Kansas Department for Aging and Disability Services

kansas suicide prevention coalition

2026-2030

Kansas Suicide Prevention Plan

Table of Contents

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And to the countless other Kansas Suicide Prevention Coalition members and Kansans that made this plan possible, thank you!

Dedication and in Memoriam

This state plan is dedicated to the memory of every Kansan who has been lost to suicide and every Kansan recovering from suicide crises. We carry their memory with us and commit to honoring them by furthering suicide prevention efforts across the state of Kansas. We dedicate our efforts to the families, friends, and communities who have been impacted by their passing. You may be gone, but your spirit lives on in our hearts.

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If you or someone you love is struggling, help is available. Please reach out to the suicide and crisis lifeline by dialing 988.

Executive Summary

Suicide is the most preventable kind of death. Suicide is complex and shaped by many different factors; there is no single solution to prevent suicide. Thus, preventing suicide requires a multi-faceted approach.

The 2021–2025 Kansas State Suicide Prevention Plan laid the foundation for coordinated statewide efforts to prevent suicide across the lifespan. The 2026-2030 plan is the next step in reducing deaths by suicide and strengthening suicide prevention efforts in all communities across Kansas. This plan outlines four strategic directions for preventing suicide across Kansas including Community-Centered Care, Connected and Accessible Services, Upstream Prevention, and Surveillance, Research, and Evaluation.

Under each strategic direction, you will find strategies as well as recommendations for how to further each strategy. In addition, each strategy features recommended outcome measurement suggestions.

Community-Centered Care

1. Build stronger communities through local coalitions and partnerships
2. Engage in prevention where people live, learn and receive care
3. Improve communication and information sharing about suicide prevention across communities

Connected and Accessible Services

1. Identify local access barriers, roadblocks, and service gaps
2. Strengthen crisis care systems through integrated supports and services
3. Strengthen care through coordination and connection
4. Increase knowledge through education and workforce development

Upstream Prevention

1. Increase awareness through education and conversation
2. Strengthen suicide prevention infrastructure through collaboration and lived experience
3. Implement action through evidence and systems approaches

Surveillance, Research, and Evaluation

1. Enhance insight through data sharing with partners
2. Prioritize support for disproportionately affected populations
3. Strengthen data infrastructure
4. Gain understanding through comprehensive data collection

The goal of this plan is to lay out the strategic work for preventing suicide in Kansas over the next five years. This plan serves as a guide for not only the Kansas Suicide Prevention Coalition, but all Kansans interested in suicide prevention. By offering resources, this document serves as a vital tool to help individuals, families, organizations, and communities prevent suicide.

Introduction

Suicide is a serious but preventable public health issue, requiring a coordinated approach across community and behavioral health systems. When someone dies by suicide, the impact is felt deeply by individuals, families, and entire communities. The impact of suicide is far-reaching; research estimates that about 135 people are affected by a single suicide.[1] In Kansas, for every one death by suicide, there are approximately 16 people who visit the emergency department due to suicide attempt or self-harm.[2] This highlights the profound effects not only of suicide deaths, but also of attempts. Suicide is complex and shaped by many different factors; there is no single solution to prevent suicide. Understanding and addressing suicide risk requires looking beyond individual behaviors to the broader social and environmental factors that influence well-being, which is where the social determinants of health and the social ecological model provide useful frameworks.

> *"[We need] equitable access to basic needs like healthy food, safe housing, transportation, social/community groups to prevent suicide. [We need] a social and economic solution."*
> *-Kansas Resident*

The five social determinants of health. Source: Centers for Disease Control and Prevention (CDC)

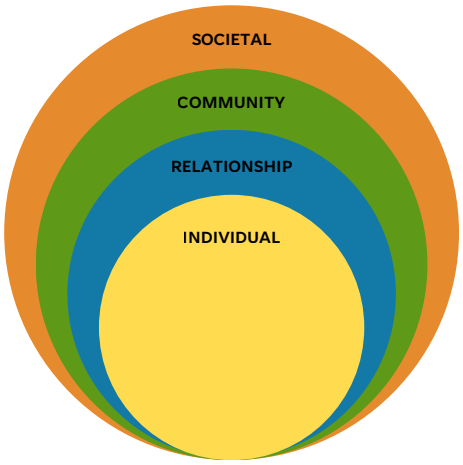
Social Determinants of Health

Social determinants of health (SDOH) are non-medical factors that affect health outcomes. They include the conditions that shape how people are born, grow up, live, work, and age. SDOH also include the larger forces and systems such as economic stability, education, housing, healthcare access, and social support, that affect people's daily lives.

Social determinants of health affect suicide risk. Positive conditions, such as stable income, health insurance, and strong community connections, can lower risk by improving access to care and well-being. On the other hand, poverty, unemployment, discrimination, and housing instability increase risk by causing stress, isolation, and limited access to services.

Effective suicide prevention requires addressing these social factors, strengthening supports, and fostering connected, resilient communities.

Social Ecological Model



The social-ecological model provides a framework for understanding that suicide risk and prevention are shaped by influences at multiple levels: individual, relationship, community, and society. By applying this model to suicide prevention, we recognize that effective efforts must reach beyond the individual to also change the surrounding systems and environments that shape risk and resilience.

> *[To prevent suicide, my community needs] a better and more hopeful quality of life.*
> *-Kansas Resident*

Risk and Protective Factors

There are a range of factors at the individual, relationship, community, and societal levels that can increase suicide or protect people from suicide. These are called risk and protective factors. We can focus our efforts on addressing risk and protective factors to target the root causes of suicide and make prevention efforts more effective.

Level	Risk Factors	Protective Factors
Individual	Prior suicide attempt; mental illness; chronic pain; job/financial loss; substance use; sense of hopelessness.	Effective coping/problem-solving; reasons for living (e.g., family, pets); strong cultural identity.
Relationship	Bullying; family or loved one's suicide; loss of relationships; high conflict; social isolation.	Support from friends/family; feeling connected to others.
Community	Lack of access to health care; community violence; discrimination; historical trauma.	Feeling connected to school/community; availability of consistent, high-quality physical & behavioral health care.
Societal	Stigma around help-seeking/mental illness; easy access to lethal means; unsafe media portrayals of suicide.	Reduced access to lethal means for people at risk; cultural, religious or moral objections to suicide.

Source: Centers for Disease Control and Prevention

Reducing suicide risk requires a well-informed, multi-layered approach that addresses issues including:

Suicide loss and attempts deeply affect individuals and communities, and because everyone in Kansas can be a connector who helps loved ones find support, we believe everyone has a role in prevention. Stakeholders, community champions, and partners across Kansas are committed to preventing suicide through a comprehensive public health approach, with the goal of reducing both suicide attempts and deaths.

This work is also intended to provide support for groups whose suicide rates are higher than the average, including adult men, older adults, Veterans and active duty military personnel, individuals in rural communities, individuals who identify as LGBTQ+, and agricultural workers.

> *Rural Kansas is need of additional mental health resources, counselors, people to talk to and receive help from.*
> *-Kansas Resident*

Together, we are building a shared vision for Kansas where every person has hope, connection, and access to support when they need it most.

Key elements of this comprehensive suicide approach are as follows:

- Building strong partnerships across a variety of sectors and settings
- Using proven, evidence-based strategies to guide prevention efforts at the state and local level for all ages
- Collecting data to better understand risk and protective factors for suicide
- Regularly evaluating program implementation and activities to ensure they are effective and make a lasting difference
- Sharing clear, effective suicide prevention messaging that promotes awareness, hope and help-seeking behavior
- Developing workforce and community skills to recognize and respond to suicide risk
- Supporting early intervention strategies that identify and support individuals at risk before a crisis occurs
- Advancing upstream prevention strategies that address the root causes of suicide and strengthen protective factors

Over the past decade, Behavioral Health Services, within the Kansas Department for Aging and Disability Services (KDADS), has worked hard to strengthen public–private partnerships to advance suicide prevention goals and respond to the growing suicide crisis in Kansas. These partnerships have laid the groundwork for meaningful change. This includes supporting both the Governor's Behavioral Health Services Planning Council, the Kansas Suicide Prevention Coalition, school districts, youth service agencies, mental health agencies, and other community partners in their efforts to advise, connect, and guide suicide prevention efforts across the state, building on the progress already made.

The 2021–2025 Kansas State Suicide Prevention Plan laid the foundation for coordinated statewide efforts to prevent suicide across the lifespan. Building on that progress and aligning with the 2024 National Strategy for Suicide Prevention, the 2026–2030 plan continues our commitment to reducing deaths by suicide and strengthening prevention efforts in every community. This updated plan outlines the activities, responsibilities, and partnerships needed to reach our goals, with flexibility to adapt as data, resources, and needs change. The plan will be reviewed at least once a year, with formal updates every five years. Annual reports will be developed to share current suicide data, progress made, the impact of related laws or policies, and any emerging challenges. This plan serves as both a roadmap and a call to action for the years 2026–2030.

The plan outlines four strategic directions for preventing suicide across Kansas. They provide a framework for communities, organizations, and systems to take action, work together, and stay accountable in the shared goal of saving lives. The strategic directions are:

Community-Centered Care

Preventing suicide and supporting mental health takes all of us working together. Community-Centered Care focuses on reaching people in ways that respect and reflect both their communities and individual experiences. By building strong partnerships, connecting local and state efforts, and engaging in evidence-based practices, we can spread hope, reduce stigma, and make it easier for people to get the help they need. Together, these efforts will strengthen connections and create safer, healthier communities for everyone.

Connected and Accessible Services

Keeping our communities safe means ensuring the right support is available when someone is in crisis. Connected and Accessible Services focuses on building a connected system of care that supports individuals before, during, and after a suicide crisis. This includes strengthening intervention practices, improving care pathways, and integrating behavioral health, healthcare, and community supports to reduce barriers and close gaps in care. By building local capacity, providing training, and improving system-wide coordination, we can ensure more people can get the help they need when they need it and create stronger communities equipped to respond effectively to suicide risk.

Upstream Prevention

Preventing suicide starts long before a crisis. Upstream Prevention focuses on breaking down stigma, starting open conversations about suicide, and actively engaging to improve the overall well-being of our communities. By addressing the root causes of stress and strengthening protective factors at the individual, community, and system levels, we can build resilience and create the conditions for wellness, connection, and support before challenges become a crisis.

Surveillance, Research and Evaluation

Having the right information at the right time helps communities prevent suicide more effectively. Surveillance, Research, and Evaluation focuses on ensuring access to accurate data through frequent data reporting and sharing, learning what's effective through comprehensive evaluation efforts, and supporting research that helps us understand what works to prevent suicide and support those in need of care. By utilizing data, we can make better decisions, provide in-time programming, and obtain access to support in the moment it is needed.

How to Utilize the Plan

The Kansas Suicide Prevention Plan is divided into two parts. The first part outlines each strategic direction, along with strategies and broad recommendations designed to be adapted and applied by local communities, stakeholders, coalitions, organizations, and individuals to strengthen suicide prevention efforts across the state. It also includes suggested outcome measures to help track progress and effectiveness at the local level.

This plan is intended to serve as a practical guide that meets you where you are in suicide prevention work:

If you're new to suicide prevention or not yet connected to local efforts, you can use the plan to understand key focus areas, identify where your interests align, and connect with local or statewide partners to get involved.

If you're part of a new or developing coalition, you can use the plan to set clear goals, organize your activities, and align your strategies with broader state priorities to build a strong foundation for impact.

If you're an experienced coalition or established partner, you can use the plan to assess progress, identify service or communication gaps, discover new opportunities for collaboration, and explore innovative ways to engage your community and strengthen existing efforts.

In the second part, the plan contains a strategic action plan specifically for the Kansas Suicide Prevention Coalition (KSPC). The coalition will utilize the strategic action plan to make progress on preventing suicide in Kansas, and the KSPC's Surveillance, Research, and Evaluation subcommittee will measure progress from 2026-2030.

Funding

This plan is supported by funding from the Kansas Department for Aging and Disability Services (KDADS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Kansas Department for Aging and Disability Services.

Recognition

Sincere appreciation to DCCCA, Inc. for its role and dedication in the development, organization, and production of this plan.

