

KANSAS SUICIDE PREVENTION SUBCOMMITTEE
2015 ANNUAL REPORT
Governor's Behavioral Health Services Planning Council

Introduction

In the State of Kansas suicide remains a public behavioral health issue. The number of state suicide incidence is higher than the national goal of 10.2 per 100,000 population. In 2013, the Kansas suicide rate (14.7 suicides per 100,000 population) was 16.7% higher than the national rate.

The Suicide Prevention Subcommittee of the Governor's Behavioral Health Services Planning Council is comprised of representatives from behavioral health organizations, state agencies, military/veterans organizations, educational institutions, and the community at large who are dedicated to reducing the frequency of suicide attempts and deaths and the pain for those affected by suicide deaths, through research projects, educational programs, intervention services, and bereavement services. Over the years, the Suicide Prevention Subcommittee has met to prioritize goals and activities around transforming policy, programs and services, and funding, as well as encouraging state and local activities such as:

- Recognizing suicide as a significant public health problem in Kansas and declaring suicide prevention a statewide priority.
- Supporting the development of accessible behavioral health services for all 105 counties in the state and implementing evidence-based and best practice strategies on suicide prevention.
- Acknowledging that no single suicide prevention effort will be sufficient or appropriate for all populations or communities.
- Encouraging initiatives based on the goals and activities contained in the National Strategy for Suicide Prevention and Zero Suicide of the National Action Alliance for Suicide Prevention.
- Outreach, education, and awareness through conferences and workshops to schools and organizations.
- Supporting implementation of the Kansas Suicide Prevention State Plan.
- Signing of annual Suicide Prevention Proclamations with the Kansas Governor, state and local legislators, and in many city commissions/councils and county commissions across the state.

Mission

To bring Kansans of diverse backgrounds, government and private agencies, health care providers and funders together to share information about suicide risk, attempts, and deaths in Kansas, about evidence-based and promising practices that are employed in the state or nationally, and to stimulate and support the adoption of new initiatives where needed to recognize and reduce suicide risk.

Vision

To create a suicide-free Kansas where quality mental health services are available, trusted, and used when needed, without stigma.

Membership

Leaders:

- Jason Deselms – Chair
- Andy Brown – Co-Chair
- Courtney Ryan – Secretary/Treasurer

Members:

- AFSP-Greater Kansas Chapter – Barb Nelson
- Douglas County Suicide Prevention Coalition – Kristine Chapman
- Family Service and Guidance Center – Steve Christenberry
- Harvey County Suicide Prevention Coalition – Chaplain Jason Reynolds
- Headquarters, Inc. – Andy Brown
- Healing After Suicide – Marcia Epstein
- Johnson County Suicide Prevention Coalition – Bill Art
- Kansas Mental Health Coalition – Eric Harkness
- Kansas Youth Suicide Prevention Program – Jane Faubion
- Kansas Suicide Prevention Resource Center – Chris Maxwell
- Kansas National Guard – Dalon Hardgraves
- KDHE Injury Prevention and Disability Programs – Lori Haskett
- Mental Health America of the Heartland – Courtney Ryan
- NAMI Kansas and local NAMI chapters – Rick Cagan
- SASS-MoKan – Bonnie Swade
- Sedgwick County Suicide Prevention Coalition – Jason Deselms
- Shawnee County Suicide Prevention Coalition – Chaplain John Potter

Agency Liaisons:

- Governor’s Behavioral Health Services Planning Council – Wes Cole, Chair
- KDADS (Kansas Department of Aging and Disability Services) – Chris Bush
- SPRC (Suicide Prevention Resource Center) – Nathan Belyeu

FY 2015 Highlights, Activities, and Accomplishments of the Suicide Prevention Subcommittee:

- The Suicide Prevention Subcommittee (SPS) has met monthly, primarily through telephone conferences, to share information about effective practices, to assist communities and organizations with specific needs, and to prioritize goals and activities for suicide prevention. In January the SPS held a retreat in Emporia, KS at the Army National Guard Armory to meet in person and discuss strategic planning of unified statewide prevention efforts. Since then, several workgroups have been formed to help facilitate the advancement of the SPS on defined goals. The workgroups are addressing these goals through collaboration and reports back to the SPS.
- Under the new bylaws for the SPS, membership has been reduced based on unexcused absences, reducing membership from 58 individuals to 20 individuals since 2014.

