available. The 988 website does list this.
- Do you have data on time frames?
<ul> <li>Vibrant gives 2 week chunk data points and does have times. Again – chat and</li> </ul>
text will be available soon. From 9-5 generally most busy. Wednesdays 12-8
have been busiest recently. It's all over the place. Starting to pull that data to get
more information because that will feed into how we appropriately staff our
centers.
- I used to run the call center for the Vermont country store. Had 300 employees. 5 chats.
Someone in French yelling at me! 😇 I've been there. I could shadow anyone at any
time. That mentorship during peak times, unusual situations was very critical to
helping the employee and the client.
- For those with disabilities who can't speak or communicate well or there's a fear. We
need more data on the children. When a 9-year-old is calling 988 we've got serious
problems in Vermont.
• I agree 100%. A positive story – a health teacher has called us twice so that her
classes know what to expect when they call to make it less intimidating. I have a
pet project to go into health classes in our counties and promote 988. Even
though that 9-year-old reached out it was a wonderful conversation – the
person was upset about being bullied – and they said okay, I'm going to go talk
to my parents. I'm grateful they reached out because it's a safe space. And it's
important to make this less intimidating and stigmatized.
<ul> <li>Do you ever get calls from family members of someone who's attempted suicide?</li> </ul>
• Yes, we do. That is considered a third party call. We ask even these folks about
imminent risk about themselves or others.
- Sunny: I think you and I should have our own meeting at some point. I do have some
specific questions that will benefit everyone. I was a consultant to Health and Learning
starting in 2021, through the launch, and then the funding went away. We do as much
as we can in Mental Health First Aid about 988. Every state is not doing as well as
Vermont. I went to a conference in March and Oregon was not even promoting 988. I
think it's important to recognize that Vermont is doing really well. We are going into
the classrooms already and we can prime the pump, so to speak, for you all to come in.

	Two questions – both Karen and I worked on the FEMA crisis line and I left because I did not have a good experience. Hearing what you're doing is great, because that is not what we did. I talked to NKHS about possibly doing fill in work during nights but the requirement is to be in-office. Is there any state that's having people do this work virtually or not from the call center? Quite frankly, it might not be healthy to do this work from home.
	• Right now, the way our system is set up, some of our staff members do it remotely. I feel it is incredibly important that clinicians are in this office to feel the camaraderie and support. Once they've been here for a certain amount of time, I will let them be remote. Chat and text is very easy for someone to be remote. My responder has kids home during the summer and is remote then which is perfect for her. Once we switched to Vibrant's new Chat and Text system, everyone will have that ability. Once we grow to that point where we are able to have someone like you Sunny, we will. And, we will still have you come in in-person initially for some time because it is so very important. And, I do think it's okay to be remote once you're well trained. Please stay in touch
	with me!
-	I was under the impression that 988 could connect someone to the local crisis line, but it sounds like that's not part of the process? If they needed intervention, they would be
	connected to local crisis.
	<ul> <li>Since Vibrant changed some things in the system, we're not currently able to do a transfer. We cannot get off the phone or it will disconnect. It's a technology issue. But yes in theory we should be able to do this. if this happens – I will also simultaneously call First Call and have them call them.</li> </ul>
-	For minors, what is the follow up?
	• If someone is at imminent risk that confidentiality goes out the window – we're calling First Call. We're calling folks who can immediately help.
	<ul> <li>Make a connection with this person. Support them in dialoging – why are they afraid of going to their parents – help them build the words they're not able to find. We cannot call their parents. And we are able to follow up as many times as they want. And they are able to call us back. I feel it is not the right answer. And my team has asked me this. and I've said, build the relationship – so they have 1 person to reach out to.</li> </ul>

