

Kansas Suicide Prevention Coalition

Review of the Kansas Suicide Prevention Plan | May 2023

Introduction

The Kansas Suicide Prevention Coalition (KSPC) conducted a review of the of the Kansas Suicide Prevention Plan over the course of 2023 from January to May. Strategic Directions and Goals within the plan were assigned to one of four of the KSPC’s Subcommittees: Community Engagement, Resource Development, SRE (Systems, Surveillance, & Research), and Systems of Care, in alignment with the primary focus of the direction or specified goal. The purpose of the review was to gather information on work done to achieve identified objectives, and to provide recommendations for next steps needed to continue this work across the state, as well as provide general recommendations for the next Kansas Suicide Prevention Plan.

Each Subcommittee was tasked with identifying the key factors they wanted to focus on over the course of their review. There is currently no evaluation metric or tool to conduct reviews of the State Plan; Coalition leadership agreed that allowing independence and flexibility for this first review would allow a greater breadth of ideas and innovation that could aid in the future development of an evaluation tool and provide nuance to the review process in this foundational first review. Key takeaways from the subcommittees range from reflecting on progress towards goals, recommendations for future revisions, emerging themes, and key findings. Each Subcommittees specified focuses will be identified through section headers throughout this report.

Methods

The KSPC’s four subcommittees each met virtually on a monthly basis to discuss the process and logistics of review, document any progress made and recommendations for the next update, and to finalize this report. Each Subcommittee began with creating a plan for their review process, developing a tool to host discussion and notes, and identifying their key questions to keep in mind during the review process. Each Subcommittee’s specific methods will be identified within the “Methods” section of each Strategic Direction below.

Review of State Plan Data

Statement of Need

For the purposes of this review, rather than going line-by-line to recommend changes to the statement of need, the SRE Subcommittee recommends an overhaul of this section. Many sources have updated data that can provide current statistics. Also, in many cases, the sources cited in this section do not match the reference, so it may be more efficient to start fresh with the correct citations than to attempt to match the correct sources with the statistics.

One point that came up in discussion is around making the “Statement of Need” a living portion of the document. Data is constantly being updated, and as soon as the document updates are published the data could be outdated. Thus, this subcommittee recommends putting a plan in place for regular updates of this section.

Data Considerations

Currently, “Appendix 4: Data Considerations” is a resource with data points that were not included in the “Statement of Need” section. As mentioned above, the data in this section, like the data throughout the Plan, is prone to being outdated upon publication of the Plan. Many of the data sources keep updated data on public-facing web pages and/or dashboards, and corralling the data as it’s updated can take a significant amount of time and effort to keep up with constantly updating data sources. The SRE Subcommittee recommends reconsidering having a static data section, and rather should include a page of “Data Resources” that includes links to the most updated data.

Review of Strategic Directions, Goals, & Action Steps

Strategic Direction #1: Healthy and Empowered Individuals, Families, and Communities

Methods

The Resource Development subcommittee met monthly over Zoom to discuss the process and logistics of review, document any progress made and recommendations for the next update, and to finalize this report.

To track and monitor progress on the goals and action steps, the Resource Development State Plan Review spreadsheet (See Table 1) was developed. This spreadsheet tracked the Strategic Direction with the relevant goals and action steps. Over the course of the review, the subcommittee met to discuss one to two goals each meeting, and we allowed time for questions for the Executive Board or KSPHQ and open discussion.

Within each Strategic Direction, there are subpoints that the Resource Development Subcommittee translated into Objectives and subsequently Action Steps. These areas drove the subcommittee conversations and timeline. Comments were added to allow for further ideas and recommendations to be documented.

Progress

Progress has been made primary towards Goal 1: “Integrate and Coordinate Suicide Prevention Activities Across Multiple Sectors and Settings,” and it’s action steps; specifically, in regards to the effort towards the establishment of a statewide suicide prevention coalition, establishing representative cohorts, creating a resource repository, meeting in person or online at least once annually, and creating an avenue for feedback.

The KSPC meets monthly via Zoom, and also conducted an in-person Annual Meeting event in May. These meetings have had consistent participation by at least 50 individuals, and focus on providing educational opportunities, as well as foster new community connections. Four subcommittees have also been established to support representation of various aspects of identified work, and these subcommittees meet monthly and report out at each KSPC meeting.

