Wisconsin's Suicide Prevention Plan

Strategies for Action & Hope

WISCONSIN DATA AND THE PREVENTION PLAN 2025

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PARTNERS SAVING LIVES IN OUR STATE

If you or someone you know needs support, help is available:

988 | SUICIDE & CRISIS LIFELINE

24/7 CALL, TEXT, CHAT

The 988 Suicide & Crisis Lifeline can be reached by calling or texting 988, or live chat at 988Lifeline.org.

CRISIS TEXT LINE | Text HOPELINE to 741741

TRANS LIFELINE

Peer support by and for trans people:
Call 877-565-8860

THE TREVOR PROJECT

Crisis intervention and suicide prevention service for LGBTQ+ young people:

- Call 1-866-488-7386
- Text START to 678678
- Chat at TheTrevorProject.org

MHA Mental Health America of Wisconsin

In-person and Online Wisconsin-based Directories:

- Alternatives to Suicide Support Groups
  https://www.mhawisconsin.org/alt2su
- Support Groups for Suicide Loss
  https://www.preventsuicidewi.org/suicide-loss-support-groups-statewide-directory

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Wisconsin's Suicide Prevention Plan: Strategies for Action and Hope

WISCONSIN DATA AND THE PREVENTION PLAN 2025

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Thank you to all our collaborators!
For a full list of all contributors to the plan, see Appendix 2.

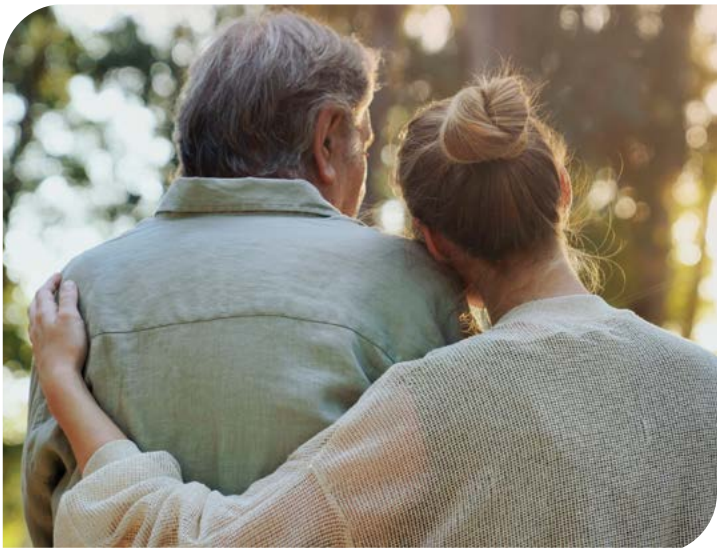
Contents

Introduction

Suicide remains a significant public health concern in Wisconsin. From 2014-2023, suicide rates in Wisconsin increased by about 15%. Behind every statistic on suicide death is a tremendous loss, with profound impact on individuals, families, and communities that cannot be adequately quantified or described in words. The work of Prevent Suicide Wisconsin and our many partners throughout the years is fueled by our love for those we have lost, and our commitment to generating hope through action. Wisconsin's Suicide Prevention Plan is designed to increase the effectiveness of suicide prevention efforts by providing statewide data along with best practices, resources, and recommended action steps for those who share this same commitment.

Suicide is a complex issue that requires a multi-faceted, holistic approach. While there has been great progress in destigmatizing suicide and mental health struggles more generally, the issue of suicide cannot be left solely to mental health professionals. For many people who die by suicide, mental health issues are not a main contributing factor in their death. Many other factors may contribute to suicide, including poverty, violence, historical and childhood trauma, environmental hazards, and natural disasters. We need strong communities to help one another survive and thrive during hard times and ultimately build a world where everyone has what they need to get by.

Everyone can play a role in reducing suicide, and our prevention efforts are stronger when we collaborate across sectors and communities, working together towards shared goals. This plan was created to be both practical and aspirational, and written to include something for anybody who picks it up. This is not meant to be a complete, comprehensive list of all the possible activities that could help people build a life they see as worth living. We invite our readers to apply these guidelines in the places they work and live, and to build on the ideas put forth here.

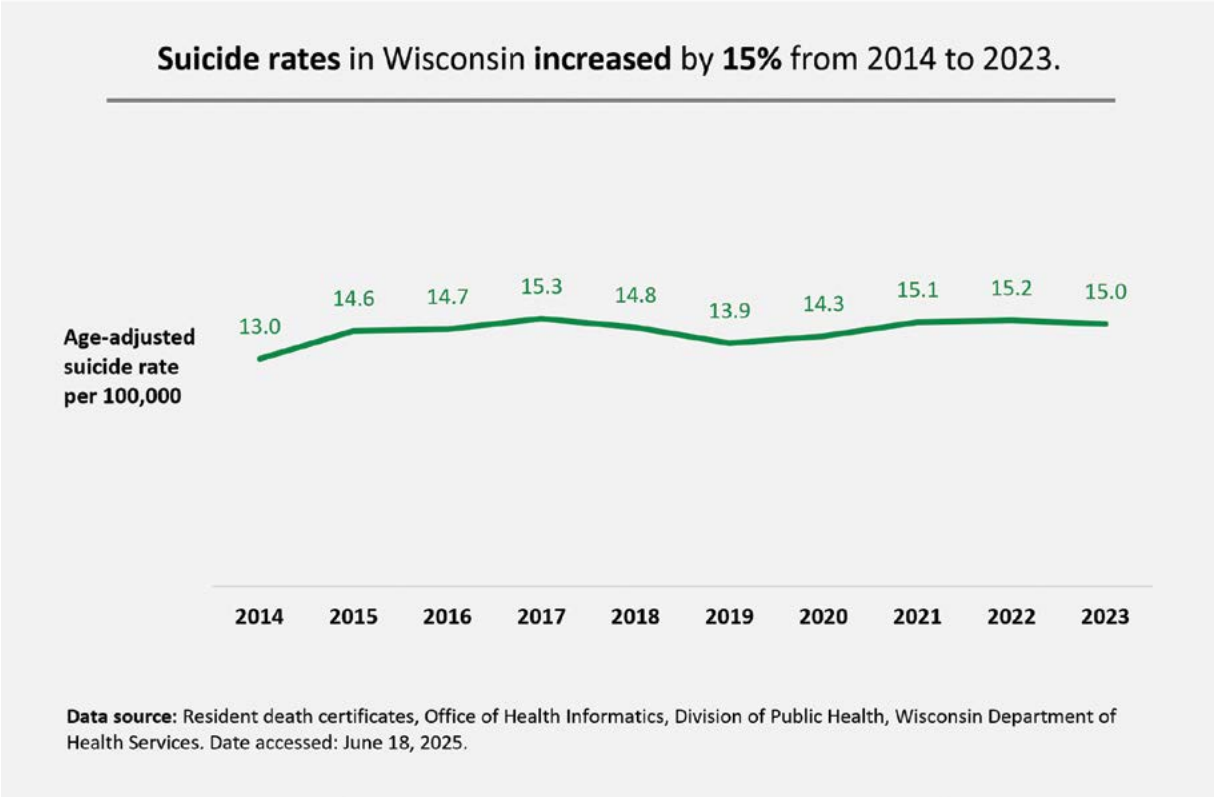


The strategies for prevention put forth by the plan are organized into three tiers:

- **Tier 1: Community-Based Prevention** Promoting mental health, suicide prevention and postvention in the places where we live, work, study, worship, and age, outside of formal care services.
- **Tier 2: Prevention and Intervention Across the Continuum of Care** Improve suicide care and support throughout the range of services in health and behavioral health systems.
- **Tier 3: Data Collection and Program Evaluation** Build capacity in local and state partners to improve data on suicide in our state. Promote program evaluation to build collective understanding of the most impactful interventions to increase protective factors, reduce risk factors, and prevent suicide.

Prevent Suicide Wisconsin is deeply grateful to our partners and the collective experience of coalition-building over the last 15 years. There are many partners in Wisconsin leading the way towards hope, and we see this plan as another step in that direction.

Part 1
Data Overview

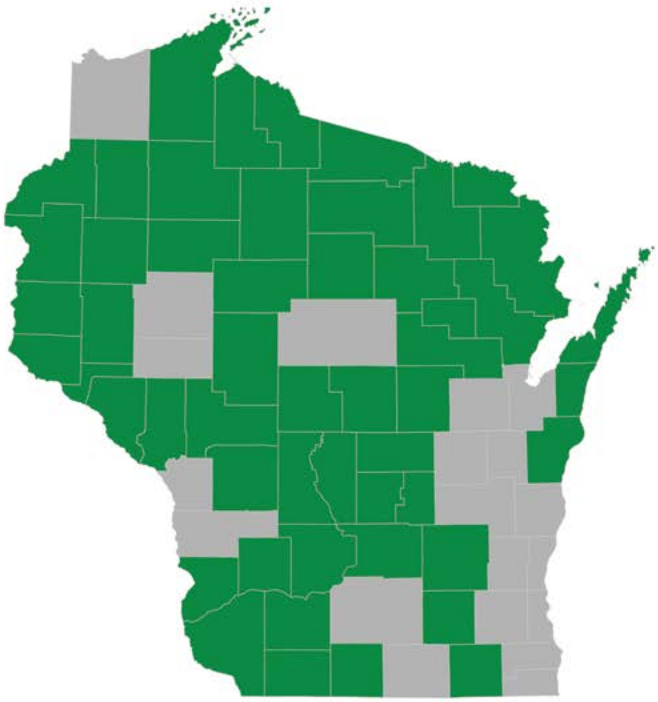


The age-adjusted suicide rate in Wisconsin increased by 15% from 2014 to 2023.

In 2022 the national age-adjusted suicide rate was 14.2 per 100,000 while Wisconsin's age-adjusted rate was higher at 15.2 per 100,000 (Source: CDC Suicide Data and Statistics[1], accessed 6/18/2025).

In 2023, suicide was the 8th leading cause of death for all Wisconsin residents and the 2nd leading cause of death for youth 5-25 years old (Data Source: DHS Leading Causes of Death[2] Dashboard, accessed 6/18/2025).

Rural county residents had a **higher rate of suicide** compared to **urban** county residents, 2023.