	<ul> <li>Does mental health first aid include suicidality.</li> <li>Sunny – Karen and I can present on Mental Health First Aid. Yes, there is a suicide prevention part of it.</li> </ul>
	<ul> <li>Karen - Across the nation, 988 is pulling back on marketing – there's not the money for it. So it's been a soft marketing approach to happen. It took 30 years for 911 to get effectively up and running.</li> <li>Sunny – in Spring of 2022 had to press 802- before the number. Because the FCC had to lay the ground work for the 988.</li> <li>911 has between \$1-3 to phone bills to keep 911 going. Are there bills in front of the House and Senate to figure out sustainability plan for 988?</li> </ul>
Review January meeting minutes and review March agenda.	<ul> <li>All members voted to finalize January meeting minutes.</li> <li>March agenda includes meeting with UCS designation QnA.</li> <li>Sunny is hoping to find a private space to ensure she's able to attend next month's meeting.</li> </ul>
UCS Designation Questions	<ul> <li>ACTION: Puja will email out the standard Designation Questions</li> <li>ACTION: Puja will email out the list of questions for UCS that the committee made.</li> <li>ACTION: Members will respond back within 1 week with edits to the questions.</li> <li>ACTION: Puja will look into a list of all the LPSC contacts for all the agencies and email to Cinn.</li> </ul>
Public Comment	- There was no public comment.
11:00 Meeting Adjournment	- Meeting adjourned at 11:01

# **988 LIFELINE**

SARAH KENNY, MA, LCMHC 988 / Lifeline Team Leader



### **Vermont Lifeline Centers**

Vermont has two certified Lifeline centers available to respond to calls 24/7.

- NCSS provides coverage 9 -8 Monday to Friday, and 9 -1 Saturday & Sunday.
- NKHS provides coverage 8 -9 Monday to Friday, and 1 -9 Saturday & Sunday

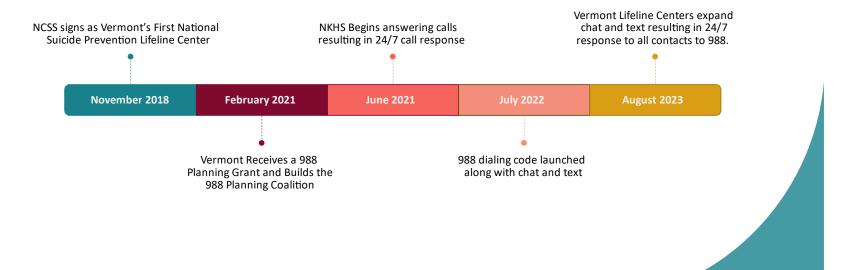


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### **Timeline of 988: Building on the Existing National Suicide Prevention Lifeline**



988 was designed to improve access to crisis services in a way that meets our country's growing suicide and mental health related needs. With the launch of the 3 digit 988 number, the name also changed from the National Suicide Prevention Lifeline to the 988 Suicide and Crisis LIFELINE.

August 2023



## How is 988 Supportive?

988 offers 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress.