Background

2026-2030 Kansas Strategy Development

The 2026–2030 Kansas Suicide Prevention Plan was developed through a collaborative, multi-month process that engaged a variety of voices and expertise from across the state. A Kansas Suicide Prevention Plan Revision Committee met monthly from January through July 2025 to guide the development of the 2026–2030 Kansas Suicide Prevention Plan. The subcommittee's process was as follows:

- Reviewed the 2021-2025 Kansas Suicide Prevention Plan to understand its successes, challenges, ways it was utilized, and accomplishments, while identifying key considerations for the update.
- Examined state suicide prevention plans from Iowa and Nebraska to learn from their strengths and explore ideas to strengthen Kansas' own plan.
- Conducted a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of the current plan to identify internal strengths and weaknesses as well as external opportunities and threats.
- Reviewed the 2024 National Strategy for Suicide Prevention to ensure alignment with national goals and best practices.
- Developed and conducted a statewide Public Opinion Survey on Suicide Prevention in Kansas. Analyzed current state suicide data to understand ongoing trends and needs.
- Collected stakeholder feedback during the Kansas Suicide Prevention Coalition Annual Meeting, where challenges, opportunities and priorities were discussed.
- Crafted Strategic Directions that will guide prevention efforts from 2026 to 2030. Engaged in a collaborative process to create priorities and goals for each strategic direction.
- Draft plan was developed and reviewed by individuals with lived experience of suicide loss or attempts, as well as experts and peer reviewers from Nebraska and Iowa, and the Kansas Suicide Prevention Coalition.

Grant-Funded Suicide Prevention Projects in Kansas

The Kansas Department for Aging and Disability Services (KDADS) currently administers two state grants, supported by federal funding, that are advancing suicide prevention initiatives in select counties in Kansas. These projects apply and evaluate prevention approaches, identify effective practices, and inform how successful strategies could be scaled statewide.

Community Suicide Prevention Grant

The purpose of the Kansas Community Suicide Prevention Grant is to address the ongoing crisis of suicide in Kansas though community-driven suicide prevention programs. The goal is to reduce and prevent suicidal behaviors through the implementation and sustainability of effective, culturally competent suicide prevention strategies and activities. The grant is intended to serve individuals across the lifespan. Funds are intended for the development of community-specific strategies to prevent suicide among at-risk Kansans.

This funding sources allows eligible applicants to engage in community-based suicide prevention services and activities which utilize evidence-based strategies aimed to reduce suicidal ideation, attempts, and deaths, address shared risk and protective factors, and produce sustainable systems change for vulnerable populations in Kansas. Strategies vary by grantee.

Garrett Lee Smith (GLS) State/Tribal Suicide Prevention Program Grant

The funding for the Garrett Lee Smith State/Tribal Suicide Prevention Program Grant comes from the U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA). It supports KDADS in reaching young Kansans through schools, educational institutions, juvenile justice systems, substance use programs, mental health programs, and the foster care system. The award focuses on strategies and initiatives for youth and young adults residing in Wyandotte County and the 12-county southeast region of Kansas (Allen, Bourbon, Chautauqua, Cherokee, Crawford, Elk, Greenwood, Labette, Montgomery, Neosho, Wilson, and Woodson).

GLS Strategies Include:

1. Implementing evidence-based suicide prevention and intervention trainings and train-the-trainer opportunities including Question, Persuade, Refer (QPR), Sources of Strength, Youth Mental Health First Aid (YMHFA), Conversations and Counseling on Access to Lethal Means (CALM), and suicide postvention for counseling suicide grief
2. Offering Reflex-AI text and chat training for individuals at Kansas crisis call centers
3. Implementing a statewide suicide prevention awareness campaign that includes videos and resource booklets.

Data Snapshot

To understand how to best prevent suicides statewide, it is essential to begin by examining the available data. Each data point tells part of the story: who is most affected, where rates are highest, and which factors play a role in risk and protection. Together, this information helps guide statewide action, ensuring that prevention efforts are informed, responsive, and effective.

Key Suicide Indicators

Indicator	Statistic
Age-adjusted suicide rate in Kansas (2024)	20.4 per 100,000
National ranking	12th highest suicide rate in the nation
Leading cause of death (all ages)	8th
Leading cause (10–34 years)	1st or 2nd
Leading cause (35–44 years)	3rd
Leading cause (45–54 years)	4th
Death frequency	1 every 17 hours
Male-to-female rate ratio	4:1
Highest rate by Race/Ethnicity	American Indian/Alaska Native, non-Hispanics and White, non-Hispanics
Primary mechanism	Firearms

Sources: Kansas Department of Health and Environment (KDHE). Suicide Related-Data Dashboard [2]; CDC. Suicide Rates by State [3]; CDC Leading Causes of Death [4]

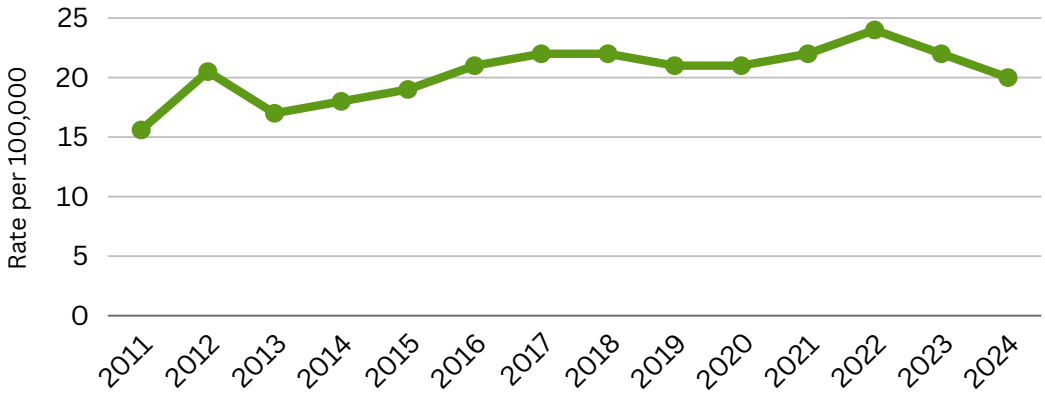
988 Contact Data

Region	2020	2021	2022	2023
Northwest	~374	~356	~443	~480
Southwest	~468	~579	~599	~715
North Central	~1,390	~1,320	~1,257	~1,455
South Central	~3,421	~4,031	~5,676	5,410
Northeast	850	9,175	~10,654	13,347
Southeast	~1,721	~1,796	~1,628	~2,080
Total	**~15,724**	**~17,257**	**~20,257**	**~23,488**

~an approximation is provided in order to protect caller anonymity
Source: HeadQuarters Kansas (2025). 988 Contact Data Request.

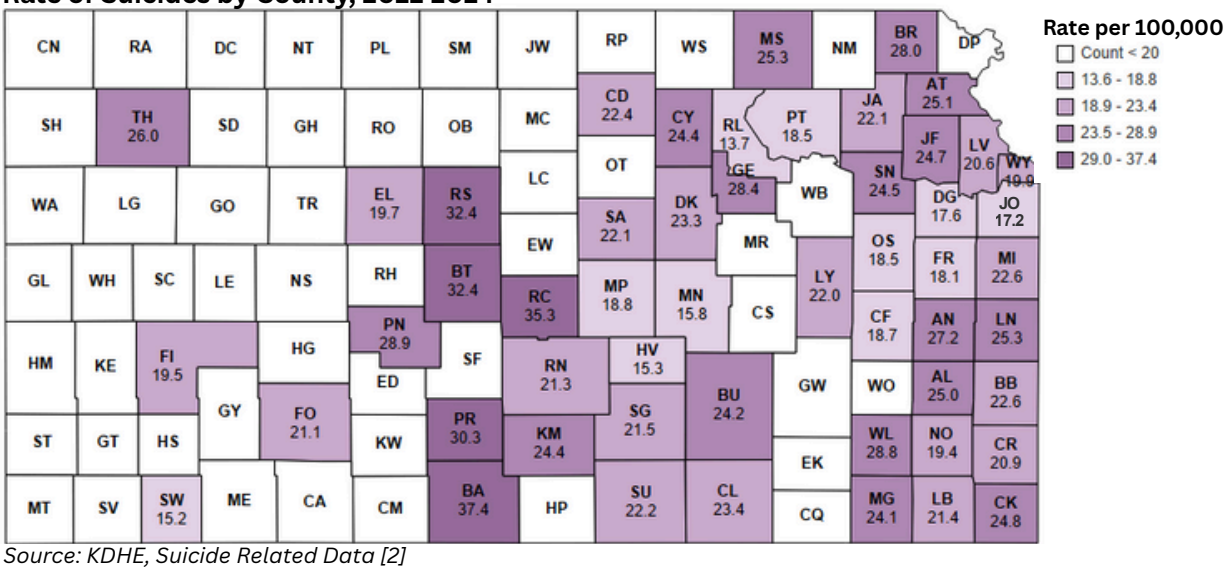
Data Snapshot

Rate of Suicide by Year, 2011-2024



Source: KDHE, Suicide Related Data [2]

Rate of Suicides by County, 2011-2024



Source: KDHE, Suicide Related Data [2]

Attempt and Self-Harm Emergency Department (ED) Visits and Hospitalization

16

For every 1 Kansan that died by suicide in 2024, 16 visited the ED with suicidal ideation

6

For every 1 Kansan that died by suicide in 2024, 6 visited the ED with self-harm or suicide attempt

2x

Females are twice as likely as males to visit emergency departments for self harm

15-19

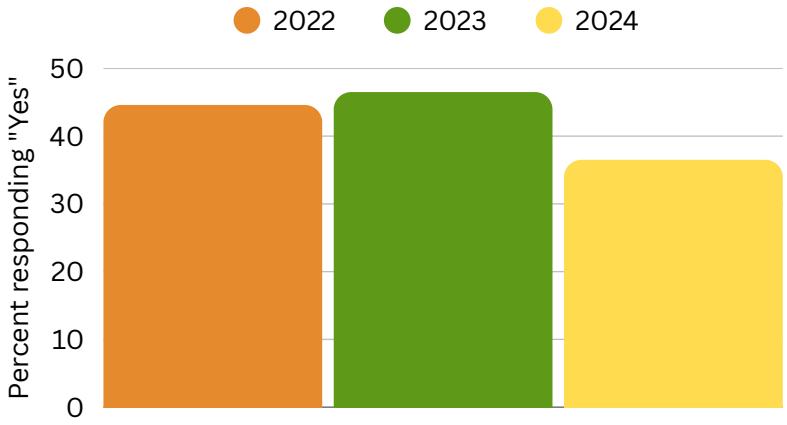
Between 2016-2024, Kansans aged 15-19 had the highest rates of suicide attempt, self harm, suicidal ideation, ED visits, and hospital admissions

Source: KDHE. Suicide Related-Data Dashboard [2]

Data Snapshot

Young Adult Suicide Data

During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that that you stopped doing some usual activities?



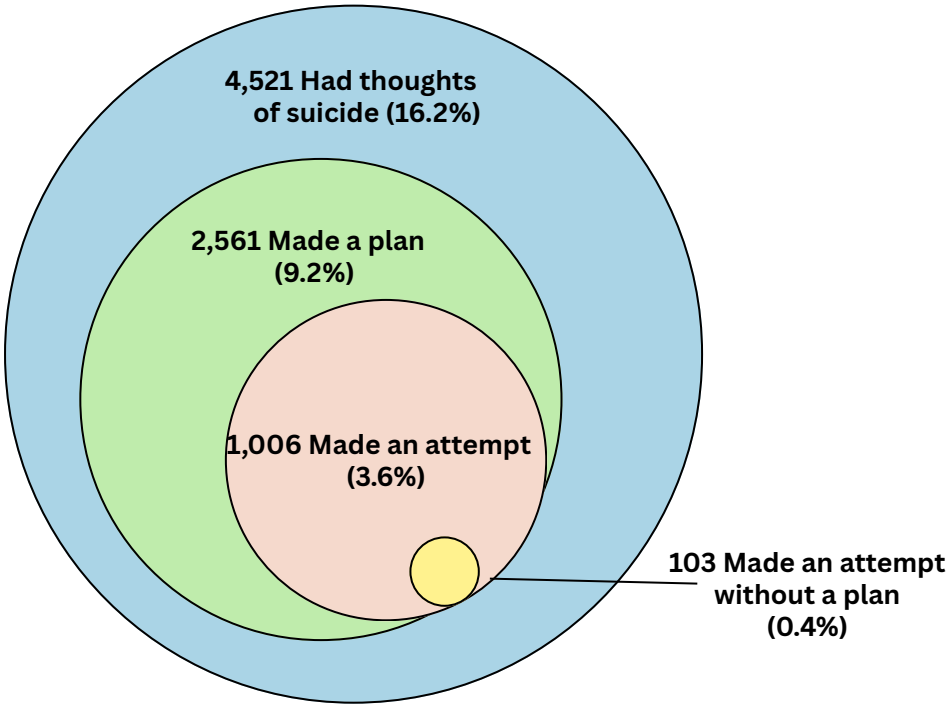
According to the 2025 Kansas Young Adult Survey administered by Greenbush, in the past 12 months, 16.7% of young adults (ages 18-25) in Kansas have seriously thought about killing themselves, 8.2% have made a plan about how they would kill themselves, and 1.1% have tried to kill themselves.