In an effort to create and share a survey analyzing the landscape of suicide prevention activities in Kansas, the KSPC partnered with KSPHQ and Greenbush Education Services Center; the tool includes various filters to support accessing specific interventions based on target groups, needs, region, etc..

The Coalition has worked with local web developers to build a website that will host this resource tool, as well as a dedicated space to share feedback with the KSPC. This feedback tool is meant to provide a space to all, but specifically those with lived experience, to express needs or concerns directly to the KSPC in a way that is safe and easily accessible.

Recommended Updates

The Resource Development Subcommittee, who reviewed this Strategic Direction, recommends that future iterations of the State Plan break action steps down into more specific steps and connect them intentionally with specific entities to work and accomplish the associated goals with the action step.

Additionally, it is recommended that updates identify key stakeholders and better touch points/contacts for collaboration with other stakeholders; it is key to communicate to each identified stakeholder the recommendations as a whole and how their entity plays a role.

Finally, consider if there are Memorandums of Understanding that are necessary to ensure proper communication and expectations and maintenance of work on actions steps.

Next Steps

In order to address Goal 2: “Strengthen and Broaden Public Communication Efforts about Risk and Protective Factors for Suicide,” and the action steps specifying the need for consistent messaging and engaging media partners, the KSPC will work towards developing and launching a public awareness campaign. This work will include initial drafts of what the messaging will include, developing a comprehensive campaign rooted in data from the landscape analysis, utilization of tool kits developed by community partners, the development of a media calendar, and a media tool kit that can be shared with members to support their own media engagement with consistent messaging.

There will also be a collaborative effort between the Resource Development and Community Engagement subcommittees to develop strategies to engage diverse communities and grow membership among these populations.

Sector representation within KSPC membership will continue to be tracked in order to notice areas of strength and needed growth.

Strategic Direction #2: Clinical and Community Prevention Services (Select and Indicated Prevention Strategies)

Methods

On December 13th and January 9th, the Community Engagement Subcommittee convened to engage in insightful discussions centered around Strategic Direction 2 Goal 2. These meetings encompassed an initial phase of introductions, followed by a comprehensive analysis of the guiding focus points pertaining to Strategic Direction 2 Goal 2. The subcommittee produced thoughtful conversation regarding the stakeholders listed in 2.2.1. and 2.2.2., while also providing due consideration to the potential incorporation of additional stakeholders. Furthermore, the subcommittee explored the methodologies employed to establish effective channels of communication and engagement with the identified stakeholders at the local level.

Key Findings

2.2.1. Key Findings

The Community Engagement Subcommittee's analysis of Goal 2, Subgoal 2.2.1. revealed several pertinent insights. The subcommittee identified the additional stakeholders beyond the existing list that could broaden representation and engagement within the suicide prevention plan. Several noteworthy suggestions were put forth. These recommendations included the involvement of law enforcement personnel, local gun club and shooting range owners, individuals from the community who possess relevant experiences and expertise outlined in the actions and activities described in 2.2.1. Moreover, it was proposed to engage stakeholders such as range management personnel, gun shop owners, organizations that provide free gun locks and informational resources, gun show attendees and/or hosts, shooting sports leaders, rotary organizations, and rural organizations.

The subcommittee also underscored the importance of maintaining consistency in messaging. Recognizing the potential divergent viewpoints and perspectives associated with firearms-related issues, the subcommittee felt it was crucial to ensure that the coalition promotes consensus-based recommendations and messaging. This approach necessitates actively incorporating input from local-level stakeholders while adhering to the coalition's values and mission.

Finally, given that Strategic Direction #2, Goal 2 aims to support localized efforts, the subcommittee emphasized the significance of considering the diverse array of groups and perspectives across the state. By actively engaging with communities and incorporating their input, the coalition can foster a sense of inclusivity, thereby aligning recommendations and messaging with the values, goals, and mission of the broader coalition.

2.2.2 Key Findings

Upon conducting an analysis of Goal 2, Subgoal 2.2.2., the Community Engagement Subcommittee noted several key findings. The subcommittee identified potential stakeholders that could be included in addition to the existing list, thus fostering a more comprehensive and inclusive approach within the suicide prevention plan. Based on insights and recommendations by the subcommittee members, the following stakeholders were proposed for consideration: healthcare students, prescribers and other healthcare professionals, owners and employees of medication drop-off locations, the SPFRx group, the Poison Center, and the KDHE Palliative Care and Substance Use Disorder/Overdose Prevention Program.

