



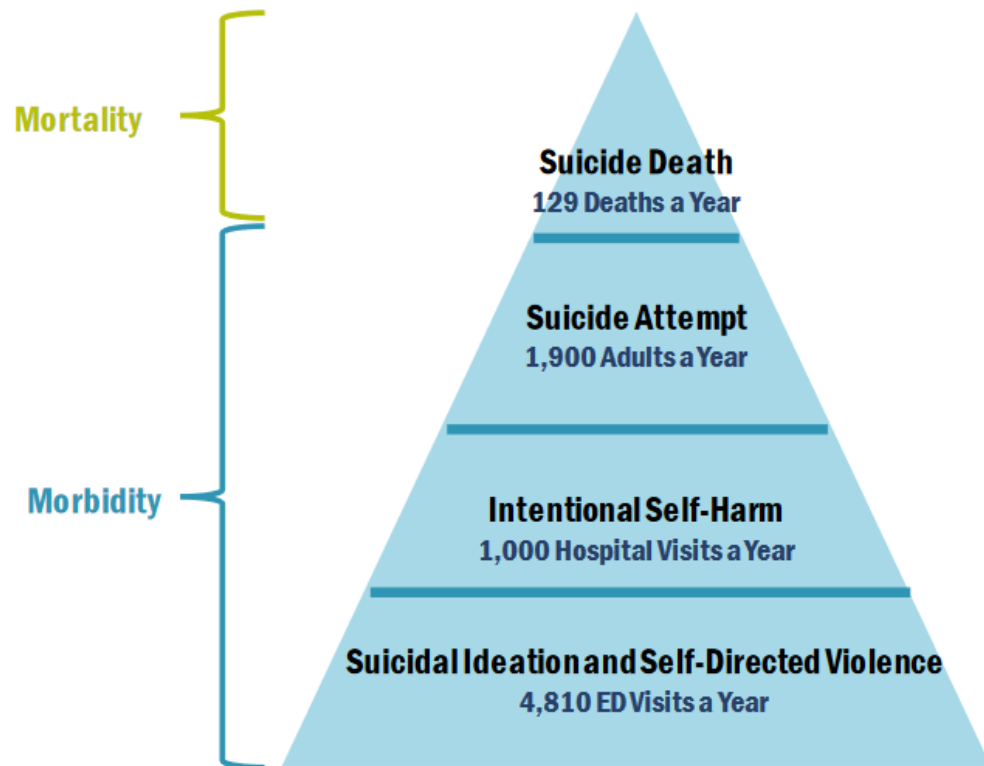
DEPARTMENT OF MENTAL HEALTH

SUICIDE PREVENTION: QUARTER 3 REPORT

February 27, 2024

Chris Allen, LICSW
Director of Suicide Prevention

SUICIDE MORTALITY AND MORBIDITY

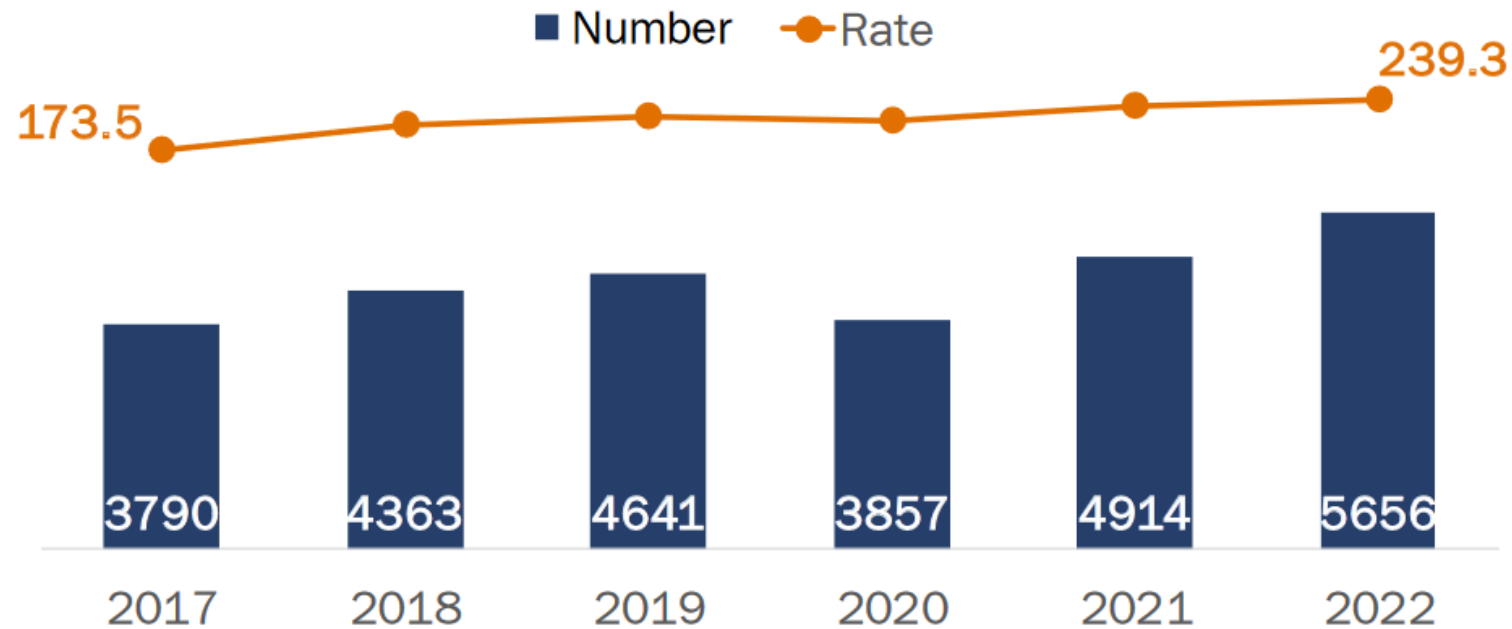


- Suicide is a preventable public health problem.
- For every suicide death, there are many people who visit the hospital for self-harm or suicidal ideation, endorse suicidal thoughts or plans, or attempt suicide. These thoughts and behaviors are sometimes risk factors for suicide.

Source: Vermont Vital Statistics, 2020-2022; Electronic Surveillance System for the Early Notification of Community-based Epidemics, 2022; Vermont Uniform Hospital Discharge Data System, 2021; Behavioral Risk Factor Surveillance System, 2021.

Suicidal Ideation and/or Self-Directed Violence ED visits

Rate per 10,000 ED visits



*statistically significant.

Please note the number of suicide-related ED visits is influenced by the number of hospitals reporting in ESSENCE. Hospitals not reporting: Brattleboro Memorial Hospital January 2017 – May 2022; North Country Hospital from January 2017 – June 2020 and May 2022 - January 2023.

Source: Electronic Surveillance System for the Early Notification of Community-Based Epidemics ESSENCE, 2017-2022.