If they had a mental health concern, 33% of young adults in Kansas would go to a partner or significant other for help, 25% would go to a friend, 21.4% would go to a parent, and 2.6% young adults responded that they would not seek help from anyone.

Source: Greenbush. (2025). Kansas Young Adult Survey 2025 Summary Report [5]

Youth Suicide Data

2024 Kansas Student-Reported Suicide Thoughts, Plans, and Attempts



Source: Greenbush. (2025). Kansas Communities that Care Survey 2024 Depression/Suicide Report. [6]

Understanding Suicide

One of the most common questions after a suicide loss is, "Why?" There is no simple answer. Understanding the complex nature of suicide allows us to respond with compassion and provide effective prevention, support, and care within our communities.

Survivors of suicide attempts and those who have lost loved ones to suicide provide critical insight to help us better understand what it can feel like to be in crisis and identify and strengthen the approaches and resources that make a difference for individuals and communities.

Stigma, or the negative attitudes and beliefs about suicide and mental health, continues to be a major barrier to preventing suicide. Stigma deepens feelings of shame and guilt and can lead not only to feelings of isolation, but also to behaviors that increase isolation for those grieving a suicide loss or living with suicide risk.

> *To reduce suicide risk in our community, we need to remove the stigma of struggling with negative thoughts. Normalize talking about personal mental health struggles.*
> *-Kansas Resident*

A key component of effective suicide prevention is addressing and dismantling stigma. Creating space for open and respectful conversations can help. Supporting individuals experiencing elevated risk of suicide, including those who have lost someone to suicide, can help with healing. Normalizing support-seeking can decrease stigma, improve understanding, and save lives.

Frontier (33.2 per 100,000 persons) counties had a higher suicide rate than the Kansas average (22.3 per 100,000 persons).[7]

More than half (54%) of those who died by suicide had a high school education or less.[7]

In 2024, there were 8,249 emergency department visits for suicidal ideation.[2]

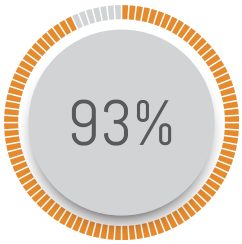
Annually, suicides cost Kansas an estimated $6.3 billion (2022 USD) in medical, work loss and quality of life loss costs.[7]

Over 80% of suicide deaths were among males, who had 4 times the suicide rate of females.[2,7]

39% of LGBTQ+ youth considered attempting suicide in the past year, including 46% of transgender and nonbinary young people.[8]

2025 Public Opinion Survey

The Kansas Suicide Prevention Plan Subcommittee created and distributed a statewide survey to gather input from residents about public opinions on suicide, current prevention efforts, and the implementation of the 2021–2025 Kansas Suicide Prevention Plan. The survey was shared through established networks, resulting in 563 responses (with 50 participants removed due to age, as this survey was for adults ages 18 and older, or because they declined to give consent and their participation was discontinued). The feedback collected through this process directly informed the development of the 2026-2030 Kansas Suicide Prevention Plan's strategies and priorities, ensuring they reflect community needs and experiences.



More than 9 in 10 respondents agree that suicide is an issue that affects their community.

9 in 10 respondents know where to find support in their community.

Top concerns about suicide in Kansas communities

- Stigma
- Lack of resources and help
- Lack of prevention programs and policies
- Limited awareness

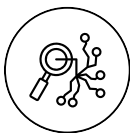
72% of respondents reported knowing where to find help for mental health or suicidal thoughts in their community

Within the survey, there were opportunities for respondents to provide free-text responses to questions about primary concerns with suicide prevention, mental health services, and needs for their communities. Those responses were analyzed for common themes and quantified to identify trends in the recommendations.

Stigma about mental health

Gaps in resources for those at elevated risk for suicide

Gaps in access to mental health resources and care



Addressing social drivers of health

Suicide prevention systems and policy barriers

Need for community collaboration

Recommendations for Local Suicide Prevention Implementation

This section is designed to help local communities, stakeholders, and individuals engage in suicide prevention by utilizing the four identified strategic directions for preventing suicide in Kansas:

- **Community-Centered Care**
- **Integrated Crisis Care and Accessible Services**
- **Upstream Prevention**
- **Surveillance, Research, and Evaluation**

Under each strategic direction, you will find strategies as well as recommendations for how to further each strategy. These recommendations are intentionally broad so that they can be adapted, tailored, and utilized by local communities in a way that best meets their needs and enhances suicide prevention efforts in Kansas. Some recommendations appear under multiple strategies by design, highlighting opportunities to coordinate efforts and work more efficiently. Under the recommendations for each strategic direction, there are also suggested outcome measurement starting points listed that local communities can develop and utilize to determine the effectiveness of their efforts.

Using Data to Guide Prevention Strategies

Using data to guide suicide prevention helps communities understand where needs are greatest, which strategies work, and how progress is being made over time. Reliable data helps turn numbers into meaningful action. By grounding prevention efforts in strong, local data, communities can make informed decisions that save lives and strengthen systems of care.

Key Data Sources

1. Kansas Department of Health and Environment (KDHE) Suicide Related-Data
2. Center for Disease Control and Prevention (CDC) Data Platforms
3. State and County Public Health Data
4. Community and Local Surveillance Data
    - Suicidal ideation, self-harm, and suicide attempt emergency department visits and hospitalizations, calls to crisis lines, local risk factors, local protective factors
5. Kansas Communities That Care Student and Young Adult Survey Data

To review additional recommended data sources, visit Appendix 6 (page 69) for a data source repository put together by the Kansas Suicide Prevention Coalition (KSPC) Surveillance, Research, and Evaluation (SRE) Subcommittee.

Strategic Direction 1: Community-Centered Care

Preventing suicide and supporting mental health takes all of us working together. Community-Centered Care focuses on reaching people in ways that respect and reflect both their communities and individual experiences. By building strong partnerships, connecting local and state efforts, and engaging in evidence-based practices, we can spread hope, reduce stigma, and make it easier for people to get the help they need. Together, these efforts will strengthen connections and create safer, healthier communities for everyone.

Recommended Strategies:

1. Build stronger communities through local coalitions and partnerships
2. Engage in prevention where people live, learn, and receive care
3. Improve communication and information sharing about suicide prevention across communities

Strategy 1: Build stronger communities through local coalitions and partnerships

Recommendation 1.1: Build connections across community partners, stakeholders, and community members by holding regular meetings, sharing information, and coordinating local efforts to support community well-being.

Recommendation 1.2: Develop local capacity for suicide prevention, crisis response, and suicide postvention through training and technical assistance for suicide prevention coalition development.

Recommendation 1.3: Expand local suicide prevention outreach by connecting with special populations such as LGBTQ+ youth, farmers and agricultural workers, Veterans and active-duty military personnel, and older adults, through existing community networks, events, and organizations.

Recommendation 1.4: Facilitate a local suicide needs assessment every 3-5 years to assess strengths, barriers, risks, gaps, and progress.

> *Increased community supports that are readily available is needed to reduce the risk of suicide.*
> *-Kansas Resident*

Strategic Direction 1: Community-Centered Care

Strategy 2: Engage in prevention where people live, learn, and receive care

Recommendation 2.1: Build suicide prevention capacity among community members across Kansas by increasing readiness to respond to suicide risk through training and education.

Recommendation 2.2: Support education and training that provides information on reducing access to lethal means among people who experience a circumstance that places them at a potentially high risk of suicide.

Recommendation 2.3: Collaborate with medical providers to provide training and tools to strengthen knowledge of communicating about at-home medication safety with their patients and screen for suicide risk.

Recommendation 2.4: Create opportunities for community members who are interested in suicide prevention efforts to receive training, become trainers, and train others as part of local suicide prevention efforts.

Recommendation 2.5: Share suicide postvention resources and connect people affected by suicide through local events, support groups, community gatherings, social media, and resource postings in community spaces.

Recommendation 2.6: Provide school administrators and teachers with evidence-informed, culturally relevant training on crisis awareness and response, as required by the Jason Flatt Act, to help support students and keep schools safe.

Strategy 3: Improve communication and information sharing about suicide prevention across communities

Recommendation 3.1: Reach out to and provide education and support for populations who are at an elevated risk for suicide, such as LGBTQ+ youth, farmers and agricultural workers, Veterans and active-duty military personnel, and older adults, through existing community programs, events, and networks.

Strategic Direction 1: Community-Centered Care

Strategy 3: Improve communication and information sharing about suicide prevention across communities

Recommendation 3.2: Use local networks and community channels to share clear, safe information about available supports and services, making it easy for people to know where and how to get help.

Recommendation 3.3: Increase public understanding of what it's like to use 988 by sharing stories, demonstrations, and simple guides through local events, schools, and community organizations.

Recommendation 3.4: Provide training for media providers statewide on how to publicly report suicide loss safely.

Recommended Outcome Measurement Suggestions for Community-Centered Care

Measure 1: Increased community opportunities to engage in suicide prevention education as measured by number of educational events or sessions offered.

Measure 2: Increased community and provider capacity to engage in suicide prevention efforts as measured by an annual survey conducted by an identified local organization of the community's choosing.

Measure 3: Increased public awareness regarding suicide prevention resources as measured by public knowledge of available supports including 988 measured by an annual survey conducted by an identified local organization of the community's choosing.

> *Mental health matters so much and our small community needs to know what resources are out there!*
> *-Kansas Resident*

Strategic Direction 2: Connected and Accessible Services

Keeping our communities safe means ensuring the right support is available when someone is in crisis. Connected and Accessible Services focuses on building a connected system of care that supports individuals before, during, and after a suicide crisis. This includes strengthening intervention practices, improving care pathways, and integrating behavioral health, healthcare, and community supports to reduce barriers and close gaps in care. By building local capacity, providing training, and improving system-wide coordination, we can ensure more people can get the help they need when they need it and create stronger communities equipped to respond effectively to suicide risk.

Recommended strategies:

1. Identify local access barriers, roadblocks, and service gaps
2. Strengthen crisis care system through integrated supports and services
3. Strengthen care through coordination and connection
4. Increase knowledge through education and workforce development

Strategy 1: Identify local access barriers, roadblocks, and service gaps

Recommendation 1.1: Conduct local needs assessments to identify barriers and gaps in crisis and suicide prevention services.

Recommendation 1.2: Coordinate with agencies already doing assessments (e.g., health departments, Certified Community Behavioral Health Clinics, school districts, city planning departments) to share data and avoid duplication.

Recommendation 1.3: Engage community partners and stakeholders to gather qualitative insights about access challenges and service gaps.

Recommendation 1.4: Map available services and resources to identify areas with limited coverage and populations that may be underserved in your community.

> *There is room for policy shifts to increase access and lower barriers to mental and behavioral health services and resources.*
> *-Kansas Resident*

Strategic Direction 2: Connected and Accessible Services

Strategy 2: Strengthen crisis care system through integrated supports and services

Recommendation 2.1: Increase integration of services and strengthen collaboration among agencies engaged in suicide intervention, including mobile crisis teams, hospitals, behavioral health providers, community supports, law enforcement, and crisis hotline teams through regular communication, consistent opportunities to meet (for example, monthly or quarterly meetings), shared resources, and partnership agreements.

Recommendation 2.2: Train non-clinical community members such as teachers, faith leaders, and peer mentors, in basic crisis response and referral to existing services using evidence-based programs such as QPR or ASIST.

Recommendation 2.3: Develop and maintain clear referral pathways and formal partnerships (e.g. MOUs) between healthcare, behavioral health, law enforcement and community organizations by mapping available services, creating standardized protocols, designating points of contact, and training staff to ensure seamless and timely access to care.

Recommendation 2.4: Support healthcare and behavioral health organizations in implementing evidenced-based suicide intervention practices, including screening, collaborative safety planning, lethal means counseling, and follow-up care in their workflows.

Recommendation 2.5: Develop appropriate release or permissions structures and establish formal pathways connecting hospitals, mobile crisis teams, crisis hotlines, outpatient providers, and community supports by mapping services, creating standardized referral protocols, designating points of contact, and training staff to ensure seamless coordination and timely follow-up for individuals in crisis.

Recommendation 2.6: Use shared or secure communication tools to document and track referrals, follow-ups, and outcomes across organizations while ensuring compliance with privacy and confidentiality standards.

Recommendation 2.7: Ensure consistent post-crisis follow-up and debriefing for individuals served and staff to support recovery, reduce risk, and strengthen overall well-being.

Strategic Direction 2: Connected and Accessible Services

Strategy 3: Strengthen care through coordination and connection

Recommendation 3.1: Engage with and support healthcare organizations in improving access in rural areas by providing best practice recommendations, training, and technical assistance.

