



Vermont Zero Suicide Training Assessment Report and Recommendations

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GOAL

The goal of the survey was to identify training related to building suicide-safer pathways in healthcare in Vermont that promote research and evidence-based practices, and identify gaps in training, as well as organizations who could be engaged in the development and strengthening of a training delivery system.

METHODS

The Vermont Zero Suicide Training Assessment Survey was developed in an electronic Survey Monkey format and sent during June 2021 to members of the Vermont Suicide Prevention Coalition and to representatives of other organizations that may offer suicide-related training. The Survey was completed by 44 individuals from a broad range of organizations. Respondents represented 32 unique organizations, 18 of which provide relevant training. Respondents from nine organizations stated that their groups do not provide suicide-specific training, and three participants identified themselves as individuals/professionals who are not associated with a particular organization and do not provide training. Two respondents indicated that their organizations sponsor trainings, but do not conduct them.

LIMITATIONS

Limitations of the study include that organizations did not describe the audience or platform for delivery of the training they offer. It is assumed that most responding organizations provide the training internally to staff on learning management platforms unique to their organizations. Further, the respondents represent varied roles in their organizations. It is assumed that respondents were key contacts in the organizations for suicide prevention, and therefore had full knowledge of the offerings provided. State of Vermont respondents may have provided information about trainings they are financially supporting but not directly offering, and these responses were excluded from the summary.

FINDINGS

Training Offered by Participating Organizations

Participants were asked to identify the training their organizations offer and the categories in which they fall. Of the 18 organizations providing training in the categories listed (see Table 1), 14 train individuals on Screening, 12 provide Gatekeeper training, 11 provide training on Care Coordination and Transition Planning, and 9 provide training on Suicide-Specific Treatment. Respondents from 8 organizations said their agencies provide training on Quality Improvement, and 7 indicated their organizations train individuals on Assessment. Participants from 5 responding agencies said they provide training on Caretaker Resilience, and 5 train people on Supporting Loss Survivors. Three participating agencies train individuals on Counseling on Access to Lethal Means (CALM).

TABLE 1. Training Offered

Training Topic	Number of Organizations Offering	% of Organizations Offering¹
Screening (C-SSRS, GAD, PHQ, SBIRT)	14	78%
Gatekeeper (e.g., Connect, JED Campus, Mental Health First Aid, Teen Mental Health First Aid, QPR, Umatter)	12	67%
Care coordination & transition planning	11	61%
Suicide-specific treatment (e.g., CAMS)	9	50%
Quality improvement	8	44%
Assessment	7	39%
Caretaker resilience (e.g., Capsaicin Satisfaction and Compassion Fatigue, AWARE, EAP)	5	28%
Supporting loss survivors	5	28%
Lethal means intervention (i.e., CALM)	3	17%

Looking at the organizations represented in the survey, six of them provide training on six or more of the nine topics listed in the survey. These organizations are the Center for Health and Learning, Champlain College, Howard Center, Lamoille County Mental Health Services, Northeast Kingdom Health Services, and the University of Vermont, Larner College of Medicine. Respondents from these organizations reported that their agencies give some training as frequently as once a week. On the other hand, six agencies reported conducting training on only one or two topics and participants from these organizations stated they typically hold five or less trainings in a year.

Looking at the training offered by organizations that participated in the survey, Umatter was the most popular Gatekeeper workshop. For Screening, training on the Columbia-Suicide Severity Rating Scale (C-SSRS) was common, as was CAMS as a Suicide-Specific Treatment training. Counseling on Access to Lethal Means was the only training listed in the category of Lethal Means Intervention. For the other training topics, no training stood out as being offered more than others. The most common source of funding across all types of training is grants. Donors and private foundations were also a common funding source for training, while only one organization (Northeast Kingdom Human Services) reported that they charge a fee for service for any of their workshops.