Vermont Department of Health

Intentional Self-Harm Emergency Department Visits and Hospitalizations

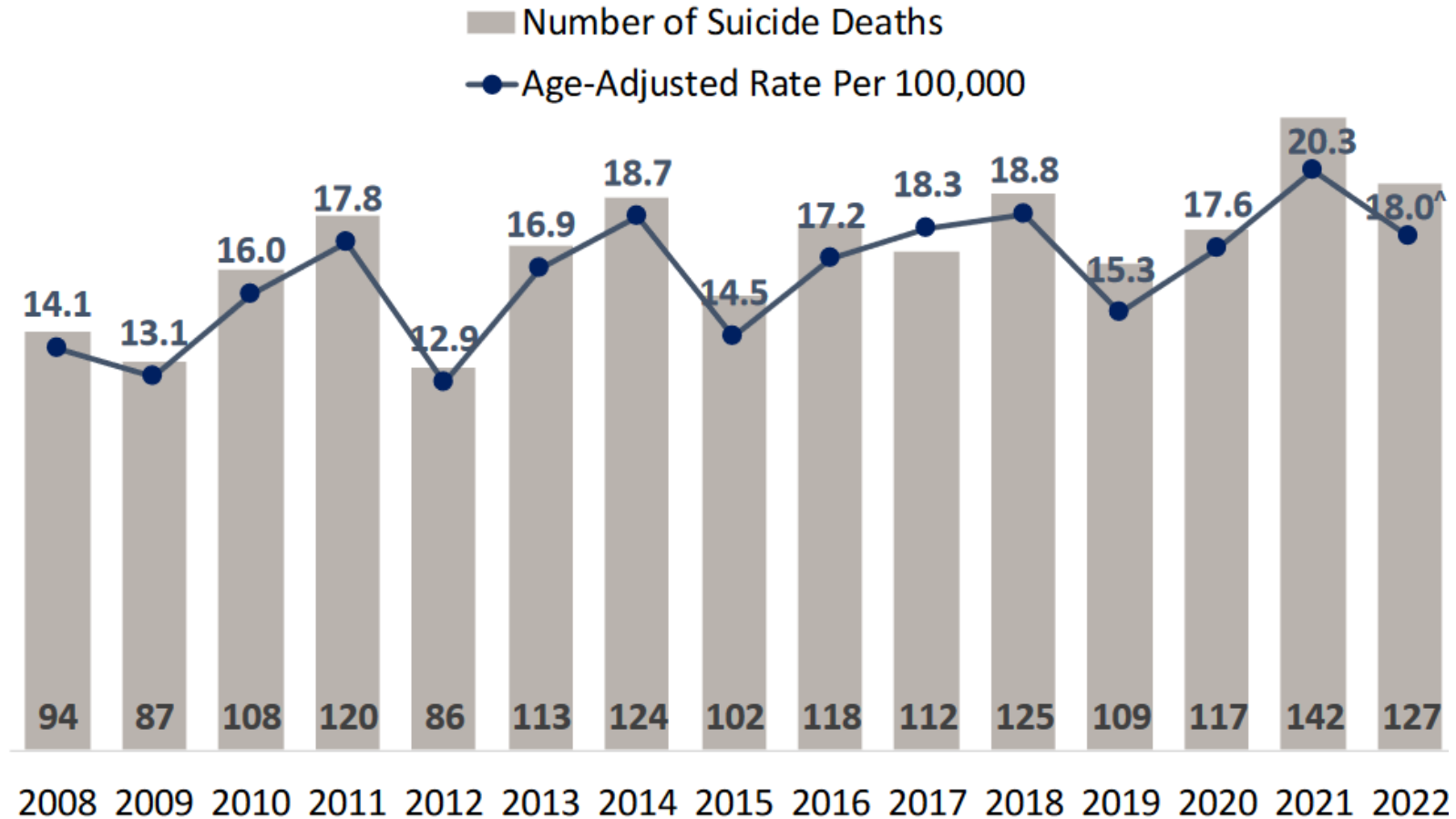
Age-adjusted rate per 100,000 residents



Source: Vermont Uniform Hospital Discharge Data System (VUHDDS), 2013-2021. Due to a change from ICD-9 to ICD-10 in 2015, data is not comparable before 2016.

Vermont Department of Health

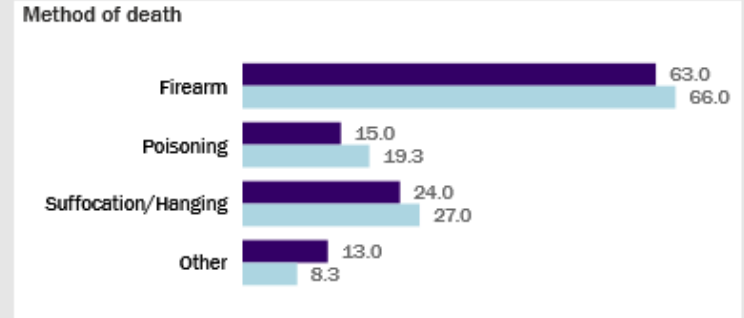
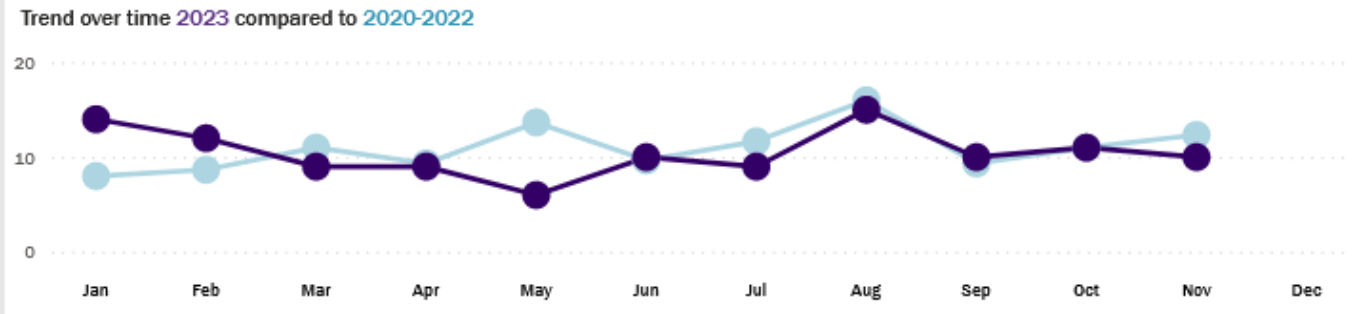
SUICIDE DATA