Recommendation 3.2: Enhance care coordination by actively and consistently gathering and incorporating feedback from individuals with lived experience to ensure services are responsive, person-centered, and effective.

Recommendation 3.3: Engage with and support local healthcare and behavioral health organizations to develop and implement clear procedures for responding to a positive suicide risk screen, ensuring timely internal coordination, communication, and follow-up care within and across teams to support individuals at risk.

Recommendation 3.4: Collaborate with local crisis care systems to provide guidance on standardized screening, clear service procedures, and coordinated referral pathways so providers and organizations can identify individuals who are at risk quickly and connect them to care efficiently.

Recommendation 3.5: Strengthen coordination between hospitals, primary care, and outpatient providers to ensure smooth referrals and follow-up for patients needing ongoing mental health support.

Recommendation 3.6: Use local networks such as schools, faith-based organizations, community centers, libraries, healthcare providers, neighborhood groups, news outlets, and social media to share clear information about available services, making it easy for people to know where and how to get help.

Recommendation 3.7: Strengthen local suicide postvention support by organizing and connecting existing services such as the statewide crisis network, support groups, counseling, and community resources in order for individuals affected by suicide to easily access resources.

Strategic Direction 2: Connected and Accessible Services

Strategy 3: Strengthen care through coordination and connection

Recommendation 3.8: Utilize data to improve care transitions by creating warm handoffs between mental health centers, hospitals, and other partners, tracking service use and follow-up, and measuring reductions in repeated crises when support and resources are effectively provided.

Recommendation 3.9: Integrate suicide risk screening and brief interventions into primary care and hospital settings to identify and support individuals at risk.

Recommendation 3.10: Ensure trained behavioral health staff are available within healthcare settings to provide immediate assessment, safety planning, and connection to treatment or community resources.

Recommendation 3.11: Provide stakeholders with clear information on available crisis resources and referral processes so local organizations can quickly connect people in need to the right services and support smooth transitions across care settings.

Strategy 4: Increase knowledge through education and workforce development

Recommendation 4.1: Offer training, job shadowing, apprenticeships, internships, and learning opportunities in local schools, colleges, and community programs to equip future mental health providers with increased knowledge of suicide prevention.

Recommendation 4.2: Develop a workgroup or committee to support local mental health and crisis staff by providing check-ins, opportunities to engage in peer support, and opportunities for skill development to help reduce burnout and staffing challenges.

Recommendation 4.3: Support the mental health workforce by offering wellness activities, appreciation events, resource sharing, and advocating for policies such as manageable caseloads, competitive compensation, paid leave, access to mental health services, and professional development opportunities.

Strategic Direction 2: Connected and Accessible Services

Strategy 4: Increase knowledge through education and workforce development

Recommendation 4.4: Encourage organizations to move from being trauma-informed to trauma-responsive by embedding practices that address secondary trauma and promote staff well-being through supportive environments, reflective supervision, and organizational policies and procedures that prioritize psychological safety and resilience in the workforce.

Recommended Outcome Measures for Connected and Accessible Services

Measure 1: Increased utilization of behavioral health and suicide prevention services among identified priority populations including youth and young adults, Veterans and active-duty military personnel, LGBTQ+ individuals, American Indian/Alaska Native Communities, individuals with prior suicide attempts or mental health diagnoses, people experiencing substance use disorders, individuals facing housing instability or economic hardship, and older adults, particularly men over 65.

Measure 2: Increase the number of individuals referred to and successfully connected with appropriate follow-up services across agencies and providers, measuring both initial engagement (attendance at the first appointment) and continued engagement (attendance at subsequent sessions), with follow-up conducted by designated staff or care coordinators to track service utilization and identify barriers to ongoing participation**.** Each community and/or organization can determine the target percentage increase and timeframe that is realistic.

Measure 3: Increased knowledge and confidence as measured by staff or community partners pre and post training assessments or workforce surveys, comparing scores to show improvement in understanding and self-reported confidence in responding to suicide risk.

> *Each person needs to feel empowered by knowing they can do something. Simple steps can save lives.*
> *-Kansas Resident*

Strategic Direction 3: Upstream Prevention

Preventing suicide starts long before a crisis. Upstream Prevention focuses on breaking down stigma, starting open conversations about suicide, and actively engaging to improve the overall well-being of our communities. By addressing the root causes of stress and strengthening protective factors at the system, community, and individual levels, we can build resilience and create the conditions for wellness, connection, and support before challenges become a crisis.

Recommended Strategies:

1. Increase awareness through education and conversation
2. Strengthen suicide prevention infrastructure through collaboration and lived experience
3. Implement action through evidence and systems approaches

Strategy 1: Increase awareness through education and conversation

Recommendation 1.1: Promote regular, safe discussions about suicide in schools, workplaces, and community settings with youth and adults to reduce stigma and encourage help-seeking behavior.

Recommendation 1.2: Offer regular education and awareness activities in communities, schools, workplaces, and families to reduce stigma around mental health and suicide.

Recommendation 1.3: Use technology, like websites, apps, and social media, to share information and raise awareness about suicide warning signs, help-seeking, and protective factors.

Recommendation 1.4: Identify and train key community members to lead suicide prevention trainings, creating local champions who can educate and support others in their community and build capacity.

> *Suicidality is a social problem, not just an individual's problem. We have to address the social inequalities that lead to people feeling alone, hopeless, and powerless.*
> *-Kansas Resident*

Strategic Direction 3: Upstream Prevention

Strategy 2: Strengthen suicide prevention infrastructure through collaboration and lived experience

Recommendation 2.1: Collaborate with other local stakeholders such as local human service agencies, faith-based organizations, and civic organizations to connect people to supports like housing, food, transportation, and employment resources, and share information so services are easier to find and use.

Recommendation 2.2: Include people with lived experience in local planning, training, and decision-making for suicide prevention efforts to ensure initiatives reflect real needs.

Recommendation 2.3: Offer local support groups, peer connections, and resources to help those affected by suicide loss.

Recommendation 2.4: Create and maintain easily accessible local resource lists and communication channels to share information on suicide prevention, intervention, and postvention.

Recommendation 2.5: Identify and train volunteers from existing community groups to connect with priority populations and provide support, guidance, and information on suicide prevention.

Strategy 3: Implement action through evidence and systems approaches

Recommendation 3.1: Use data and personal stories to advocate for local and state policies and priorities for suicide prevention.

Recommendation 3.2: Partner with early childhood and elementary educators, parents, and caregivers to teach coping skills and support strategies to children in pre-K and elementary schools and start conversations about emotional well-being early.

Recommendation 3.4: Collaborate with community stakeholders to identify local shared risk and protective factors and implement strategies (youth mentorship, family support, social connection initiatives, etc.) that reduce risks and strengthen well-being.

Strategic Direction 3: Upstream Prevention

Strategy 3: Implement action through evidence and systems approaches

Recommendation 3.5: Focus on early prevention by promoting mental health education across the lifespan, building supportive networks (peer support groups, mentorship programs, parent and family networks, community centers, neighborhood initiatives, etc.), and connecting community members to early wellness resources (mental health workshops, mindfulness and stress management opportunities, parent and caregiver education programs, community recreation programs, etc.).

Recommendation 3.6: Integrate mindfulness, emotion regulation, and distress tolerance skill-building into school-based and community youth programs to reduce suicide risk and improve coping skills.

Recommended Outcome Measures for Upstream Prevention

Measure 1: Increased understanding of mental health and suicide prevention as measured by annual survey or self-evaluation conducted locally.

Measure 2: Enhanced connection and engagement across community partners, and stakeholders as measured by number of activities, activity attendance, and partner feedback collected locally.

Measure 3: Increased use and promotion of evidence-based practices and system-level strategies by partner organizations as measured by training participation and partner feedback collected locally.

> *Policies and programs that increase social connection, reduce isolation and build connected communities and neighbors [help reduce suicide].*
> *-Kansas Resident*

Strategic Direction 4: Surveillance, Research, and Evaluation

Having the right information at the right time helps communities prevent suicide more effectively. Surveillance, Research, and Evaluation focuses on making data easier to access through frequent data reporting and sharing, learning what's effective through comprehensive evaluation efforts, and supporting research that helps us understand what works to prevent suicide and support those in need of care. By utilizing data, we can make better decisions, provide in-time programming, and obtain access to support in the moment it is needed.

Recommended Strategies:

1. Enhance insight through data sharing with partners
2. Prioritize support for disproportionately affected populations
3. Strengthen data infrastructure
4. Gain understanding through comprehensive data collection

Strategy 1: Enhance insight through data sharing with partners

Recommendation 1.1: Set up regular meetings (for example, monthly or quarterly meetings, etc.) and processes for partner agencies and organizations to exchange information, track trends, and coordinate services more effectively.

Recommendation 1.2: Collaborate with local schools, universities, and community groups to engage in suicide prevention research and share findings to strengthen knowledge and practices.

Recommendation 1.3: Invite local researchers and public health staff to collaborate on community projects, participate in joint trainings or workshops, and share findings at local events to strengthen connections and inform suicide prevention efforts.

Recommendation 1.4: Track and share local suicide morbidity and mortality data to better understand community needs and guide prevention efforts.

Recommendation 1.5: Create and distribute easy-to-read suicide data and research summaries such as infographics, community reports, or short presentations, at local meetings, schools, and events to help community members understand and use the information.

Strategic Direction 4: Surveillance, Research, and Evaluation

Strategy 2: Prioritize support for disproportionately affected populations

Recommendation 2.1: Actively include people from priority populations and individuals with lived experience in suicide prevention efforts by inviting them to seats on planning committees, involving them in decision-making, and inviting them to co-lead community projects.

Strategy 3: Strengthen data infrastructure

Recommendation 3.1: Collect and share provisional suicide data with local partners on a regular basis so communities can respond quickly to suicide trends and needs.

Recommendation 3.2: Regularly conduct a review of local risk factors such as life stressors, health challenges, or recent crises, to better understand community needs and guide suicide prevention efforts.

Recommendation 3.3: Strengthen local data capacity by improving how information is collected, organized, and shared so communities can better track suicide trends and prevention efforts.

Strategy 4: Gain understanding through comprehensive data collection

Recommendation 4.1: Form or expand local suicide mortality review boards and actively involve community partners to review cases, identify patterns, and recommend prevention actions.

Recommendation 4.2: Provide education and advocacy to state legislators about the benefits of increasing collection rates of student survey data, including emphasis on the importance of data-driven suicide prevention efforts and funding.

Recommendation 4.3: Work with local providers to routinely collect and share information on clients at all levels of suicide risk to better understand community needs and guide prevention efforts.

Strategic Direction 4: Surveillance, Research, and Evaluation

Strategy 4: Gain understanding through comprehensive data collection

Recommendation 4.4: Work with local organizations to adopt common data collection tools and agreed-upon metrics, and provide guidance or training to ensure everyone tracks and reports information consistently.

Recommendation 4.5: Conduct ongoing suicide prevention programming evaluation to measure outcomes, identify gaps, and improve community impact.

Recommended Outcome Measures for Surveillance, Research, and Evaluation

Measure 1: Increased collaboration and data sharing between partners as measured by number of joint initiatives, frequency of data sharing, and partner feedback.

Measure 2: Increased usage of data to guide program planning and evaluation as measured by frequency of data integration into planning documents and partner feedback on data-informed decision making.

Measure 3: Development of guidance and recommendations related to data collection and dissemination, research priorities, and program evaluation as measured by qualitative examples of how organizations have applied the guidance.

> *[Suicide is] something that needs to be addressed at the state level by our legislators. Government and communities alike need to be open to having hard conversations.*
> *-Kansas Resident*

Kansas Suicide Prevention Coalition Strategic Action Plan

This section of the Kansas Suicide Prevention Plan includes a strategic action plan for the Kansas Suicide Prevention Coalition (KSPC). This plan is intended to guide the KSPC's work to prevent suicide. The KSPC's Surveillance, Research, and Evaluation Subcommittee is tasked with measuring the progress on these goals and activities to advance the plan's strategic priorities.

KSPC's Mission

The Kansas Suicide Prevention Coalition champions suicide prevention for all Kansans through equitable access to partnerships, advocacy, resources, ideas and data.

KSPC's Purpose

- Connect suicide prevention groups, coalitions, organizations, and those with lived experience across the state of Kansas in a collaborative effort to make positive change.
- Seek to develop systems to support Kansans' mental, emotional, physical, cultural, and financial well-being to reduce risk for suicide.
- Equip Kansans to take action on suicide prevention efforts at all levels: policy, community, organization, family, and individual.
- Advocate for suicide prevention that is inclusive, guided by data, and addresses diverse needs across geographies, races, ethnicities, sexes, gender identities, sexual orientations, ages, occupations, economics, languages, and education levels.