With the involvement of healthcare students, the coalition could tap into the unique perspectives and fresh insights they bring to the realm of suicide prevention. Similarly, including prescribers could provide invaluable expertise regarding medication management and appropriate prescribing practices. Similarly, including prescribers could provide invaluable expertise regarding medication management and appropriate prescribing practices. Engaging owners and employees of drop-off locations could contribute to the creation of effective disposal programs for medications and other potentially harmful substances. The involvement of the SPFRx group, Poison Center, and the KDHE Palliative Care and Substance Use Disorder/Overdose Prevention Program would help ensure a holistic approach to substance abuse prevention and intervention, as well as facilitate the sharing of critical information and resources.

By expanding the stakeholder network to encompass these suggested entities, the subcommittee seeks to enhance collaboration, knowledge-sharing, and collective efforts in addressing the multifaceted challenges related to suicide prevention within the state.

Emerging Themes & Recommendations

Throughout the process of the Strategic Direction 2 Goal 2 review, the Community Engagement Subcommittee identified several emerging themes and formulated corresponding recommendations. These insights and recommendations are crucial in guiding future efforts and enhancing the effectiveness of suicide prevention initiatives at both the state and local levels.

Emerging Themes

Stakeholder Inclusion: The subcommittee recognized the need to expand the stakeholders beyond that of the current list for both 2.2.1. and 2.2.2.

Community-Centric Approach: The subcommittee highlighted the significance of adopting a community-centric approach to better address local-level needs and challenges.

Consistent Messaging and Inclusive Collaboration: Consistency in messaging and fostering inclusive collaboration emerged as critical themes. Recognizing the diverse viewpoints and

stances on issues related to firearms, the subcommittee emphasized the importance of consensus-based recommendations that incorporate input from local-level stakeholders.

Recommendations

Based on the identified themes, the Community Engagement Subcommittee would like to put forth the following recommendations:

Expand Stakeholder Engagement: Actively engage additional stakeholders. Further valuable perspectives, expertise, and resources serve to enhance the effectiveness of suicide prevention efforts.

Refine Stakeholder Definitions: Continuously refine the definitions of “community” and “local” to ensure clarity, consistency, and optimized impact across statewide suicide prevention initiatives. Ongoing consideration will facilitate the most accurate measurement of progress, effective coordination of efforts, and comprehensive engagement of diverse communities.

Promote Consensus-Based Messaging: Foster inclusive collaboration and open dialogue to promote consensus-based recommendations and messaging. Actively incorporate input from local-level stakeholders to ensure that suicide prevention efforts reflect the needs, values, and perspectives of the communities they aim to serve.

Facilitate Information Sharing: Establish channels for information sharing among stakeholders to encourage dissemination of critical resources, best practices, and educational materials to empower communities in preventing suicide.

The coalition can further strengthen its suicide prevention strategy and foster a collaborative environment that embraces diverse perspectives through the implementation of these recommendations. These efforts will enhance the progress of Strategic Direction 2 Goal 2, promote community resilience, and contribute to the reduction of access to lethal means across Kansas.

Strategic Direction #3: Treatment and Support Services (Treatment and Recovery Directions)

Methods

Participants – Subcommittee members representing a spectrum of professions participated in the review process including health services, clinical psychology, analytics, public policy, and domestic and sexual violence advocacy.

Procedures – We utilized a template of three questions for structured review: 1) Do the actions/activities match the goal? 2) Are the timelines doable? and 3) Are there stakeholders we need to add/remove? We used inspiration from a wider set of questions in reflection, but we tried to have an answer for each of these three under every goal. Discussion and feedback were collected and translated into the notes reflected in this report.

Emerging Themes & Recommendations

Need for specific implementation steps and action items

As a statewide agenda, it was expected that the State Plan wouldn't have the most detailed and locally adapted implementation steps. However, without identified groups responsible for implementation and no breakdown of steps and assigned roles, there were times the Subcommittee found it difficult to identify where progress has been made. The Subcommittee recommends clarification of responsible parties, timelines, and action steps in revisions to the State Plan.

Actions/Activities

In general, Strategic Direction #3 is often lacking clear, measurable, action steps under the Actions/Activities. For example, Activity 3.3.2.b says "Create a guidance document to improve continuity of care." The plan doesn't mention how to accomplish this task, breakdown what it should entail, or name who is responsible for its completion. To really envision what this "guidance document" would look like, this activity should include action steps such as 1) Identify organizations 2) Facilitate conversations around what supports they need and 3) Develop ways to meet those needs, etc.