Source: Vermont Vital Statistics, 2008-2022. [^]2022 data are preliminary.

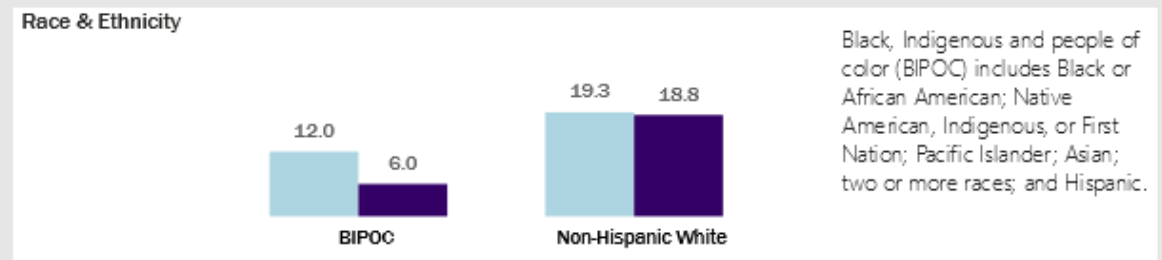
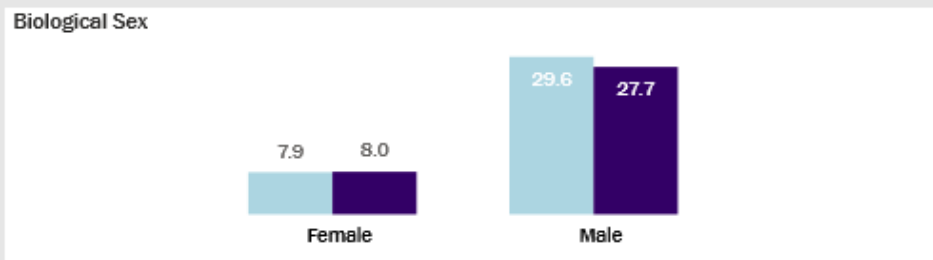
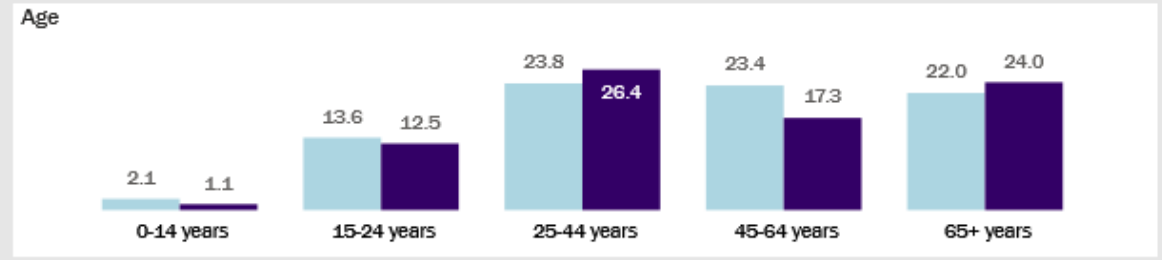
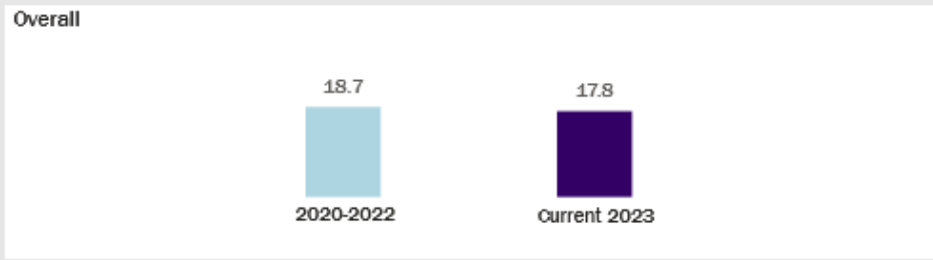
Vermont Department of Health