Age-adjusted rate per 100,000

Rural Counties: 17.0/100,000

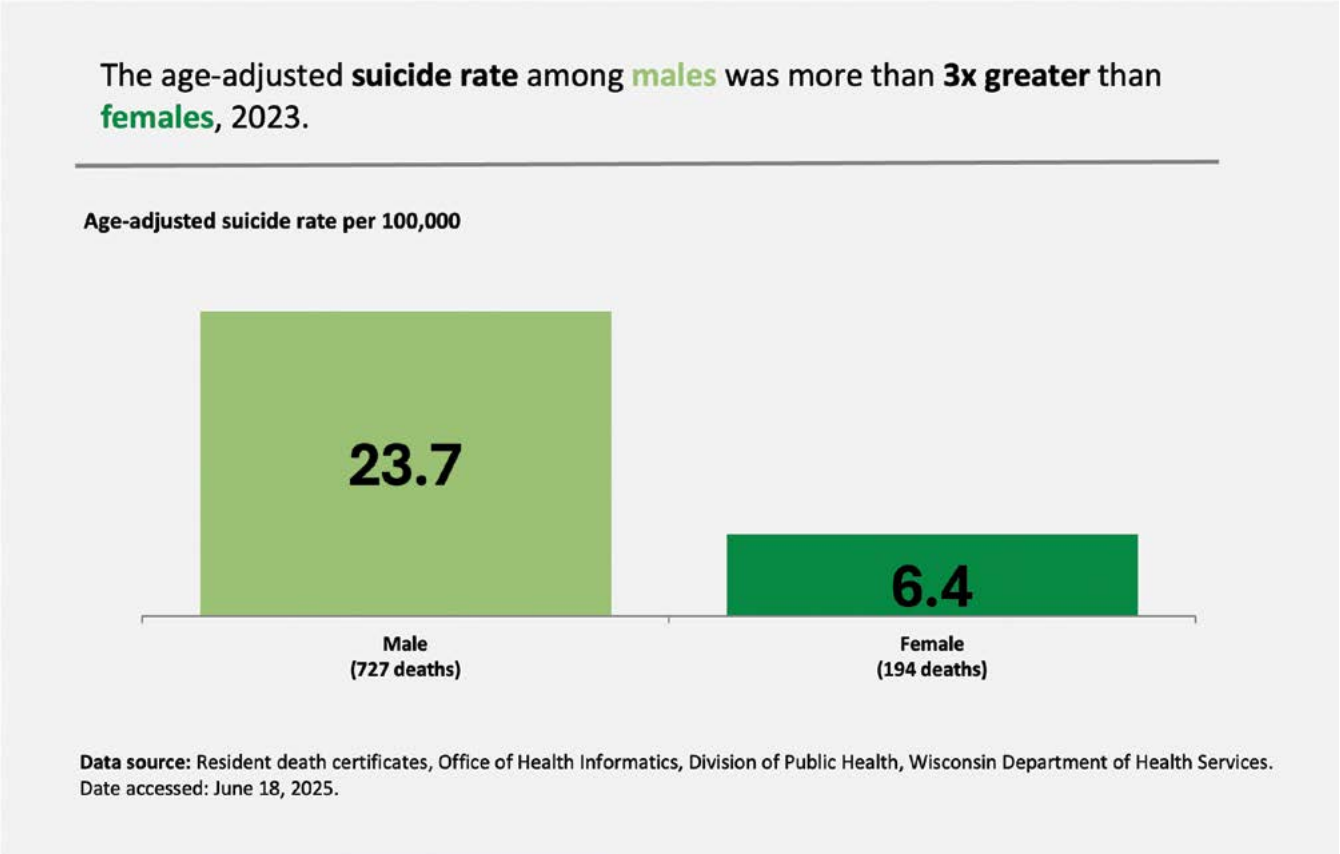
Urban Counties: 14.2/100,000

Data Source: Resident death certificates, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services. Date accessed: 6/27/2025. Categorization of counties is based on the Federal Office of Rural Health Policy determination. See https://www.hrsa.gov/rural-health/about-us/what-is-rural for details.

Suicide rates vary across the state by **geographic location**. In 2023, suicide rates were significantly higher for residents living in rural counties, 17.0 per 100,000, compared to Wisconsin residents living in urban counties, 14.2 per 100,000. Urban counties include Brown, Calumet, Chippewa, Dane, Douglas, Eau Claire, Fond du Lac, Kenosha, La Crosse, Marathon, Milwaukee, Outagamie, Ozaukee, Racine, Rock, Sheboygan, Vernon, Washington, Waukesha, and Winnebago. All other counties are rural.

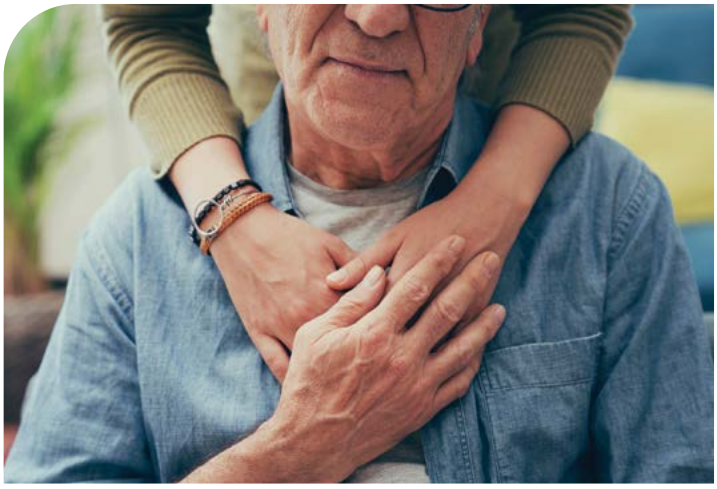
Social determinants of health like access to services, built environment, and cultural attitudes around mental health and help-seeking can vary from place to place. These conditions can promote protective factors or produce risk factors for suicide. In rural areas, residents may be more likely to face stressors like social isolation, economic hardship, stigma, and barriers to care, including lack of broadband internet which makes it harder to access telehealth services (Rural Health Information Hub[1]).

In Wisconsin, sex data related to suicide is limited to the categories of male and female. Sex refers to biological and physical characteristics of the reproductive system, while gender refers to one's identity as it relates to socially constructed roles. The data available provide an incomplete picture of the gender spectrum and do not fully reflect identities held by those who died by suicide. Advocacy and training are needed to improve the accuracy of data collected on suicide among gender non-conforming populations.

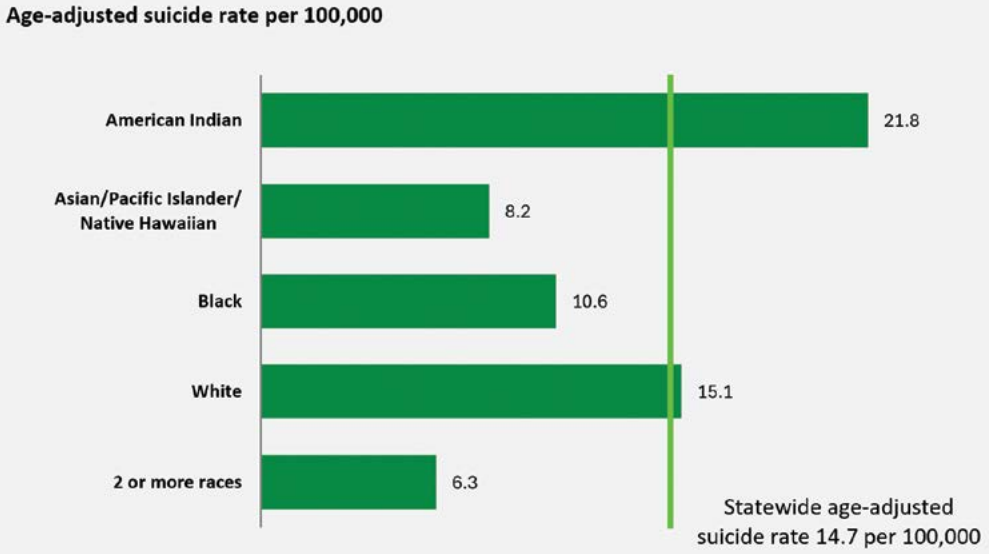


In 2023, Wisconsin **males** died by suicide at a disproportionately higher rate, 23.7 per 100,000, compared to females at 6.4 per 100,000. **Males account for almost 80% of all Wisconsin suicides**. Of those who died by suicide, men were approximately **twice as likely as women to use firearms**. In addition to increased access to lethal means, stigma around asking for help, and insufficient social support may impact male suicide rates.

In addition to suicide disparities by sex there are also disparities by race. When an individual dies by suicide, race and ethnicity data are collected and reported on death records. This information is recorded by a funeral director or person serving in that role. Wisconsin law requires this information be obtained from next of kin or best qualified person or source available (Suicide in Wisconsin Dashboard[1]).



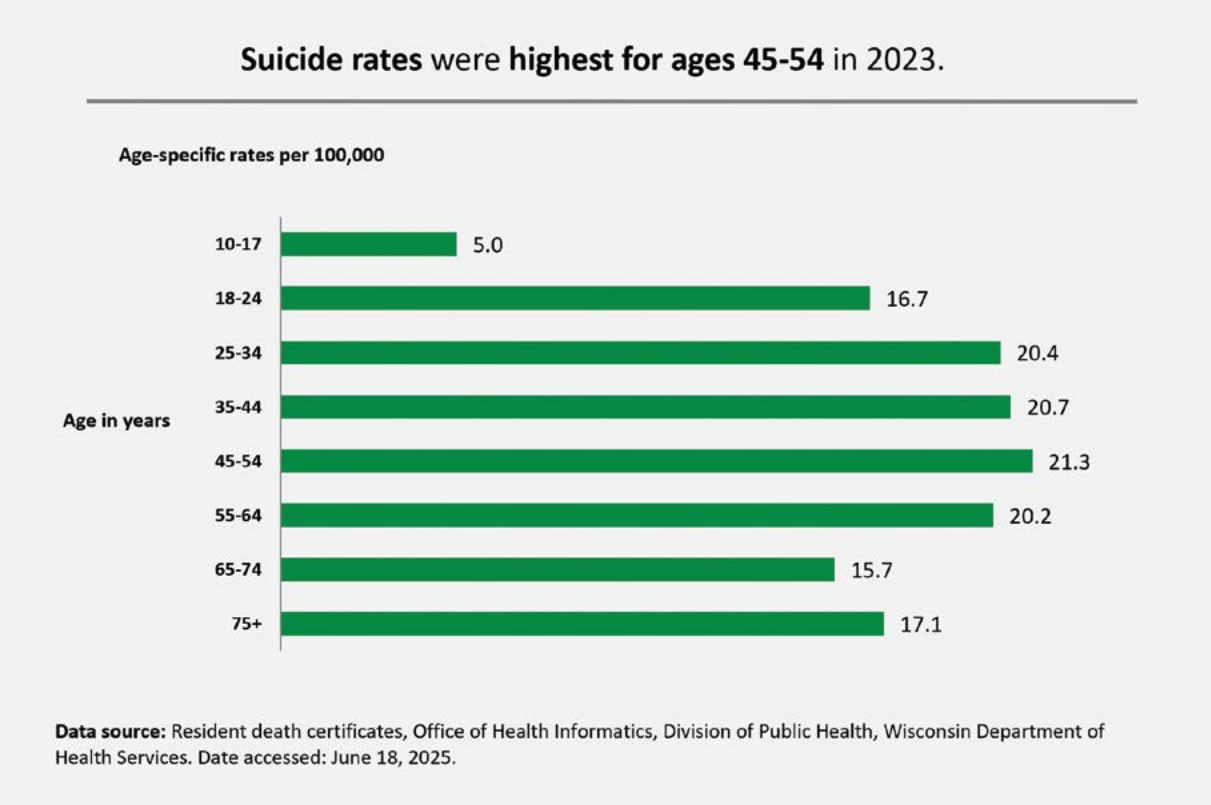
The **suicide rate** for years 2019 through 2023 combined was **highest** among **American Indian** residents. This was **significantly higher** than all other racial catergories and the **overall state rate** (14.7 per 100,000) for this time period.