- Also in accordance with the new bylaws, elections were held and new officers were elected.
- A website has been established to facilitate discussion and sharing of information among members of the SPS between meetings (<https://sites.google.com/a/headquarterscounselingcenter.org/spsks/>).
- SPS members have provided training on suicide prevention at state-wide conferences, as well as in local communities. Much of this has been accomplished through the support of local suicide prevention coalitions across the state.
- Both the American Association of Suicidology and the Suicide Prevention Resource Center are actively used by SPS members to recognize best practices and evidenced-based training for Kansas communities.
- The SPS recognized National Suicide Prevention Week with a state proclamation signed by Governor Brownback.
- Due to increased availability, suicide data from KDHE Vital Statistics was encouraged and used by the SPS. Greater accessibility of such data comes from the inclusion of Kansas suicide death statistics in the Centers for Disease Control and Prevention funded National Violent Death Reporting System through KDHE.
- The SPS is working to align suicide prevention efforts in the state with the KDADS initiative to unify prevention strategies for behavioral health using the Strategic Prevention Framework.
- The SPS reviewed and made comments on the draft of the new State Suicide Prevention Plan to KDADS officials through liaison Chris Bush.

The following chart highlights the FY 2015 Goal, Objectives, and Progress of the SPS:

GOAL: Reduce the number of state suicide incidence equal to or below the national goal of 10.2 per 100,000 in population, as listed in the Healthy People 2020 Leading Health Indicators.	
OBJECTIVES	ACCOMPLISHMENT
Working with Legislature to promote awareness of suicide prevention.	SPS members participated in the Kansas Mental Health Advocacy Day at the Statehouse. Meetings with numerous members of both the Kansas House and Senate occurred with the goal of raising awareness of suicide prevention and offering assistance to legislators in obtaining information through the Kansas Suicide Prevention Resource Center.
Increase awareness that suicide prevention is a priority for all Kansans.	A statewide suicide prevention conference was held in Salina by Kansas Youth Suicide Prevention. A statewide workshop was also held in Hutchison hosted by the local suicide prevention coalition that featured the famed suicide survivor and speaker Kevin Hines. SPS members also made awareness presentations at numerous local events around the state.
Encourage National Suicide Prevention Week activities in communities across Kansas.	The SPS and its members held numerous activities throughout the state. Local suicide preventions coalitions were encouraged to apply for mini-grants through Kansas Youth Suicide Prevention to financially support National

	<p>Suicide Prevention Week activities. The Governor's Proclamation also promoted this national awareness effort.</p>
<p>Write, distribute and promote op-eds, and disseminate information about safe messaging covering suicide, and urge the development of effective materials, including through local media outlets.</p>	<p>While this effort is ongoing throughout the year, there were several time periods in the last year where these activities were critical. One period was after the much publicized suicide of actor and comedian Robin Williams. Nationally there was a significant increase in media coverage related to suicide, and SPS members responded by providing accurate information and encouraging responsible reporting. Another period of significant media attention was after the suicide deaths of two Olathe teenagers who were teammates at a local high school.</p>
<p>Encourage the development of new local coalitions and enrichment of collaborating existing local coalitions each bringing unique perspectives and resources for effective suicide prevention initiatives.</p>	<p>The SPS supported the development of new local coalitions throughout the year. Kansas Youth Suicide Prevention mini-grants led to the development of eight new local suicide prevention coalitions. Several existing local coalitions also received financial support from the mini-grant program, including the newly formed Douglas County Suicide Prevention Coalition which has joined the SPS as a member.</p>
<p>Support and increase availability of support groups for survivors of suicide loss.</p>	<p>Opportunities for the development of support groups for survivors were made possible by SPS members through training to clinicians around the state and through peer programs.</p>
<p>Assist local suicide prevention efforts and promote local support groups in fund-raising efforts, building capacity, and increasing availability for survivors of suicide loss.</p>	<p>Technical assistance for local suicide prevention efforts is available through Kansas Suicide Prevention Resource Center, and local support groups are available through multiple SPS members. The SPS also reviewed the feasibility of supporting these efforts through the creation of a statewide coalition. It was ultimately determined by the SPS that the role of establishing an independent non-profit coalition was beyond the scope of work in the SPS Charter. This statewide coalition building effort is continuing separate from the SPS.</p>
<p>Identify and develop relationships with other high-risk populations as well as rural and frontier geographical areas in Kansas to bring evidence-based and best practices around the state that would benefit from targeted resources being applied to promote suicide prevention and measure for reduction in suicide/suicide attempts at specified intervals.</p>	<p>The SPS is working with KDADS on their initiative to unify prevention efforts across various behavioral health risk factors and protective factors. This will allow more state prevention resources to be leveraged for local suicide prevention efforts and their evaluation.</p>
<p>Move to develop relationships with tribal entities in Kansas in order to encourage utilization of culturally appropriate</p>	<p>The SPS has not made significant progress on this goal in the last year.</p>