Community-Centered Care

Goal #1: Strengthen rural suicide prevention networks	
Outcome Measurement:	By January 2030, there will be an increased number of rural counties with at least one active coalition or partner engaged in suicide prevention tracked annually through a coalition directory.
Priority Populations and Stakeholders:	Farmers and agricultural workers, youth in rural communities, older adults, rural health departments, agricultural co-ops, faith-based leaders, local law enforcement, local leaders
Resources:	Rural coalition directory, virtual meeting tools for remote networking, templates for outreach events

Activities to Achieve Goal
Year 1: Develop sample Memorandum of Understandings (MOU) and Designated Collaborating Organizations (DCOs) that communities can utilize to strengthen collaboration
Year 2: Develop a form on the coalition website to track suicide prevention trainings across the state by county and type
Ongoing: Help promote local suicide prevention coalitions and suicide prevention trainings in local coummunities
Ongoing: Host opportunities for connection among local suicide prevention champions and coalitions

Goal #2: Strengthen suicide prevention by increasing awareness, providing accessible education and training, and building strong partnerships	
Outcome Measurement:	Suicide prevention resource hub created, resource hub visits tracked, all 105 Kansas counties represented

Community-Centered Care

Goal #2: Strengthen suicide prevention by increasing awareness, providing accessible education and training, and building strong partnerships	
Priority Populations and Stakeholders:	Local suicide prevention champions and coalitions, local community members less familiar with suicide prevention and mental health, youth suicide prevention champions, Faith-based leaders, community health workers, educators, librarians, agricultural community, Certified Community Behavioral Health Clinics (CCBHCs), tribal communities, state agencies, law enforcement, health providers
Resources:	Kansas Suicide Prevention Coalition (KSPC) website, KSPC resource hub, KSPC trainings

Activities to Achieve Goal
Years 1-5: Implement a statewide suicide prevention awareness campaign that includes videos and resource booklets to share in the KSPC resource hub and with communities across Kansas as part of the GLS State/Tribal Suicide Prevention grant program
Years 1-5: Implement evidence-based suicide prevention and intervention trainings and train-the-trainer opportunities (including QPR, Youth Mental Health First Aid, CALM, Sources of Strength and suicide postvention for counseling suicide grief) as part of the GLS State/Tribal Suicide Prevention grant program, to build the capacity of local individuals and communities to recognize, respond to, and support individuals at risk for suicide with competence and compassion
Years 1-5: Provide Reflex-AI text and chat training for individuals at Kansas crisis call centers as part of the GLS State/Tribal Suicide Prevention grant program, to enhance their skills in recognizing, assessing, and responding effectively to individuals in crisis through digital communication platforms
Ongoing: Help coordinate speakers from 988, Community Mental Health Center (CMHC) and Certified Community Behavioral Health Clinic (CCHBC) staff, the Kansas Department for Aging and Disability Services on radio outlets, newspaper, podcasts, social media outlets to share about resources available and direct people to the Kansas Suicide Prevention Coalition (KSPC) resource hub

Community-Centered Care

Goal #2: Strengthen suicide prevention by increasing awareness, providing accessible education and training, and building strong partnerships
Ongoing: Continuously review and provide updates to resource hub which includes local organizations engaged in suicide prevention work in Kansas

Goal #3: Expand access to suicide loss and postvention resources	
Outcome Measurement	By 2030, there will be an increase in public awareness of at least one local or statewide postvention resource measured through the annual *Public Opinion Survey on Kansas Suicide Prevention*.
Priority Populations and Stakeholders:	Suicide loss survivors, schools and communities impacted by suicide, rural residents with limited grief support options, survivor support groups, schools, mental health counselors, faith communities
Resources:	Suicide postvention resource directory, training for facilitators of loss support groups, templates for outreach to newly impacted communities

Activities to Achieve Goal
Years 1-5: Convene Kansas Suicide Prevention Coalition Postvention Response Subcommittee that includes experts in postvention such as Lemon Aid, Kansas State Department of Education, Association of Community Mental Health Centers of Kansas, the Kansas Attorney General's Office, the Kansas Department of Health and Environment, Zero Suicide, DCCCA and others
Year 1: Engage with suicide loss survivors to help better understand what resources and supports are needed
Year 1: As part of the subcommittee, develop a Kansas Suicide Prevention Coalition postvention response team who can communicate about and respond to suicide loss effectively across Kansas

Community-Centered Care

Goal #3: Expand access to suicide loss and postvention resources
Years 2-5: Provide postvention response training and technical assistance to local communities to help them develop capacity to respond to a suicide loss effectively

Goal #4: Training for media providers on safe reporting of suicide	
Outcome Measurement:	By 2030, there will be an increase in media provider awareness on safe reporting of suicide as evidenced by media provider feedback.
Priority Populations and Stakeholders:	Media providers, 988, media vendor, Certified Community Behavioral Health Clinics (CCBHCs), Association of Community Mental Health Centers of Kansas (ACMHCK), local community coalitions, survivor support groups, faith-based leaders, law enforcement, public information officers
Resources:	Coalition Website, 988 Website, DCCCA Suicide Prevention Website, Community Behavioral Health Clinic (CCBHC) and Association of Community Mental Health Centers of Kansas (ACMHCK) outreach programs, Kansas Department of Health and Environment's (KDHE) Suicide Related Data, Kansas Violent Death Reporting System (KVDRS) Dashboard

Activities to Achieve Goal
Years 1-5: Provide training and resources to Kansas media outlets on safe reporting of suicide in multiple languages
Years 1-2: Develop and share templates and guidance on safe reporting for media outlets
Years 3-5: Develop and implement a campaign focused on media outlets to encourage safe reporting of suicide

Connected and Accessible Services

Goal #1: Identification and promotion of population-specific programming	
Outcome Measurement:	By 2030, there will be increased availability and utilization of programs for priority populations as measured by a bi-annual survey of organizations across the state. A realistic target percentage increase will be determined based on baseline data.
Priority Populations and Stakeholders:	Populations disproportionately affected by suicide, the Kansas Department for Aging and Disability Services, the Kansas Department of Health and Environment, individuals with lived experience, behavioral health providers, 988 network, Certified Community Behavioral Health Clinics, mobile response and stabilization services, mobile crisis teams
Resources:	SAMHSA's Crisis Counseling Assistance and Training Program Toolkit, National Survey on Drug Use and Health, Evidence-Based Practices Resource Center, Kansas Department of Health and Environment Suicide Data Dashboard

Activities to Achieve Goal
Years 1 & 2: Identify four partners to provide insight, advocacy, and direction to the coalition regarding effective outreach and services
Year 1: Conduct a needs assessment to identify gaps in services across Kansas and unmet needs
Year 2: Inventory existing programs and services to see which populations are currently served and where gaps exist
Years 3-5: Engage in outreach and promotion strategies to raise awareness about population-specific programs that currently exist

Connected and Accessible Services

Goal #2: Increase collaboration between Certified Community Behavioral Health Clinics, First Responders, Hospitals, and Crisis Services	
Outcome Measurement	By 2030, there will be an increase in frequency of collaborative activities and improved follow-up care for individuals in crisis as measured by a bi-annual survey of organizations across the state.
Priority Populations:	Certified Community Behavioral Health Clinics, First Responders, Crisis Services, hospitals, those with lived experience, behavioral health providers, 988 network, mobile crisis teams, mobile response and stabilization services, Kansas Department of Corrections, dispatch networks
Resources:	SAMHSA's Crisis Services Toolkit, Crisis Intervention Team (CIT) Programs, ASAM/SAMHSA webinars on crisis continuum, National Council for Mental Wellbeing, 988 Suicide & Crisis Lifeline Partner Resources, Kansas Hospital Assocation, Kansas Department of Health and Environment

Activities to Achieve Goal
Years 2-3: Facilitate community of practice for mutually beneficial relationships between Certified Community Behavioral Health Clinics, hospitals, and public safety answering points to develop standards for collaboration
Ongoing: Support agencies in establishing regular cross-agency communication by holding scheduled meetings or check-ins, such as monthly or quarterly, to share updates, identify gaps, and coordinate response efforts
Ongoing: Develop and/or promote joint training opportunities for CCBHCS, hospitals, and PSAPs to better understand roles, protocols, and resources when responding to individuals in crisis
Ongoing: Provide training and technical assistance to support agencies engaging in streamlined communication processes, including shared contact lists and warm handoff procedures, with clear protocols for how information is shared, who has access, and how each agency can view and use the data while maintaining privacy and confidentiality.

Connected and Accessible Services

Goal #3: Increase suicide awareness of community response networks including law enforcement and first responders	
Outcome Measurement:	By 2030, there will be an increase in law enforcement and first responder training participation, knowledge gained, and appropriate crisis interventions, with feedback collected after each training session and summarized annually to track progress and inform improvements.
Priority Populations and Stakeholders:	First responders, individuals with lived experience, behavioral health providers, 988 network, Certified Community Behavioral Health Clinics, mobile crisis teams, mobile response and stabilization services, Kansas Department of Corrections, dispatch networks, hospital liaisons, Kansas Department for Aging and Disability Services, DCCCA
Resources:	SAMHSA'S Suicide Prevention Resource for First Responders, SAMHSA's Creating Safe Scenes Training Course, Question, Persuade, Refer for First Responders, First Responder Suicide Prevention Program Assessment, Columbia-Suicide Severity Rating Scale

Activities to Achieve Goal
Years 1-2: Collect baseline survey data from law enforcement and first responders to understand current training levels and confidence in crisis response
Years 3-4: Implement regular suicide prevention and crisis response training for law enforcement, emergency medical services, firefighters, and other first responders using evidence-based programs like Question, Persuade, Refer and ASIST
Year 4: Assist law enforcement and first responder agencies in creating clear guidelines on identifying suicide risk, making referrals, and coordinating with mental health services
Ongoing: Promote awareness and support partnerships that help first responders and law enforcement access crisis intervention training to improve community response and safety.

Connected and Accessible Services

Goal #3: Increase suicide awareness of community response networks including law enforcement and first responders

Activities to Achieve Goal

Year 4: Help support the creation of local committees to organize and lead regular meetings or communication channels, such as monthly or quarterly check-ins, between first responders, Certified Community Behavioral Health Clinics, crisis teams, hospitals, and community organizations to share resources, lessons learned, and best practices.

Year 4: Facilitate collaboration and information-sharing by surveying and convening agencies to understand training needs, differences in capacity between agencies with and without behavioral health specialists, and perceptions of readiness among law enforcement, while providing guidance and resources to support implementation without directly delivering the trainings.

Goal #4: Support adoption of Zero Suicide across communities and partners

Outcome Measurement:	By 2030, there will be an increase in organizations across Kansas implementing Zero Suicide, with progress measured against a baseline percentage of participating organizations (to be established using current KDHE data) and a target benchmark set for a realistic statewide increase.
Priority Populations and Stakeholders:	Individuals in care, individuals at risk for suicide, Association of Community Mental Health Centers of Kansas, Certified Community Behavioral Health Clinics (CCBHCs), hospitals, CICs, Kansas Department of Health and Environment, Kansas Department for Aging and Disability Services, mental health providers, substance use disorder treatment providers, primary care providers, local health departments
Resources:	Zero Suicide, KDHE

Connected and Accessible Services

Goal #4: Support adoption of Zero Suicide across communities and partners
Activities to Achieve Goal
Year 1: Share information about the Zero Suicide framework with hospitals, community partners, and stakeholders to build understanding and buy-in
Year 2: Host a Zero Suicide Academy to train additional Kansas healthcare and behavioral health organizations in implementing a comprehensive, system-wide approach to safer suicide care.
Ongoing: Help coordinate or promote training and educational resources on suicide prevention and Zero Suicide practices
Ongoing: Support partners in adopting Zero Suicide practices by providing guidance, resources, and examples of best practices

Goal #5: Broaden efforts regarding lethal means safety	
Outcome Measurement:	By 2030, there will be an increase in community education efforts and partner engagement related to lethal means safety, measured by the number of trainings held and resources distributed, with progress compared to a baseline count of current trainings and resources and a target percentage increase to be set by the coalition.
Priority Populations:	Firearm owners, Veterans and active-duty military personnel, individuals in rural communities, Kansas State Rifle Association, behavioral health providers, Association of Community Mental Health Centers of Kansas, Certified Community Behavioral Health Clinics, hospitals, Tragedy Assistance Program for Survivors (TAPS), DCCCA, pharmacies, first responders, public health departments, federally qualified health clinics, rural health providers

Connected and Accessible Services

Goal #5: Broaden efforts regarding lethal means safety	
Resources:	Counseling on Access to Lethal Means, Conversations on Access to Lethal Means, Suicide Prevention Resource Center Lethal Means Safety Toolkit, Means Matter Campaign, Local Firearm Safety Partnerships, Pharmacy Partnerships, Public Health Departments

Activities to Achieve Goal
Year 1: Conduct a baseline count by surveying organizations and partners to document the current number of lethal means safety trainings offered and resources distributed.
Years 2-3: Develop and implement statewide community education campaign using safe, best practice suicide prevention messaging to increase public knowledge about the importance of lethal means safety and safe storage practices
Year 3: Collaborate with community partners to distribute gun locks, safe medication storage containers, or other safety devices to community members and organizations
Ongoing: Offer CALM workshops or training for clinicians, first responders, and community organizations on counseling at-risk individuals about lethal means safety
Ongoing: Offer workshops or training for community members on lethal means safety utilizing the best practice training CALM

Goal #6: Promote and support the development of trauma-responsive systems of care	
Outcome Measurement:	By 2030, there will be an increase in organizational training and application of trauma-informed approaches, measured by partner feedback in a bi-annual survey, with progress compared to a baseline percentage of organizations currently trained or implementing trauma-informed practices and a target increase set based on that baseline.