Stakeholders

The plan identifies stakeholders, but without clearly defining what it means by the term, it could be overly broad and apply to anyone doing the work within systems of care. Revisions to the plan should specifically identify the stakeholder responsible for the action. In general, specificity around the stakeholder entity would be helpful. For example, KDADS is often listed as a

stakeholder, but the department is massive, is there a specific bureau or program that should be named?

Timelines

In general, the timelines in the plan feel realistic. “Short term” is consistent with activities like training and short interval projects. For bigger system change activities, “ongoing” is appropriate.

Reflect and build on the work happening across the state

The Subcommittee identified the following projects to highlight ongoing work around the state. We know that there is more happening than what is captured here, but these were projects that frequently came to mind as we thought about objectives laid out in the State Plan. The Subcommittee recommends reflecting and building on these strides of progress when revising the State Plan.

Zero Suicide Framework

Subcommittee members highlighted ongoing work of embedding suicide care via the Zero Suicide framework under Goal 3.1.3. Erica Molde has also revamped trainings to speak to trauma and marginalized communities.

988 Suicide & Crisis Lifeline

The State Plan includes actions/activities related to expansion and promotion of the National Suicide Prevention Lifeline written before the national launch of 988. The Subcommittee identified that 988 feels like a particular area of strength. Through 988 implementation, most actions/activities under Goal 3.2.1 are complete or ongoing.

Resource Directory

Early on, the Subcommittee identified the need for a list of Kansas based resources that stakeholders could utilize. Independently, KSPC had already entered into collaboration with Greenbush to launch a survey and build a Resource Directory. The Subcommittee helped forward the survey link out to networks to increase participation.

A Friend AsKS

The statewide app mentioned in Goal 3.2.2, "[A Friend AsKS](#)", has launched and is available to download. The Subcommittee wondered whether the app’s launch means the goal is actually complete and how the Subcommittee can assist with and support its rollout. The Coalition should discuss how the app fits into the overall statewide purpose of connecting people with information and local resources. Then the Subcommittee can help with a dissemination plan.

Grief & Financial Support for Suicide Loss Survivors

The Subcommittee identified that [Lemon Aid](#) could shine in this area - monetary assistance is a practical and substantial resource that makes a radical difference in the lives of suicide loss survivors. Grief support is also available through peer wellness programs at CMHCs. Subcommittee members also noted that suicide prevention and awareness community events such as walks/runs are also a source of solidarity for grieving folks who seek support in other ways.

Mobile Response Teams (MRTs)

Mobile crisis response and co-responder programs are in development. The Subcommittee identified this as a major area of growth in the state. New collaboration and partnerships with law enforcement and emergency departments have evolved through implementing 988 and mobile response.

Crisis Response Plans in the Workplace

The Subcommittee wondered whether suicide prevention groups are modelling the things we encourage our partner organizations to do, such as having a [crisis response plan](#) for staff. It was noted that Zero Suicide may have some resources on this. Mental health first aid training is also an option.

Need strategic plans for outreach

Publicity of 988 and Other Programs

KSPHQ has placed more emphasis on 988 calls while it works toward 24/7 coverage for chat. Currently chat is available 8am-midnight and the goal is to be 24/7 by the end of May. After that, KSPHQ plans to push publicity for the new resource. The Subcommittee plans to work on breaking that publicity down into action items and a strategic plan for reaching further communities. KSPHQ already has handouts that could be streamlined as well as, "what to expect" palm cards. Publicity of programs came up in discussion of other resources across the state as well.

Advertising and Amplifying Training Opportunities

Training outreach has expanded to more kinds of communities and workforce professions such as church groups, employers, jails, and parole. These groups are receiving training on evidence-based practices they may not have been previously exposed to through mental health first aid, ability to recognize signs and symptoms, and the Zero Suicide Academy. There's still an identified need for training on self-determination – but first must identify organizations that should receive training and consumer led organizations that provide this training.

Identifying Needs from Consumers

The Subcommittee considered a variety of ways we gather input from consumers on their needs. Eventually, the website will also include a way to provide feedback. It's impossible to fully untangle demystifying the system and changing the system, it's a bit of both. We know that the current system does not work for many consumers, but we also acknowledge that it is the system we have and must help consumers navigate now. We want to demystify the system while making it overall easier to navigate and meet consumer needs.

