

# Creating a Stronger Data Infrastructure for Suicide Prevention

February 25, 3:00-4:00pm ET

# Funding and Disclaimer



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The views, opinions, and content expressed in this product do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS.

## SPRC Facilitator



**Kristen Quinlan,  
Ph.D.**  
SPRC Epidemiologist

## Presenter



**Kirk Bol, MSPH**  
Manager, Registries &  
Vital Statistics Branch  
Colorado Center for  
Health &  
Environmental Data

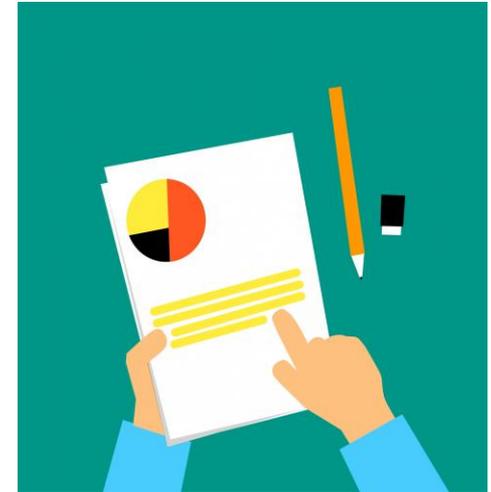
## Presenter



**Jenna Heise, MA**  
Texas State Suicide  
Prevention Coordinator

## Today's Agenda:

- Overview of the State Infrastructure Report: Methods and Product
- Overview of the Data Infrastructure Supplement: Methods and Product
- Real-World Examples of Data Infrastructure Recommendations



# Definition

## State Suicide Prevention Infrastructure:

A state's **concrete, practical foundation or framework** that supports suicide prevention-related systems, organizations, and efforts including the fundamental parts and organization of parts that are **necessary for planning, implementation, evaluation, and sustainability.**

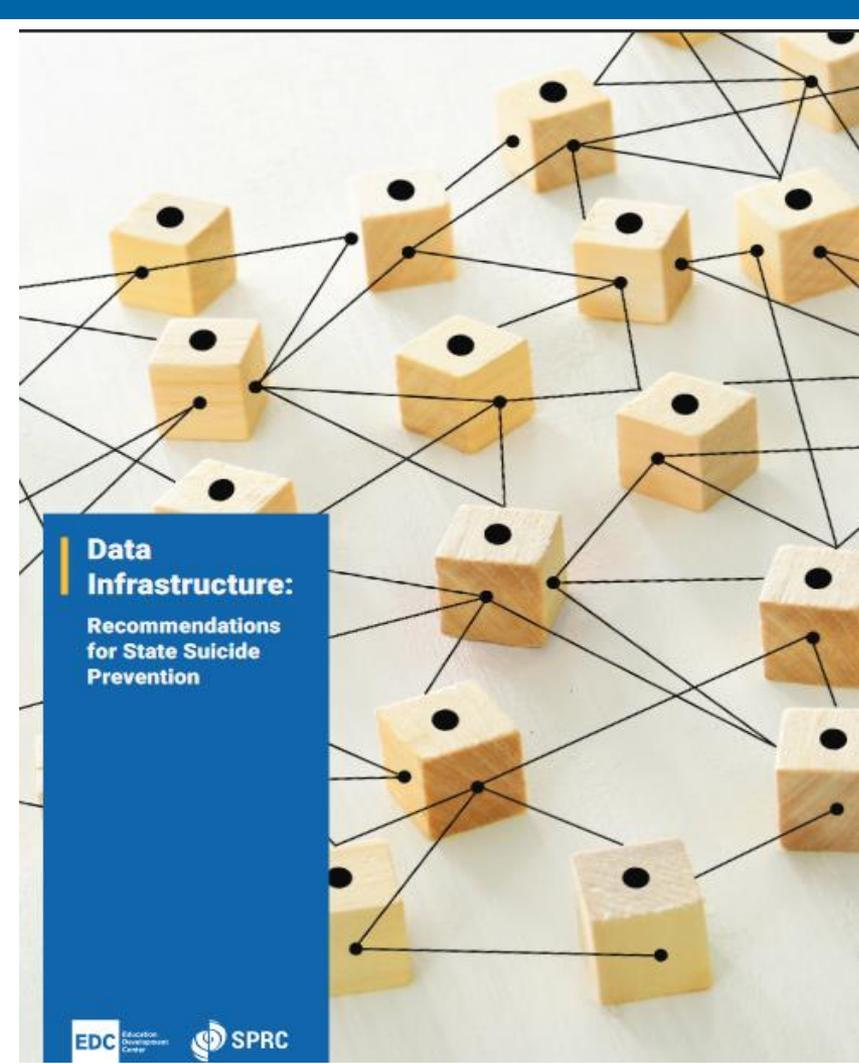


# How Were the State Infrastructure Recommendations Developed?

- Literature review & environmental scan
- Key informant interview
- Advisory panel: 25+ diverse public and private organizations
  - Work groups
- Consultation with state suicide prevention coordinators
- Feedback from target audiences



# Data Infrastructure Supplement



**Data  
Infrastructure:**  
Recommendations  
for State Suicide  
Prevention

# Organization of the Recommendations

Leadership

Partnership

Systems for Identifying and  
Sharing Data

Systems for Analyzing Data

Systems for Using Data

Connecting with State Systems

# Creating a Stronger Data Infrastructure for Suicide Prevention

The Colorado Experience

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Kirk Bol, MSPH  
Vital Statistics Program  
Colorado Department of Public Health and Environment



**COLORADO**  
Department of Public  
Health & Environment

1

**Establish Core Leadership  
Positions and Leadership  
Buy-In for Building Data  
Infrastructure to Support  
Suicide Prevention**



2

**Establish Partnerships,  
Coalitions, and/or  
Prevention Centers to  
Support Data  
Infrastructure**



3

# Establish a System for Identifying Data Sources and Sharing Data



CHARACTERISTICS  
OF A SUCCESSFUL  
DATA  
INFRASTRUCTURE

Locally-available data

Connections with under-  
represented communities

Plan to address data gaps

Consider locally-collected data

Foster state-level commitment

Develop technical and legal  
infrastructure



## Suicide Deaths

State Vital Records  
Offices (Vital statistics  
Programs)

National/State Violent  
Death Reporting  
System  
(NVDRS/CoVDRS)

National/State  
Unintentional Drug  
Overdose Reporting  
System (SUDORS)

## Hospitalizations

Hospital discharge  
data (state hospital  
associations)

Linked discharge-  
mortality data (Zero  
Suicide)

## Emergency Department Visits

ED visit data (state  
hospital associations)

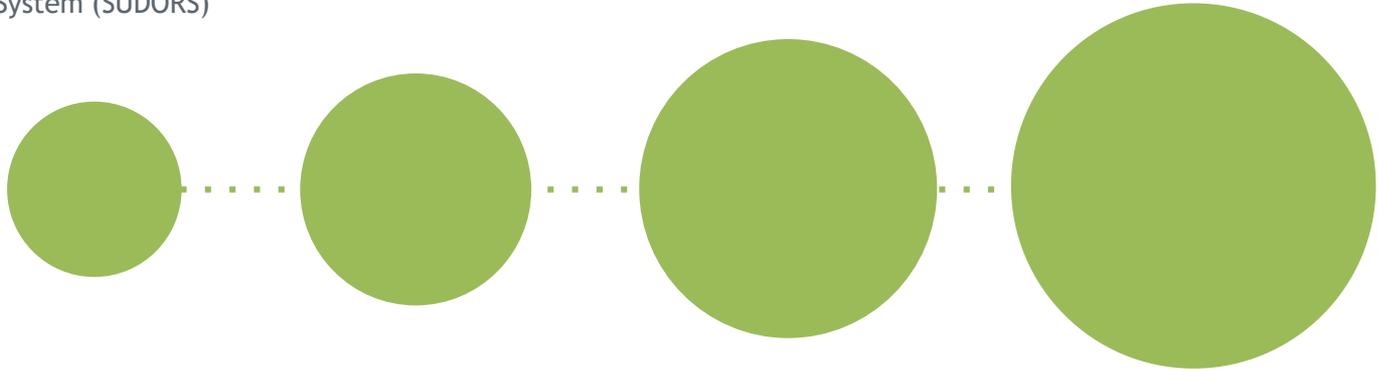
Syndromic Surveillance

Linked ED visit-  
mortality data (ED  
Follow-Up)