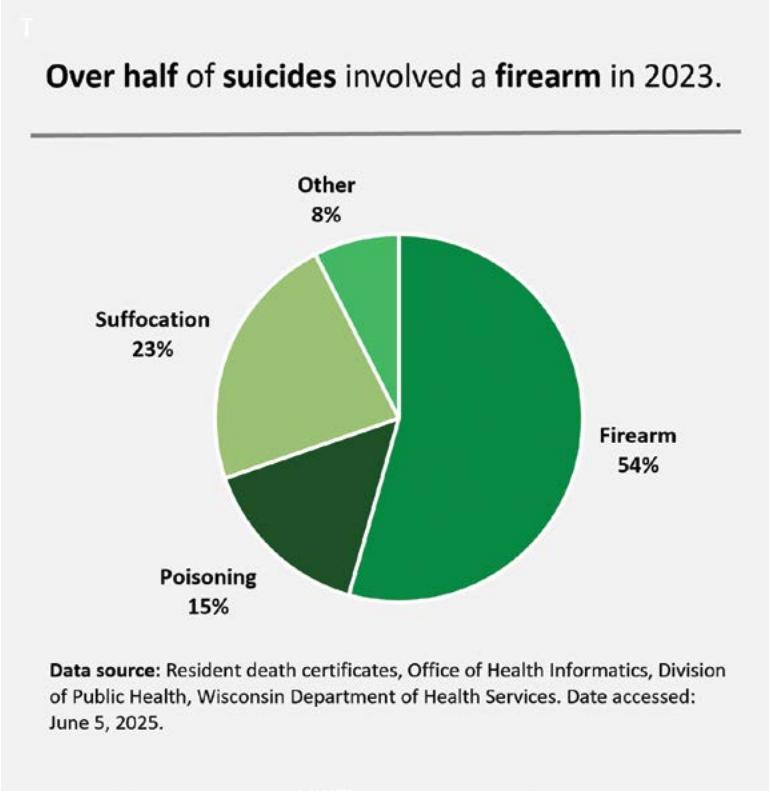
Data source: Resident death certificates, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services. Date accessed: February 4, 2025.

American Indian residents had the highest suicide rate at 21.8 per 100,000 for the combined years 2019-2023. This was significantly higher than all other racial categories and the overall statewide age-adjusted rate (14.7 per 100,000) for the same time period.

White residents had the second highest rate at 15.1 per 100,000.



Suicide impacts people across the lifespan. In 2023, suicide rates were highest among those **45-54-years-old**.



Over half of all suicide deaths in 2023 were by firearm (54%) with suffocation as the next most common method used (23%). Poisoning (which includes medications, drugs, biological and other substances such as cleaning fluids) accounted for 15%. A description of other means, which accounted for 8%, can be found on the Suicide in Wisconsin Dashboard. Firearms are the most lethal method of suicide, and attempts are almost always fatal. Suffocation, poisoning, and other methods listed above may be less immediately fatal and allow valuable time for life saving intervention to occur.

Suicide Among Veterans

In 2023, the suicide rate among veterans was 54.9 compared to 17.7 per 100,000 among non-veteran adults. 70.9% of veteran suicides used a firearm compared to 51.5% of non-veteran suicides. Veterans have unique risk factors for suicide, including increased access to firearms, experiences of moral injury, post-traumatic stress disorder, and other service- and non-service-related stressors. In addition, research has shown that nearly 60% of veterans who die by suicide are not enrolled in care with the U.S. Department of Veterans Affairs (VA), revealing an inability to reach veterans in need of support (U.S. Department of Veterans Affairs, 2024[1]).

Given the unique aspects of veteran lived experience, there is a need to tailor suicide prevention efforts to reach this population. For example, firearm secure storage efforts can be strengthened through partnership with veterans to design and disseminate communications in a way that better aligns with military culture. Peer support among veterans can open space to relate and share experiences navigating VA care, mental health challenges, and other aspects of the veteran experience.

Suicidal Thoughts and Actions Among Youth

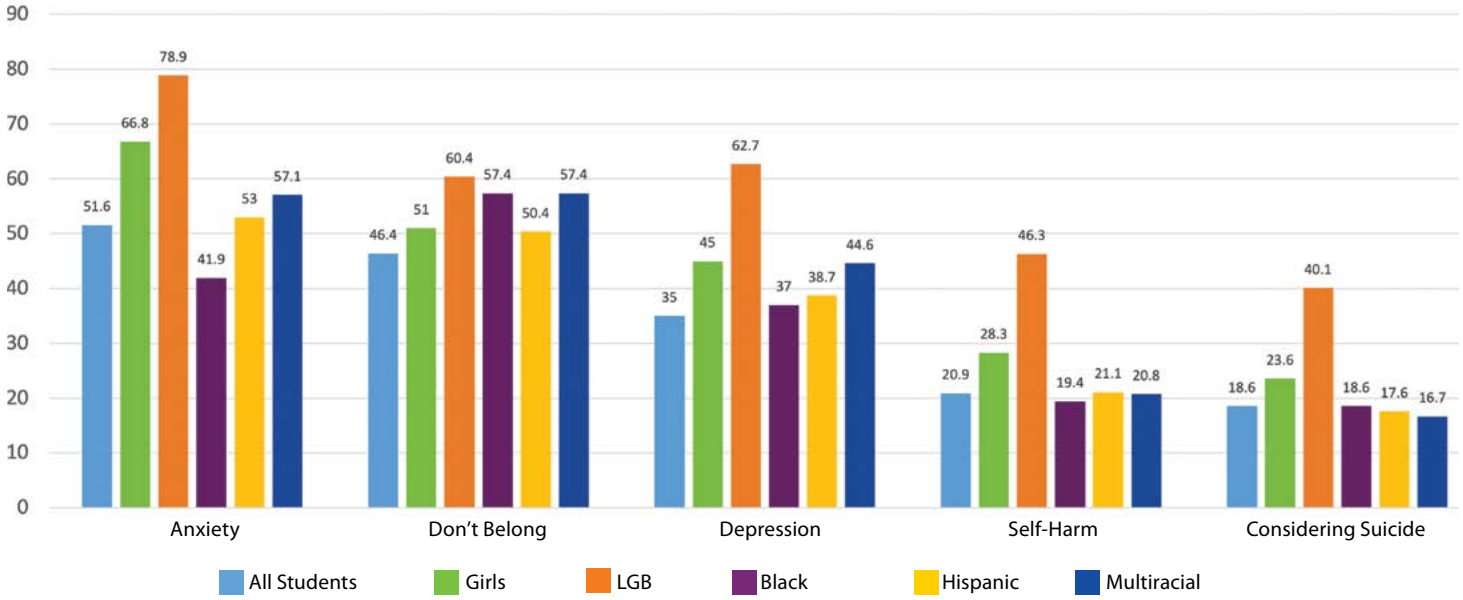
Suicide rates are lowest for Wisconsin youth ages 10-19 years, but **as the second leading cause of death for this age group**, it is still a significant public health concern. In 2023, the suicide rate for youth ages 10-19 was 6.4 per 100,000. Youth account for the highest rates of emergency department and hospital patients with self-harm. In addition, on a national scale, the suicide rate among Black youth has been increasing faster than any other racial/ethnic group (Ring the Alarm, 2020[2]).

The percentage of students who seriously considered suicide increased by about 40% between 2013 and 2023 (from 13% to 19% of students).

Self-reported data through tools like the Youth Risk Behavior Survey (YRBS) can help uncover factors that may be related to youth suicide, self-harm, and mental health struggles. The 2023 YRBS state sample includes responses from 1,882 students in 42 public, charter, and alternative high schools in Wisconsin during the spring of 2023. (directly from Wisconsin YRBS[3]). Of those students, **19% seriously considered suicide, 15% made a plan to attempt suicide, 9% attempted suicide**, and 60% reported at least one mental health concern.

Priority Populations

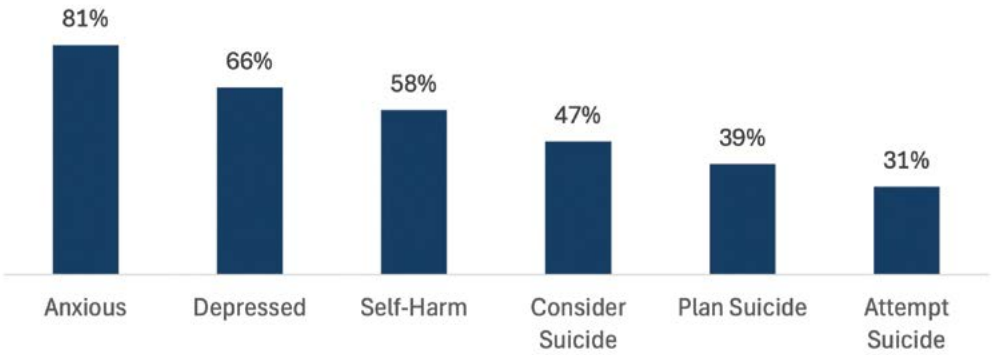
Percent of Wisconsin High School Students With Wellness Concerns



Data source: 2023 Wisconsin Youth Risk Behavior Survey, Wisconsin Department of Public Instruction.

YRBS data reflects that certain populations of students are dealing with significantly more mental health concerns. **Lesbian, gay, or bisexual (LGB), Black, Hispanic, and multiracial students** report higher rates of suicidal ideation, self-harm, depression, anxiety, and lack of belongingness compared to the average among all students. **Girls** report these concerns more than boys and more than the average. These data suggest a need to tailor mental health support according to the unique identities and experiences of these students.

Mental Health Concerns (During Past Year) Among Students Who Experienced Sexual Assault



Data source: 2023 Wisconsin Youth Risk Behavior Survey, Wisconsin Department of Public Instruction.

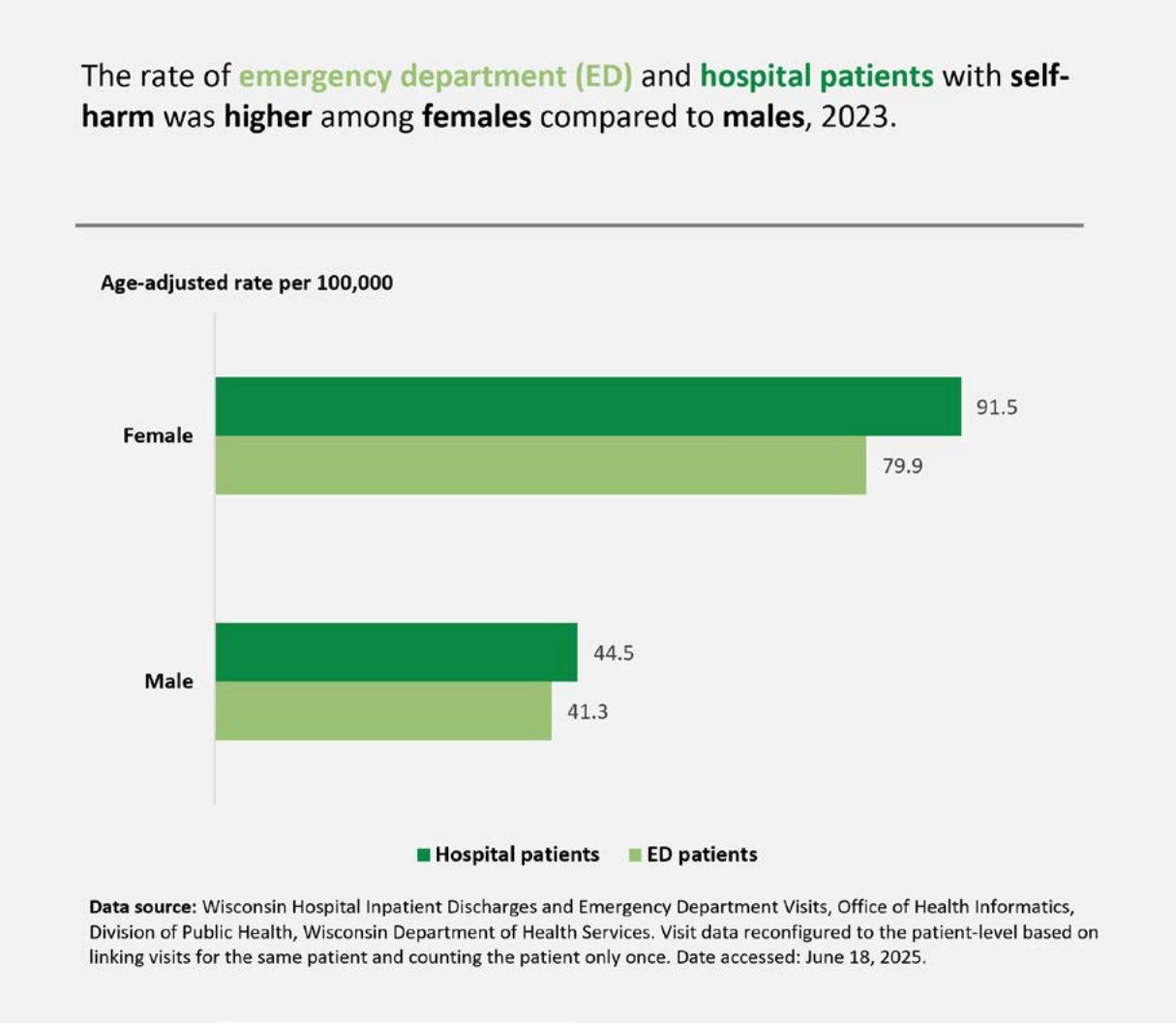
Sexual assault and coercion are also significant drivers of poor youth mental health. Of those students who experienced sexual assault or coercion, 58% self-harmed, 47% considered suicide, 39% made a plan, and 31% attempted suicide. This points to an opportunity to improve youth mental health and prevent suicide through sexual violence prevention efforts and resources to support youth survivors of sexual assault and coercion. Wisconsin YRBS[1]