Understanding Allocation of Resources in the Community

The Subcommittee discussed the allocation of resources, impacts of legislation, and importance of advocacy. In general, the coalition should monitor how resources directed toward youth needs change over time. It can also monitor legislation's impact on workforce development opportunities such as BSRB training and requirements, and changes to clinical supervision material. In future discussion, the Subcommittee would like to consider what it could look like to expand our advocacy efforts and present KSPC as a united front. KSPC has the opportunity to provide a platform for consumer voices and create more avenues for consumers and families to participate in system change.

Strategic Direction #4: Surveillance, Research, and Evaluation

Methods

The SRE subcommittee met monthly over Teams to discuss the process and logistics of review, document any progress made and recommendations for the next update, and to finalize this report. Prior to our work reviewing the plan, we wanted to outline a timeline for review (see Table 2) and some questions to keep in mind while we review the Plan (see Table 3).

Once the timeline and questions were outlined initially, a Google Sheets spreadsheet was created where each goal had its own page and each subsection was an individual line so reviewers could comment and provide recommendations on a line-level basis. Over the course of the review, the subcommittee met to discuss one to two goals each meeting, and we allowed time for questions for the Executive Board or KSPHQ and open discussion.

Overall Recommendations

Throughout Strategic Direction 4, and the Plan as a whole, there are references to “State Suicide Prevention Plan Workgroup,” we recommended updating this language to the subcommittees of the coalition if future reviews of the plan will be completed by these subcommittees. We also recommend updating “County Health Departments” to “Local Health Departments.” Across Kansas, there are multi-county and city-county health departments, thus “Local Health Departments” is a more inclusive term for the varying types of health departments. The final overall recommendation from this subcommittee is to assign lead agencies/entities to the actions and activities outlined under the goals and objectives. We believe this will help move the work forward by ensuring a stakeholder is responsible and accountable for a specific action and it would also help future reviews by knowing who is leading the specific work and collecting the necessary data.

Goal 1

Progress

The first goal of Strategic Direction 4 of the Plan is “Improve data collection related to suicide morbidity and mortality.” Some progress has been made towards this goal. In particular, when it comes to regular data reporting and sharing efforts. The Kansas Prevention Collaborative has a Behavioral Health Indicator Dashboard that includes county-level rates for suicide. Through funding from SAMHSA for the Kansas Zero Suicide Program, KDHE has been able to hire a full-time epidemiologist dedicated to suicide and self-directed violence data analysis and dissemination. Additionally, the Kansas Health Institute has published multiple reports on suicide disparities in Kansas over the last several years. The Kansas State Epidemiological

Outcomes Workgroup (SEOW) is a group of “data experts and prevention stakeholders” that has a focus on behavioral health data.

There have also been efforts identified for Objective 4.1.2. The Kansas Syndromic Surveillance Program is working on collecting near real-time inpatient hospitalization data and mortality data into their Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) data system.

Recommended Updates

On page 17, under the first bullet for Goal 1, we recommend updating “Violent Death Reporting System” to say “National Violent Death Reporting System” to be consistent with language from CDC and also to add “... and the Youth Risk Behavior Survey” after “Kansas Communities that Care Survey.”

Under Objective 4.1.1, there is discussion around making suicide a reportable condition. There is still much work to be done on this objective and its associated actions and activities. In order to make more progress in this area, the subcommittee recommends extending the timeline on the actions and activities. Additionally, we recommend adding coroners to the stakeholders list and including them in discussions surrounding making suicide a reportable condition or other data collection policy discussions.

Objective 4.1.2 is to “Support efforts to gather timely mortality statistics.” We would recommend adding “morbidity” to the title of this objective.

Next Steps

For Objective 4.1.1, we identified a few next steps as a subcommittee we could take to move work forward. First, we would like to research policies from other states who were successful at making suicide or suicide attempts reportable to learn from others how this could potentially look in Kansas. We would also like to understand if other states or national organizations have developed guidance on standard definitions to share with data collectors. We also identified that we need to know where we’re at now, so cataloging current practices, policies, and definitions for data collection is an important next step.

Some next steps for Objective 4.1.2 include identifying current practices in-state and by other states for creating statewide standardized death reporting protocols and to include law enforcement and coroners in all of these discussions.

