



Department of Mental Health Vermont Suicide Prevention Strategic Plan: Third 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 **third** 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.*

Third Progress Update

From October-December 2023, the Director of Suicide Prevention completed the activities listed below in preparation for the strategic planning process:

- *Completed in-person [SWOT analysis](#) and [TOWS matrix sessions](#).* Both tools are national best practices for strategic planning. Points highlighted during these sessions are opportunities to increase reach and media coverage, funding opportunities, link resources and systems, and improve integration. Increasing access to telemedicine and leveraging technology as a source for good were also discussed. The sessions were facilitated by the State Continuous Improvement team. They will facilitate a future session for developing strategic goals.
- *Facilitating steering committee meetings.* The steering committee has been meeting every other week since July 2023 while being asked to assist in selecting populations of focus, developing mission and vision statements, consulting best practice for interventions, 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



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prevention. This committee will meet until the strategic plan is finalized.

- *Developing the structure of the Strategic Plan.* Consulted multiple state plans to better understand important components, including layout, formatting, and visuals. Ideas from other state plans under consideration for incorporating into Vermont's are a brief [encapsulation of objectives and goals](#), [list of best practices](#), and a [map of initiatives](#). Ensuring the plan is easily understood and accessible while having comprehensive strategies across the lifespan is critical to the final product.
- *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 mission and vision statements, facilitation of in-person meetings, and development of strategic goals. 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 twice thus far. This group is comprised of various stakeholders with over thirty people attending each meeting. They are anticipating reconvening in mid-late Winter. Feedback has been provided from them on the current iteration of the vision and mission statements and results of the SWOT and TOWS analyses. Two public listening sessions were held in mid-November 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 increased peer support, access to alternative therapies, and developing partnerships with substance use organizations.
- *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.
- *Began consultation with leading suicide prevention experts.* Started meeting with Mike Hogan, one of the founders and developers of the Zero Suicide Framework. He has been the mental health/health commissioner in Ohio, Connecticut, and New York. Discussions have centered on the current state of suicide prevention activities, areas where improvement is possible, and sharing innovative projects from across the country.
- *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.



988 Sustainability

Vermont 988 Suicide and Crisis Lifeline Centers are currently funded with a mix of state (\$715,359 annually) and federal funds (\$3,464,288 over 5 years, ending 9/30/2026). Current funding supports 24/7 response to all calls, chats, and texts, 988 service coordinators at each of the two in-state Lifeline Centers and the mobile crisis dispatch center, implementing a technology solution to efficiently dispatch mobile crisis teams, improve workflow, and track and report data.

- Assumption #1: Expenditures would increase by 10% annually beginning SFY26. Annual wage increases for 988 staff, increasing staffing levels in alignment with contact volume and national standard of 90% answer rate, anticipated increase in contact volume due to widespread advertising of 988 statewide contribute to the annual budget increase of 10%.
- Assumption #2: The state budget will continue to provide \$715,359 annually.
- Assumption #3: The federal funds include \$1.8m for grant years (FFY 25 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. These positions are paid for by federal funds.
- Assumption #5: Projections and increases do not account for increases in volume with the implementation of mobile crisis.

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

In 2021 DMH applied for and received funding from Vibrant Emotional Health, the national administrator of the Lifeline, to develop a *988 Implementation Plan*. DMH worked with planning partners to release this plan in 2022 and within it, described the goal to “Secure Adequate, Diversified, and Sustained Funding Streams for Lifeline Member Centers”. The plan includes a survey of the current situation, gaps, progress, and a proposed approach as well as projected costs and funding opportunities, as well as assessment of recommended funding strategies to consider including (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) partnerships with stakeholder groups who may have the ability to contribute to 988 resources (e.g. United Way/211, private insurers, hospitals, philanthropic organizations), and (6) other sources. To date, funding has been secured or is in the process of being secured through (3) Mental Health Block Grant funds, (4) direct engagement with State legislative budget committees for 988-specific funding, and (5) philanthropic organizations.

Below is a table outlining the two revenue sources, state and federal, and estimates of expenditures for future quarters. These expenditures may adjust based on maintaining an answer rate of 90%, the national standard. Given contact volume is dynamic and will likely increase as public awareness of 988 increases, maintaining a minimum answer rate of 90% will increase expenditures. From SFY23 to SFY24, expenditures increased due to state staffing to administer and maintain a high-quality 988 program. In the subsequent

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year (SFY24-SFY25), expenditures increase further due to utilizing federal funds to employ service coordinators at the Lifeline Center and the Mobile Crisis Dispatch Center and contracting with an information systems vendor to assist with mobile crisis implementation. A 10% increase of expenditures has been applied beginning in SFY26 and in subsequent state fiscal years. If demand increases beyond our projections, the program will require additional funds to keep the answer rates at or above 90%.

	SFY23	SFY24	SFY25	SFY26	SFY27
Revenue-Federal	\$708,333	\$955,955	\$900,000	\$900,000	\$ -
Revenue-State	\$640,000	\$715,359	\$715,359	\$715,359	\$715,359
Expenditures (est.)	\$1,209,327	\$1,353,870	\$1,731,744	\$1,888,686	\$2,077,555
End of Year Balance	\$139,006	\$ 456,450	\$ 340,065	\$ 66,738	\$(1,295,458)