evidence-based practices in tribal settings.	
Increase number of trainings and workshops, to promote and support application of best practices and evidence-based approaches in the field of suicidology among BSRB licensed behavioral health practitioners and community gatekeepers when working to prevent suicides.	The number of evidence-based trainings for both clinicians and gatekeepers around the state has increased significantly. One State University has agreed to include QPR suicide prevention training modules in their required curriculum for graduate level behavior health and law enforcement students. Many of these future graduates will enter BSRB licensed practice, and it is hoped that a significant number will serve in frontier and rural settings after graduation.
Increase collaboration with KDADS and KDHE to promote use of evidence-based and best practices where applicable, and work with KDHE and KDADS to disseminate data and act upon measured outcomes from this effort.	The SPS continues to increase its collaboration with both KDADS and KDHE in suicide prevention efforts. While the SPS is specifically chartered to have a liaison with KDADS, KDHE also provides an important role in suicide prevention efforts. The SPS is supporting efforts to unify behavioral health prevention by KDADS.
Promote and increase utilization of the National Suicide Prevention Lifeline (NSPL), including the Veterans Crisis Line, across the state, especially in rural areas, in attempt to establish consumer involvement in suicide prevention in those areas.	SPS members work to promote the National Suicide Prevention Lifeline (NSPL) and the Veterans Crisis Line across the state. This past year COMCARE in Wichita became the second NSPL crisis center accredited in Kansas and serves the citizens of Sedgwick County. Headquarters Counseling Center in Lawrence continues to serve as the NSPL crisis center for the rest of the state and also takes roll-over calls from COMCARE. Utilization of the NSPL increased significantly across the nation after the death of Robin Williams. There is still a significant need for promotion of the NSPL to Kansans, particularly in rural and frontier counties.
Encourage the implementation of best practices for all military installations and all service branches in Kansas to assist them with addressing issues among their troops.	All branches of the military have made suicide prevention a priority. While the SPS supports and encourages these efforts by offering trainings, the momentum for suicide prevention is being driven from within the military and is not a direct result of any particular effort of the SPS as a whole.
Develop a sustainability plan for a cross-lifespans suicide prevention resource center in Kansas.	The Kansas Suicide Prevention Resource Center is currently grant funded. At the time of this writing, current grant funding for staffing the center will end in August 2015. Attempts are being made to diversify funding and identify new revenue streams; though at the time of this report, no funding commitments have been made.

Objectives and Recommendations for FY 2016

Goal for FY 2016: Reduce state suicide incidence equal to or below the national goal of 10.2 per 100,000 in population, as listed in the Healthy People 2020 Leading Health Indicators.

The SPS recommends the following activities in support this goal:

- Working with Legislature to promote awareness of suicide prevention.
- Increase awareness that suicide prevention is a priority for all Kansans.
- Encourage National Suicide Prevention Week activities in communities across Kansas.
- Write, distribute, and promote op-eds, disseminate information about safe messaging covering suicide, and urge the development of effective materials among local media.
- Encourage development of new local coalitions and increased collaboration between existing local coalitions, with each bringing unique perspectives and resources for effective suicide prevention initiatives.
- Support and increase availability of support groups for survivors of suicide loss.
- Assist local suicide prevention efforts and promote local support groups in fund-raising efforts, building capacity, and increasing availability for survivors of suicide loss.
- Work to develop relationships with tribal entities in Kansas in order to encourage utilization of culturally appropriate evidence-based practices in tribal settings.
- Identify and develop relationships with other high-risk populations around the state, with a focus on rural and frontier geographical areas.
- Increase the number of trainings and workshops, to promote and support application of best practices and evidence-based approaches in the field of suicidology among BSRB licensed behavioral health practitioners and community gatekeepers when working to prevent suicides.
- Increase collaboration with KDADS and KDHE to promote use of evidence-based and best practices where applicable, and work with KDHE and KDADS to disseminate data and act upon measured outcomes from this effort.
- Promote and increase utilization of the National Suicide Prevention Lifeline (NSPL) and the Veterans Crisis Line across the state, especially in rural areas, in an attempt to establish consumer involvement in suicide prevention in those areas.
- Encourage the implementation of best practices for all military installations and service branches in Kansas to assist with addressing issues among troops.
- Develop a sustainability plan for a cross-lifespans suicide prevention resource center in Kansas.

Summary

Too many Kansans are lost to suicide each year. The 2013 rate of state suicides are above the national target rate of incidence by suicide. A key ingredient critical to the success in reducing suicide in Kansas is collaborative partnerships among key stakeholders to form local planning teams or coalitions of public and private agencies, organizations, and individuals, each bringing unique perspectives and resources at the community level to shape community values and norms for successful suicide prevention initiatives. Everyone has a role in suicide prevention.

KDHE's application to the Centers for Disease Control and Prevention (CDC) for Kansas to be included in National Violent Death Review System (NVDRS) was approved. Better surveillance of suicide deaths is needed to efficiently bring the most effective suicide prevention resources to specific areas and populations of our state and will support the work of the Suicide Prevention Subcommittee.

We support the KDADS application to SAMSHA for the Garret Lee Smith State & Tribal Youth Suicide Prevention Grant. This funding opportunity offers 5 years of continued support for suicide prevention efforts around the state and for targeted communities. We also support the KDADS initiative to unify prevention across multiple fields using common protective and risk factors. By integrating the behavioral health prevention efforts around the Strategic Prevention Framework, Kansas will be able leverage more federal dollars for local suicide prevention efforts.