Goal 2

Progress

Goal 2 of Strategic Direction 4 is “Annually review and report on State Suicide Prevention Plan.” Overall, we have made progress on this goal as review of the Plan is currently ongoing. Objective 4.2.1 states “Request assistance from SEOW to review available data annually and more frequently.” There are two active members of the SRE subcommittee that are also members of the State Epidemiological Outcomes Workgroup (SEOW), thus there is a strong relationship between the SEOW and SRE subcommittee to make sure the work on this objective is complete. Under Objective 4.2.1, Action/Activity 1 recommends the SEOW annually review and update the Kansas Behavioral and Mental Health Profile. This was completed in 2022, and is located [here](#).

Objective 4.2.3 is to “Report on progress, revisions, and roadblocks to plan efforts in annual reports,” which is currently being done as the subcommittees are reviewing Strategic Directions related to their committee’s work.

Recommended Updates

A few updates to the plan are recommended for Goal 2. The first is to add some clarifying language for Activity 2 under Obj. 4.2.1. This Activity recommends that the SEOW report progress on suicide data indicators, but does not mention to whom the SEOW should be reporting. Additionally, the SEOW was not mentioned as a stakeholder on Obj. 4.2.1 despite being a major partner for this objective. Currently, there is not an Objective numbered 4.2.2, so the final recommended update is to renumber Objective 4.2.3 to 4.2.2.

Next Steps

Three items were discussed as being next steps for Goal 3. The first is to have the suicide prevention epidemiologist with KDHE present yearly to the SEOW on suicide-related indicators so there is timely data being shared with partners. Another next step is to make some headway on Action/Activity 1 of Objective 4.2.3 which states “Researchers and State agencies will collaborate on suicide prevention research and evaluation.” We would like to begin identifying researchers and contacts in academia in Kansas who can assist with this objective. Finally, there was mention of an evaluation plan, but this has not yet been started to our knowledge so we recommend beginning the discussion around creating an evaluation plan.

Goal 3

Progress

The final goal of Strategic Direction 4 is “Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings.” To-date, not much work has been done towards the overall goal because the evaluation plan hasn’t been created. Once the evaluation plan is in place, we will be able to effectively evaluate the impact and effectiveness of items outlined in the Plan, as well as other indicators of suicide prevention efforts.

Certain Actions/Activities have been started. For instance, the Coalition has collected some membership and involvement data, which falls under Objective 4.3.1 Action/Activity 2 “Track involvement of identified stakeholders and document participation.” And the Coalition has also created a survey to track suicide prevention resources across the state, which is part of Actions/Activities 3 thru 5 (“Document any known milestones in suicide prevention efforts in Kansas,” “Document the names of new evidence-based strategies implemented in Kansas communities,” and “ Document the population demographics being served in implemented Kansas Suicide prevention strategies,” respectively).

Recommended Updates

Two updates are recommended for Goal 3. The first is to consider adding a discussion that suicide does not exist in a bubble as it shares intersects with adverse childhood experiences, overdose and other forms of violence. And the second is to add some clarifying language to Action/Activity 5 of Obj 4.3.1. Currently, it states “Document the population demographics being served in implemented Kansas Suicide prevention strategies,” and it would be helpful to know if these “suicide prevention strategies” are only the ones identified in the Plan or if this extends to other strategies occurring across the state.

Next Steps

As mentioned in the previous goal, this subcommittee would like to begin work on an evaluation plan for the state Plan. The Coalition and KSPHQ have begun some work on collecting data that can be used to evaluate the work identified in the plan, and we should be sure to include the current evaluation processes in the evaluation plan as it’s being created.

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Table 1: Resource Development State Plan Review spreadsheet

