

MEMORANDUM

TO: Joint Fiscal Committee

FROM: Sarah Clark, CFO, Agency of Human Services

DATE: July 31, 2020

SUBJECT: Follow up to Questions Received During Testimony July 29, 2020

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First, I would like to thank you all for your support and commitment to Suidice Prevention efforts and your approval of the CRF funding request made on July 29, 2020.

As requested at the committee meeting, this memorandum is in response to questions asked during testimony regarding the plan related to Suicide Prevention efforts. As shared in the committee meeting, because the CRF needs to be expended by December 30, 2020, the Department of Mental Health is also looking to utilize \$287,500 carry forward general funds at DMH to ensure the efforts outlined below in the CRF request can be supported through all of FY21.

The question was asked whether there was any initiative that was not going to be funded for suicide prevention that had been outlined previously when the expected \$800,000 for suicide prevention efforts was discussed. Some funds in previous plans presented included a project director position to lead implementation of statewide suicide prevention initiatives at DMH. DMH is maintaining an adaptable approach to determining how to maximize funds, to deliver impactful and enduring suicide prevention activities.

Attached you will also find the SAMHSA grant application which was requested during committee. There is some work in the grant application (such as work with the domestic violence network) that differs from our final proposal to the committee because there were some requirements of the grant that needed to be funded at specific levels.

At the end of this document please find the CRF request with updated amounts **in red** indicating the investment from the carry forward as well. It is important to note, adjustments to these amounts may need to be made as we continue assessing the needs of Suicide Prevention efforts in our current pandemic environment.

## FY21 Budget Proposal Suicide Prevention

**Total Suicide Prevention Plan – SFY21 = \$787,500**

**Total CRF Funding Requested: \$500,000**

**Estimated use period August – December 2020**

**Carry forward: \$287,500**

**Estimated use period January – June 2021**

The COVID-19 pandemic and the resulting stay at home requirements has significantly impacted the well-being of Vermonters. Rising unemployment, social isolation, fiscal instability, and family stress pose significant risk factors for increased suicide in a state that is already 35% above the national five-year average. Vermont is a rural state with limited access to internet and technology in some regions. The inability to connect, even virtually, with community, extended family, friends and neighbors creates significant strain on our ability to use natural supports during this difficult time.

The Centers for Disease Control indicates that feelings of hopelessness, isolation, relationship problems, history of alcohol and substance use, history of maltreatment, financial and legal issues increase people's risk of suicide. The COVID-19 pandemic and resulting stay-at home order has increased social isolation, increased unemployment, imposed significant economic stress on the population and placed additional stress on families and relationships. Suicide prevention efforts will support Vermont to increase access to mental health services and resources, implement training for providers and community partners in evidence-based practices for identifying and treating suicidality, and foster partnerships with those supporting at risk populations.

### **1. Strategy 1: Expand ZERO SUICIDE statewide in Vermont**

Zero Suicide is a system-wide approach to improve outcomes and close gaps in suicide prevention. 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 and the also the **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. Expanding ZERO SUICIDE statewide is a strategy that supports Suicide Prevention for Veterans. The VA's Gatekeeper Program (SAVE) is part of the ZERO SUICIDE Framework and Training. Vermont has piloted Zero Suicide in limited regions of the state and requires additional resources to scale up statewide. DMH will administer funding to the Vermont Suicide Prevention Center, a program of the Center for Health and Learning (CHL) to scale up ZERO SUICIDE statewide. These efforts will all focus on targeted at risk populations such as LGBTQ youth and young adults, the elderly, veterans and victims of domestic violence.

Zero Suicide is the Evidence-Based Practice for public health approach framework to suicide prevention which Vermont utilizes. The seven components of the Zero Suicide framework are:

- Lead system-wide culture change committed to reducing suicides
- Train a competent, confident, and caring workforce
- Identify patients with suicide risk via comprehensive screening and assessment
- Engage all individuals at-risk of suicide using a suicide care management plan
- Treat suicidal thoughts and behaviors using evidence-based treatments
- Transition individuals through care with warm hand-offs and supportive contacts
- Improve policies and procedures through continuous quality improvement

**CRF Funding: \$300,000**

**Carryforward: \$197,500**

**2. Strategy 2: Expand Vermont's National Suicide Prevention Lifeline**

The National Suicide Prevention Life 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 includes specific referral and supports for Veterans. 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. DMH will administer funding to three of Vermont's local crisis call centers (Pathways, NCSS, 211) to expand capacity increasing to a 70% in state call response by 2021; which would equate to approximately 1,672 calls.

**CRF Funding: \$70,000**

**Carryforward: No additional funds needed for this initiative at this time due to other funding streams that will be available for January through June 2021.**

**3. Strategy 3: Develop of targeted suicide prevention resources that are culturally informed to reach identified at-risk target groups during COVID**

DMH will develop of targeted suicide prevention resources that are culturally informed in order to reach identified at-risk target groups during COVID. There would be a spectrum of approaches targeting at risk groups such as; LGBTQ+, racial minorities, middle aged white men, older Vermonters, and domestic violence victims, etc. DMH has an existing multidisciplinary team poised to implement and execute this work.

**CRF Funding: \$30,000**

**Carryforward: \$15,000**

**4. Strategy 4: Expand Mental Health First Aid Training**

Mental Health First Aid (MHFA) is a skills based training course that teaches participants about mental health and substance use issues. MHFA has been identified as key resource and curriculum that teaches individuals how to identify, understand and respond to signs of suicide and depression. Funding would be utilized to implement a Teen Mental Health First Aide program. This program would entail training high school students to recognize common mental health challenges and what they can do to support their own mental health as well as help a friend who is struggling. NCSS has piloted this new program. There are only 2 instructors in the state. Funding would also be utilized to train additional Adult Mental Health First Aid instructors.

**CRF Funding: \$50,000**

**Carry forward: \$25,000**

**5. Strategy 5: Expand programs and supports for older Vermonters**

Suicide risk is often coupled with social isolation and lack of meaningful relationships. Older Vermonters one of the highest rate of suicide and the highest risk of social isolation. As an upstream suicide prevention strategy Vermont will explore the expansion of the **Elder Care Clinician Program**. This funding will be administered by the Department for Aging and Independent Living (DAIL).

<https://www.seniorsolutionsvt.org/volunteering/vet-to-vet-vermont-visitor-program/>.

**Funding: \$50,000**

**Carry forward: \$50,000**

**Total CRF Funding: \$500,000**

**Total Carry Forward funding: \$287,500**