Self-Harm

Self-harm refers to intentional actions taken to hurt oneself. Self-harm may be done as a coping strategy in response to stress, anxiety, or other emotional and/or mental health concerns. Someone who self-harms may or may not have the intention to die by suicide, and injuries resulting from self-harm can range from minor to severe. Additionally, self-harm may refer to current behavior that does not include an initial injury. All instances are a public health concern and may put a person at greater risk for repeated self-harm, suicide attempt, or death by suicide.

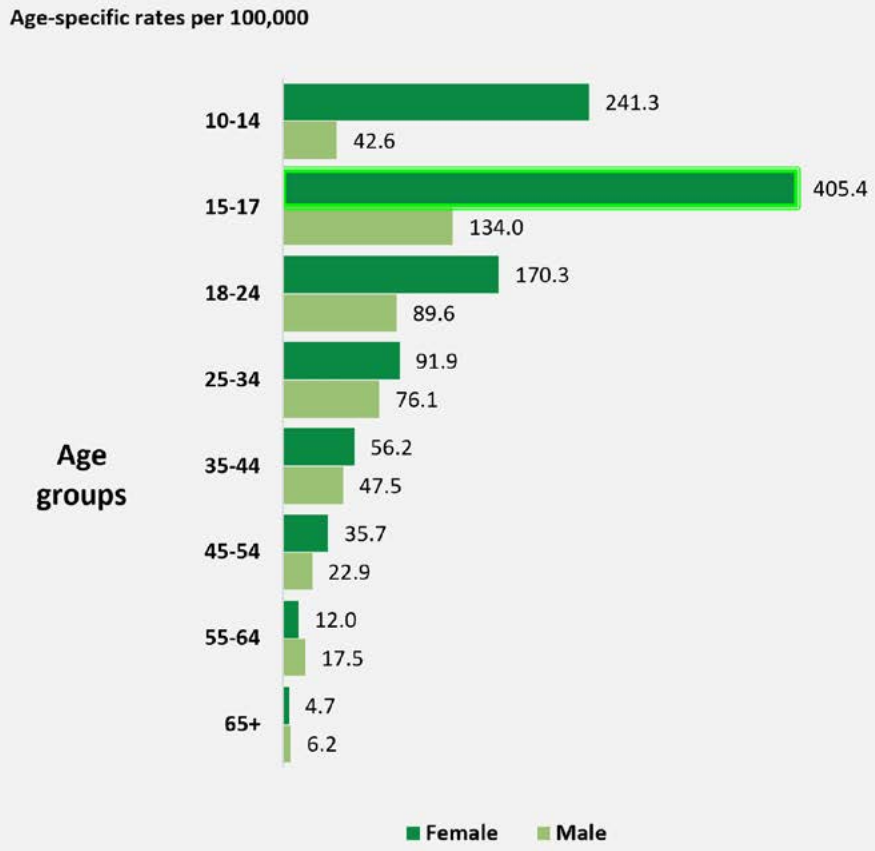
Self-harm data are presented separately for Emergency Departments (ED) and hospital patients in this report. Patient type can be used as a proxy for severity. For example, if the injury is more severe, the patient would likely be admitted as a hospital patient instead of treated and released from the ED.

In 2023, the statewide **age-adjusted rate of ED patients with self-harm was 60.1 per 100,000 and for hospital patients with self-harm it was 67.5 per 100,000.**



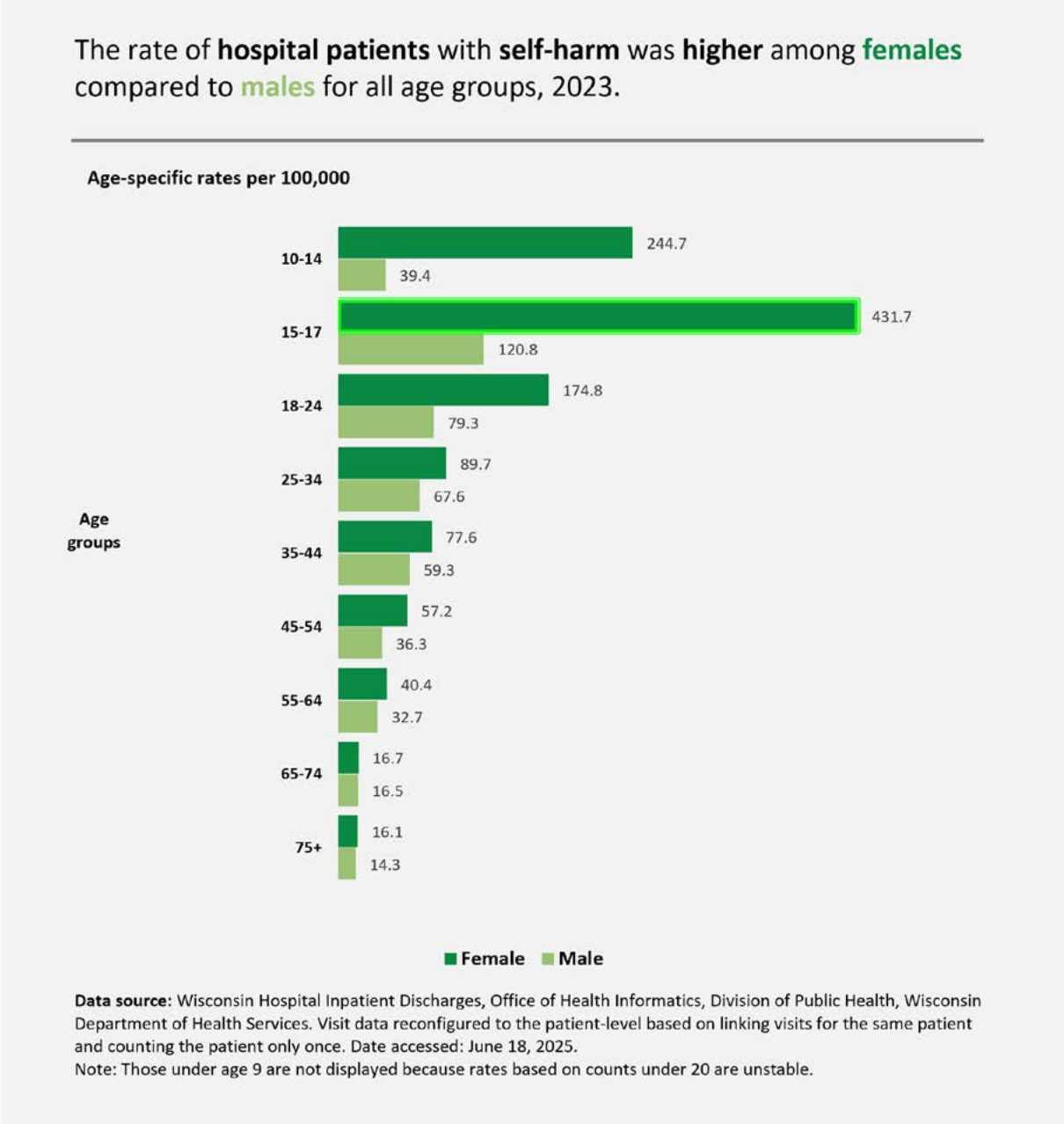
There were significant differences by sex with the rate of ED patients with self-harm among females at 79.9 compared to 41.3 per 100,000 for males. The age-adjusted rate of hospital patients with self-harm among females was even greater at 91.5 compared to males at 44.5 per 100,000.

The rate of **emergency department (ED) patients** with **self-harm** was higher among **females** compared to **males** for all but the oldest age group (65+), 2023.



Data source: Wisconsin Hospital Emergency Department Visits, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services. Visit data reconfigured to the patient-level based on linking visits for the same patient and counting the patient only once. Date accessed: June 18, 2025.
Note: Ages 65-74 and 75+ were combined due to counts under 20 for females in both age groups and males 75+. Those under age 9 are not displayed because rates based on counts under 20 are unstable.