## Suicide Risk

Adults-Health surveys  
(Behavioral Risk Factor  
Surveillance  
System/BRFSS)

Youth-Youth Risk  
Behavior  
Surveillance/YRBS



## State

Maximize ability to stratify data by all available characteristics

Scan of areas of high burden and relative risk

Connect with statewide suicide prevention efforts

## County

Incorporate county-level characteristics of populations at risk (including Census and ACS data)

Identify local suicide prevention partners

## Community

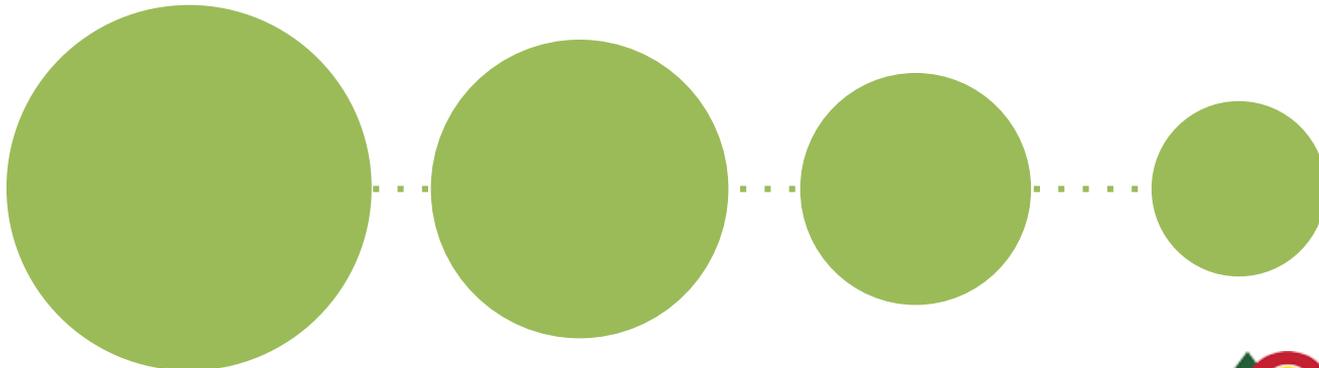
Focus on community-level events and response (including census tract)

Opportunity for local-level data collection around risk and capacity to address (suicide review, Sources of Strength)

## Provider

Quantitative metrics on outcomes of patients seen within health care facilities

Ability to follow at-risk patients across systems and providers



**Underrep-  
resented  
Populations**

**Permissions  
to Share Data**

**Data Linkage**

**Provisional  
Data**

**Commitments  
to Share Data**



4

## Establish a System for Analyzing Data



**ANALYZING DATA  
SUCCESSFULLY**

**Maintain dedicated staff**

**Capacity for targeted analysis**

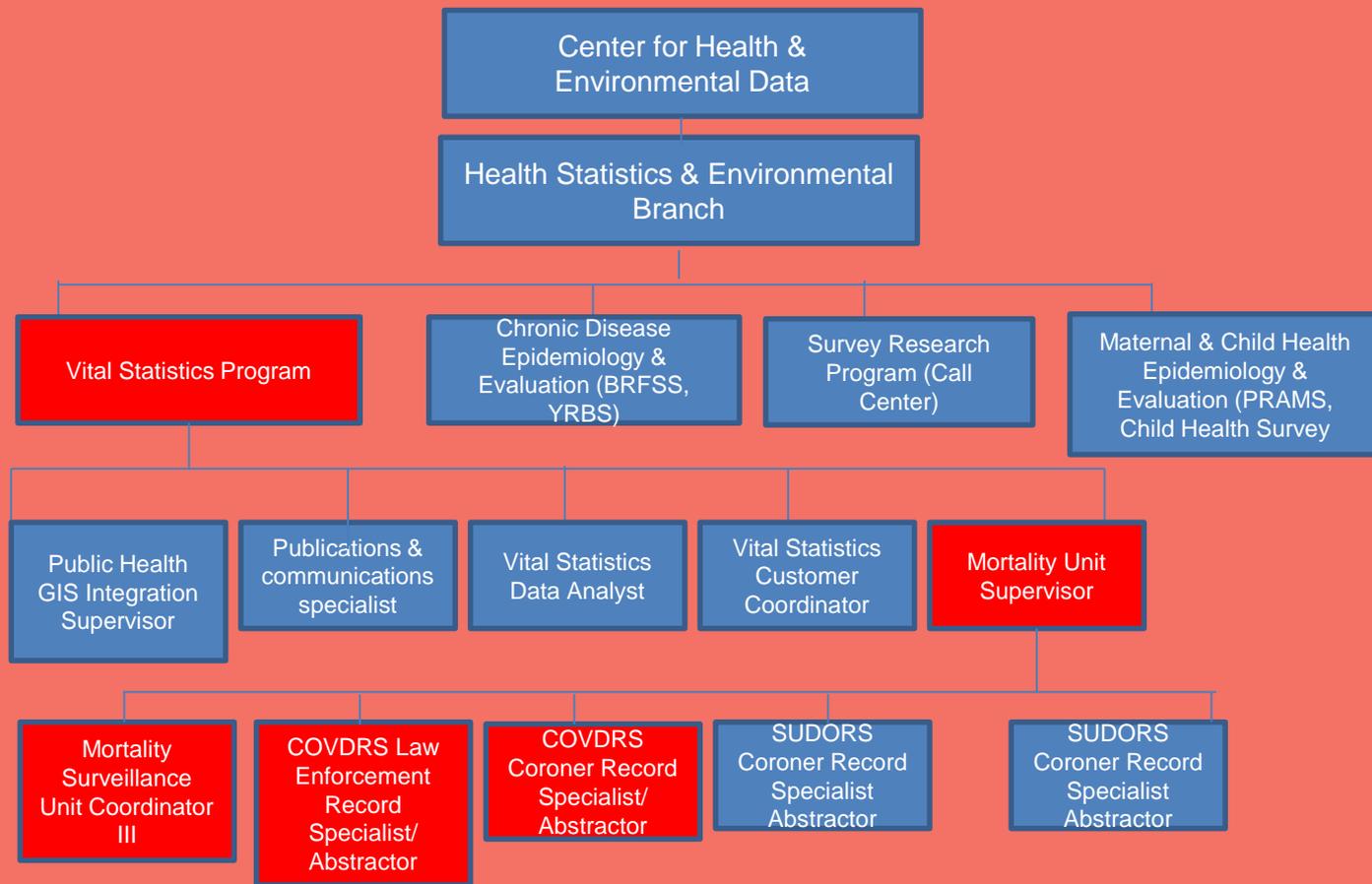
**Budgetary support for  
appropriate analytic tools**

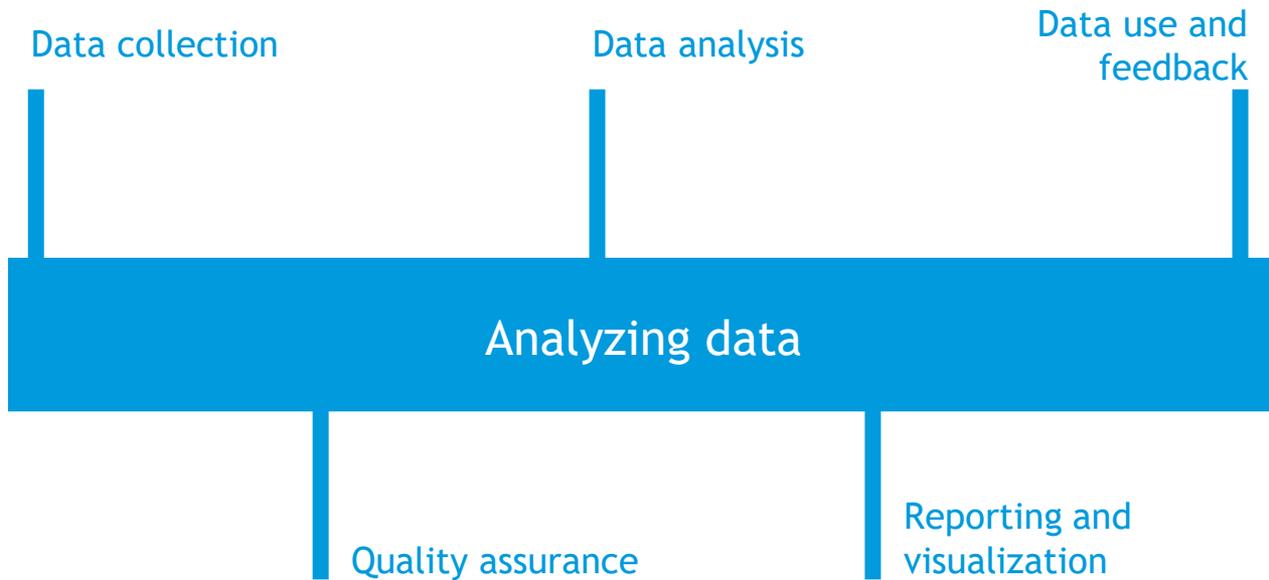
**Quality assurance for data  
collected and analyzed**

**Mindful of data gaps and  
limitations**



# Colorado Department of Public Health and Environment







WELCOME TO



# MAN THERAPY



Life throws you curveballs, sometimes right at  
your manhood.