Connected and Accessible Services

Goal #6: Promote and support the development of trauma-responsive systems of care	
Priority Populations and Stakeholders:	Individuals in care, Association of Community Mental Health Centers of Kansas, Certified Community Behavioral Health Clinics, universities, Kansas Department of Health and Environment, Kansas Department of Aging and Disability Services
Resources:	SAMHSA Trauma-Informed Care Resources, Trauma-Informed Care Implementation Resource Center, Trauma-Informed Organizational Assessment Tools, Peer Learning Networks

Activities to Achieve Goal

Year 1: Conduct a baseline assessment by surveying organizations statewide to determine current levels of trauma-informed training and implementation.

Years 2-5: Help facilitate or promote workshops, webinars, and other learning opportunities for staff across partner organizations

Ongoing: Provide partner organizations with guidance, toolkits, and training materials on trauma-informed care principles

Ongoing: Support organizations in adopting trauma-responsive policies and practices by offering examples, guidance, and technical assistance

> *[We need] compassionate care within the community and mental health service providers who treat each individual with respect and dignity.*
> *-Kansas Resident*

Upstream Prevention

Goal #1: Engage in community education to increase understanding and capacity to participate in upstream prevention	
Outcome Measurement:	By 2030, there will be an increased awareness of upstream prevention as measured by number of trainings and resources provided.
Priority Populations and Stakeholders:	Populations that are disproportionally affected by suicide, Kansas Suicide Prevention Coalition, community behavioral health organizations
Resources:	Substance Abuse and Mental Health Services of America (SAMHSA), National Action Alliance for Suicide Prevention, SAMHSA's Evidence-Based Practices Resource Center Suicide Prevention Resource Center, National Alliance on Mental Illness (NAMI) , American Foundation for Suicide Prevention (AFSP), Sources of Strength

Activities to Achieve Goal
Years 1-2: Develop hub that shares upcoming evidence-based training opportunities that organizations and communities are providing across Kansas
Years 3-5: Promote training hub to raise awareness and encourage participation in trainings
Ongoing: Host upstream training opportunities

Goal #2: Build relationships and act as a trusted suicide prevention connector	
Outcome Measurement:	By 2030, there will be an increased number of active members of Kansas Suicide Prevention Coalition as measured by coalition, subcommittee meeting, and special event attendance.

Upstream Prevention

Goal #2: Build relationships and act as a trusted suicide prevention connector	
Priority Populations and Stakeholders:	Rural coalitions, faith-based orgs, LGBTQ+, suicide prevention partners and community champions, the Kansas Suicide Prevention Coalition
Resources:	National Action Alliance for Suicide Prevention Community Suicide Prevention Toolkit, HeadQuarters Kansas, Suicide Prevention Resource Center, DCCCA

Activities to Achieve Goal
Year 1: Define what active participation in the Kansas Suicide Prevention Coalition means and how the coalition will measure it over time
Years 1-2: Develop a workgroup that specializes in Kansas Suicide Prevention Coalition recruitment to both engage current members and identify and outreach potential new members
Years 2-5: Identify and create relationships with community or local coalitions
Years 2-5: Identify other stakeholders working on suicide prevention across the state
Ongoing: Share and collaborate with local coalitions
Years 1-5: As part of the Kansas Community Suicide Prevention Grant, support local suicide prevention coalitions in engaging in community-based suicide prevention services and activities that utilize evidence-based strategies aimed to reduce suicide ideation, attempt, and deaths, address shared risk and protective factors, and produce sustainable systems change for vulnerable populations in Kansas.

Upstream Prevention

Goal #3: Lead collaborative advocacy efforts to drive upstream systems change	
Outcome Measurement:	By 2030, there will be an increase in advocacy efforts as measured by number of advocacy-related events the KSPC engages in.
Priority Populations and Stakeholders:	State legislators, city and county commissioners, other government officials, legislative aids, Kansas Suicide Prevention Coalition members
Resources	VoterVoice, National Action Alliance for Suicide Prevention Public Priorities and Advocacy Toolkit, County Health Rankings, National Alliance on Mental Illness (NAMI) Advocacy Resources, American Foundation for Suicide Prevention (AFSP) State and Federal Advocacy Programs

Activities to Achieve Goal
Year 1: Develop advocacy information sheet to share with membership with explanation of impact of legislation and how to contact legislators
Years 2-5: Hold advocacy related lunch and learns
Ongoing: Identify a tool for tracking mental health bills and the votes they get
Ongoing: Build relationship with state legislators
Annually: Develop policy briefs that coalition can take to legislators, community members, and local governments

> *Our community leaders need to prioritize supporting efforts of mental health agencies.*
> *-Kansas Resident*

Upstream Prevention

Goal #4: Foster understanding and reduce stigma around suicide and mental health	
Resources	Talk Saves Lives, Soul Shop, the Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services of America (SAMHSA)
Outcome Measurement:	By 2030, there will be responses that indicate reduced stigma, increased awareness, and greater help-seeking behaviors as measured by the Public Opinion Survey on Kansas Suicide Prevention annually

Activities to Achieve Goal
Years 1-2: Develop and share a templated stigma reduction campaign in Kansas that is led by KSPC but possible to scale down and adopt by local coalitions and organizations
Years 2-3: Engage non-traditional partners such as local influencers, athletes, and other key community figures who have lived experience to be the face and voice of the stigma reduction campaign
Years 2-5: Find trusted voices in communities to help promote the stigma reduction campaign
Ongoing: Build relationships with non-traditional partners to connect, collaborate, and engage in initiatives to reduce stigma around mental health and suicide (business sectors, firearm shops, food banks)

> *Normalize getting help. It's okay not to be okay. It's okay to ask for help!*
> *-Kansas Resident*

Surveillance, Research and Evaluation

Goal #1: Curate an online space for statewide data collection and distribution	
Outcome Measurement:	By 2030, the KSPC will develop a hub or resource for sharing data among agencies.
Priority Populations and Stakeholders:	Local public health agencies, coroners or medical examiners offices, 988 contact centers, Certified Community Behavioral Health Clinics (CCBHCs), crisis stabilization units (CSUs), under-resourced counties and agencies that do not have the resources for data collection and reporting, hospitals, law enforcement, emergency medical services (EMS), coroners, rural health agencies, community resource organizations (CROs), Kansas Department of Health and Environment, Kansas Department for Aging and Disability Services, Kansas Prevention Collaborative, Kansas State Epidemiological Outcomes Workgroup (SEOW), Greenbush, Kansas Health Institute, Kansas Health Foundation, HeadQuarters Kansas, universities, Veteran Affairs system
Resources:	Coalition webpage, Kansas Prevention Collaborative webpage, Kansas Department of Health and Environment (KDHE) Suicide-Related Data Dashboard, KDHE Violent Death Data Dashboard, County Health Rankings, Kansas Communities That Care student survey data, Kansas State Epidemiological Outcomes Workgroup dashboard, 988 data, universities, Veteran Affairs system, national data sources (CDC, SPRC), Kansas Hospital Association

Activities to Achieve Goal
Year 1: Identify location and process for developing hub of suicide-related data
Years 1-2: Develop template Memorandum of Understanding (MOU) or data sharing agreements
Years 2-5: Partners provide access to most timely data
Years 2-5: Educate coalition, stakeholders, and priority populations of resource hub

Surveillance, Research and Evaluation

Goal #2: Increasing participation and response rates in existing data youth survey collection efforts	
Outcome Measurement:	For every year of survey data collection there is an increased rate of participation in existing surveys, such as the Youth Risk Behavior Survey (YRBS) and Kansas Communities that Care (KCTC).
Priority Populations and Stakeholders:	Youth and school-aged children, parents, school administrators, school social workers, policymakers, Schools, parents, youth, peers, Greenbush, Kansas Department of Health and Environment, Certified Community Behavioral Health Clinics, local public health agencies, grant writers, community organizers, Kansas Department for Aging and Disability Services, researchers
Resources:	Surveys and results, existing coalitions (Youth Risk Behavior Survey coalition, local coalitions, Kansas Suicide Prevention Coalition), research and data products that utilize these data sources

Activities to Achieve Goal
Year 1: Have ongoing discussions with Greenbush and Kansas Department of Health and Environment regarding Kansas Communities That Care student survey and Youth Risk Behavior Survey needs and available supports through coalition
Year 1: Identify baseline rates of participation
Years 2-5: Share and/or create resources to provide to stakeholders
Years 2-5: Increase education and data literacy to public, schools, decision makers on importance of data for action

Surveillance, Research and Evaluation

Goal #3: Development of an evaluation plan for state coalition activities that could serve as a guide or template for local activity evaluation	
Outcome Measurement:	By December 2026, SRE subcommittee will develop a plan to evaluate the work being done by the coalition.
Priority Populations and Stakeholders:	Kansas Suicide Prevention Coalition (KSPC) (fiscal agent) and subcommittees, coalition members and member organizations, KSPC executive committee, Kansas Department for Aging and Disability Services, Kansas Department of Health and Environment (KDHE), policymakers, local coalitions, grant evaluators, Kansas Prevention Collaborative (KPC)
Resources:	Kansas Health Institute, Greenbush, KDHE, universities with evaluation supports, national evaluation guidance (CDC, SPRC, NAASP), Suicide Prevention Resource Center, National Action Alliance, KPC, Governor's Behavioral Health Services Planning Council Prevention Subcommittee

Activities to Achieve Goal
Year 1: Draft evaluation plan and evaluation data collection tools
Year 1: Bring together coalition leadership to provide input on evaluation plan
Years 2-5: Conduct standardized process to record suicide prevention efforts across the state and work completed by coalition
Annually: Provide annual coalition evaluation summary which includes findings and recommendations to executive leadership

Goal #4: Develop recommendations for standardizing suicide-related data.	
Outcome Measurement:	By 2030, develop and disseminate data standardization recommendations for data collectors and disseminators

Surveillance, Research and Evaluation

Goal #4: Develop recommendations for standardizing suicide-related data.	
Priority Populations and Stakeholders:	Law enforcement, emergency medical services, coroners, local public health agencies, rural health agencies, hospitals, local suicide mortality review teams, Kansas Department for Aging and Disability Services, Kansas Department of Health and Environment, State Child Death Review Board, policymakers
Resources:	Other states with suicide fatality review teams, other states where suicide is a reportable condition, SAMHSA/VA technical center, CDC, National Association of State Mental Health Program Directors

Activities to Achieve Goal
Year 1: Identify where suicide reporting forms should be stored securely
Years 1-3: Conduct a needs assessment for coroners and law enforcement to identify needs and partners with interest in developing standard reporting form
Years 3-5: Advocate for legislation related to suicide reporting standardization
Years 3-5: Develop and/or share recommendations for suicide reporting standardization legislation
Ongoing: Support efforts for local suicide mortality review and the state suicide mortality review steering committee

> *[[To prevent suicide], we need stronger connection and better communication between stakeholders.*
> *-Kansas Resident*

Surveillance, Research and Evaluation

Goal #5: Build a multi-organizational research community that can regularly conduct and share Kansas-focused suicide prevention research	
Outcome Measurement:	By December 2026, identify a 5-year plan for recruiting researchers, identifying required resources, and potential funding streams. By December 2030, we will have a robust research community that collects, shares, analyzes, and disseminates standardized research findings.
Priority Populations and Stakeholders:	Kansans at risk for suicide and suicide-related behaviors, other priority populations identified by the data, Kansas Health Foundation, policymakers, grant writers, universities, Greenbush, Kansas Health Institute, Kansas Department for Aging and Disability Services (KDADS), school administrators, Kansas Department of Health and Environment (KDHE), parents, advocates, community leaders, boards who oversee licensure (Kansas Behavioral Sciences Regulatory Board (BSRB), Kansas Board of Healing Arts (KSBHA),
Resources:	Researchers, epidemiologists, universities, persons with lived experience, hospitals, Kansas Hospital Association, KDHE, KDADS

Activities to Achieve Goal
Years 1-2: Conduct a needs assessment for researchers to identify needs, research priorities, and partners with interest in work on collaborative research projects
Years 3-4: Identify means for sharing relevant data, conducting analyses, and disseminating results
Ongoing: Identify potential funding streams for research
Ongoing: Partner with universities on data projects (data mining, research question development, data analysis)

Glossary of Terms

Term	Definition
ACMHCK	Association of Community Mental Health Centers of Kansas
ASIST	Applied Suicide Intervention Skills Training: a 2-day training program that teaches participants how to assist those at risk for suicide.
Capacity	More specifically, Coalition Capacity is the collective knowledge, skills, resources, and influence a coalition has to achieve its goals.
CCBHCs	Certified Community Behavioral Health Clinics
CDC	Centers for Disease Control and Prevention: their mission is to protect America from health, safety, and security threats by conducting critical science, providing health information, and developing and applying disease prevention and control strategies to promote health and quality of life.
CIT	Crisis Intervention Teams: a community-based partnership, typically between law enforcement and mental health professionals, that specializes in responding to incidents involving individuals experiencing a mental health crisis.
Crisis	A time of intense difficulty, trouble, danger, or distress. A crisis may be mental, emotional, or physical.