¹ Percentages calculated using the total number of organizations that reported offering one or more trainings (n = 18)

FINDINGS (Cont'd)

Supports and Needs for Delivery of Training

Respondents were asked to share their insights regarding the support and resources needed to strengthen the delivery of suicide prevention training in their organizations. Several participants identified funding challenges as an impediment to conducting more training. Another common theme in participants' responses was the need for more outreach, advertising, and marketing as a way to increase awareness of suicide prevention training and their importance, especially in underserved communities. The third theme present across multiple responses was increasing staff capacity for delivering programs. Respondents expressed a desire for more trainers and the challenges their trainers face as they are "burned out and struggle to manage all of the expectations of their roles." Another suggestion was creating ways for organizations to more easily identify individuals who have not taken training, and developing a learning platform for community organizations.

The survey also prompted participants to name supports and resources needed to strengthen the delivery of suicide prevention training in Vermont. Once again, barriers related to funding was a top concern among respondents. Relatedly, multiple participants advocated for broader use of incentives to encourage more people to participate in training related to suicide prevention. Some participants stated that legislative and educational leaders (e.g., Agency of Education) should use their power to encourage, or even mandate, more participation in training. Meanwhile, others advocated for better coordination among a broad range of community partners and stakeholders including hospitals, primary care practices, schools, and social service organizations to bring together trainers and participants, create community-wide efforts to prevent suicide, and promote mental health. Lastly, a couple respondents said Vermont would benefit from having more trainers, as well as easier access to their information and training schedules.

RECOMMENDATIONS The goal of the survey was to gather information that could be used for planning a more comprehensive system of training in VT that promotes research- and evidence-based practices for building suicide-safer pathways in organizations that provide mental health and healthcare services. The intention was to identify gaps in training and organizations that could be engaged in the development and strengthening of a training delivery system. This work also allows VT-SPC to identify its role among the organizations that impact the overall ecosystem of suicide prevention training in Vermont.

RECOMMENDATIONS (Cont'd)

Respondents advocated for better coordination among a broad range of community partners and stakeholders including hospitals, primary care practices, schools, and social service organizations to bring together trainers and participants, create community-wide efforts to prevent suicide, and promote mental health.

In addition, respondents identified the need to expand awareness among legislative and educational leaders about the need for suicide prevention training within a continuum of training related to mental health.

With the aim of increasing awareness of the need for community wide efforts and coordination of trainings, we make the following recommendations based on the findings above:

STATEWIDE TRAINING SYSTEMS INFRASTRUCTURE

-
- Identify, recognize and leverage the role of state agencies as training sponsors, e.g., VT Department of Health, Department of Mental Health, Department of Aging and Independent Living, Division of Children and Families, VT Department of Labor, etc.
 - Demonstrate the interest and need for more training by leveraging the results of this survey and Zero Suicide Workforce Development Surveys. Work with leaders in the state, including AHS, and include a broad array of stakeholders in the work of building a training system.
 - Ask legislative and educational leaders (e.g., Agency of Education) to promote, encourage, or even mandate more participation in training.
 - Identify and leverage the organizations that may play a critical role in the delivery of suicide prevention training in Vermont.
 - Pursue opportunities to increase funding for creation and delivery of suicide-related training in Vermont. Use these funds for expanded delivery of training, advertising, and marketing, outreach, incentivizing attendees and paying trainers. The most common source of funding across all types of training is grants followed by donors and private foundations.

TRAINING COORDINATION

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- Identify and prioritize training that could be offered on a scheduled basis and accessed by many organizations versus those that are best delivered site-based.
 - Determine what training is best suited for offering in-house and what training is best suited for offering across a common platform based on the available resources.
 - Expand training opportunities for independent providers, taking into account their specific needs for participating in trainings.

TRAINING DESIGN

- Harness the knowledge and skills of organizations who are currently providing training in quality improvement discussions to generate the most effective approaches to suicide specific training.
- Identify best practices and models for delivery by engaging with organizations with the greatest capacity in order to ascertain their program delivery methods and funding sources. Once this information has been established create specific programs for delivery.
- Determine the best approaches and delivery systems within organizations and across them to support loss and attempt survivors and increase training in prevention and postvention protocols.