Goal	Objective	Action Step	Comments
Strategic Direction #1: Healthy Empowered Individuals, Families and Communities	Integrate and coordinate suicide prevention activities across multiple sectors and settings.	Establish representative stakeholder cohorts in the coalition. (short term)	Work on this is ongoing. SPRC sector representation. Have identified areas of growth. Greenbush survey will provide more insight into this as well.
		Create a resource repository for youth, families, partners, consumers, service providers, and other stakeholders. (medium term)	Does the Coalition have a part to play in creating a place to stop to get suicide prevention resources? Informed by 988 work that is ongoing.
			Some Coalition members have been involved in the youth tip sheet. Could be an example of a resource repository connected to coalition.
			Coalition website could host a collection of resources. Appendix 1 is a good spot to look at for better understanding. Consideration for criteria to "vet" resources the coalition could be providing?
			Education on how to update resource repositories. Connecting to existing resource repositories. What are we defining as a resource?
		Establish a statewide suicide prevention coalition which is used to integrate prevention and treatment efforts across sectors.	Collection of "best practices" and tips.
			Using the SPRC as a criteria aid.
			Referencing to "evergreen" resources to avoid outdated info and need for constant updating.
			Focusing on finetuning existing resource networks
		Outreach to and involve the business community to develop partnerships with public and private industries to better supply supportive resources. (medium term)	Opportunity to collaborate with another subcommittee on resource repository development (SRE?)
			RECOMMENDATION: focus on two audiences- providers/support people (best practice, trainings, tips) & people seeking services (suicide prevention activities).
			Emphasizing seeking business partnerships that can support the coalition.
			Creating connections to provide education to the business sector?
		Initially meet at least once, annually, as a state suicide prevention coalition, in person or online. (short term)	Good item to break up into more actionable steps (lots of areas where breaking things down could be helpful and good). Look into changing time line expectations (Recommend changing to long-term).
			Identify corporations interested in more awareness in mental health and suicide prevention. Business mentorship potential
Similar to "Family Friendly Workspaces" efforts and provision of toolkits			
Do they explain their EAP? Are they sharing supports? Shared risk and protective factors			
Sustain and strengthen collaborations across the state agencies to advance suicide prevention. Focus on state agency collaborations is likely too narrow when considering having strong infrastructure for suicide prevention	Similar to work Trauma-Informed team does (Janell)		
	Hour is good even if it is a packed agenda at times. Past an hour feels too long. Monthly feels like a good frequency. Recommendation to assess value of meeting and reassess if need with regards to how much is getting done. Consider building in flexibility for meeting frequency into a recommendation, one possibility is creating a recommendation for when reassessment would be done.		
	Seek input from diverse sectors including health, education, social services, justice, policy and the private sector to help address suicide. (short-term, ongoing)		
	Current: Coalition is doing some tracking of sector representation but no clear benchmark of what adequate representation would be. Membership list may reflect more representation from healthcare/behavioral healthcare, but in practice work seems to be well distributed. Call out of lack of "justice sector"/ first responders. Future Directions: On the sub-committee radar as a need for increasing membership. Initial step of identifying how suicide prevention is relevant to each of the sectors (sector definitions were pulled from the SPRC toolkit for suicide prevention coalitions). Not recommending any limitations of membership or outreach but would think about what kind of materials or preparation the coalition would need to do to present the coalition as a good opportunity for folks. Good possible crossover with the Community Engagement Sub-Committee.		
Build partnerships and effective collaborations that impact each level of society. (short-term, ongoing)	This action steps could benefit from more clarity perhaps from the perspective of the social-ecological model and identifying some priorities. Potential first step is to define the levels of society (e.g. build some common language about what we mean/which partners we are referring to when we talk about each level of the socio-ecological model).		
	Continue the State Interagency Group of statewide partners to assure effective use of resources, consistent and comprehensive messaging, and a shared vision and initiatives. (short-term, ongoing)		
	Endorse state agency collaboration		
	Being discussed in SRE; plan for Lisa Chaney is going to take some items from the coalition to the SEOW. Far more capacity at the state to do epi work on suicide data since the original drafting of the state plan.		
Include those with lived experience in suicide prevention efforts.	Continue data collaboration through support of multi-agency membership of the SEOW. (short-term, ongoing)		
	SPRC update on the definition of "lived experience" that is encouraging a more expansive inclusion. "People with lived experience of suicide can include those who have had thoughts of suicide, survived a suicide attempt, lost a loved one to suicide, or provided substantial support to a person with direct experience." Coalition has a mechanism for folks to self-identify as having lived experience. No goal specifically identified on what is "enough" representation. Maybe there is a task or item for creating some kind of "space" virtual or otherwise for gathering input.		
	Invite Kansans with lived experience related to suicide to participate in review of all Strategic Directions, Goals, and Objectives contained in this State Suicide Prevention Plan. (short term)		
	Create an online opportunity for distribution and submission of feedback from Kansas citizens with lived experience related to suicide. (short term)		
Empower local stakeholders to utilize publicly available data to plan suicide prevention messaging campaigns.	Website landing page opportunity?		
	Share feedback gathered from youth and adult consumers, parents and family members in every meeting of the work group tasked with creation, maintenance and revision of the State Suicide Prevention Plan. (short term)		
	Youth - YLINK, KCTC, Adults - NAMI Groups, Focus Groups, LeronAid, Opportunity for people to provide feedback to plan and changes, townhalls, questionnaire(s), statewide stakeholder state plan. How to make plan more visible.		
	Local suicide prevention and behavioral health prevention coalitions establish partnerships with local health departments to better understand and utilize data. (short term)		
Strengthen and broaden public communication efforts about risk and protective factors for suicide.	State Epidemiological Outcomes Workgroup (SEOW) as a partner in creating digestible report. (short term)		
	Contact KDHE (L. Gracy & L. Chaney) to begin conversation about report.		
	Support local efforts to produce targeted messaging to geographic, industry, age and other groups. (short term)		
	Identify core sources of data to educate and promote buy-in. Local coalition(s) or can the state coalition come in and engage relevant entities on what messaging should be for their population.		
Utilize strategic communication campaigns with positive messages and warning sign education to connect people with appropriate care.	Engage youth and those with lived experience to identify and guide meaningful messages for awareness and		
	Kansas Prevention Collaborative (3/4 campaigns yearly), see above (YLINK, Zero Reasons Why, questionnaires, townhalls, etc.)		
	Identify partners and stakeholders who are invested in disseminating suicide prevention messages and create coordination opportunities. (short-term, ongoing)		
	Community Coalitions in Kansas		
Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings.	Utilize the National Action Alliance safe messaging framework to guide decision making about messages and guidelines for different platforms. (short-term, ongoing)		
	Use as guidance		
	Track involvement of identified stakeholders and document participation.		
	Conversation with Lauren Gracy from SRE Sub-Committee- would agree with recommendations for change to plan that focuses on getting a good inventory of suicide prevention activities, and then working to connect those doing the work with resources for evaluation		
Strategic Direction #4: Surveillance, Research and Evaluation	Document any known milestones in suicide prevention efforts in Kansas		
	Collaborate with other KSPPC subcommittees, as well as stakeholders to identify and monitor prevention milestones.		
	Consider a recommendation that the SPRC's state needs assessment is used as a continuing measure to track needs and progress		
	Document the names of new evidence-based strategies implemented in Kansas communities.		
Document the population demographics being served in implemented Kansas suicide prevention strategies.	Consider a subcommittee to track, identify and provide guidance on national and locally identified strategies.		
	Landscaping analysis is a good first step		
	Develop a system to regularly monitor sources of demographics and data simultaneously related to demographics accessing prevention strategies.		
	US Census for areas with prevention strategies, health disparities, state epidemiological outcomes work (SEOW) group, evaluating impact and effectiveness, documenting if suicide prevention strategies are actually going into the areas of Kansas that needs them, are target populations being served.		