Number of Suicide Deaths **Statewide** ● 2023 ● 2020-2022



NOTE: There are currently **16** pending death certificates for 2023 statewide. Click to see a monthly breakdown. PENDING DEATHS

Rates of Suicide per 100,000 **Statewide** Residents ● 2023 ● 2020-2022



Source: Vermont Vital Statistics, 2020-2023. Death data is reported with an 8 week lag to minimize changes in numbers. 2023 data is through November and is preliminary.

<https://www.healthvermont.gov/stats/surveillance-reporting-topic/suicide-data>

Act 56 Legislation and Updates



LEGISLATIVE LANGUAGE

From [Act 56](#):

- *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.*
- *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.*

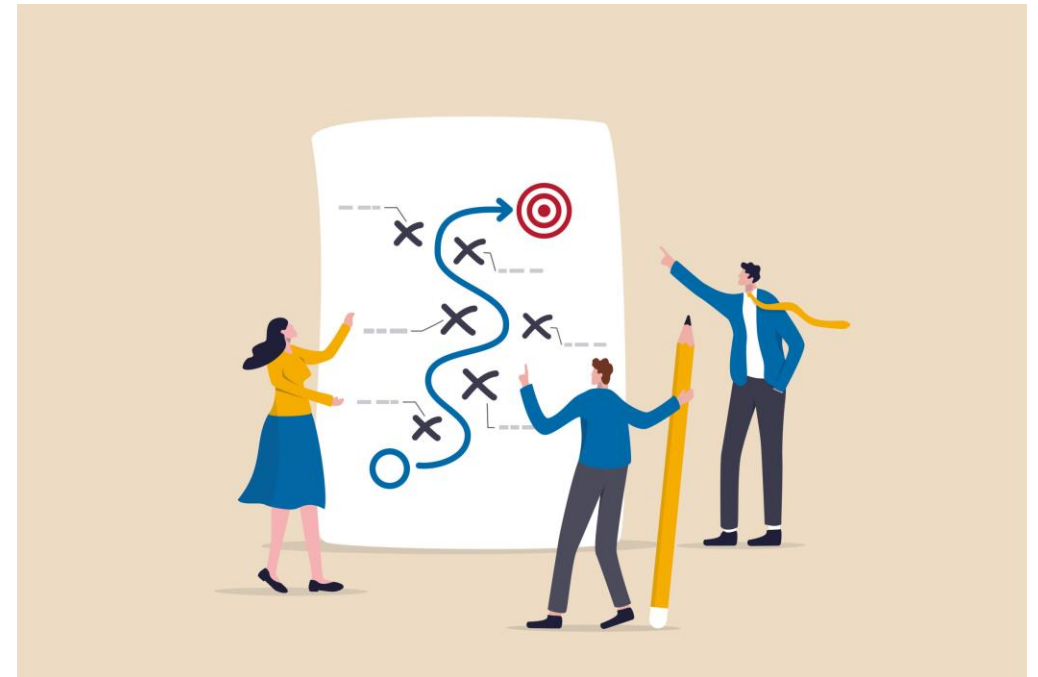
OPPORTUNITIES TO GROW

- Improve postvention services and coordination
- Awareness of 988; what it is?, what happens when someone calls?
- Increase spaces for connection



PLANNING PROCESS ACTIVITIES

- Completed in-person strategic planning process best practice analysis.
- Facilitating steering committee meetings.
- Developing the structure of the Strategic Plan.
- Received ongoing technical assistance from the State Continuous Improvement team.
- Hosted and facilitated input sessions.
- Continued updating of the planning process workplan for the entirety of the project.
- Began consultation with leading suicide prevention experts.