**COLORADO**  
Department of Public  
Health & Environment

**Youth**

**Veterans &  
First  
Responders**

**Older Adults**

**LGBTQ+**

**Homelessness**



5

## Establish a System for Using Data



**ENSURING  
SUCCESSFUL  
USE OF DATA**

**Regular reporting to suicide prevention partners**

**Responsive to inquiries and communicate locally**

**Capacity to address emerging questions**

**Incorporate best practices for communicating and presenting data**

**Use multiple data sources**



**Reports**

**Data  
Dashboards**

**Research**

**Presentation**

**Data Requests**



# REPORTS

## SUICIDE AMONG YOUTH IN COLORADO, 2013-2017: AGES 10-18

No. 110

*HealthWatch*

October 2019

### Mortality from Intimate Partner Violence in Colorado, 2007-2017, Colorado Violent Death Reporting System

Julie Kafka, MPH (1); Ethan Jamison, MPH (2); Kirk Bol, MSPH (2)

(1) Gillings School of Global Public Health, University of North Carolina

(2) Center for Health and Environmental Data, Colorado Department of Public Health and Environment

health  
watch

September 2018 No. 105

### Alcohol and Suicide in Colorado, 2011-2015: Analyses from the Colorado Violent Death Reporting System

Kacy Crawford, MPH; Ethan Jamison, MPH; Andy Woster, PhD, MPH

GENDER IDENTITY	BULLIED AT SCHOOL DURING LAST 12 MONTHS	ELECTRONICALLY BULLIED IN PAST 12 MONTHS	EXPERIENCED TEASING OR NAME CALLING DUE TO PERCEIVED SEXUAL ORIENTATION	EXPERIENCED TEASING OR NAME CALLING DUE TO PERCEIVED GENDER IDENTITY	DO NOT FEEL SAFE AT SCHOOL	DO NOT HAVE AN ADULT THEY COULD GO TO FOR HELP WITH SERIOUS PROBLEM
TRANSGENDER	53%	41%	48%	47%	41%	55%
CISGENDER	18%	14%	4%	1%	9%	26%



# PRESENTATION

Colorado Suicide Prevention  
Commission

Colorado Coroners Association

Colorado Public Health  
Association Annual  
Conference

National Violent Death  
Reporting System Annual  
Meeting

Local Suicide Prevention  
Collaboration Meetings



## Suicides in Colorado: Counts

### Colorado Violent Death Reporting System

Select years:

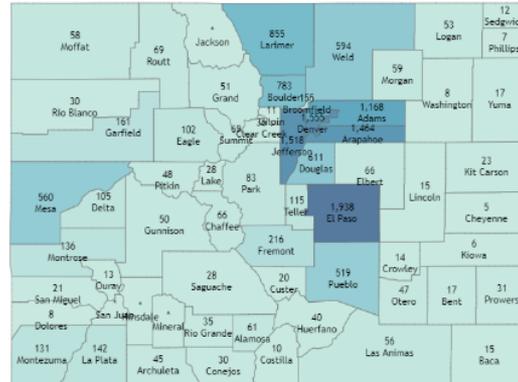
2004

2018



Select method used to inflict the fatal injury:

All methods

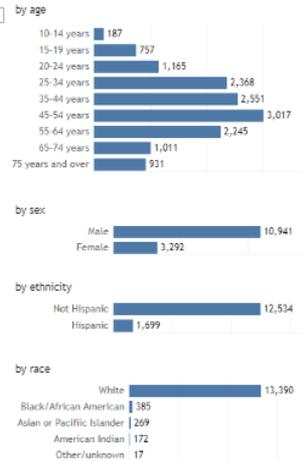


Total suicides for selected populations and years:

**14,233**

Number of suicides by demographics

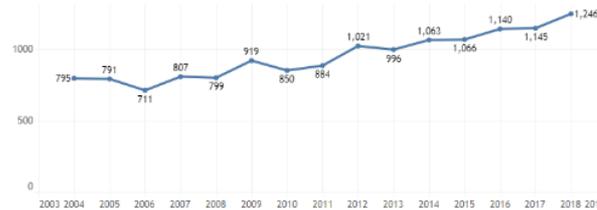
Click on one or more subgroups below to filter all other charts to that group(s); click again to deselect



Selected population for all charts on this page

Age: All, Sex: All, Ethnicity: All, Race: All, Marital status: All, Veteran status: All, Method: All methods, County: All

Number of suicides per year, 2004-2018



# DATA REQUESTS

General Public

State and Local Public  
Health Partners

Suicide Prevention  
Organizations (non-profits)

Colorado Legislature and  
Other Policy-makers

Researchers



# RESEARCH

## Suicide Among Health Care Practitioners and Technicians in Colorado: An Epidemiological Study

Suicide Life Threat Behav. 2019 Apr;49(2):455-465. doi: 10.1111/sltb.12449..

## Analysis of the Effects on Time Between Divorce Decree and Suicide.

Crisis. 2019 Sep;40(5):309-316. doi: 10.1027/0227-5910/a000563.

## Premeditated versus "passionate": patterns of homicide related to intimate partner violence.

J Surg Res. 2018 Oct;230:87-93. doi: 10.1016/j.jss.2018.04.050.

## Previous Suicide Attempt and Its Association With Method Used in a Suicide Death.

Am J Prev Med. 2016 Nov;51(5 Suppl 3):S226-S233. doi: 10.1016/j.amepre.2016.07.023.



# 6

## Collect, Analyze, and Use Data from State Systems



Maintain connections with and fully support suicide prevention leadership and colleagues within agency

Engage with external suicide prevention partners through data sharing, presentation and openness to collaborate

Consider and acquire relevant data for use in data analysis and reporting

Establish and empower dedicated analytic and epidemiology staff to support internal and external partners

Ensure useful information gets into the hands of those who can make a difference

Support prevention programs' uses of data to respond to state and local concerns



# THANKS!

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*More questions?*

Kirk Bol, MSPH

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303-692-2170



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# COLORADO RESOURCES AND SOURCES

## Colorado Vital Statistics Program

<https://www.colorado.gov/pacific/cdphe/vital-statistics-program>

## Colorado Violent Death Reporting System & Suicide Data Dashboard

<https://www.colorado.gov/pacific/cdphe/colorado-violent-death-reporting-system>

## Colorado Office of Suicide Prevention and Suicide Prevention Commission

<https://www.colorado.gov/pacific/cdphe/categories/services-and-information/health/prevention-and-wellness/suicide-prevention>

## Man Therapy

<https://mantherapy.org/>

## Colorado Overdose Prevention Program and Overdose Data Dashboard

<https://www.colorado.gov/pacific/cdphe/opioid-prevention>

## Colorado Consortium for Prescription Drug Abuse Prevention & Data Dashboard

<http://www.corxconsortium.org/>



# Questions/Comments

**How might you use the information just presented? (check all that apply)**

- To build leadership buy-in for suicide prevention data infrastructure.
- To establish a new partnership to support data infrastructure.
- To establish a system for identifying new data sources.
- To make recommendations on new types of analyses
- To generate new ways to disseminate data.
- Something else?