Table 2: Projected Timeline for Review

Timeframe	Action Steps
Before January	Brainstorm questions and logistics for review, create a tentative timeline
January/February	Review Goals 1 and 2
March	Review Goal 3 and data portions
April	Begin creating report
May	Review report and compile discussion points
May 26th (coalition meeting)	Present some points about the review of the plan
June	Finalize report for submission to KDADS

Table 3: Sections of the State Plan and Associated Questions to Consider

Section	Questions to Consider
All	Are there any grammatical recommendations? Are there new goals/objectives/actions we need to add?
Goals	Is this goal still relevant to keep? Do objectives, actions and activities match the goals? Are there objectives we need to add to ensure we are working towards this goal?
Bullets	Do the bullets adequately describe the need for the goal?
Objectives	Is work being done towards this objective? If yes, what is the work being done? If no, how can we start doing work towards the objective? Who is the primary party responsible for completing objectives? How can we accomplish this obj (are there more specific actions that can be completed for this obj)?
Action/Activity	Is this a reasonable action/activity for this subcommittee? Who will be the lead on this objective? What is the current status of this action? Are we able to assess the status for the action? Are we gathering the data we need to know if we are addressing these goals?
Stakeholders	Do other stakeholders need to be added or removed? Are we engaging the stakeholders that are listed here? Are there stakeholders on this list that don't make sense to be included?
Timeline	Are these timelines appropriate?
Data-related sections	Is there more updated data available? Who is responsible for providing needed data? Are there any new data sources to consider? Do the current data sources still make sense? Do the sources match the data cited?