ORGANIZATIONAL SITE-BASED TRAINING INFRASTRUCTURE

- Determine which organizations are best suited to deliver trainings and invest in building infrastructure in each organization. Alternatively, develop a statewide delivery system with one or multiple delivery modes.
- Consider the development of a Learning Collaborative approach in order to improve the delivery of care.
- Consider how training offered on LMS, through groups such as Relias at NCSS, factor into the delivery of training and whether funding can be provided to support the training needs of community organizations and development of a learning platform which they can access.
- Better understand the desire for more training capacity. Assess the true capacity of those engaged in training responsibilities to deliver training given the demand of their roles. Additionally or alternatively, identify best practices for training delivery using training platform exemplars (Howard, NEKHS) as models for further in-house development.

TRAINING CAPACITY

- Vermont would benefit from having more trainers, as well as easier access to their information and training schedules.
 - Increase staff capacity to deliver programs by funding additional staff or changing utilization of current staff members. Once adequate staff levels have been determined, identify best practices to develop training workforce and engage staff.
 - Employ a broader use of incentives for training such as CEUs, stipends, time allocated for professional development, etc.
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APPENDICES

TABLE A1 – TRAINING BY TOPIC AND ORGANIZATION

Organization	Training Topic	Training Title
Center for Health and Learning	Gatekeeper	Umatter
	Care coordination & transition planning	N/A
	Screening	C-SSRS
	Suicide-specific treatment	CAMS
	Caretaker resilience	Unknown
	Quality improvement	Unknown
Champlain College	Gatekeeper	JED Campus
	Care coordination & transition planning	N/A
	Screening	SBIRT, PHQ, GAD
	Assessment	Unknown
	Suicide-specific treatment	Unknown
	Caretaker resilience	Unknown
	Quality improvement	Unknown
	Supporting loss survivors	Unknown
Community Health Center of Burlington	Lethal Means Intervention	CALM
	Suicide-specific treatment	CAMS
Community Health Center of Rutland Region	Gatekeeper	Unknown
	Care coordination & transition planning	N/A
	Screening	Unknown
	Suicide-specific treatment	Unknown
Congregation Shir Shalom / Woodstock Vermont	Gatekeeper	Umatter
Hartford School District & Hartford Community Coalition	Gatekeeper	Connect

TABLE A1 – TRAINING BY TOPIC AND ORGANIZATION (Cont’d)

Organization	Training Topic	Training Title
Howard Center	Gatekeeper	Unknown
	Care coordination & transition planning	N/A
	Screening	C-SSRS
	Assessment	Unknown
	Suicide-specific treatment	Unknown
	Caretaker resilience	Capsaicin Satisfaction and Compassion Fatigue
	Quality improvement	Unknown
KDR Counseling and Consulting Service, LLC	Screening	Unknown
	Assessment	Unknown
Lamoille County Mental Health Services	Gatekeeper	Umatter®
	Care coordination & transition planning	N/A
	Screening	C-SSRS
	Suicide-specific treatment	CAMS
	Lethal Means Intervention	CALM
	Caretaker resilience	AWARE
	Quality improvement	Unknown
Lamoille Health Partners /Blueprint for Health	Care coordination & transition planning	N/A
	Screening	Unknown
	Assessment	Unknown
	Quality improvement	Unknown
Northwestern Counseling & Support Services	Gatekeeper	Mental Health First Aid
	Gatekeeper	Teen Mental Health First Aid
	Screening	C-SSRS

TABLE A1 – TRAINING BY TOPIC AND ORGANIZATION (Cont’d)