**TEXAS**  
Health and Human  
Services

# Texas State Suicide Prevention Data Infrastructure

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Texas Health and Human Services Commission

Office of Mental Health Coordination

Suicide Prevention Team

# State Suicide Prevention Data Infrastructure Recommendations

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- Establish core leadership positions and leadership buy-in for building data infrastructure to support suicide prevention.
- Establish partnerships, coalitions, and/or prevention centers to support data infrastructure.
- Collect, analyze, and use data from state systems.



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# Recommendation 1: Core Leadership Positions and Buy-In



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## National Recommendations at a Minimum

- Suicide Prevention Coordinator (SPC) position transcends grant funding sources.
- SPC versed in data-driven decision-making, will act on data-based findings.

## Texas Suicide Prevention Infrastructure

- Texas State SPC supported in Texas Administration Code and funded with general revenue.
- SPC general knowledge from training and Master's degree. True education was on-the-job training.
- Texas leadership hired an epidemiologist to support SPC and team.
- Goal of all initiatives is to intentionally utilize data.

# Core Leadership in Data Infrastructure



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## National Recommendations at a Minimum

- Identify a “data champion” beyond state SPC.
- Informally build capacity of state leadership to understand basics of data-driven decision making—remember shifting priorities based on data findings.
- Systematize data infrastructure planning to continue beyond staff transitions.

## Texas Suicide Prevention Infrastructure

- SPC Team works with community partners
- SPC team writing detailed suicide data report for Texas legislators in H.B. 3980
- State Suicide Prevention Coalition
- Statewide strategic plans
- Coordinating with state councils
- Communications department support
- Data dashboard, briefs

# Robust Data Infrastructure for Suicide Prevention:

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- Identify a role or entity within the state suicide prevention office that will advance these recommendations.
- Ensure that high-level leaders receive formal training in data driven decision-making.
- Demonstrate at the state department leadership level explicit commitment to integrating suicide prevention data and surveillance into existing efforts.



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# HHSC Suicide Prevention Team

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- State Suicide Prevention Coordinator as Team Lead
- Suicide Safe Care Coordinator / Zero Suicide - Suicide Care Initiative
- Suicide Prevention Policy & Outcomes Coordinator - data/epidemiology
- RYSE Grant / Suicide Prevention Youth Grant Project Coordinator
- Suicide Care & Project AWARE Co-Coordinator – collaboration with the Texas Education Agency
- Mental Health Program for Veterans and Suicide Prevention Coordinator

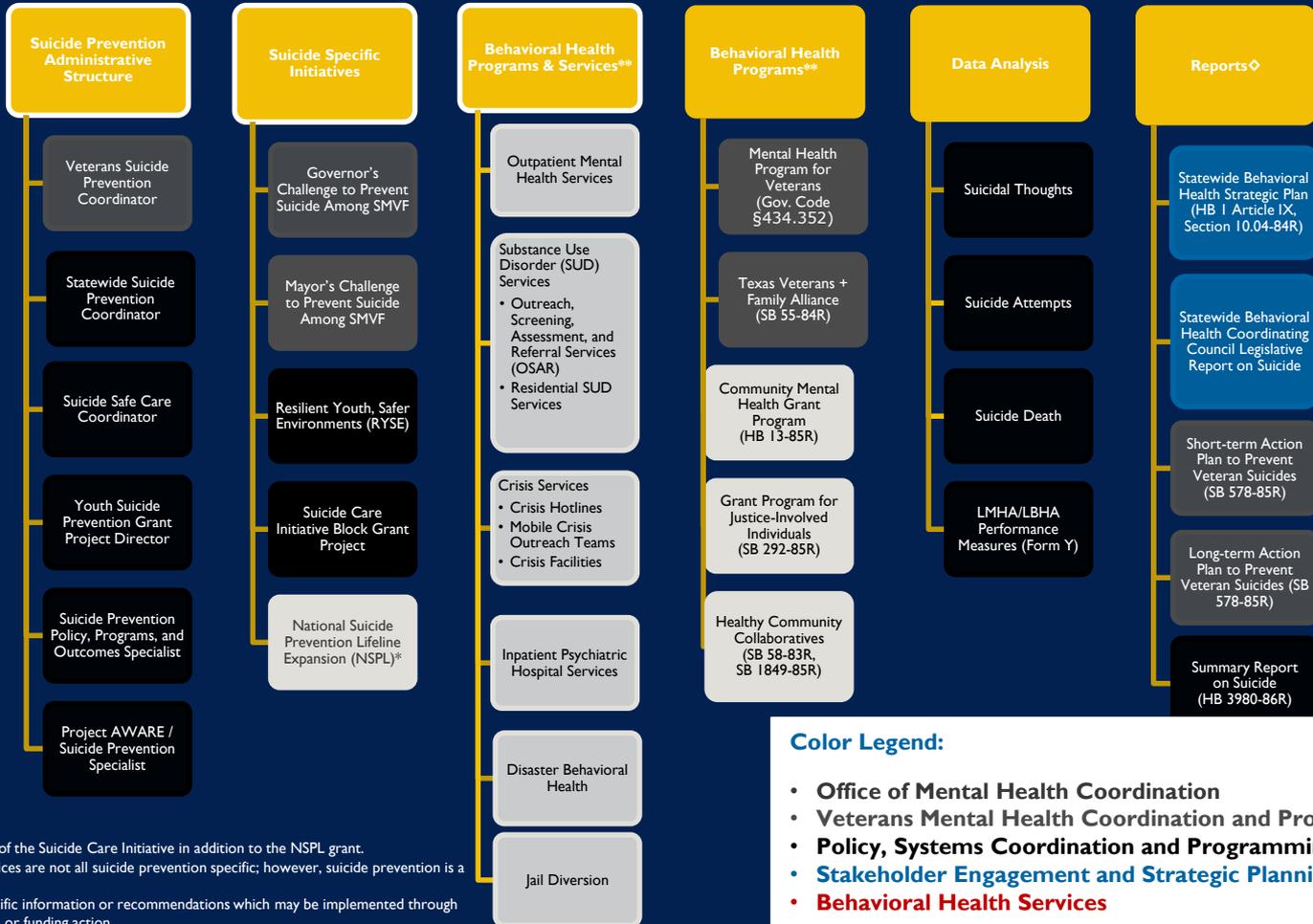


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# IDD-BH Services Suicide Prevention Efforts



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• NSPL expansion is part of the Suicide Care Initiative in addition to the NSPL grant.

\*\* These programs and services are not all suicide prevention specific; however, suicide prevention is a desired outcome.

◇ The reports provide specific information or recommendations which may be implemented through policy, administrative action, or funding action.

## Color Legend:

- Office of Mental Health Coordination
- Veterans Mental Health Coordination and Programs
- Policy, Systems Coordination and Programming
- Stakeholder Engagement and Strategic Planning
- Behavioral Health Services