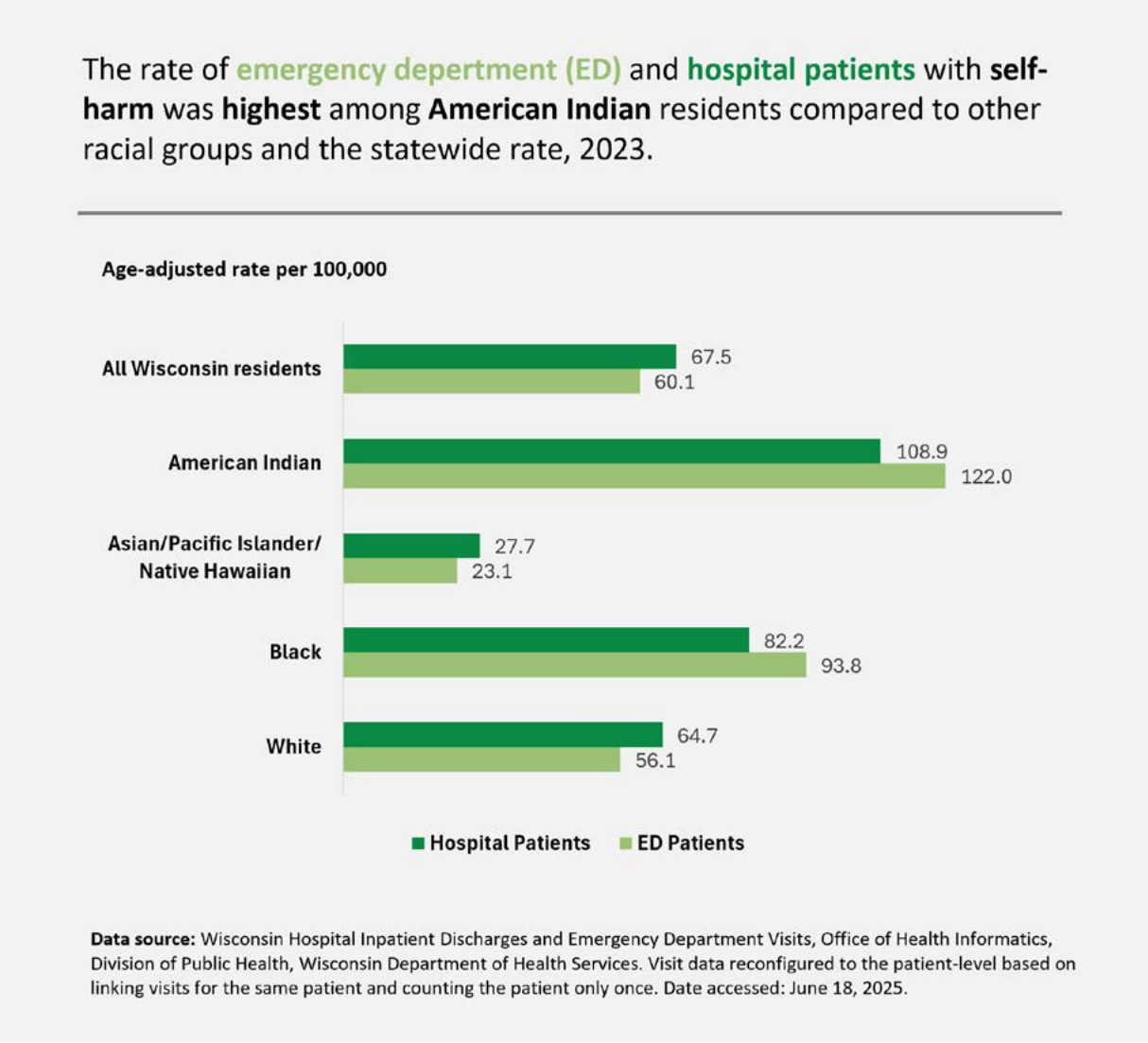
The rate of ED patients with self-harm was highest among females 15-17-years-old at 405.4 per 100,000. This was three times greater than for males of the same age. Females 10-14 years old had the second highest rate at 241.3 per 100,000, which was five times greater than males of that age.



The rate of hospital patients with self-harm was highest among females 15-17 years at 431.7 per 100,000. This was more than three times greater compared to males of the same age. Females ages 10-14 had the second highest rate at 244.7 per 100,000, which was six times greater than males of that age. For males, the 15-17-year-old age group also experienced the highest rates of hospital and ED patients with self-harm.

For additional information on:

Suicide in Wisconsin / Suicide Data Dashboard[1]
Hospital Patients and ED Patients with Self-Harm, / Self-harm Data Dashboard[2]



Age-adjusted rates for ED and hospital patients with self-harm were **highest among American Indian residents** at 122.0 and 108.9 per 100,000, respectively. The age-adjusted rates were **second highest among Black residents** at 93.8 and 82.2 per 100,000, respectively.

While the Wisconsin suicide and self-harm data shows disparities by age, sex, and race, it doesn't explain the cause of these disparities. Racism, sexism, and heterosexism (discrimination or bias based on sexual orientation) may impact populations separately or they may compound to increase stress resulting in poor health outcomes that affect some communities more than others. Economic, social, and legal conditions and issues can also drive despair and suffering; these can be intensified by racism, sexism and heterosexism and negatively influence a person's health and mental status. Stressors resulting from discriminatory systems may contribute to increased self-harming behaviors among communities harmed by these inequitable systems. Understanding the impact of these structural inequities can support the development of appropriate public health intervention strategies and ensure equitable services for all (Wisconsin Self-Harm Data Dashboard[1]).

Wisconsin's Suicide Prevention Plan is designed to increase the effectiveness of suicide prevention efforts by providing statewide data along with best practices, resources, and recommended action steps.

Approaching suicide as a public health issue means intervening on the individual, interpersonal, community, organizational, and societal levels to help all Wisconsinites live their best lives and get help when they need it. Everyone can play a role in addressing suicide, and our prevention efforts are stronger when we collaborate across sectors and communities, working together towards shared goals.

This plan was created to be both practical and aspirational, and written to include something for anybody who picks it up.

Who is Prevent Suicide Wisconsin?

Prevent Suicide Wisconsin (PSW) is a statewide public-private partnership that was formed in 2009 when shareholders identified the need to create an umbrella organization for suicide prevention efforts in Wisconsin. Mental Health America (MHA) of Wisconsin administers PSW and its public communications efforts, including a website and e-newsletter. The mission of PSW is to reduce the number of suicide attempts and deaths that take place in the state each year.

PSW supports suicide prevention in Wisconsin through:

- Support of local suicide prevention coalitions
- Organization of the annual Prevent Suicide Wisconsin educational conference
- Communication through the Prevent Suicide Wisconsin e-newsletter and website
- Training in Zero Suicide for health and behavioral health care organizations
- Technical assistance and training

The PSW Steering Committee includes state agencies, local coalition leaders, and local health departments, as well as people with lived experience of suicide. The Steering Committee meets quarterly and provides oversight of Wisconsin's suicide prevention efforts.

Development and Implementation of the Plan

Development of the Plan

Nearing the end of the five-year implementation of the *Suicide in Wisconsin: Impact and Response Report (2020)*, Mental Health America of Wisconsin staff developed a process to update the state plan. In collaboration with partners in PSW and the Wisconsin Department of Health Services (DHS), work groups were convened to bring together expert shareholders to identify goals, objectives, action steps, and key resources to be included in the plan. Work groups were organized according to the topics of Clinical Care, Data and Evaluation, Lethal Means Safety, Peer Services, Postvention, Training and Education, and Youth, and included many members of the PSW Steering Committee and local coalitions. A Lived Experience Advisory Committee was convened for people with lived experience of suicidality and/or suicide loss to give input on the development of the plan, either through active participation in work group meetings or through the editing process.

See Appendix 2 for a full list of contributors to the plan. We are deeply appreciative of our partners and their input!

Additionally, we would like to acknowledge partners in the Suicide Prevention Resource Center[1] (SPRC) and the Ohio Suicide Prevention Foundation[2], who provided consultation, advice, and resources that inspired our approach. Suicide prevention leaders near and far helped us arrive at the publication of this state plan!

Plan Implementation

Wisconsin's Suicide Prevention Plan is a guide to inform work to reduce suicide in our state. **The impact of this plan depends on how it is put into practice, and we believe everyone can play a role in preventing suicide.** Any community member, healthcare provider, educator, advocate, researcher, policymaker, business, or organization can play a vital role in the success of this plan. For example, members of faith communities can initiate outreach and opportunities for social connection with their neighbors. Coalitions can help coordinate secure storage programs in their community. Journalists and mass media workers can use best practices to reduce stigma when reporting suicide. Healthcare systems can establish care pathways for those at risk of suicide. Advocates can take inspiration and recommendations from this plan to work towards policy change at the organizational, local, state, and federal levels.

This plan is a call to action based upon the best available evidence and the perspectives of expert shareholders in our state, many of whom have built up significant momentum towards the goals in the 2020 state plan. Some goals are drawn from the recently released National Strategy for Suicide Prevention[3] (2024), aligning with the work of national leaders. We also acknowledge that the field of suicide prevention is constantly evolving, and the coming years will surely see the emergence of new data and best practices. We must be flexible, dynamic, and open to new ideas. **The creation of additional resources will be necessary to supplement the state plan, such as evaluation plans, or action plans specific to certain communities (i.e. rural populations; Native Americans; LGBTQ+ youth, etc.)**.

We look forward to seeing how Wisconsin communities and leaders put the plan into motion!

Best Practice Language for Suicide Prevention

Intentional shifts in the words we use can de-stigmatize suicide and improve collective understanding. By reducing the stigma around thoughts of wanting to die or wishes of non-existence, which can be part of the human experience, we make it easier for people to reach out for help when they need it. There are many opportunities to shift our language in conversations with friends and family, in writing, and in professional settings. The following table offers alternatives to stigmatizing language, based on recommendations from Now Matters Now[1].

Best Practice Language	Language to Avoid
Died by suicide Took his/her/their own life Killed him/her/them self Suicide death	Committed suicide (Implies a crime or wrongdoing) Chose to kill him/her/them self (Implies a rational choice when it might have been crisis-driven) Successful or completed suicide (Implies the death was a positive outcome or an achievement) Suicided (Sounds dehumanizing, implies judgment)
Suicide attempt	Failed or unsuccessful suicide attempt (Implies failure or lack of success when surviving a suicide attempt)
Disclosed suicidal thoughts or intent	Threatened suicide (Implies violence rather than help-seeking)
Describe behavior in neutral terms (What does the behavior look like?)	Manipulative or attention-seeking behavior Suicidal gesture (Implies judgment about or blame for the behavior)
Lethal means safety	Lethal means restriction (disempowers people, implies coercion)
Has bipolar disorder (Or other mental health condition)	Is bipolar (Implies the person is defined by their diagnosis)
Working with or supporting a suicidal patient	Dealing with a suicidal patient (Implies the person is a burden)
Use straightforward terms to describe trends, e.g., "increasing" or "rising"	Strong terms with shock value, such as "skyrocketing" or "epidemic" (Can decrease public will to address an issue)
Limit descriptions of suicide events and provide suicide prevention resources in communications (Does not apply to official death investigations)	Quoting from a suicide note (Can contribute to contagion) Detailed descriptions of the location or method of death, memorials or funerals, or the grief of family and friends (Can contribute to contagion)

Key Terms

In addition to best practice language around suicide, there are several key terms used frequently in the state plan. The following list encompasses some prominent key terms and core concepts, and an extended glossary can be found in Appendix 3:

Community-tailored: Adapting programs, interventions, or resources to specifically meet the unique needs, cultures, values, and circumstances of a specific community.

Disproportionately impacted: Certain groups of individuals that are uniquely at risk of suicide often due to inequities in accessing care, support, and services needed to improve mental health and prevent suicide (American Foundation for Suicide Prevention[1])

Lived experience: In the field of suicide prevention, lived experience with suicide is referred to as "suicide-centered lived experience[2]." Individuals with suicide-centered lived experience include those who have had thoughts of suicide, survived a suicide attempt, lost a loved one to suicide, or provided substantial support to a person with direct experience of suicide. (Suicide Prevention Resource Center[3])

Parent: Someone who raises a child. "Parent" is used as a broad term in this plan, and includes mothers, fathers, caregivers, guardians, and other relatives responsible for bringing up children.

Postvention: Activities that reduce risk and promote healing after a death by suicide. Effective postvention response requires preparation ahead of a loss and should include input from suicide loss survivors.

Protective factor: A characteristic at the biological, psychological, family, or community (including peers and culture) level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes. (SPRC[4])

Risk factor: A characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes, like suicide. (SPRC[5])

Social determinants of health: Conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These may include economic stability, education, health care access, housing security, and relationships and interactions with people in the community (U.S. Department of Health and Human Services, 2020).

Part 2
Prevention Plan

The strategies for prevention put forth by this plan are organized into three tiers:

Tier 1: Community-Based Prevention

Promoting mental health, suicide prevention and postvention in the places where we live, work, study, worship, and age, outside of formal care services.

Tier 2: Prevention and Intervention Across the Continuum of Care

Improve suicide care and support throughout the range of services in health and behavioral health systems.

Tier 3: Data Collection and Program Evaluation

Build capacity in local and state partners to improve data on suicide in our state. Promote program evaluation to build collective understanding of the most impactful interventions to increase protective factors, reduce risk factors, and prevent suicide.