Organization	Training Topic	Training Title
Northeast Kingdom Human Services	Gatekeeper	QPR
	Gatekeeper	Mental Health First Aid
	Care coordination & transition planning	N/A
	Screening	C-SSRS
	Suicide-specific treatment	CAMS
	Caretaker resilience	EAP
	Quality improvement	Unknown
	Supporting loss survivors	Unknown
	Lethal Means Intervention	CALM
SASH at Cathedral Square	Gatekeeper	Umatter
	Gatekeeper	Mental Health First Aid
	Care coordination & transition planning	N/A
	Screening	C-SSRS
	Assessment	Unknown
	Supporting loss survivors	Unknown
United Counseling Service	Care coordination & transition planning	N/A
	Screening	C-SSRS
	Assessment	Unknown
	Supporting loss survivors	Unknown
University of Vermont, Larner College of Medicine	Gatekeeper	Unknown
	Care coordination & transition planning	N/A
	Screening	Unknown
	Assessment	Unknown
	Quality improvement	Unknown
	Supporting loss survivors	Unknown
University of Vermont, Office of Primary Care & AHEC Program	Screening	Unknown
Vermont Program for Quality in Health Care	Suicide-specific treatment	CAMS
	Quality improvement	Unknown
Washington County Mental Health Services	Gatekeeper	Umatter
	Care coordination & transition planning	N/A
	Screening	Unknown
	Suicide-specific treatment	CAMS

TABLE A1 – TRAINING BY TOPIC AND ORGANIZATION (Cont’d)

Training Topic	Organizations Presenting Trainings on Topic	Training Title
Gatekeeper	Center for Health and Learning	Umatter®
	Champlain College	JED Campus
	Community Health Center of Rutland Region	Unknown
	Congregation Shir Shalom / Woodstock Vermont	Umatter®
	Hartford School District & Hartford Community Coalition	Connect, Umatter®
	Howard Center	Unknown
	Lamoille County Mental Health Services	Umatter®
	Northeast Kingdom Human Services	Mental Health First Aid, QPR
	Northwestern Counseling & Support Services	Mental Health First Aid, Teen Mental Health First Aid
	SASH at Cathedral Square	Umatter®, Mental Health First Aid
	University of Vermont, Larner College of Medicine	Unknown
	Washington County Mental Health Services	Umatter®
Care Coordination & Transition planning	Center for Health and Learning	N/A
	Champlain College	
	Community Health Center of Rutland Region	
	Howard Center	
	Lamoille County Mental Health Services	
	Lamoille Health Partners /Blueprint for Health	
	Northeast Kingdom Human Services	
	SASH at Cathedral Square	
	United Counseling Service	
	University of Vermont, Larner College of Medicine	
	Washington County Mental Health Services	

TABLE A1 – TRAINING BY TOPIC AND ORGANIZATION (Cont’d)

Training Topic	Organizations Presenting Trainings on Topic	Training Title
Screening	Center for Health and Learning	C-SSRS
	Champlain College	GAD, PHQ, SBIRT
	Community Health Center of Rutland Region	Unknown
	Howard Center	C-SSRS
	KDR Counseling and Consulting Service, LLC	Unknown
	Lamoille County Mental Health Services	C-SSRS
	Lamoille Health Partners /Blueprint for Health	Unknown
	Northeast Kingdom Human Services	C-SSRS
	Northwestern Counseling & Support Services	C-SSRS
	SASH at Cathedral Square	C-SSRS
	United Counseling Service	C-SSRS
	University of Vermont, Larner College of Medicine	Unknown
	University of Vermont, Office of Primary Care & AHEC Program	Unknown
	Washington County Mental Health Services	Unknown
Assessment	Champlain College	Unknown
	Howard Center	Unknown
	KDR Counseling and Consulting Service, LLC	Unknown
	Lamoille Health Partners /Blueprint for Health	Unknown
	SASH at Cathedral Square	Unknown
	United Counseling Service	Unknown
	University of Vermont, Larner College of Medicine	Unknown

TABLE A1 – TRAINING BY TOPIC AND ORGANIZATION (Cont’d)