Glossary of Terms (Cont.)

Term	Definition
C-SSRS	Columbia-Suicide Severity Rating Scale: a set of questions used to access suicide risk
Jason Flatt Act	An act that requires all educators in the state to complete 2 hours of youth suicide awareness and prevention training each year in order to be licensed to teach in the state
KDADS	Kansas Department for Aging and Disability Services: its mission is to ensure older adults and people with disabilities can remain in their homes and are safe, supported, and have access to the necessary care and services
KDHE	Kansas Department of Health and Environment: a state agency that works to protect and improve the health and environment of all Kansans
KDOC	Kansas Department of Corrections: its mission is to protect the public, protect staff, and provide safe, secure, and human supervision of offenders with opportunities to support successful reintegration
KPC	Kansas Prevention Collaborative: its work aims to expand prevention to include mental health promotion, suicide prevention, and problem gambling awareness, while also increasing the availability of resources for strategic plans
KSPC	Kansas Suicide Prevention Coalition: group of coalition members that seeks to build connection, break stigma, and create pathways to hope in order to prevent suicide

Glossary of Terms (Cont.)

Term	Definition
LMS	Lethal Means Safety: intentional practice of reducing the risk of suicide by limiting access to lethal means such as medications, firearms, or sharp instruments
MCT	Mobile Crisis Teams: trained individuals that provide immediate, on-site support for individuals experiencing a mental health crisis outside of an in patient setting
MRSS	Mobile Response and Stabilization Services: service that includes a trained team responding to the home or another community location to de-escalate the situation, provide stabilization, and connect the individual/family with long-term support, aiming to prevent the needs for emergency room visits or hospitalization
MRT	Mobile Response Teams: group of trained professionals, such as social workers, nurses, and mental health clinicals, who are dispatched to provide immediate, in-person support to individuals experiencing a mental health or substance use crisis
Peer Support	The process of providing and receiving help based on shared life experiences, such as dealing with similar mental health challenges
Protective Factors	Characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events.

Glossary of Terms (Cont.)

Term	Definition
PSAP	Public Safety Answering Point: the 911 call center that receives and handles emergency calls for police, fire, and medical services
Risk Factors	Characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes
SAMHSA	Substance Abuse and Mental Health Services Administration: its purpose is to lead public health efforts to advance the nation's behavioral health by providing grants and resource for substance abuse and mental health prevention, treatment, and recovery services
Self-Harm	Deliberate, self-inflicted damage to the body without the intent to die by suicide
Sources of Strength	A school-based suicide prevention program that uses peer leaders to change unhealthy social norms by promoting hope, help, and strength
Statewide Crisis Network	A system that connects individuals in a mental health, substance use, or suicide crisis with a range of services, including local crisis centers, mobile crisis teams, and crisis stabilization programs
Stigma	A noun that refers to the negative attitudes and beliefs about suicide and mental health

Glossary of Terms (Cont.)

Term	Definition
Suicide Attempt	When someone harms themselves with any intent to end their life, but they do not die because of their actions
Suicide Postvention	Response to and care for individuals affected in the aftermath of a suicide attempt or suicide death with the goal of preventing suicide, mitigating negative effects of suicide exposure, and to facilitate the healing process for those grieving from the suicide death
Upstream Prevention	Public health approach that focuses on addressing the root causes of health problems before they occur
QPR	Question Persuade Refer: a training program that teaches individuals three simple steps anyone can learn to help save a life from suicide
Zero Suicide Framework	A system-wide approach for healthcare and behavioral health systems to prevent suicide among the people they care for

Appendix 1

Resources

Resource	Description and Link
988	Suicide and Crisis Lifeline. 988lifeline.org/
American Foundation for Suicide Prevention National Site	A voluntary health organization that gives those affected by suicide a nationwide community empowered by research, education and advocacy. afsp.org
American Foundation for Suicide Prevention of Greater Kansas Chapter	A grassroots Kansas Chapter working on delivering prevention programs, educating the public and raising funds for research. afsp.org/chapter/greater-kansas
Association of Community Mental Health Centers of Kansas (ACMHCK)	Offers counseling or other support services across Kansas. acmhck.org
CDC - Behavioral Risk Factor Surveillance System Data	The nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors. https://www.cdc.gov/brfss/index.html
CDC – General Resources for Suicide Prevention	Center for Disease Control's guide to suicide prevention resources. https://www.cdc.gov/suicide/resources/general-resources.html
CDC - Risk and Protective Factors for Suicide resource	Information on risk and protective factors for suicide. https://www.cdc.gov/suicide/risk-factors/index.html

Appendix 1

Resources

Resource	Description and Link
CDC - Social Determinants of Health	Information on nonmedical factors that influence health outcomes. https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html
CDC - Social Ecological Model resource	A model to better understand violence and the effect of potential prevention strategies. https://www.cdc.gov/violence-prevention/about/index.html
C-SSRS	The most evidence-supported tool of its kind, is a simple series of questions that anyone can use anywhere in the world to prevent suicide. cssrs.columbia.edu
GLS State/Tribal Suicide Prevention Program Training	Funded suicide prevention and postvention training options for Allen, Bourbon, Chautauqua, Cherokee, Crawford, Elk, Greenwood, Labette, Neosho, Montgomery, Wilson, Woodson, and Wyandotte. https://www.dccca.org/program/kansas-suicide-prevention-request-a-training/
GLS Suicide Prevention Resource booklet	A suicide prevention deep dive booklet. kansassuicidepreventioncoalition.org/gls-suicide-prevention-resource-booklet/
HeadQuarters Kansas	Headquarters Kansas provides accessible suicide prevention education and 24/7 crisis services. hqkansas.org
Iowa Suicide Prevention Plan	A suicide prevention state plan that helped guide the Kansas Suicide Prevention State Plan workgroup. sprc.org/states/iowa/

Appendix 1

Resources

Resource	Description and Link
Kansas Communities That Care Student Survey	Conducted annually and anonymously with 6th, 8th, 10th, and 12th graders, the survey provides valuable insights on the health risk behaviors and opinions of students in your county, district, and schools today. https://kctcdata.org
Kansas Communities That Care Young Adult Survey	Annual survey administered to Kansas young adults aged 18-25 https://kctcdata.org/kansas-young-adult-survey/
Kansas Suicide Data Dashboard	Dashboard ran by KDHE for suicide related data. www.kdhe.ks.gov/1974/Suicide-Related-Data
Kansas Suicide Prevention Coalition	A coalition of professionals, clinicians and those with lived experience to prevent suicide. kansassuicidepreventioncoalition.org
Kansas Veteran Administration Database	Data on Kansas Veterans. https://www.data.va.gov/stories/s/State-Summaries_Kansas/ext4-vs3c/
Kansas Violent Death Reporting System	Seeks to provide an understanding of violent deaths, guide decisions about efforts to prevent violence and track progress over time. https://www.kdhe.ks.gov/1234/Kansas-Violent-Death-Reporting-System
Kansas Zero Suicide	Information and data on Zero Suicide in Kansas https://www.kdhe.ks.gov/1742/Zero-Suicide-in-Health-Systems

Appendix 1

Resources

Resource	Description and Link
Lemon Aid Kansas	Provides financial and emotional support for survivors of suicide loss and individuals with lived experience of suicide, while engaging in community prevention through mental health education and advocacy to support healthier futures. sixftover.org/Lemon Aid/
Mindfulness and your Heath	A guide for mindfulness and stress management best practices newsinhealth.nih.gov/2021/06/mindfulness-your-health
National Action Alliance for Suicide Prevention	The nation's public-private partnership for suicide prevention theactionalliance.org/
National Alliance on Mental Illness (NAMI)	The nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. nami.org
National Strategy for Suicide Prevention	https://www.hhs.gov/programs/prevention-and-wellness/mental-health-substance-use-disorder/national-strategy-suicide-prevention/index.html
Nebraska Suicide Prevention State Plan	A suicide prevention state plan that helped guide the Kansas Suicide Prevention State Plan workgroup. sprc.org/states/nebraska/
Mental Health in Rural Communities Toolkit	Compiles evidence-based and promising models and resources to support organizations implementing mental health programs in rural communities across the United States. www.ruralhealthinfo.org/toolkits/mental-health

Appendix 1

Resources

Resource	Description and Link
SAMHSA	Substance Abuse and Mental Health Services Administration. www.samhsa.gov/mental-health/suicidal-behavior/prevention
Stepping Up	supports local jurisdictions in reaching measurable goals that demonstrate reduced prevalence of serious mental illness across the justice system. https://stepuptogether.org/kansas-stepping-up-technical-assistance-center/#/KS
Suicide Prevention Resource Center (SPRC)	One stop shop for suicide prevention resources. sprc.org/learning-center/
SPRC - Local needs assessment resource	Community needs assessment tool. https://sprc.org/effective-prevention/strategic-planning/step-1-describe-the-problem-and-its-context/
The Trevor Project	Youth LGBTQ+ resource center. thetrevorproject.org
Youth Risk Behavior Surveillance System (YRBSS)	Monitors adolescent health behavior changes over time. It identifies emerging issues, and plans and evaluates programs to support youth health. www.cdc.gov/yrbs/index.html
Zero Suicide	The foundational belief of Zero Suicide is that suicide deaths for individuals under the care of health and behavioral health systems are preventable. zerosuicide.edc.org

Appendix 2
Local and Coalition Work Synergy

This is a guide to help find crossover between the local action plan and the KSPC action plan. These strategies/goals/recommendations are places where both sectors are working on similar objectives.

Community Centered Care

- Local Recommendation 3.1 (provide support to populations with elevated risk like farmers) aligns with KSPC Goal #1 (strengthen rural suicide prevention networks).
- Local Recommendations 1.2 (developing capacity through training), 1.3 (expanding local prevention by connecting with special populations) and 3.2 (sharing information on supports and services) aligns with KSPC goal #2 (strengthen suicide prevention through education, partnerships and resource hub creation).
- Recommendation 2.5 (share postvention resources) aligns with KSPC Goal #3 (expand access to postvention resources).
- Local Recommendation 3.4 (provide training for local media) aligns with KSPC goal #4 (training media providers on reporting suicide).

Connected and Accessible Services

- Local Strategy 2 (Establishing integration between sectors) and Recommendation 3.3 (Increase collaboration between sectors) align with KSPC Goal #2 (Increase collaboration between sectors).
- Local Recommendation 3.2 (Supporting adoption of Zero Suicide framework) aligns with KSPC Goal #4 (adoption of Zero Suicide across communities and partners).

Upstream Prevention

- Local Strategy 1 (Increase awareness through education) aligns with KSPC Goal #1 (Community education in upstream prevention).
- Local Recommendation 3.1 (Using personal stories for advocacy) aligns with KSPC Goal #3 (Advocate for upstream systems change).
- Local Recommendation 1.2 (Education to reduce stigma) aligns with KSPC Goal #4 (Reduce stigma around mental health).

Surveillance, Research and Education

- Local Strategy 1 (Enhance data sharing) aligns with KSPC Goal #1 (create an online space for data distribution).