# Recommendation 2. Partnerships & Coalitions



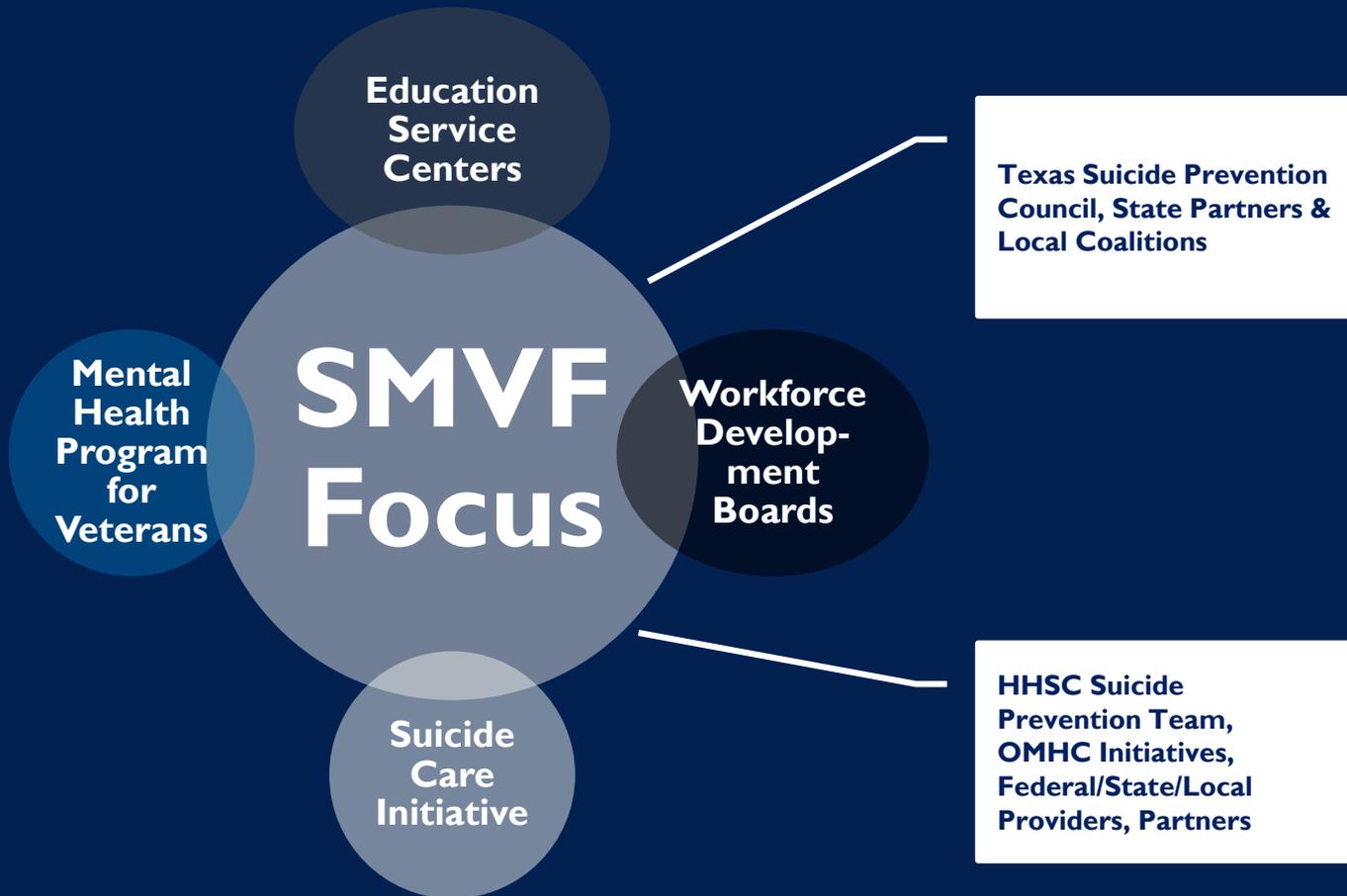
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- **Ensure that community voices are present in determining data related priorities and needs:**
  - ▶ Texas Zero Suicide implementation teams
  - ▶ Youth grant structure includes community leaders
  - ▶ Strategic Behavioral Health Coordinating Council
  - ▶ Legislation such as H.B. 3980
- **Connect state and local stakeholders to state suicide prevention leadership to explore data sharing and use:**
  - ▶ Texas State Suicide Prevention Coalition
  - ▶ Local Suicide Prevention Coalitions and LMHAs
  - ▶ SPC team and local SPC sharing death data legislation with leaders and medical examiners.
  - ▶ Initiatives for data sharing for veteran suicide prevention

# Integrating Suicide Prevention and SMVF State Infrastructure and Community Supports



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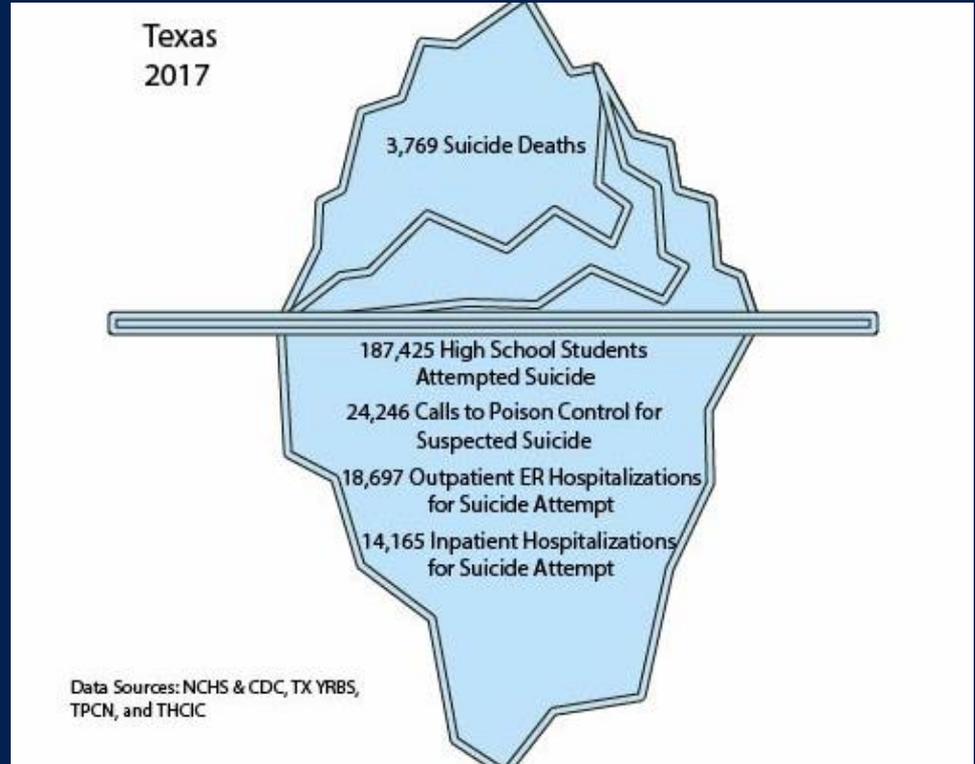


# Overview of Suicide in Texas



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- Suicide mortality in Texas is just the tip of the iceberg.
- For every death in Texas, there are over 49 attempts resulting in:
  - ▶ Six calls to Poison Control;
  - ▶ Almost five ER admissions; and
  - ▶ Nearly four inpatient hospitalizations per death.



# Using Data to Inform Policy and Practice

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- House Bill 3980 being implemented by SPC Team;
- Bill authored by Representative Todd Hunter in the 86th Regular Legislative Session;
- HHSC required to prepare a summary report and legislative report for the 87<sup>th</sup> Regular Legislative Session; and
- Twenty-year review of data, statutes, programs, and policies affecting suicide in the state of Texas.



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# House Bill 3980

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- Data from eight data sources:
  - ▶ Mortality
  - ▶ Poison Control
  - ▶ Hospital Discharge and Emergency Department
  - ▶ Veterans Affairs
  - ▶ Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Survey (YRBS)
- Requested policies and programs collected from 23 state agencies.
- Statutes related to everything from health and safety to education to criminal procedure to property.



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# 2016 Texas Suicide Statistics



On average, one person dies by suicide every three hours in the state.

Twice as many people die by suicide in Texas annually than by homicide.

The total deaths to suicide reflect a total of 76,713 years of potential life lost (YPLL) before age 65.



Suicide cost Texas a total of **\$3,516,245,000** of combined lifetime medical and work loss cost in 2010, or an average of **\$1,216,273 per suicide death.**

\*Based on most recent 2016 data from CDC. Learn more at [afsp.org/statistics](http://afsp.org/statistics).