Training Topic	Organizations Presenting Trainings on Topic	Training Title
Lethal means intervention	Community Health Center of Burlington	CALM
	Lamoille County Mental Health Services	CALM
	Northeast Kingdom Human Services	CALM
Suicide-specific treatment	Center for Health and Learning	CAMS
	Champlain College	Unknown
	Community Health Centers of Burlington	CAMS
	Community Health Center of Rutland Region	Unknown
	Howard Center	Unknown
	Lamoille County Mental Health Services	CAMS
	Northeast Kingdom Human Services	CAMS
	Vermont Program for Quality in Health Care	CAMS
	Washington County Mental Health Services	CAMS
Quality Improvement	Center for Health and Learning	Unknown
	Champlain College	Unknown
	Howard Center	Unknown
	Lamoille County Mental Health Services	Unknown
	Lamoille Health Partners /Blueprint for Health	Unknown
	Northeast Kingdom Human Services	Unknown
	University of Vermont, Larner College of Medicine	Unknown
	Vermont Program for Quality in Health Care	Unknown
Caretaker Resilience	Center for Health and Learning	Unknown
	Champlain College	Unknown
	Howard Center	Capsaicin Satisfaction and Compassion Fatigue
	Lamoille County Mental Health Services	AWARE
	Northeast Kingdom Human Services	EAP
Supporting Loss Survivors	Champlain College	Unknown
	Northeast Kingdom Human Services	Unknown
	SASH at Cathedral Square	Unknown
	United Counseling Service	Unknown
	University of Vermont, Larner College of Medicine	Unknown

TABLE A2 – RESPONDING ORGANIZATIONS/ROLES OF RESPONDENTS AND STATUS AS TRAINING PROVIDER

Responding Organizations	Roles of Respondents	Training Provider Status
Bellows Free Academy	Health Education Teacher	N
Brattleboro Union High School	Social Worker	N
Center for Health and Learning	Senior Program Specialist	Y
Champlain College	Director	Y
Community Health Centers of Burlington	Chief Medical Officer	Y
Community Health Center of Rutland Region	Director of Behavioral Health & MAT Services	Y
Congregation Shir Shalom	Rabbi	Y
Copeland Center	Not provided	N
Hartford School District & Hartford Community Coalition	Student Assistance Professional	Y
Howard Center	Director of Client Care	Y
KDR Counseling and Consulting Service, LLC	Counselor	Y
Lamoille County Mental Health Services	CEO	Y
Lamoille Health Partners / Blueprint for Health	Program Manager	Y
NAMI VT	Volunteer Leader	N
Northwestern Counseling & Support Services	Adolescent Case Manager	Y
Northeast Kingdom Human Services	Mental Health Crisis Specialist, Grant Writer, QPR Instructor	Y
Northeastern Vermont Regional Hospital	Innovations Coordinator	N
Northern Vermont University-Lyndon	Student, Mental Health Counselor	N
NVRH St. Johnsbury Pediatrics	Behavioral Health Specialist	N
SASH at Cathedral Square	Director	Y
Springfield Medical Care Systems	Director of Community Health	N
State's Alcohol and Drug Use Programs and State Unit on Aging	Substance Use and Aging Specialist	N
United Counseling Service	Clinical Manager	Y
United Way Vermont	Executive Director	N
UVM, Larner College of Medicine	Professor of Pediatrics, Emeritus	Y
UVM Medical Center	Senior Community Health Liaison	N
UVM Office of Primary Care and AHEC Program	Director	Y
Vermont Center for Independent Living	Peer Advocate Counselor	N
Vermont Department of Health	Nurse Consultant, Public Health Analyst	N
Vermont Federation of Sportsmen's Clubs	President	N
Vermont Program for Quality in Health Care	Quality Improvement Specialist	Y
Washington County Mental Health Services	Intensive Care Services Director	Y

TABLE A3 – SUPPORT AND RESOURCES NEEDED TO STRENGTHEN TRAINING IN ORGANIZATIONS

Availability of Training:

Covid has limited training availability, hoping to get back on track soon.
More CAMS-care opportunities
Online training provided on a scheduled basis
We utilize external trainers but at present do not provide training ourselves. We have used Mental Health First Aid, Gatekeeper Training, CALM and CAMS in addition to training that clinicians access on their own. Continued availability of the above and the resources to enroll staff are what's needed

Capacity – Funding:

Additional financial support to train more SASH staff in U Matter, allowing them to then provide this program for SASH participants.
Funding
Funding, Identifying those who are not trained
Funding. Train the trainer to offer in house/community
If Umatter® was provided to schools free of charge, that would be helpful and probably increase the number of schools able to participate

Capacity – Staff:

More staff to fully commit to this cause; the staff currently are burned out and struggle to manage all expectations of their role.
More trained staff
Staff capacity

Collaborations:

Our organization partners with our local MH Provider to support us in receiving suicide training; Gatekeeper, Safe Talk, connection to CALM and CAMS training.
We actually have pretty good support at the moment from community agencies
We have a fairly strong community wide initiative with training for professionals and community members at this time.
We have a training collaborative that is working to identify training gaps.

Infrastructure and Technology:

Creation of a learning platform for staff and community organizations
We did teach on Zoom, the training was excellent, we are only sorry that we were not able to attract more individuals from across the community

Messaging and Outreach:

More awareness, availability of programs
More resources for advertising available training.
Broader outreach to communities where we don't have volunteers would need ads and marketing.

Upstream Prevention:

We need a program that is upstream and not reactive. Our organization is trying hard to prevent suicide in the moment it occurs, which I support. However, we have no upstream programs in place that do community outreach. It's not a billable service, so our organization may not be able to support it fully. A specific community outreach team to provide psycho-education for suicide and provide community supports via peer teams would be great. Also being able to hold support meetings for programs other than addiction would be good, like a suicide survivor's group to share their stories with others or support others.

Youth and Families:

More youth suicide prevention training and support for youth and families
Specific time dedicated to suicide prevention. As a school, we have devoted professional development time for trauma informed training but the majority of PD is spent on educational training topics and most recently, diversity/bias pd. Carving out time for mental health/social emotional focused training is challenging in a public high school setting.

TABLE A4 – SUPPORT AND RESOURCES NEEDED TO STRENGTHEN TRAINING IN VERMONT

Availability of Training:

Continued and expanded offerings of programs like Mental Health First Aid, CALM and other gatekeeper training

Capacity – Funding:

Additional funding for prevention (not just screening) and mental health skills.
Funding
More time and money
Incentives
Continued attention, time and resources - change takes time!
Funding for organizations to bring trainers on site
The main challenge we have seen with our independent provider groups is that the CAMS training feels like a big time commitment for many of them. It would be great to come up with some techniques for incentivizing these training further so that clinicians feel like it is worth the 7 hour commitment.

Capacity – Staff:

Capacity
This is beyond the scope of suicide prevention training, but I see a big issue in the fact that our designated mental health agency is totally overwhelmed and understaffed and therefore has a high turn-over rate. It is also impossible to find a private counselor in the Bennington area; they are simply not able to take more patients. Personally, after searching for months, I am doing phone counseling with someone located in PA!
Increasing the number of agency and private therapists.

Collaborations:

Further coordination with hospitals and primary care/blueprint practices, education, social service organization, faith based organizations, after school/third space, lgbtq, and other special population groups. also more support from legislature
VTSPC is strongly networked with Zero Suicide initiatives and is able to provide extensive suicide training and resource support.
Improved provider collaboration around suicide as well as training on reviewing critical events

Infrastructure and Technology:

Virtual options
More support services
Suicide prevention consultants and postvention, educators available to school districts (just like there are substance abuse prevention specialists in the department of health)
Many independent providers feel uncomfortable working with patients who are at risk of dying by suicide. I have been wondering what we can do across the state to support providers and make them more comfortable and support when they work with high risk patients. They do not have the supervision support that is built into the Designated Agencies.
A mobile outreach team specifically to train the community/schools/medical providers/etc. would be great. Providing screening tools to the community leaders, like teachers and doctors, store owners, business leaders, the police, ems, fire departments, would be great. Not just one or two people, but a team.