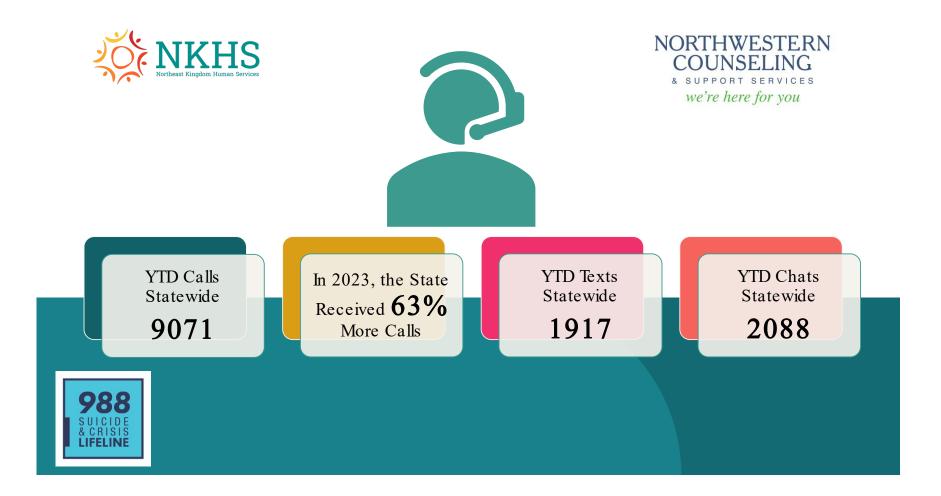


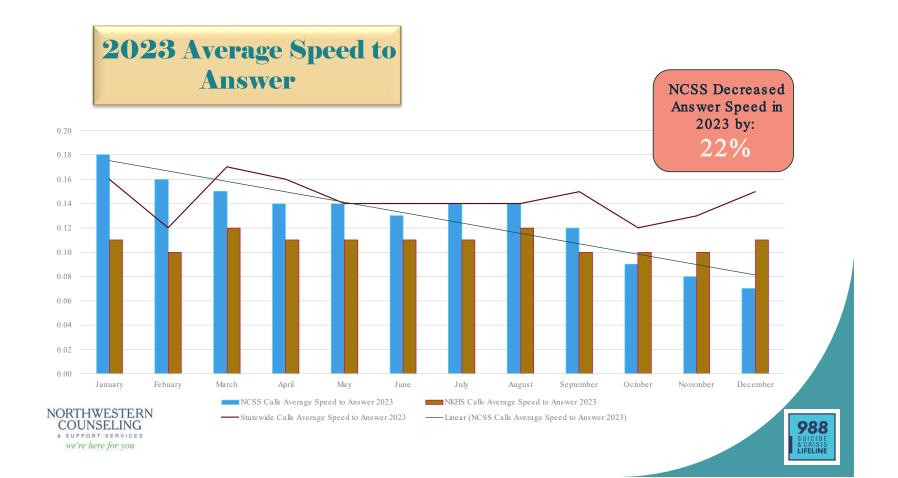
That could be:

- Thoughts of suicide
- Mental health or substance use crisis
  - Any other kind of emotional distress
  - People can also contact 988 if they are concerned about another individual in crisis.

Proven to work i Lifeline studies have shown that after speaking with a trained crisis counselor, most callers are signi cantly more likely to feel:

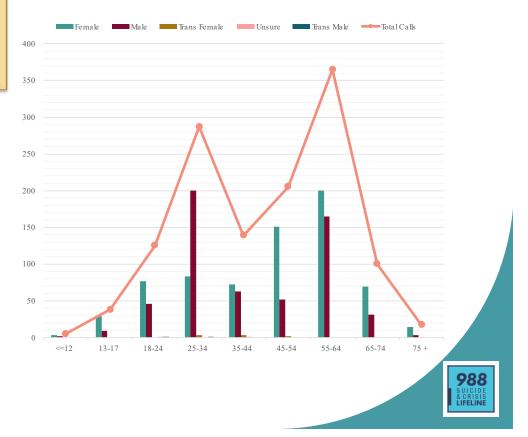
- Less depressed
- Less suicidal
- Less overwhelmed
- More hopeful





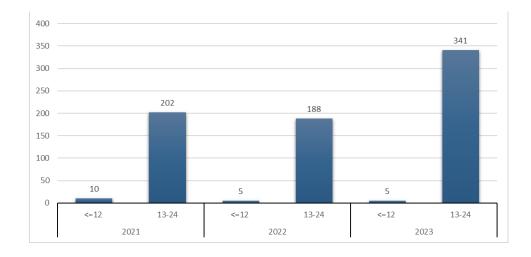
#### 2023 NCSS 988 Calls by Age and Gender

Due to the anonymity of the 988 program, all the information that we gather on the Lifeline Data forms are self-report. What we have been able to glean, is a strong presence in the age groups 24-34 for males and 55-64 for female callers. The 55-64 age group also presented with the most call volume for 2023. In terms of gender, we do see a higher number of callers identifying as female.



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### 2021, 2022, & 2023 NCSS 988 Youth Calls



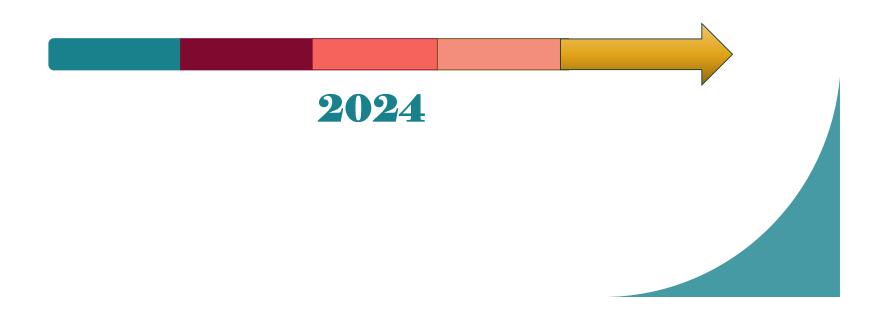




988

& CRISIS

# Where are we going?





## **THANK YOU**

SARAH KENNY, MA, LCMHC 988 / LIFELINE TEAM LEADER Northwestern Counseling and Support Services 802-524-6554