11th leading cause of death in Texas

**2nd leading**

cause of death for ages 15-34

**4th leading**

cause of death for ages 35-44

**5th leading**

cause of death for ages 45-54

**10th leading**

cause of death for ages 55-64

**16th leading**

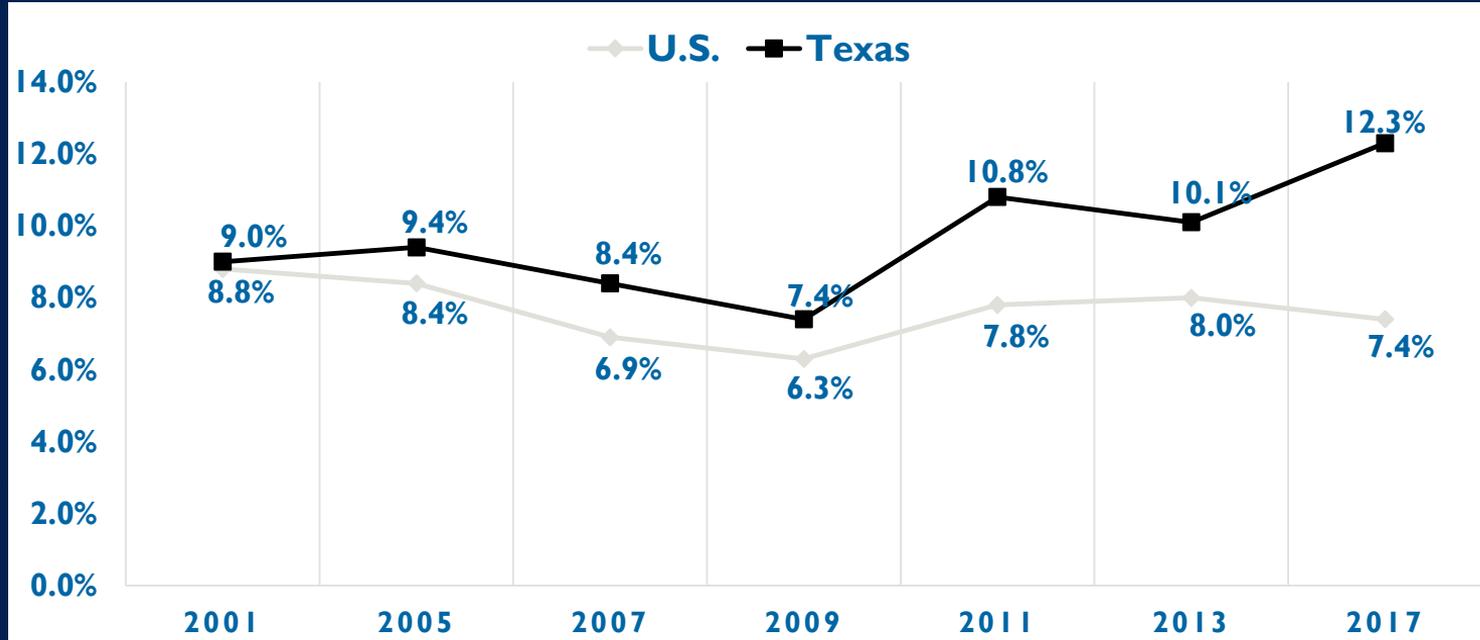
cause of death for ages 65 & older

Number of Deaths by Suicide = 3,488



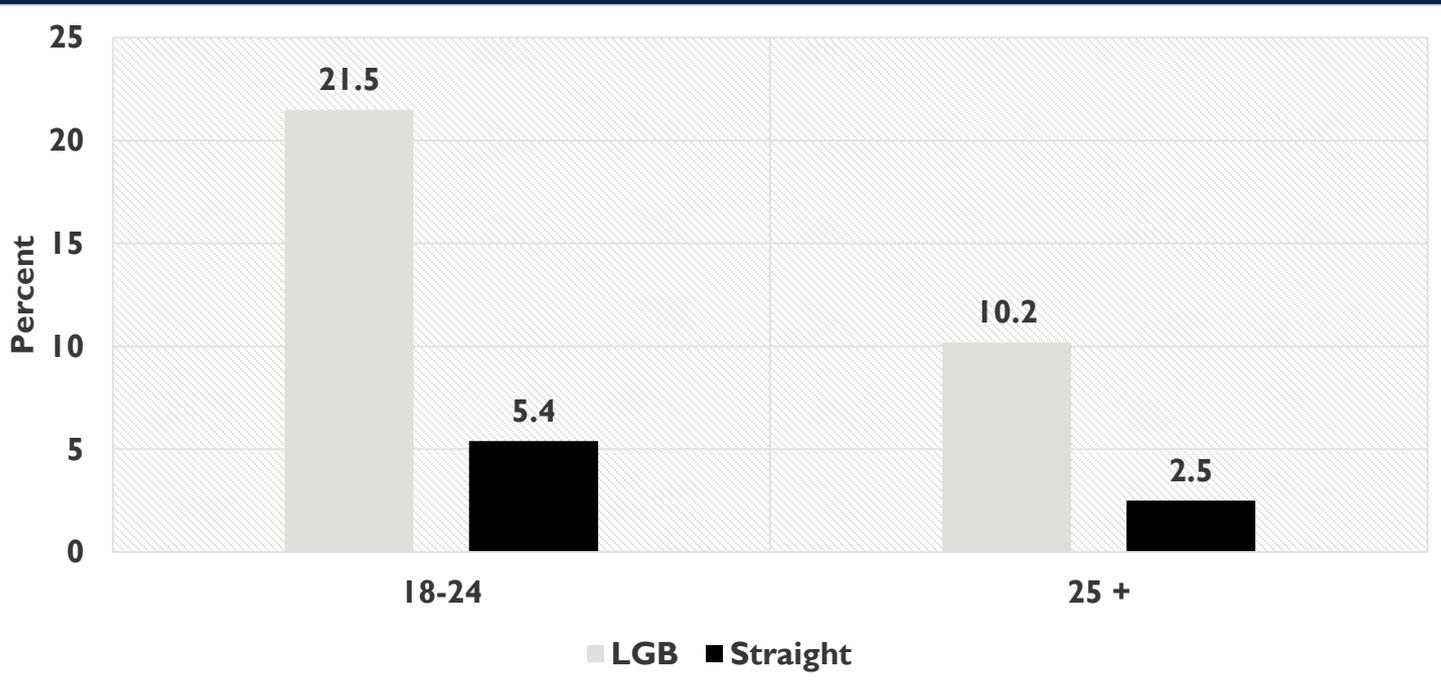
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# High School Students Who Attempted Suicide in the Past 12 Months, in Texas and the U.S.\*



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# Texas Adults Who Seriously Considered Suicide in the Past 12 Months by Age Group and Sexual Orientation\*

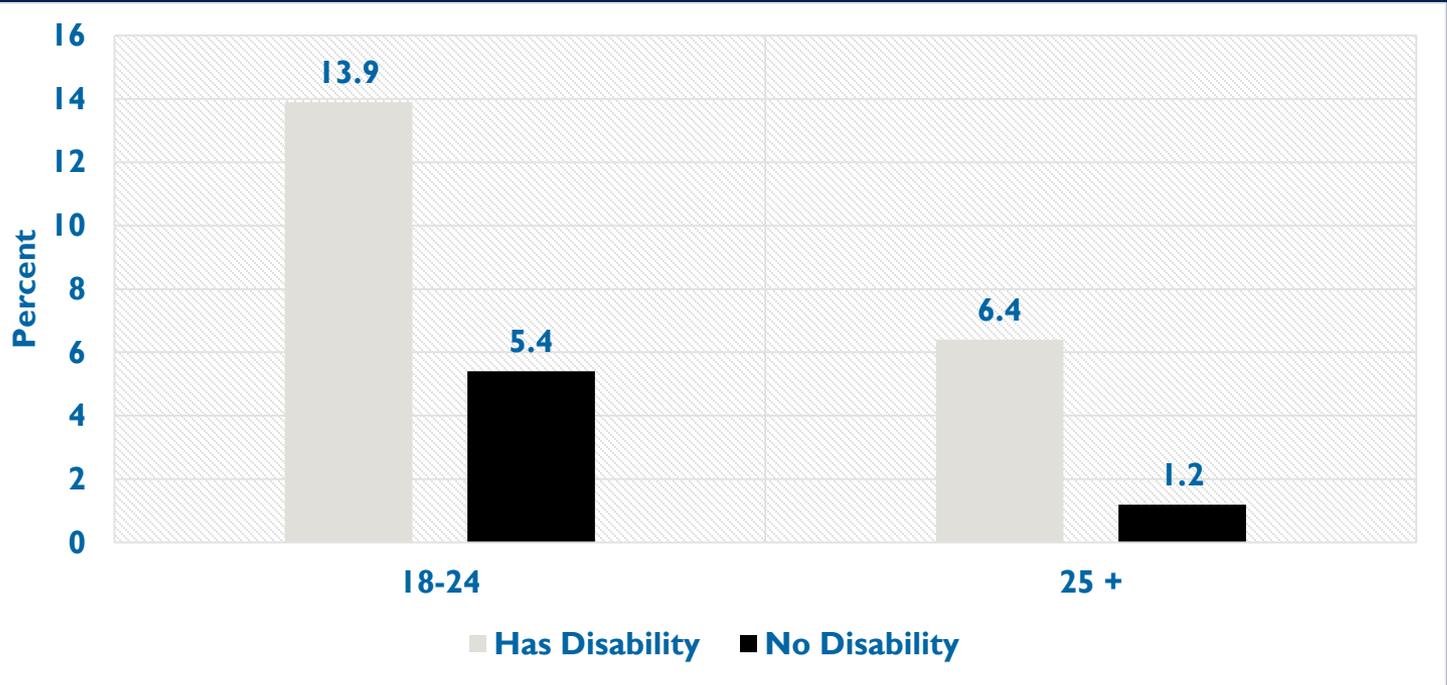


\*Three-Year Combined Prevalence, 2016-2018 Texas Behavior Risk Factor Surveillance System (BRFSS)