Leadership Support:

The AOE needs to make suicide prevention training a top priority and require all schools to spend PD time for all staff to participate in Gatekeeper training. Suicide prevention training cannot be the sole responsibility on individual schools and school districts; it must be a statewide mandate thus, schools would be required to find the time and resources for the training.
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TABLE A4 – SUPPORT AND RESOURCES NEEDED TO STRENGTHEN TRAINING IN VERMONT (Cont’d)

Messaging and Outreach:

Awareness
Urgency of Message to be shared on NPR or other outlets
Info on who provides training and can provide training to any group that needs it.
Calendar of training and how to register (maybe listed on the SPC website)

Youth and Families:

Better recognition in the middle and high schools that this issue needs to be discussed.
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Miscellaneous:

I would love to see either community walks or college walks in the community.
I think that the serious nature of suicide as a topic engages with the obviously traumatic nature of contact with suicide for many people whose experiences with suicide are sufficiently decontextualized from their day to day life by time and the social taboos of the topic. Many young people encounter suicide addressed in comedy, fiction, or other pop culture reference points. And this represents both the greatest challenge and the greatest opportunity in teaching the community about suicide prevention. There is a way forward. We can begin by embracing the topics of suicide and suicide prevention as cultural realities, complete with humor, community engagement, and frank honesty about people's real reactions to the difficult situations in life that can push us to our limits.

TABLE A5 – ADDITIONAL COMMENTS

I appreciate everything our agency does, but I would love to see more and would do anything I could to support this, including volunteer time. I'm a veteran, and I know we don't have many veterans in Vermont in our area, but 99% of our agency has not idea how to talk to veterans or what is out there to support veteran's needs. That goes for Police, Fire/Rescue, and other front line providers as well. There is such a huge gap in this community for services, even a few improvements would be better than none. Change is good and not to be feared.
I don't feel we do a good job educating our staff about Suicide prevention, screening and assessments. Part of it is a lack of funding, time and knowledge. We are overworked and the increasing expectation of pay reforms has our staff close to burnout. CFYS has lost 5 staff members in the last 3 months as a direct result of the increasing documentation expectations, increasing caseloads, lack of increase in compensation, and lack of increase in the availability to more staff due to a lack of funds. Unfortunately, this had led to a direct inability to provide more comprehensive training.
I think it's just about general knowledge that this is available, spreading the word and making SPC the hub for suicide specific care, similar to how people use Google, or Front Porch Forum.
I was part of this program for a very short while. I do believe that it will provide great needs and understanding to our community. Although I hope I was able to provide some insight, It was just a little too soon for me for to assist as parent who lost a child to suicide.
It would be great if someone could provide a Suicide Prevention training to our organization. I can ask about how to arrange that, if it's a possibility from your end
NAMI VT provides signature programs of NAMI, through trained volunteers.
Our work and connections through the Zero Suicide Platform as well as the Center for Health and Learning have already improved our work on suicide prevention tremendously but there is always more to learn and do. Thank you for your continued support.
Resource agencies so they are prepared if/when they are faced with an intervention. Don't expect people who are in crisis to go through the Mental Health system in VT (solely). Make access to help easy with many modalities.
The CAMS platform and continuing support and networking is great. Keeping costs low for mu wee practice is paramount.
Training is great, we need to leverage in the community at large. I have reached out to the Emergency Services in the last 24 hours, but we should be able to raise awareness on a broader scale. Thank you for your interest
We have started a CAMS Community of Practice for independent mental health providers who have completed the CAMS training. This group will meet quarterly. The hope is that the additional support from peers and CAMS Consultants will make these providers feel less like they are on their own while treating a client with suicidal ideation.

