



Department of Mental Health Vermont Suicide Prevention Strategic Plan: Fourth Quarterly Update

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Executive Summary

The suicide rate in Vermont is growing faster than national trends. According to the CDC, in 2021, 142 Vermont residents died by suicide, which represents the most recent CDC data released. This figure represents the highest number of deaths by suicide ever recorded in Vermont, with suicide serving as the ninth leading cause of death in the state. Since 2012, the suicide rate in Vermont has grown from 12.9 per 100,000 in 2012 to 20.3 per 100,000 in 2021. Nationally, the 2012 suicide rate was 12.6 per 100,000, while in 2021 the suicide rate was 14 per 100,000. Vermont Veterans are a population of focus for suicide prevention efforts. In 2020, Vermont Veterans died at a rate 36% higher than the U.S. (Vermont 43.0 vs. U.S. 31.7 per 100,000). In 2021, the rate of deaths by suicide by Vermont Veterans is 3.5 times higher than non- veterans (83.1 Veterans vs 23.7 non- Veterans per 100,000). Given the increased urgency, Vermont must develop and adopt population specific suicide prevention efforts to improve the health outcomes. A coordinated, comprehensive state suicide prevention plan is the first step to ensuring timely and efficient access to services that will save Vermonter's lives.

This report is the **fourth** of quarterly updates designed to communicate progress toward the development, creation, and finalization of the Vermont Suicide Prevention Strategic Plan.



Legislative Language

From [ACT 56](#):

(1) On or before July 1, 2024, the Director of Suicide Prevention, in collaboration with the Agency of Human Services and stakeholders, shall develop and submit a statewide strategic plan pertaining to suicide prevention services, training, education, and postvention services to the House Committee on Health Care and to the Senate Committee on Health and Welfare. The statewide strategic plan shall identify goals, possible partners, and strategies for meeting clearly defined targets in the prevention of suicide. The plan shall consider emerging research on factors contributing to suicide. Key resources and gaps shall be identified, including sustainable 988 lifeline funding, zero suicide program expansion, improved data collection and reporting to identify contributing causes, including social factors, to inform prevention strategies, and data-informed systems and strategies for establishing and maintaining postvention services within communities, schools, afterschool programs, and health care systems.

(2) Prior to the submission of the strategic plan required pursuant to subdivision (1) of this subsection, the Director of Suicide Prevention shall submit quarterly progress updates on the development of the strategic plan to the House Committee on Health Care and to the Senate Committee on Health and Welfare between July 1, 2023 and April 1, 2024.

Fourth Progress Update

From January-March 2024, the Director of Suicide Prevention completed the activities listed below in preparation for the strategic planning process:

- *Completed the first draft of the strategic plan.* Upon completion of the national best practice strategic planning, discussions of what sections and information to include in the Vermont strategic plan commenced. A Table of Contents was developed in consultation with the steering committee. Following the finalizing of the Table of Contents, draft content for each section was written. Throughout the drafting process, the Director of Suicide Prevention has paid close attention to what other states are including. Ensuring the plan is easily understood and accessible while having comprehensive strategies across the lifespan is critical to the final product.
- *Incorporating the National Strategy for Suicide Prevention.* The [National Action Alliance for Suicide Prevention](#) (NAA) developed the [National Strategy for Suicide Prevention in 2012](#) (NSSP). NAA is the leading national agency that represents both public and private partners to increase thorough, data-driven prevention strategies across the United States. In



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coordination with the U.S. Surgeon General, they released the NSSP, which serves as a call to action intended to guide the nation's suicide prevention efforts. The NSSP includes four strategic directions, fifteen goals, and eighty-seven objectives; DMH advises the House Committee on Healthcare to review them in their entirety to provide a comprehensive view of recommendations from the national level. In spring 2024, the NSSP will be updated, although the Director of Suicide Prevention has been informed of the new strategic directions ahead of time to best align with the upcoming new strategic directions.

- *Facilitating steering committee meetings.* The steering committee has been meeting every other week since July 2023 reviewing draft strategic plan sections, strengthening the strategies and actions, and examining emerging strategies. They also help with ensuring the project timeline is adhered to. Members represent state departments, people with lived experience, community mental health agencies, and organizations driven by suicide prevention. This committee will meet until the strategic plan is finalized.
- *Received ongoing technical assistance from the State Continuous Improvement team.* This team is responsible for developing relevant training for state employees, including strategic planning. Ongoing support throughout the development of the strategic plan is being offered such as providing input on the proposed strategies and actions, review of the draft strategic plan, and shared accessible templates to be included. They have given insight regarding the planning process each step of the way.
- *Hosted and facilitated input sessions.* There have been, and will continue to be, multiple opportunities for organizations, community members, and key stakeholders to provide feedback and input throughout the planning process. An Advisory Group has been formed and met four times thus far. This group is comprised of various stakeholders with over thirty people attending each meeting. There have been two meetings in 2024. Feedback has been provided from them on the current strategies and actions and the first draft. Three youth public listening sessions in collaboration with community organizations were held in February during the evening hours to broaden feedback shared by community members who are not able to attend meetings during the day. Each listening session had multiple attendees sharing their experience of what is needed in Vermont, such as increasing training in schools, developing third spaces (first space is home, second space is work, school, and third space is anywhere else), and educating parents on effective ways to support youth experiencing suicidal ideations.
- *Continued updating of the planning process workplan for the entirety of the project.* The workplan has been consulted and updated frequently to ensure the timely submission of reports, ensure milestones are met, action steps are identified, and development of the final product progresses.
- *Ongoing consultation with leading suicide prevention experts.* Continued meeting regularly with Mike Hogan, one of the founders and developers of the Zero Suicide Framework. He has been the mental health/health



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commissioner in Ohio, Connecticut, and New York. Discussions have focused on the proposed actions and strategies in Vermont to reduce suicide deaths and attempts, while incorporating the soon to be publicly revealed update to the NSSP.

- *Budget recommendations.* Currently there are no budget recommendations as the planning process has not been completed. Upon completion, budget recommendations will be available and distributed.