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# Texas Adults Who Seriously Considered Suicide in the Past 12 Months by Age and Disability Status\*

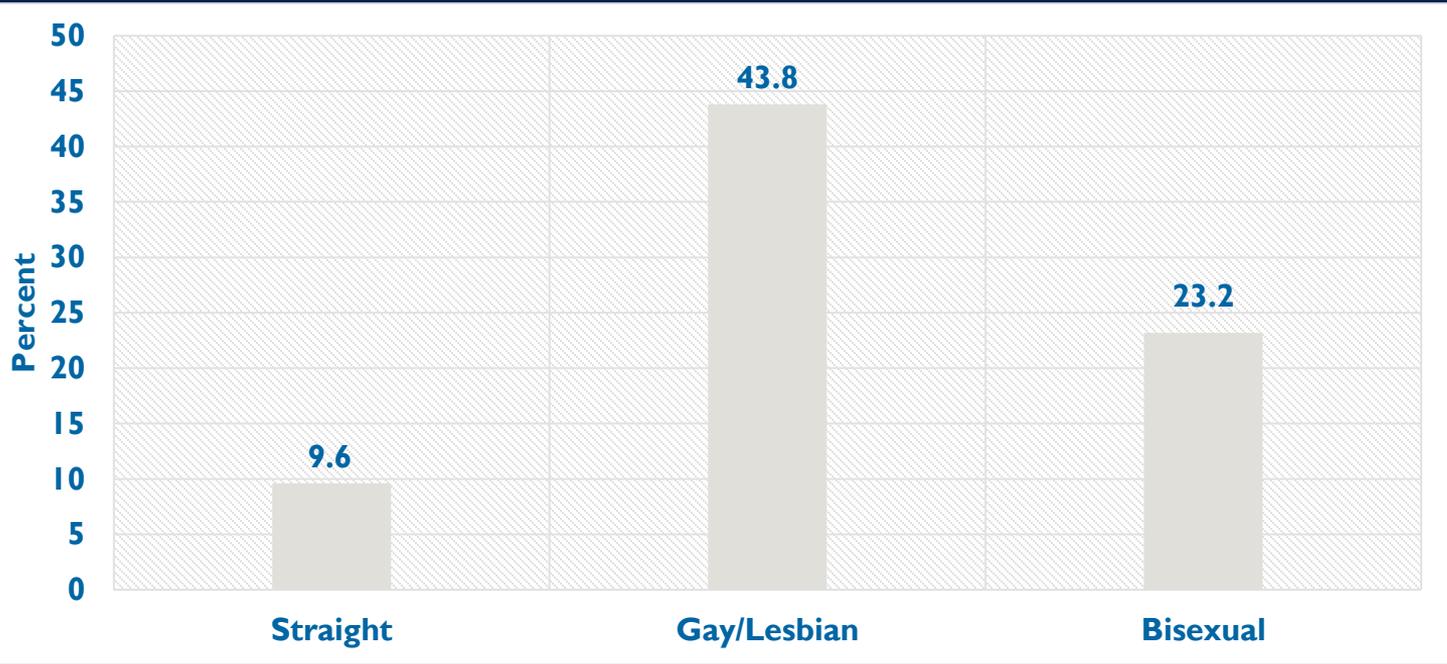


\*Three-Year Combined Prevalence, 2016-2018 Texas Behavior Risk Factor Surveillance System (BRFSS)



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# Texas High School Students Who Attempted Suicide in the Past 12 Months by Self-Identified Sexual Orientation\*



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# 10 Leading Causes of Death by Age Group, United States - 2017

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 4,580	Unintentional Injury 1,267	Unintentional Injury 718	Unintentional Injury 860	Unintentional Injury 13,441	Unintentional Injury 25,669	Unintentional Injury 22,828	Malignant Neoplasms 39,266	Malignant Neoplasms 114,810	Heart Disease 519,052	Heart Disease 647,457
2	Short Gestation 3,749	Congenital Anomalies 424	Malignant Neoplasms 418	Suicide 517	Suicide 6,252	Suicide 7,948	Malignant Neoplasms 10,900	Heart Disease 32,658	Heart Disease 80,102	Malignant Neoplasms 427,896	Malignant Neoplasms 599,108
3	Maternal Pregnancy Comp. 1,432	Malignant Neoplasms 325	Congenital Anomalies 188	Malignant Neoplasms 437	Homicide 4,905	Homicide 5,488	Heart Disease 10,401	Unintentional Injury 24,461	Unintentional Injury 23,408	Chronic Low. Respiratory Disease 136,139	Unintentional Injury 169,936
4	SIDS 1,363	Homicide 303	Homicide 154	Congenital Anomalies 191	Malignant Neoplasms 1,374	Heart Disease 3,681	Suicide 7,335	Suicide 8,561	Chronic Low. Respiratory Disease 18,667	Cerebro-vascular 125,653	Chronic Low. Respiratory Disease 160,201
5	Unintentional Injury 1,317	Heart Disease 127	Heart Disease 75	Homicide 178	Heart Disease 913	Malignant Neoplasms 3,616	Homicide 3,351	Liver Disease 8,312	Diabetes Mellitus 14,904	Alzheimer's Disease 120,107	Cerebro-vascular 146,383
6	Placenta Cord. Membranes 843	Influenza & Pneumonia 104	Influenza & Pneumonia 62	Heart Disease 104	Congenital Anomalies 355	Liver Disease 918	Liver Disease 3,000	Diabetes Mellitus 6,409	Liver Disease 13,737	Diabetes Mellitus 59,020	Alzheimer's Disease 121,404
7	Bacterial Sepsis 592	Cerebro-vascular 66	Chronic Low. Respiratory Disease 59	Chronic Low Respiratory Disease 75	Diabetes Mellitus 248	Diabetes Mellitus 823	Diabetes Mellitus 2,118	Cerebro-vascular 5,198	Cerebro-vascular 12,708	Unintentional Injury 55,951	Diabetes Mellitus 83,564
8	Circulatory System Disease 449	Septicemia 48	Cerebro-vascular 41	Cerebro-vascular 56	Influenza & Pneumonia 190	Cerebro-vascular 593	Cerebro-vascular 1,811	Chronic Low. Respiratory Disease 3,975	Suicide 7,982	Influenza & Pneumonia 46,862	Influenza & Pneumonia 55,672