988 FUNDING

- Current funding:
 - State
 - Federal
- What does this support?
 - 24/7 response to all calls, chats, and texts
 - 988 service coordinators (4 in total)
 - Implementation of a technology solution
 - Improve workflow
 - Track and report data



24/7 CALL, TEXT, CHAT

988 FUNDING FORECAST

- Assumption #1: Expenditures will increase by 10% annually beginning SFY26
 - Annual wage increases for 988 staff, increasing staffing levels in alignment with contact volume and national standard of a 90% answer rate, anticipated increase in contact volume due to widespread advertising of 988 statewide
- Assumption #2: The state budget will continue to provide \$715,359 annually
- Assumption #3: The federal funds include \$1.8m for grant years (FFY25 and FFY 26) that are not yet fully allocated.
- Assumption #4: SFY25 expenditures are projected to be \$1,731,744 due to additional staff at the Lifeline Centers and Mobile Crisis Dispatch Center.
- Assumption #5: Projections and increases do not account for increases in contact volume with the implementation of mobile crisis.

If these assumptions come to fruition, the 988 program is sustainable through state fiscal year 2026.

2022 IMPLEMENTATION PLAN FOR 988

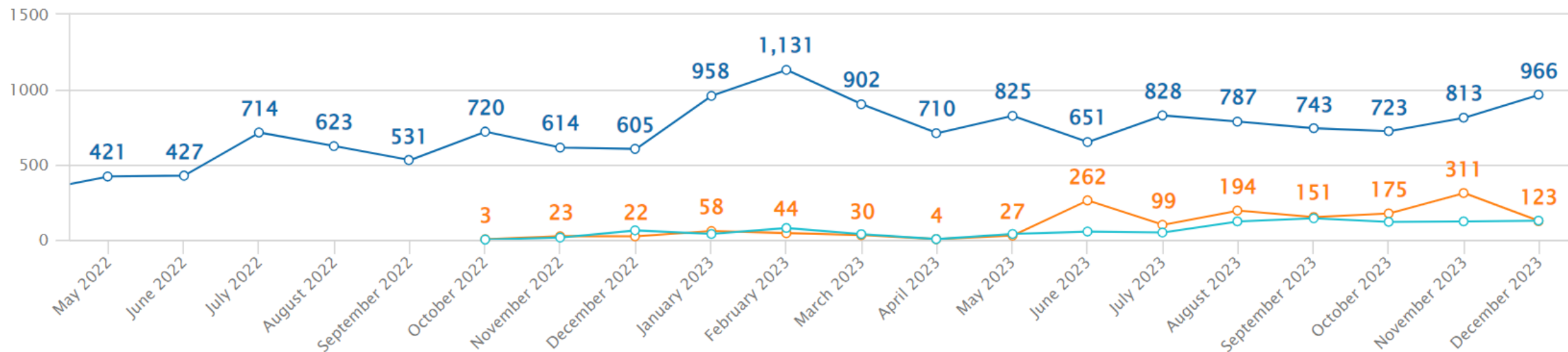


1. Raising 988 related fees for telecommunication users
2. Medicaid Reimbursements
3. **Mental Health Block Grant funds**
4. **Direct engagement with State legislative budget committees for 988-specific funding**
5. **Partnership with stakeholder groups who may have to contribute to 988 resources**
6. Other sources

Bolded text indicates funding has been secured or is in the process of being secured.

988: CALLS, CHATS, AND TEXTS

Data Source: Vibrant Emotional Health: 988 Broad State Metrics Report for Vermont