Social Connectedness

Goal: Increase social connectedness in multiple settings, including schools, workplaces, and community, faith-based, cultural, and social organizations.

Objective:

Enhance feelings of belonging and connectedness to others to protect against feelings of loneliness and isolation.

Action Steps:

1. Cultivate spaces, activities, and events for people to meet and engage in shared activities.
   - Ensure that spaces and events are accessible, culturally appropriate, and inclusive for the identified population. This can be done through food, music, entertainment, and the physical environment to create a welcoming and inviting space.
2. Promote social connectedness at the workplace by offering:
   - Community-oriented volunteer opportunities
   - Mentorship and peer support programs for connection
   - Employee wellness programs, and incentives, that promote physical and mental health
3. Provide intentional outreach to individuals experiencing or at risk of isolation, such as older adults, people living with disabilities or mental health struggles, and rural communities.
4. Encourage faith-based organizations to participate in community engagement and outreach.
5. Encourage schools to educate youth and adults on strategies to foster social connectedness.
6. Support youth to develop meaningful and respectful relationships with their peers.
7. Ensure that schools prioritize that all youth have a trusted adult, in addition to a parent, that they feel comfortable talking to.
8. Encourage schools to deepen community collaborations that provide a wide range of opportunities for ALL students to socially connect with adults and peers.

Relationship Mapping is a process that visually maps the connections every student in a school has to any adults in the school. The mapping process can identify gaps in student relationships, revealing youth who may be isolated and in need of support from trusted adults. The most thorough mapping process asks the adults to identify which students they have a rapport with as well as asks the students which adults they trust in the building.

Evidence-Informed Resources

International men's club for sharing skills and connection	US Men's Shed Association[1]
Partnership that brings together churches and organizations to promote mental wellness in Milwaukee's African American faith community	MIRACLE Mental Health Network[2]
Culturally responsive mental health and wellness services for Indigenous and underserved communities	HIR Wellness[3]

Best Practices for Prevention

Goal: Increase integration of best practices for suicide prevention in the places we live, work, study, and worship.

Effective suicide prevention should be a combination of evidence-based methods, community engagement, and culturally responsive approaches tailored to specific populations.

Objective:

Promote suicide prevention in the places we live, work, study, and worship through training, resource sharing, and technical assistance.

Action Steps for Employers:

1. Provide training opportunities for mental health, suicide prevention, workplace violence prevention, crisis intervention, and leadership development.
2. Create a policy for supporting employees after a loss by suicide and unexpected death.

Occupations with the highest suicide rates are construction and extraction; farming, fishing, and forestry; personal care; installation, maintenance and repair; and arts, design, entertainment, sports, and media (CDC, 2023[1]).

Action Steps for Faith Communities:

1. Provide education, resources, and awareness of mental health promotion and suicide prevention.
2. Provide training for suicide prevention to leadership at faith-based organizations.
3. Provide training on suicide bereavement for faith-based organizations.

Action Steps for Schools:

1. Develop and implement a comprehensive prevention, intervention, and postvention system, including needs assessment, resource mapping, screening, and continuum of support.
   - This should be done in collaboration with staff, students, parents, providers, and the community.
2. Provide training, guidance, and protocols to build capacity among all staff and administration to respond to students with suicidal ideation and to implement a comprehensive suicide prevention, intervention, and postvention system, in both K-12 schools and institutions of higher education.
3. Implement the use of trauma-sensitive protocol for supporting youth and parents in the return to school after a suicide attempt or mental health crisis.
4. Support student suicide prevention educational programming, including classroom instruction and peer-to-peer programs to increase awareness, skills, and help seeking behavior for themselves and others.
5. Create specific plans for building a positive school climate, sense of belonging, bullying prevention, and trusting relationships between staff and students.

The CDC defines **bullying** as any unwanted aggressive behavior(s) by another youth or group of youths, who are not siblings or current dating partners. It involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated.

Bullying prevention is a school-wide process that requires explicit instruction of social-emotional concepts; robust interpersonal skills development, including conflict resolution; confidential reporting; and a system for positive behavioral reinforcement. (CDC, 2024[2])

Evidence-Informed Resources

Programs with demonstrated effectiveness in preventing suicide or addressing factors that impact suicide prevention	SPRC Best Practice Registry[1]
Suicide prevention resources for faith-based communities	Faith.Hope.Life[2]
Best practices for employers to respond to suicide loss	Manager's Guide for Suicide Postvention by the Action Alliance[3]
Resources for schools to implement a comprehensive suicide prevention, intervention, and postvention plan	Wisconsin Department of Public Instruction Youth Suicide Prevention Resources[4]
Open dialogue about mental health and promote help-seeking and help-giving in the workplace	Vital Cog Suicide Prevention[1]

Public Knowledge of Suicide

Goal: Strengthen public knowledge of suicide and ability to respond appropriately for self and others.

OBJECTIVE:
Provide educational opportunities for the public, especially for those disproportionately affected, on risk factors for suicide and effective prevention efforts.

Action Steps:

1. Increase the availability of trainings to prepare friends, families, and communities to recognize and respond to suicide risk. When selecting a training, consider the population and setting.
2. Utilize storytelling in campaigns to show hope and strength. Include individuals with suicide-centered lived experience to craft authentic stories of struggle and support. Incorporate messages that emphasize hope, help, and strength in educational materials and campaigns.
3. Partner with trusted messengers in disproportionately impacted and historically oppressed communities to develop, implement, and evaluate communication activities in order to build trust and credibility.
4. Engage news media on best practices for safe, accurate, and responsible reporting on suicide.
5. Promote awareness of available resources for individuals in crisis.

Interventions geared towards certain demographics are strongest when members of that community help design, implement, and evaluate the work. Community-Based Participatory Action Research is a method for community engagement and changemaking (Chu et al. 2010[6])

continued

Public Knowledge of Suicide

Evidence-Informed Resources

Browse training options available to various audiences that build knowledge about suicide and skills to respond	Prevent Suicide Wisconsin Training Menu[1]
Best practices for communicating about suicide in public talks, posters, social media, and any other form of public messaging	Framework for Successful Messaging About Suicide[2]
Tips for culturally adapting gatekeeper trainings	Guidance from the Suicide Prevention Resource Center[3]
Best practices for the media reporting on suicide	Recommendations for Reporting on Suicide[4]

Lethal Means Safety

Goal: Increase safety around lethal means among those at risk for suicide.

Objective:

Disseminate best practices, education, and strategies to increase safety around lethal means, including firearms and medications.

Action Steps:

1. Increase availability of secure storage devices, like lock boxes for firearms and medications, and cable locks for firearms.
2. Increase availability of medication drop-off locations and destroy kits.
3. Implement or enhance safety barriers to bridges, high rises, large bodies of water, and roof tops to reduce access for potential suicide.
4. Encourage firearm retailers or police departments to offer free, temporary firearm storage for individuals and families struggling with mental health.
   - Live Today, Put it Away is a program that partners with firearm retailers, veterans, health care systems, schools, law enforcement, and public safety across the state to educate on the importance of suicide prevention and secure storage.

5. Train healthcare providers to screen for lethal means and ask questions that assess storage practices. Prepare providers to discuss ways to increase lethal means safety in their patients' homes.
   - Counseling on Access to Lethal Means (CALM) training is one example to train providers in this topic. There is a counterpart training to build similar skills in the general, non-clinical population, called Conversations on Access to Lethal Means.
   - Another example is Lock, Stock, and Barrel, a training developed in Wisconsin to build confidence and competency in healthcare providers to have conversations about firearms.
6. Partner with firearm retailers, shooting ranges, hunter safety courses, and other firearm-related spaces to provide resources about suicide prevention and responsible firearm ownership, like those produced by the National Shooting Sports Foundation and the American Foundation for Suicide Prevention.
7. Partner with credible messengers to develop, disseminate, and evaluate communications around lethal means safety for suicide prevention.
8. Support public and private funding opportunities to expand access to secure storage for Wisconsin residents.

Lethal means are the substances, weapons, or implements capable of causing death by suicide. Temporarily removing access to lethal means when someone is thinking about suicide may interrupt an attempt, providing additional, valuable time for intervention.

Evidence-Informed Resources

Trainings to increase confidence around talking about lethal means	CALM Trainings[1] Lock, Stock and Barrel[2] Harvard Means Matter campaign[3]
Facilities in Wisconsin participating in safe storage of firearms	Live Today, Put it Away website and interactive map[4] Sign up page for firearm retailers to participate in Live Today, Put it Away[5]
Share suicide prevention resources in spaces and communities related to firearms	AFSP Information for Firearms Retailers, Ranges and Instructors[6] National Shooting Sports Foundation Resources[7] Safe Communities of Madison – Dane County Gun Shop Project Resources[8]
Strategies and best practices for preventing violent death by firearm	UW Population Health Institute Crisis Services Strategy Library for Preventing Suicides and Homicides by Firearm[9]

Adverse and Positive Childhood Experiences

Goal: Implement strategies that promote Positive Childhood Experiences (PCEs) and reduce the occurrence and impact of Adverse Childhood Experiences (ACEs).

Adverse Childhood Experiences (ACEs) are potentially traumatic events that happen while a person is growing up, and they can have a lasting, negative effect on an individual's health into adulthood. Examples include experiences such as abuse, neglect, exposure to violence, parental incarceration, divorce, or household issues with mental health or substance use.

Positive Childhood Experiences (PCEs) are events that can support healthy development. Examples include feeling supported by family and friends, a sense of belonging at school, a positive self-concept, opportunities to have fun, comforting beliefs, and family financial stability.

Objective:

Increase readiness of families, schools, providers, and communities to implement strategies that promote PCEs as a protective buffer to reduce risk associated with ACEs and to improve health outcomes.

Action Steps:

1. Educate shareholders on PCEs and their importance as a protective factor to improve health outcomes.
   - Develop opportunities and resources that build understanding of the long-term impacts of ACEs and the compensatory power of PCEs.
2. Encourage partnerships among schools, healthcare and behavioral health providers, and community organizations to offer accessible, culturally responsive, and trauma sensitive programs that build belonging, family resiliency, and supportive communities.
3. Help families navigate and connect to therapeutic services and community programs that strengthen relationships and communication skills within the family system.
4. Advocate for policies that support family financial stability.

ADVERSITY CAN BE OUTWEIGHED BY PROACTIVELY PROMOTING POSITIVE CHILDHOOD EXPERIENCES TO PREVENT ADULT MENTAL AND RELATIONAL PROBLEMS.

Image credit: [Wisconsin Office of Children's Mental Health – Building Resiliency Fact Sheet](#)[1]

Financial stress can take a toll on mental health, and economics are one facet of social determinants of health. Rising costs of living and raising a family strain family wellness. Policies that alleviate some of this financial burden like child tax credits, childcare subsidies, and paid parental leave can help families meet their basic needs and reduce the occurrence of ACEs. Programming like Head Start is essential to reduce the harmful effects of poverty and support healthy development of children from low-income families. Policies and programs to support family financial health are needed to reduce ACEs on a mass scale and help youth and parents thrive.

Evidence-Informed Resources

CDC Veto Violence	We Can Prevent Childhood Adversity[1]
HOPE (Healthy Outcomes from Positive Experiences) Framework	Every Child Needs Positive Childhood Experiences[2]
Wisconsin Office of Children's Mental Health (OCMH) Fact Sheets	The Power of Positive Childhood Experiences[3] Supporting Child Wellbeing Through Building Resiliency[4]
Tax Policy Center	How Policymakers Could Use the Tax Code to Better Serve Children[5]

Social-Emotional Development

Goal: Promote social-emotional development, mental health literacy, and stigma reduction.

