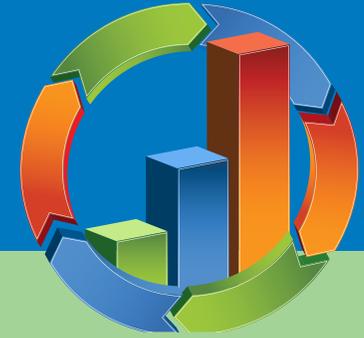




# Surveillance Success Stories



## VERMONT

### The Need for Data

In 2014, Vermont's Service Members, Veterans and Their Families Workgroup, which was convened by the governor and includes high-level leadership from different state agencies, initiated a request to gather information on suicides among veterans. As part of the response, members of the Vermont Suicide Prevention Data Group (Data Group) conducted an analysis of suicides, both among veterans and among Vermont residents who had received services from state-funded mental health and substance abuse agencies. The Data Group was also interested in this data as a resource for educating key constituencies on the importance of funding suicide prevention activities in the state.

### Getting the Data

The Mental Health Research and Statistics unit of the Department of Mental Health obtained data on Vermont residents who died by suicide from the Vital Records Office. These mortality data were matched with information from the Department of Mental Health's Management Information System (MIS) database. The MIS database collects information on services provided by "designated agencies" (DAs)—state-funded mental health/substance abuse treatment agencies. The data request was made easier by the fact that both the Vital Records Office of the Department of Health and the Department of Mental Health are units under Vermont's Agency of Human Services.

### Analyzing the Data

Information from the two databases were merged and analyzed using LinkPlus, a free statistical software

from the Centers for Disease Control and Prevention. Residents who died by suicide were matched between the two databases using characteristics such as month/year of birth and gender.

### The Vermont Suicide Prevention Data Group:

In January 2013, Vermont's Garrett Lee Smith (GLS) grant team members and their colleagues formed the Data Group, whose mission is to identify and assess all sources of data on suicide and mental health from public agencies, and to determine what is needed to access better surveillance data. The Data Group includes representatives from the Center for Health and Learning (the GLS grant recipient), the Vermont Department of Mental Health; the Vermont Child Health Improvement Program (VCHIP) at the University of Vermont (UVM); and several units of the Vermont Department of Health, including the Division of Maternal and Child Health, the Division of Health Surveillance, and the Vital Records Office.



### DATA RESOURCES

*Locating and Understanding Data for Suicide Prevention* (online course): <http://training.sprc.org/>

*Data-Based Planning for Effective Prevention: State Epidemiological Outcomes Workgroups:* <http://go.edc.org/Data1>

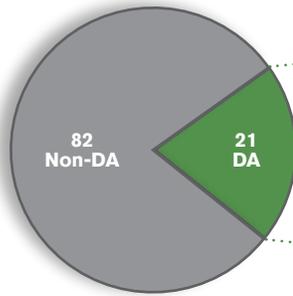
*Improving Data Collection Across the Health Care System:* <http://go.edc.org/Data2>

*NVDRS: Stories from the Frontline of Violent Death Surveillance:* <http://go.edc.org/Data3>

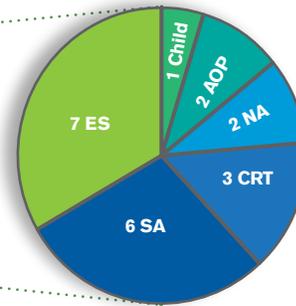
*CDC Link Plus* [software]: <http://go.edc.org/Data4>

# VERMONT DATA ANALYSIS RESULTS

Number of Suicide Deaths of Clients Served by Vermont Designated Agencies



Number of Suicide Deaths by Primary Program of Designated Agencies



Number of Suicide Deaths by Whether Client Received Mental Health Screening Assessment



- CRT = Community Rehabilitation and Treatment
- SA = Substance Abuse
- ES = Emergency Services (telephone and face-to-face diagnostic and psychotherapeutic services for individuals in acute mental health crisis)
- Child = Children's Services
- AOP = Adult Outpatient (Adult Mental Health Outpatient)
- NA = No Assignment

*\*Data includes services provided by community Designated Agencies (DA) for clients served by DA within the year prior to death. Primary program is defined as the primary program assignment on the client's last service with the Department of Mental Health.*

## What Vermont Learned

The analysis revealed that 21 of the 103 adult Vermont residents who died by suicide in 2013 received at least one service from a DA in the 12 months prior to their deaths. Twelve of these clients had been assessed for suicidality, and four had been found to be at risk. Five of the clients who died by suicide had received services from programs that did not require a suicide assessment. For Vermont residents who were veterans, the analysis revealed that, in the most recent four years for which data were available, veterans appeared to have a higher rate of suicide death than the general adult population.

## What Comes Next?

The Data Group believes these analyses illustrate the need to expand Vermont's current youth suicide prevention efforts to cover the lifespan. The group is also using the data to demonstrate the value of a state-operated suicide surveillance system. In the future this system could draw data from multiple sources, such as emergency departments and hospitals, vital statistics records, and state-funded

designated agencies. The data could be used to develop, implement, and evaluate the impact of suicide prevention activities by providing more detailed information on:

- Suicide deaths *and* attempts
- Vermont residents receiving services in both the public *and* private behavioral health care systems
- Vermonters who are treated after suicide attempts by hospitals in New Hampshire (based on previous analyses, this group may represent up to one-third of medically treated suicide attempts).

 If you have questions or would like to learn more about how Vermont created its surveillance network, contact:

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The Suicide Prevention Resource Center is supported by a grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) under Grant No. 5U79SM059945.

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