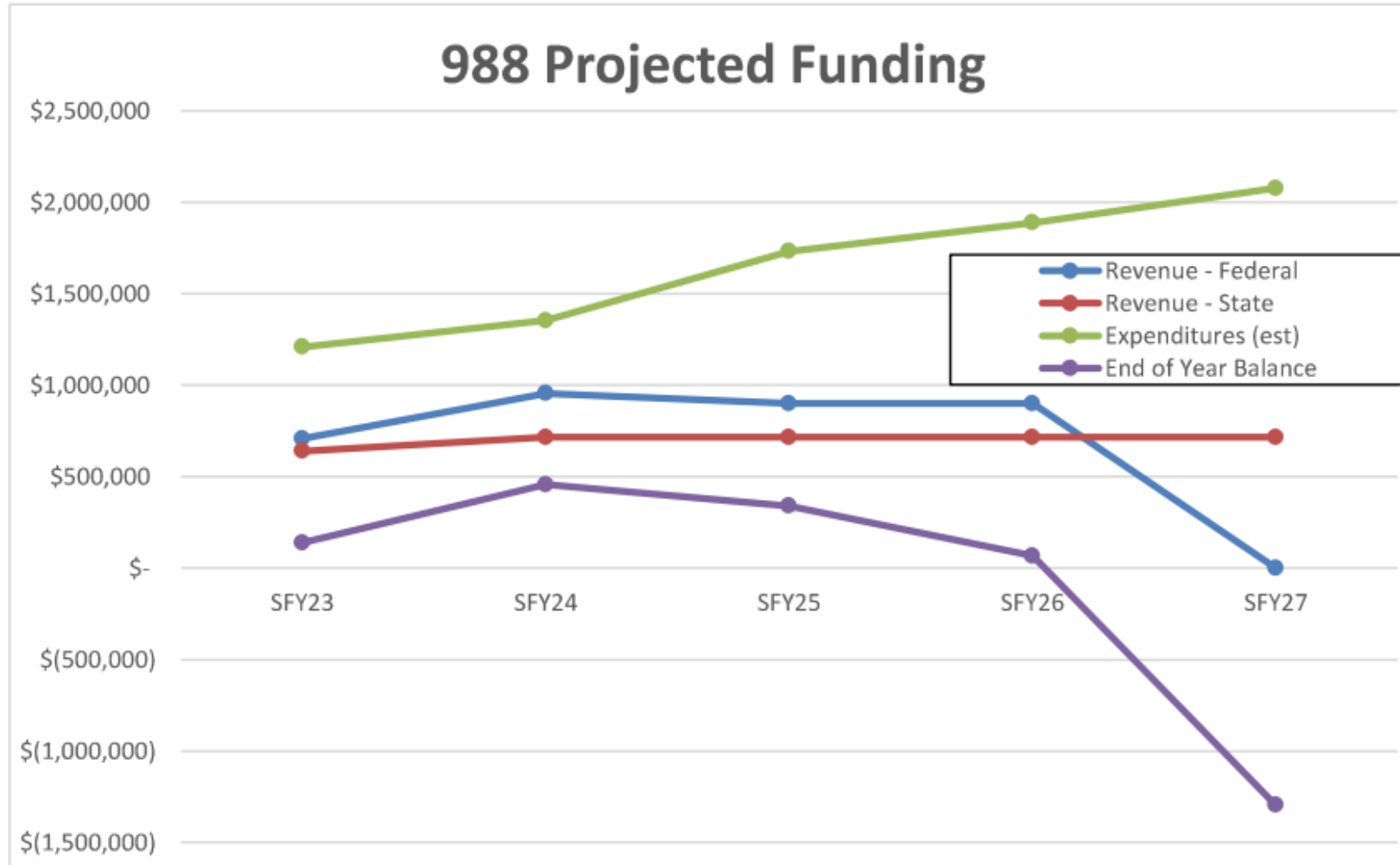


— [How_Much] Number of Calls to 988 Lifeline

— [How_Much] Number of Chats to 988 Lifeline

— [How_Much] Number of Texts to 988 Lifeline

988 PROJECTED FUNDING-TIMELINE



FY 25 BUDGET REQUEST FROM GOVERNOR'S RECOMMEND

Maintain 988 Suicide Prevention Line

Gross: \$451,254

General Fund Equivalent: \$190,294

988 is a national initiative to support individuals experiencing a mental health and/or suicidal crisis. Two Designated Agencies (Northeast Kingdom Human Services and Northwestern Counseling & Support Services) have stood up service programs to respond to this challenge. In addition, there is a contract with Headrest to provide backup services.

In FY 24, DMH expanded the base services to cover chat and text, as well as increased call volume. The cost of this expansion is currently being covered with a SAMHSA grant, however, that funding will not be available in FY 25. This request is to cover the cost of that expansion in the DMH base budget.



CONTACT

CHRIS ALLEN, LICSW

DIRECTOR OF SUICIDE PREVENTION

CHRISTOPHER.M.ALLEN@VERMONT.GOV

Department of Mental Health

166 Horseshoe Drive

Waterbury, VT 05671

Phone: 802-241-0090