Objective:

Provide resources to help improve individuals' social-emotional skills and increase mental health literacy.

Action Steps:

1. Provide opportunities for youth to learn, practice, and model social-emotional skills with their peers in safe and supportive environments both at school and in the community.
2. Implement developmentally appropriate mental health curriculum that engages all K-12 students.
3. Create formal and informal opportunities for parents to network to share parenting strategies, successes, challenges, and resources. This will provide support for families to continue to build relationship skills.
4. Provide life-long opportunities for adults to continue to learn, practice, and model social-emotional skills.
5. Standardize the use of non-stigmatizing language when discussing mental health and suicide.
6. Tailor stigma reduction campaigns to communities at higher risk of suicide. Involve members of these communities and their families in the development and implementation of stigma reduction educational materials and campaigns.

Evidence-based peer-to-peer programs help build social-emotional skills and can reduce thoughts of suicide. Include sports and other extracurricular activities, and out of school time programs to help reinforce these skills.

continued

Social Emotional Development

Evidence-Informed Resources

School-based peer-to-peer programs	Wisconsin OCMH map of Wisconsin school's with peer-to-peer programs [1] Hope Squad[2] NAMI Raise Your Voice[3] Sources of Strength[4] REDGEN [5]
Resources for parents	Triple P- Positive Parenting Program[6] Handling a Mental Health Crisis – a Resource for Parents[7] Accessing Children's Mental Health Services[8] Help For Your Family[9]
Resources for schools	Wisconsin Department of Public Instruction Social and Emotional Learning[10] Wisconsin Department of Public Instruction Mental Health Literacy[11] Wisconsin OCMH Mental Health Literacy Instructional Units[12]
Resources for youth mental health literacy	Wisconsin Department of Public Instruction Mental Health Literacy[13] Wisconsin OCMH Tools for Family, Schools, and Communities[14]
Campaigns and resources to reduce stigma around suicide and mental health	Wisconsin Initiative for Stigma Elimination (WISE)[15] Seize the Awkward[16] Heads Up Guys[17] Live Through This[18] Now Matters Now[19]

Postvention

Goal: Improve postvention support for those who lost a loved one to suicide.

Postvention refers to activities that reduce risk and promote healing after a death by suicide. Effective postvention response requires preparation ahead of a loss and should include input from suicide loss survivors.

Objective:

Increase community level readiness to support individuals experiencing suicide loss.

Action Steps:

1. Provide evidence-informed education on postvention support, across community sectors, for individuals experiencing suicide loss, especially for groups disproportionately affected by suicide deaths.
2. Provide postvention support training for law enforcement, first responders, funeral directors, clinicians, school administrators and staff, employers, peer supporters, military support personnel, lawyers, and faith leaders. This list is not all inclusive and might not be applicable to all communities.
3. Incorporate postvention responses to and programs for suicide loss into all suicide prevention programs, funding, and services.
   - Increase funding opportunities for postvention research to understand how different cultures grieve after a suicide death and develop culturally attuned postvention resources. If available, provide resources in multiple languages and graphics for individuals.
   - Increase funding for postvention programming and resources.
4. Develop proactive policies in workplaces that provide employees support after a suicide death including support groups, community resources for grief support, and wellness check-ins for a year following the death.
   - Develop policies in healthcare organizations that provide clinicians and employees support after a suicide death, of a client or co-worker, for at least a year following the death.
   - Develop policies in schools that provide immediate postvention support for students, parents, and staff, use safe messaging to prevent contagion, and integrate postvention into all suicide prevention policies.
5. Encourage the designation of lead organizations in each county or region to coordinate suicide postvention efforts.
6. Provide culturally informed suicide loss resources in multiple languages understanding that not all cultures and individuals grieve the same. Partner with communities to create or adapt resources if they do not exist already.

Evidence-Informed Resources

Share resources about suicide loss created by survivors	American Foundation for Suicide Prevention I've Lost Someone Web page[1] Alliance of Hope for Suicide Loss Survivors[2]
Connect loss survivors with support	PSW Suicide Loss Support Group Statewide Directory[3] American Foundation for Suicide Prevention Suicide Bereavement Trained Clinicians Directory[4] American Foundation for Suicide Prevention Healing Conversations Peer Support Program[5]
Proactively plan postvention response	After a Suicide: Toolkit for Schools[6] National Alliance on Mental Illness (NAMI) Connect Training MCW Postvention Program Resources[7]

Suicide Prevention Coalitions

Goal: Expand and sustain suicide prevention coalition capacity.

Objective:

Provide statewide technical assistance, networking, and collaboration opportunities for local suicide prevention coalitions to support their communities.

Action Steps:

1. Align local work with state and national strategies for suicide prevention.
2. Recruit public and private partners into the coalition, including those who are not centered on suicide prevention.
3. Convene suicide prevention leaders for conferences and communities of practice to facilitate collaboration and knowledge-sharing across the state.
4. Increase funding for suicide prevention coalition staff time and activities.
5. Strengthen staff and volunteer capacity to carry out local suicide prevention activities.
   - This could include sharing resources and professional development opportunities related to accessing and understanding suicide data, strategic planning, communications, grant writing, and evaluation.
6. Provide resources and technical assistance to support growth in partner organizations' structure, policies, and activities.
7. Conduct needs assessments at the local and state level to identify progress, strengths, and gaps in suicide prevention coalitions and programming.
8. Compile annual reports to uplift accomplishments in suicide prevention on the local and state level.

Evidence-Informed Resources

Best practices on building state and local suicide prevention coalitions	SPRC Recommendations for Local Suicide Prevention Infrastructure[1] SPRC Recommendations for State Suicide Prevention Infrastructure[2] Community Tool Box: Maintaining a Coalition[3]
Local coalitions in Wisconsin	PSW Directory for Local Suicide Prevention Coalitions[4]

Zero Suicide

Goal: Promote a systematic "Zero Suicide" approach, rooted in the understanding that suicide can be prevented in people receiving care in health and behavioral health systems.

Zero Suicide is a quality improvement framework for suicide care in health and behavioral health systems, and includes the following seven elements:

A qualitative study of outpatient behavioral health organizations that implemented the Zero Suicide framework found a decrease in the number of suicide attempts at these organizations, emphasizing the effectiveness of the model (Ahmedani et al., 2025[1]).

Objective:

Increase implementation of the Zero Suicide framework, with fidelity, for health and behavioral health systems in Wisconsin.

Action Steps:

1. Engage organizational leadership about the importance and need for implementing the Zero Suicide framework.
2. Assemble an organizational implementation team that includes leadership, direct practice clinicians, individuals with lived experience, electronic health record representatives, and collaboration with key community partners to provide resources and promote Zero Suicide within the organization and community.
3. Encourage universal suicide screenings across all health and behavioral health settings.
4. Create a care pathway for individuals at risk of suicide to move to assessment and safety planning.
5. Provide training on suicide screenings, assessment, safety planning, and evidence-based suicide care treatments as outlined in the Zero Suicide framework.

Evidence-Informed Resources

Resources for organizations implementing the Zero Suicide Framework	Education Development Commission Zero Suicide[2] Zero Suicide Toolkit for Children's Hospitals[3] Zero Suicide in Indian Country[4]
Annual Wisconsin Zero Suicide Training	Annual Wisconsin Zero Suicide Training[5]
Training and support to systems of care committed to adopting the Zero Suicide Framework	Zero Suicide Institute[6]
Guidance for organizations developing a suicide care pathway	Care Pathway Guide[7] Children's Hospital of Philadelphia Care Pathway for Youth[8]
Resource for suicide care trainings for health and behavioral healthcare providers	UW-Green Bay Suicide Care Trainings[9]

Care Transitions

Goal: Enhance care transitions for people who are moving between various levels of care.

Patients who are discharged from an inpatient psychiatric facility were found to have a 300% increased risk for suicide one week after discharge and a 200% increased risk for suicide one month after discharge. This transition period from inpatient to outpatient poses the highest risk, but transition of any level of care can be a vulnerable time for patients (Chung et al., 2019[1]).

Objective:

Provide healthcare systems with information and training to help improve patient care transitions and coordination between systems.

Action Steps:

1. Ensure that inpatient behavioral health settings have policies and procedures for follow-up care until individuals can see an outpatient provider.
2. Encourage regular outreach to bridge from different levels of care
3. Transitions in care need to identify and address barriers for aftercare.
4. Provide the patient with local, culturally relevant, community resources they can access for additional support.
5. Include peer support services in care coordination and follow up.

Evidence-Informed Resources

Support transitions from inpatient to outpatient, or Emergency Department to outpatient	Action Alliance's Care Transitions: Outpatient Healthcare Self Assessment[2] Best Practices in Care Transitions Video[3]
Send personalized follow up contacts after transitions of care	NowMattersNow Caring Contacts[4] Netcare Caring Contacts Examples and Ideas[5]

Wisconsin Crisis System

Goal: Provide people in crisis and their families with the right care at the right time in the right place through Wisconsin's Crisis System.

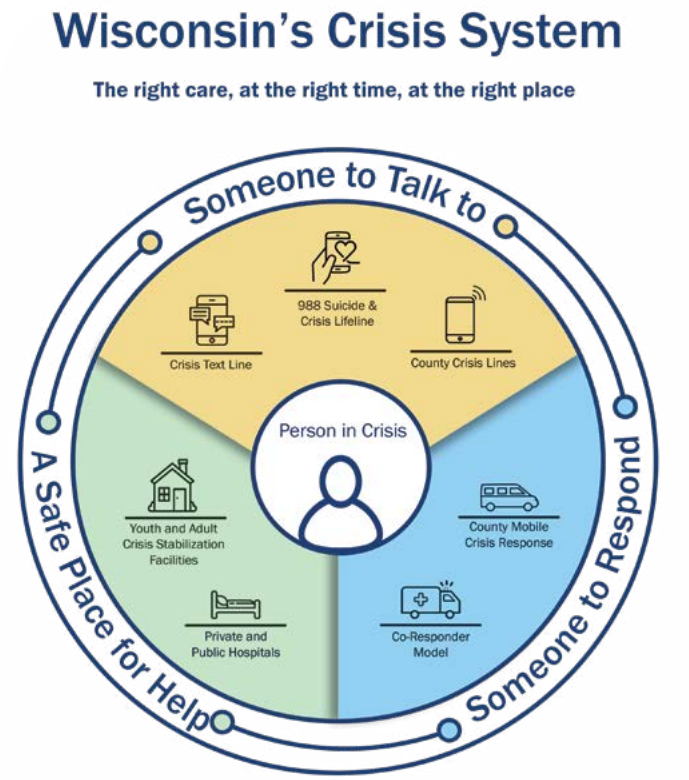
Objective:

Promote and expand the continuum of crisis services embedded within the broader behavioral health system to provide care in the most effective and least restrictive way possible by providing people in crisis with someone to contact, someone to respond, and a safe place for help.

Action Steps:

SOMEONE TO CONTACT

1. Promote the 988 Suicide & Crisis Lifeline, a national initiative that provides support to people in a mental health or substance use crisis. Wisconsin's 988 center is the Wisconsin Lifeline, which has over 80 counselors who answer and resolve several thousand calls, chats, and texts each month.
2. Promote the Crisis Text Line, a nationwide network of trained volunteers that provide immediate crisis support by text. Wisconsin's Crisis Text Line partner is the HOPELINE.
3. Raise awareness of county crisis lines. Certified crisis programs have crisis lines staffed by mental health professionals and trained volunteers. They assist with problem-solving stressful situations and determining whether an individual can remain safely in the community. They can help identify community-based outpatient, as well as inpatient, resources for people in crisis.



continued

Crisis Care continued

SOMEONE TO RESPOND

1. Expand mobile crisis response. Mobile crisis is an in-person response to an individual in crisis. A service provider or a team of responders will assist in de-escalation of the crisis and provide support and linkage to additional services.
2. Encourage co-responder mobile crisis models. Some communities use co-responder models that pair a mental health professional with law enforcement, emergency medical services, or other first responders to provide in-person support to people in crisis.