Appendix 3
Community Mental Health Centers

Community mental health centers have 24 hour crisis lines available for anyone experiencing a mental health crisis.

Astra Mental Health & Recovery (Topeka)
- 785-215-8888
- 785-232-5005 (Youth Crisis Services)
- 785-234-3300 (Adult Crisis Services)

Bert Nash Community Mental Health Center (Douglas)
- 785-843-9192

Central Kansas Mental Health Center (Saline, Dickinson, Ellsworth, Lincoln Ottawa)
- 785-823-6322
- 800-794-8281

COMCARE of Sedgwick County (Sedgwick)
- 316-660-7525

Crosswinds (Chase Coffey, Greenwood, Lyon, Morris, Osage, Wabaunsee)
- 620-343-2211 Local
- 800-279-3645 Toll Free (8 am - 5 pm)
- 620-343-2626 Local
- 866-330-3310 Toll Free (after hours)

Elizabeth Layton Center (Franklin, Miami)
- 800-241-1266

High Plains Mental Health Center (Cheyenne, Decatur, Ellis, Gove, Graham, Logan, Ness, Norton, Osborne, Phillips, Rawlins, Rooks, Rush, Russell, Sheridan, Sherman, Smith, Thomas, Trego, Wallace)
- 785-628-2871
- 800-432-0333

Horizons Mental Health Center (Barber, Harper, Kingman, Pratt, Reno)
- 800-794-0163

Iroquois Center for Human Development (Clark, Comanche, Edwards, Kiowa)
- 620-723-2656
- 888-877-0375

Appendix 3
Community Mental Health Centers

Johnson County Mental Health Center (Johnson)
- 913-268-0156

Kanza Mental Health and Guidance Center (Brown, Doniphan, Jackson, Nemaha)
- 785-742-3666 (after-hours emergency line)

Labette Center for Mental Health Services (Labette)
- 620-421-3770
- 800-303-3770 (after-hours emergency line)

Pawnee Mental Health Services (Clay, Cloud, Geary, Jewell, Marshall, Mitchell, Pottawatomie, Republic, Riley, Washington)
- 800-609-2002

Prairie View, Inc. (McPherson, Marion, Harvey)
- 800-992-6292

South Central Mental Health Counseling Center (Butler)
- 866-660-3300

Southeast Kansas Mental Health Center (Anderson, Linn, Allen, Bourbon, Woodson, Neosho)
- 866-973-2241

Spring River Mental Health & Wellness Center (Cherokee)
- 866-634-2301

Sumner Mental Health Center (Sumner)
- 800-369-8222

The Center for Counseling and Consultation (Barton, Stafford, Rice, Pawnee)
- 800-875-2544

The Guidance Center (Atchison, Jefferson, Leavenworth)
- 913-416-4497

Wyandot Center for Community Behavioral Healthcare (Wyandot)
- 913-788-4200

(CMHC 24-hour crisis lines | department for aging and disability services [8])

Appendix 4

A list of agencies who are implementing Zero Suicide

CCBHCs and other Mental Healthcare Providers

Central Kansas Mental Health Center
COMCARE of Sedgwick County
Compass Behavioral Health
Crawford County Community Mental Health Center
Four County Mental Health Center
Johnson County Mental Health Center
Mental Health America of South Central Kansas
Prairie View, Inc.

Local Health Departments

Lawrence-Douglas County Public Health
Crawford County Health Department

Hospitals and Federally Qualified Health Centers

Heartland Community Health Center
Stormont Vail Behavioral Health
The University of Kansas Health System - Strawberry Hill Campus

Primary Care Clinics

Augusta Family Practice
Family Physicians of Kansas
Family Practice Clinic
Northwest Family Physicians
Vu Medical Center

Appendix 5

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Appendix 6
SRE Data Source Repository

Acronym	Meaning
ACS	American Community Survey
ASFP	American Foundation for Suicide Prevention
CDC	Centers for Disease Control and Prevention
CMHC	Community Mental Health Center
KCTC	Kansas Communities That Care
KDHE	Kansas Department for Health and Environment
KIC	Kansas Information Communities
KSVRDS	Kansas Violent Death Reporting System
KYAS	Kansas Young Adult Survey
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Questioning or Queer +
VA	Veterans Administration
YPLL	Years of Potential Life

Appendix 6
SRE Data Source Repository

Kansas Data

Kansas Communities that Care Survey

Link: https://kctcdata.org/

The KCTC Survey is a yearly survey conducted in schools by Greenbush across the state of Kansas. Community members can see generated reports for a variety of indicators or create their own reports. Results are presented as percentages of the student population.

Available Variables: Geography (state, county, CMHC regions, gambling regions), year, categories (i.e., depression/suicide, school domain such as bullying, and community domain such as norms and laws), grade level (6th, 8th, 10th, and 12th)

Most Recent Data Available: 2024

Kansas Information for Communities, Emergency Department Diagnosis Statistics

Link: http://kic.kdheks.gov/NwEmer_Dgns.php#top

The KIC website also has data related to Emergency Department and Hospitalizations. Some mental health and injury diagnosis categories are able to be queried through KIC but see KDHE's Suicide Related Dashboard for additional suicide-specific data.

Available Variables: Year, age group, sex, race, ethnicity, pay source, diagnosis, geographic region (state, county, Kansas Health Preparedness Regions, district office regions, peer groups)

Most Recent Data Available: 2023

Appendix 6
SRE Data Source Repository

Kansas Data

Kansas Suicide-Related Data Dashboard

Link: https://www.kdhe.ks.gov/1974/Suicide-Related-Data

The KDHE Zero Suicide Program houses the Suicide-Related Data Dashboard that Incorporates data from multiple sources, with various visualizations for rates and counts of suicide-related mortality and morbidity (emergency department visits and hospitalizations) such as suicide death, suicidal ideation, self-harm, and suicide attempt).

Available Variables: Year, sex, race/ethnicity, age groups, mechanisms, geographic region (state, county, CMHC catchment areas, Trauma Regions), social vulnerability, and near-real time mental health emergency department visits

Additional Data: Available upon request from Lauren Gracy (Lauren.Gracy@ks.gov).

Most Recent Data Available: 2024 (except for Syndromic Data tab, which is more up to date)

Kansas Violent Death Reporting System

Link: https://www.kdhe.ks.gov/1234/Kansas-Violent-Death-Reporting-System

KDHE houses the Kansas Violent Death Reporting System. KSVDRS data is available on KDHE's website as infographics or as a dashboard. Rates and counts of deaths are available.

Available Variables: Intent (homicide, suicide, unintentional firearm, undetermined), year, sex, race/ethnicity, mechanism, and circumstances

Additional Data: Available upon request from Sophia Ringering (Sophia.Ringering@ks.gov).

Most Recent Data Available: 2022

Appendix 6
SRE Data Source Repository

Kansas Data

Kansas Young Adult Survey (KYAS)
Link: https://kctcdata.org/kansas-young-adult-survey/

The KYAS is an annual random sample survey conducted by Rutgers University and analyzed and reported by Greenbush. Data are weighted and results are presented as percentages of the population of Kansas young adults aged 18-25.

Available Variables: Age, in college/not in college, year, categories (i.e., depression/suicide, substance use, physical health/stress, gambling)

Most Recent Data Available: 2024

National Data

988 Crisis Line Data
Link: https://988lifeline.org/professionals/our-network/state-based-monthly-reports/

Users can find monthly reports for crisis line answer rates by state by navigating to the “State-based Monthly Reports” tab.

Available variables: Year, Month, State, number of calls routed, received, answered in-state, flow out to backup, Average talk time in-state)

Most recent data available: July 2025

American Foundation for Suicide Prevention
Link: https://afsp.org/state-fact-sheets/

The AFSP provides factsheets of suicide laws and statistics which allows users to get a glance at suicide stats with comparisons to the national figures.

Available variables: State, leading cause of death, rate and count for state and national comparison, rank, years of potential life lost, mechanism

Most recent data available: 2023

Appendix 6
SRE Data Source Repository

National Data

CDC Suicide Data by State

Link: Stats of the State - Suicide Mortality (cdc.gov)

This webpage displays a map which compares the rates of suicide by state for easy comparison. For more detailed CDC suicide data, see WISQARS information below.

Available variables: State, suicide rate, number of suicides

Most Recent Data Available: 2023

State-level Veteran Suicide Data

Link: https://www.mentalhealth.va.gov/suicide_prevention/data.asp

State-level veteran data can be access through the Veteran's Administration Suicide Prevention Webpage.

Available variables: State, Year, Sex, Age, comparisons to national and regional data, mechanisms

Most recent data available: 2024

Web-based Injury Statistics Query and Reporting System (WSQARS)*

Link: https://wisqars.cdc.gov/

WISQARS is an online, interactive collection of modules that provide fatal, nonfatal, and cost of injury data. Users can query for various indicators and data is presented graphically or as a table. WIQARS also houses the visualizations for top 10 leading causes of death by age.

Available variables: Injury outcome (fatal vs nonfatal), injury type, intent, mechanism, Year, geography, age, sex, race, ethnicity

Most recent data available: 2023

Appendix 6
SRE Data Source Repository

National Data

Youth Mental Health Survey*
Link: https://www.thetrevorproject.org/survey-2024/

The Youth Mental Health Survey is conducted annually by The Trevor Project. This survey focuses on understanding the mental health outcomes of LGBTQ+ youth 13-24 years across the United States.

Available variables: suicide risk, access to health and mental health care, depression and anxiety, anti-LGBTQ+ policies, victimization, discrimination, support

Most recent data available: 2024

Additional Data Resources

All Things Kansas
Link: https://allthingskansas.k-state.edu/

The K-State 105's collaborative project, All Things Kansas, is a free interactive tool with data-driven mapping, reports, and insights for all counties in Kansas.

Variables Available: Geography (school districts, county, congressional districts, etc.), built environment, crime, demographics, income, health outcomes and more.

Most Recent Data Available: Varies by source

Appendix 6
SRE Data Source Repository

Additional Data Sources

Census Reporter
Link: https://censusreporter.org/profiles/04000US20-kansas/

Census Reporter is a webpage that provides a breadth of information by State for ACS data. This website provides clear graphics and data for various geographic levels.

Available Variables: Geography (national, state, county), population, area, population density, demographics (age, sex, race/ethnicity), economics (median household income, poverty, etc.), families (number of households, marital status, etc.), social (educational attainment, foreign-born population, veteran status, etc.).

Most Recent Data Available: 2023

County Health Rankings
Link: https://www.countyhealthrankings.org/health-data

County Health Rankings & Roadmaps (CHR&R) is a program of the University of Wisconsin Population Health Institute. This website provides county-level data for many health outcomes, including mental health and suicide. Data can be downloaded as maps or datasets.

Available Variables: Year, geography (state, county, Zip), health outcomes (length and quality of life), health behaviors, clinical care, social and economic factors, physical environment, etc.

Most Recent Data Available: 2024

Appendix 6
SRE Data Source Repository

Additional Data Sources

Kansas Health Matters

Link: https://www.kansashealthmatters.org/

The Kansas Health Matters website was created by the Kansas Partnership for Improving Community Health and brings community health-related statistical data, local resources and a wealth of information to one, accessible, user-friendly location.

Available Variables: Geography (state, Public Health Preparedness regions, county), demographics, health indicators (substance use, chronic disease, mental health, etc.), social determinants of health (community health, economy, education, environmental health)

Most Recent Data Available: 2024

KIC Population Estimates

Link: http://kic.kdheks.gov/popltneth_str.php

In addition to morbidity and mortality data, KDHE's KIC website allows for download of population estimates for Kansas. This data can be used to understand population distributions or as denominator data for calculating rates.

Available Variables: Year, sex, race, ethnicity, age group, geographic region (state, county, Kansas Health Preparedness Regions, district office regions, peer groups)

Most Recent Data Available: 2023

Appendix 6
SRE Data Source Repository

Additional Data Sources

USA Facts

Link: https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/kansas/

The USA Facts webpage provides users with an easy-to-use interface for a snapshot of state-level population data. Data is presented as charts with accompanying narrative to explain the graph.

Available Variables: State, county, year, population, population change, demographics (race, ethnicity, age, sex)

Most Recent Data Available: 2022

US Census Population Estimates

Link: https://www.census.gov/data.html

The US Census Bureau has a wide range of population data that can be accessed through their web portal. Data from population estimates and American Community Survey (ACS) can be presented as tables, maps, quick facts for demographic distributions, social determinants of health, and other valuable data points.

Available Variables (varies by specific source): Geography (state, county, census tract, etc.), demographics (age, sex, race, etc.), business and economy, education, employment, housing, health, income, etc.

Most Recent Data Available: Varies by source