# Suicide Prevention Data for Each LMHA

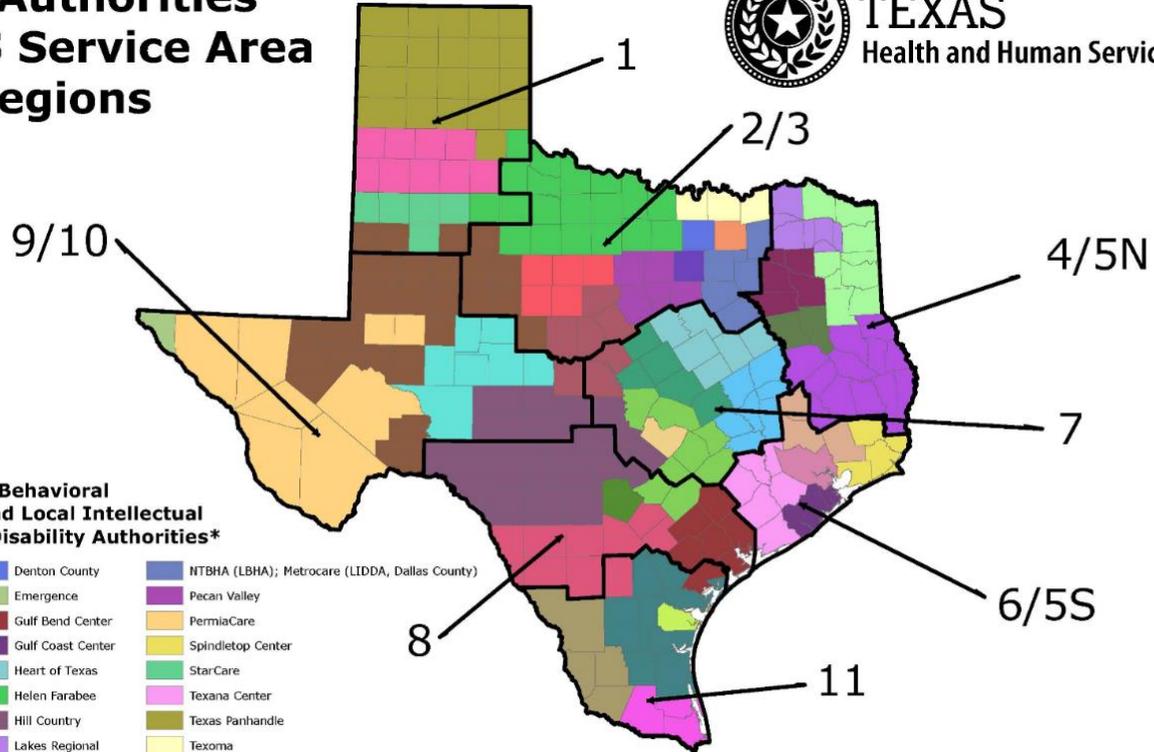


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## Local Authorities and HHS Service Area Regions



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### Local Mental Health/Behavioral Health Authorities and Local Intellectual and Developmental Disability Authorities\*

Health Service Region	Denton County	NTBHA (LBHA); Metrocare (LIDDA, Dallas County)
ACCESS	Emergence	Pecan Valley
Andrews Center	Gulf Bend Center	PermianCare
Integral Care	Gulf Coast Center	Spindletop Center
Betty Hardwick	Heart of Texas	StarCare
Bluebonnet Trails	Helen Farabee	Texana Center
Border Region	Hill Country	Texas Panhandle
Burke Center	Lakes Regional	Texoma
Camino Real	LifePath Systems	Center for Health Care Services (LMHA); Alamo Area Council of Governments (LIDDA)
Center for Life Resources	MHMR Brazos Valley	Tri-County Services
Central Counties	MHMR Concho Valley	Tropical Texas
Central Plains	MHMR Harris County	West Texas Centers
Coastal Plains	MHMR Nueces County	
Community Healthcare	MHMR Tarrant County	

(\*authorities serve as both LMHA/LBHA and LIDDA except as indicated)

Source: Health and Human Services Commission, Behavioral Health Services

January 2020

# Suicide Care Initiative Project #1

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- **Regional Suicide Care Support Centers (RSCSCs)** to serve as regional suicide care workforce development and technical assistance (TA) centers for their regions.
- Will provide evidence-based/best practice-based suicide-specific instructor trainings, as well as TA via webinars and learning collaborative conference calls, to support implementation of the **Zero Suicide** initiative throughout the LMHAs within their identified region.



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# Youth Suicide Prevention Grant

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Short Title: **RYSE GRANT**

- Resilient Youth Safer Environments (RYSE)
- Five-Year Youth Suicide Prevention Grant 2019-2023
- Annual award of \$736,000 to HHSC from Substance Abuse and Mental Health Services Administration



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# RYSE Strategies and Partnerships

Strategies	Partnerships
Evidence-based training	Santa Fe Independent School District
Hire local/regional suicide prevention teams	City of Santa Fe
Parent and peer groups	Gulf Coast LMHA
Establish local suicide prevention coalition	Education Service Center Region 4
Coordinate transitions in clinical care with policy and staff	University of Texas at Austin, Texas Institute for Excellence in Mental Health
Specialized youth mobile crisis workers	Texas Suicide Prevention Council
Use Zero Suicide model in emergency rooms, LMHAs, hospitals	Resiliency Center
Suicide Safer Schools model	Texas Children's Hospital
Early intervention and prevention framework for other youth serving agencies	Texas Education Agency
	Hope Squads
	Zero Suicide Institute
	LOSS Team
	Texas School Safety Center



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# New Resources / Developments

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- Suicide Prevention Wallet Card – English & Spanish
- Youth Suicide Data Dashboard – in process
- CDC – State of the States Report / web redesign
- Presentations, technical assistance and webinars related to data based decisions making
- Texas Health Steps Suicide & Youth Modules
- Suicide Prevention Resource Center Microsite/Toolkit State Suicide Prevention Infrastructure (SPRC Website)
- BRFSS proposal – just approved for 2020
- NVDRS Grant from CDC began 2019
- Short Term Action Plan for Veteran Suicide Prevention (Senate Bill 578, 85th Session)



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# Thank You!

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Jenna Heise

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# Questions/Comments

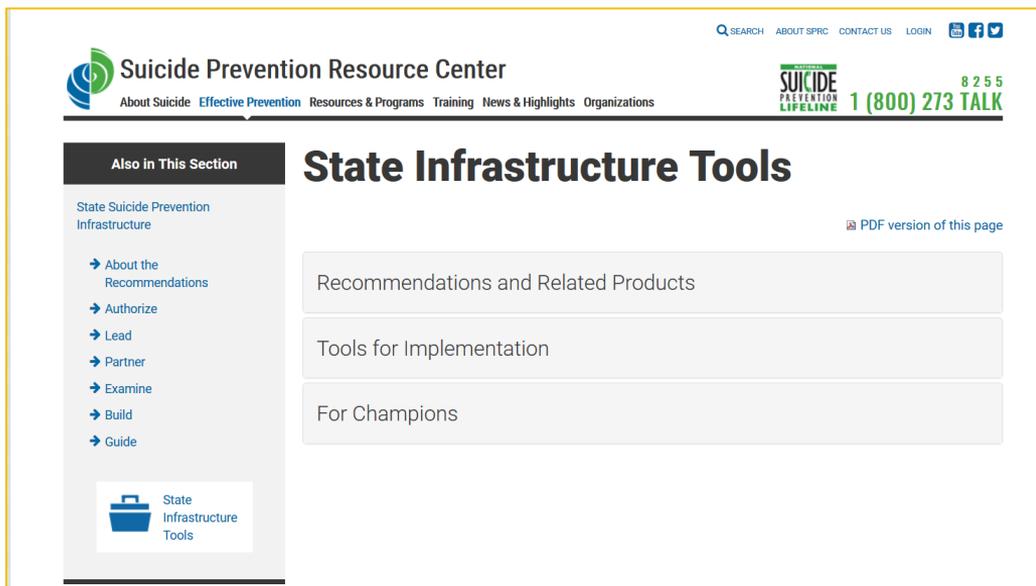
**How might you use the information just presented? (check all that apply)**

- To build leadership buy-in for suicide prevention data infrastructure.
- To establish a new partnership to support data infrastructure.
- To establish a system for identifying new data sources.
- To make recommendations on new types of analyses
- To generate new ways to disseminate data.
- Something else?

# To access State Infrastructure Recommendations & Tools:

<http://www.sprc.org/stateInfrastructure/tools>

The screenshot shows the website header with the SPRC logo and navigation links: About Suicide, Effective Prevention, Resources & Programs, Training, News & Highlights, and Organizations. On the right, there is a search icon, 'ABOUT SPRC', 'CONTACT US', 'LOGI', and the National Suicide Prevention Lifeline logo with the number 1 (800). The main navigation menu is open, showing four categories: Comprehensive Approach, Strategic Planning, Keys To Success, and State Infrastructure. The 'State Infrastructure' category is expanded, listing: About the Recommendations, Authorize, Lead, Partner, Examine, Build, Guide, and State Infrastructure Tools. The 'State Infrastructure Tools' link is circled in yellow. A yellow arrow points to the 'State Infrastructure' category header.



The screenshot shows the website header with the SPRC logo and navigation links. The main content area is titled 'State Infrastructure Tools' and includes a sidebar with a 'State Suicide Prevention Infrastructure' menu. The main content area lists three categories: 'Recommendations and Related Products', 'Tools for Implementation', and 'For Champions'. A 'PDF version of this page' link is also visible.

## What's new in the tools section?

- Data Infrastructure Recommendations
- More State Infrastructure Success Stories
- Getting Started Guide
- Essential Elements Assessment Tool
- Timeline Development Worksheet
- And more!

<http://www.sprc.org/stateInfrastructure/tools>

# Thank you!

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