A SAFE PLACE FOR HELP

1. Support crisis stabilization facilities for adults and youth that offer 24/7 crisis stabilization services in a non-hospital setting. Stays are arranged through the county.
2. Develop additional facility-based crisis care options:
   - Crisis Urgent Care and Observation Facilities, also called Crisis Care Facilities (CCFs), are currently in development and will be designed to provide immediate crisis intervention services 24/7 to people with mental health or substance use needs.
   - Crisis hostel programs are currently in development and will be designed to provide crisis stabilization support to people for a period of 23 hours or less.

Evidence-Informed Resources

Crisis Services in Wisconsin	Wisconsin Department of Health Services, Crisis Services[1]
988 Suicide & Crisis Lifeline	988 Suicide & Crisis Lifeline[2]
County Crisis Lines	County Crisis Lines[3]
Crisis Now Model	Crisis Now[4]
Crisis Care Guidance at the National Level	National Behavioral Health Crisis Care Guidance[5]

Peer Support

Goal: Expand access to peer support.

Peer support refers to a form of care within a relationship of equals that is grounded in mutuality, strengths-based approaches, and the belief in each person's right to self-determination. In this context, a peer is someone who has their own experience navigating thoughts of suicide, or other mental health and substance use challenges. The connection and validation provided through peer support can be a protective factor for those experiencing thoughts of suicide.

Peer support is about cultivating relationships. Peers are not case managers or mandated reporters and should not be expected to carry out clinical interventions, such as risk assessment or diagnosis.

Objective:

Support the development of new and existing initiatives to facilitate access to non-clinical care and support outside medical offices and hospitals.

Action Steps:

1. Educate about the peer support workforce, ethics and principles.
2. Support the integration of peer services into the broader continuum of care through training and technical assistance for health and crisis systems—with emphasis on maintaining the distinct role of peer support as a voluntary intervention that does not participate in coerced or forced treatment.
3. Create confidential, peer-led spaces for the expression and exploration of all emotions, without judgment or clinical processes.
4. Sustain and expand availability of peer-run respites, where people can go in times of increased stress or symptoms of mental health and substance use concerns. Peer-run respites offer short-term stay in a non-clinical, homelike environment to receive support from those who have faced similar challenges. Similarly, peer recovery centers are a space for connection, activities, and education provided on a drop-in basis during their open hours.
5. Sustain and expand availability of virtual peer support programs, like warmlines, that can provide emotional support and connection to those struggling with mental health, substance use, or social isolation.

continued

Peer Support continued

6. Include peer support roles as essential team members in any suicide prevention or recovery program. Offer competitive pay and benefits for peer roles.
7. Invest in peer support workforce pipelines, including training, mentorship, certification (when aligned with peer values), and leadership development for underserved and marginalized populations.
8. Develop peer support programs tailored to culturally specific needs—not only for LGBTQ+, Veterans, and BIPOC, but also for disabled communities, immigrants/refugees, people with language barriers, and formerly incarcerated individuals.
9. Increase research on outcomes of peer support using participatory methods that center lived experience, avoid pathologizing frameworks, and reflect peer values (e.g., healing, connection, autonomy).

Alternatives to Suicide (Alt2Su) is one example of a peer support group that creates opportunity for connection and validation around thoughts of suicide. Participants share their struggles and successes, provide support for one another, and strategize alternatives to help each other best cope with difficult life circumstances. The Wildflower Alliance[1], a grassroots peer support, advocacy, and training organization developed the Alt2Su framework..

Community Living Rooms are pop-up, community-based spaces for people seeking social connection and emotional support. Each Community Living Room includes 2-3 trained listeners with experience in Emotional CPR, and includes activities based on community needs, such as a shared meal or arts and crafts.

Evidence-Informed Resources

Alternatives to Suicide Groups	MHA-WI Statewide Directory for Alternatives to Suicide Groups[2] Wildflower Alliance Alt2Su webpage[3]
Community Living Rooms	Ebb&Flow Collective Community Living Room Website[4]
Guidelines for peer support	National Association of Peer Supporters National Practice Guidelines[5] Certified Peer Specialists in the Workplace – A Guide for Employers[6]
Training and professional development for peer supporters	Wisconsin Peer Specialist Employment Initiative[7] Certified Parent Peer Specialists[8] Intentional Peer Support[9] Wildflower Alliance's When Conversation Turns to Suicide Training[10]
Peer run respites	Peer-run respites in Wisconsin[11]
Peer recovery centers	Peer recovery centers in Wisconsin[12]

Expand Access to the Continuum of Care

Goal: Expand the continuum of care and address barriers to care for underserved areas and historically marginalized communities.

Objective:

Increase availability and competency of providers within the continuum of care to respond to individuals with risk of suicide.

Action Steps:

1. Establish orientation and training plans specific to suicide prevention at all health and behavioral health organizations.
2. Advocate for Wisconsin health and behavioral health professional licensing boards to require suicide prevention training for licensing renewal.
3. Provide incentives for providers to improve access to culturally competent suicide care.
4. Provide further incentives for providers to work in rural areas of the state to improve access to care.
5. Partner with local coalitions and community organizations to provide resources and alternative care options for individuals. Include schools, tribal governments, harm reduction programs, jails/reentry services, and faith communities in planning and delivering suicide prevention services.
6. Facilitate access to telehealth services for communities with limited access or tech literacy. Access gaps may be bridged through the distribution of devices (e.g., tablets) with pre-installed crisis apps or access to virtual support groups, along with one-on-one digital literacy coaching.
7. Support mobile support units and community outreach initiatives that bring behavioral health care directly to shelters, encampments, reservations, and community events.
8. Provide funding for transportation vouchers and care navigators to assist people with appointments and follow-up care. Provide onsite childcare to improve accessibility for parents seeking care.
9. Provide flexible availability of appointments to improve access for those who cannot make appointments during traditional business hours.
10. Increase research to better understand factors that prevent help-seeking behavior.
11. Increase transparency in policy related to wellness checks and intervention in response to screening high risk of suicide.

Evidence-Informed Resources

Cultural Competency and Language Access	Cultural Competency and Language Access[1] National Standards for Culturally and Linguistically Appropriate Services[2]
Suicide care trainings	CAMS-care: Evidence-Based Suicide Treatment[3] SP201: Culturally Infused Suicide Prevention Clinician Training[4] University of Wisconsin Green Bay – Behavioral Health Training Partnership[5] Emotional CPR[6] Wildflower Alliance's When Conversation Turns to Suicide Training[7]
Lethal means safety training for providers	Counseling on Access to Lethal Means | Zero Suicide[8]
Data examining disparities	DHS Report - Differences in Crisis Services and Psychiatric Hospitalization Across Race and Ethnicity[9] Wisconsin Office of Rural Health Health Provider Shortage Areas – Mental Health Care[10]

Use Wisconsin Data

Goal: Use Wisconsin data to describe the impact of suicidal thoughts, attempts, deaths, and self-harm to further the understanding of suicide.

Objective:

Increase the use of Wisconsin data.

Action Steps:

1. Use data to guide decision making for strategic program planning and focus and suicide case review.
   - Use data to help determine which suicide death cases are reviewed in county suicide review meetings
   - Encourage organizations to use data to inform programming and decision making, especially for programs impacting disproportionately affected populations.
2. Raise awareness of the availability of Wisconsin suicide data for the fellows in the field, funders, policymakers, and public to easily access.
3. Improve the communication of suicide and self-harm data between different systems. For example: Police departments sharing data about calls related to suicide with local health departments; non-veteran affairs health systems sharing data about veterans accessing care.
4. Encourage the use of data for community health assessments (CHA) and community health improvement plans (CHIP).

Evidence-Informed Resources

Tools to access Wisconsin suicide and self harm data	Wisconsin Interactive Statistics on Health (WISH) Query System[1] Suicide in Wisconsin Data Dashboard[2] Wisconsin Self Harm Data Dashboard[3]
Other useful data sources related to suicide and mental health in Wisconsin	Wisconsin 988 Suicide & Crisis Lifeline Data Dashboard[4] Wisconsin Violent Death Reporting System: Suicide Death Circumstances Dashboard[5] Wisconsin Behavioral Risk Factor Surveillance System[6] Wisconsin Youth Risk Behavior Survey[7] County Health Rankings[8]

Improve Data Collection

Goal: Seek to improve data collection to have a more accurate picture of suicide in impacted populations.

Objective:

Increase the quality of data collection in the state.

Action Steps:

1. Standardize data collection among coroners, medical examiners, and healthcare systems to include disaggregated data for minoritized populations.
   - This could improve data collection on individual's gender identity, sexual orientation, veteran status, occupational status, race, and housing insecurities.
2. Increase funding opportunities for organizations to improve their ability to collect more accurate and timely data.

Standardize and Enhance Suicide Death Review

Goal: Work in collaboration with existing organizations to standardize and enhance capacity for investigating and reporting suicide deaths.

A Suicide Death Review Team (SDRT) is a group of local multi-disciplinary organizational representatives who review individual suicide deaths using all data and information available on the factors and circumstances leading up to the death. The goal of the review is to identify gaps and potential opportunities for improved prevention efforts on the local level.

Objective:

Expand the number of active suicide death review teams across the state to strengthen prevention efforts.

Action Steps:

1. Establish a partnership with the medical examiner's or coroner's office to obtain access to case data.
2. Utilize suicide and self-harm data dashboards to guide selection of cases to review and analyze big picture trends in suicide.
3. Collect next of kin interviews with someone close to the decedent to gather further insight about the circumstances surrounding the death to benefit the investigation.
4. Convene a multi-disciplinary team to participate in suicide death reviews. Medical examiners, public health, law enforcement, crisis responders, behavioral health providers, government partners, and people with suicide-centered lived experience are essential partners.
5. Send SDRT meeting agendas and all relevant information to brief partners on the contents of the review at least two weeks before the meeting.
6. Generate recommendations based on trends and establish action steps to advance them. Regularly review progress with the SDRT.
7. Share best practices to support the development of SDRTs in communities of practice.

continued

Standardize and Enhance Suicide Death Review continued

A central, statewide database for local SDRT findings would facilitate information sharing and support local and state suicide prevention organizations in refining their prevention efforts. In Wisconsin, similar infrastructure exists for overdose and child death review.

Evidence-Informed Resources

Learn about suicide death review in Wisconsin	Medical College of Wisconsin Division of Suicide Research and Healing resources on SDRTs[1]
Best practices for suicide death review	Suicide Review Teams: Guiding Principles and Best Practices[2]
Best practices for next of kin interviews	Next of Kin Interviews: A Practitioner's Guide[3]

Research for Suicide Prevention

Goal: Promote and support research on suicide prevention.

Objective: Increase opportunities in Wisconsin for organizations to conduct suicide prevention research.

Action Steps:

1. Support organizations seeking diverse funding opportunities to conduct suicide prevention research.
   - Engage with philanthropic organizations or foundations to help fund research opportunities.
   - Promote research partnerships with universities.
   - Advocate for increased funding opportunities for community-based participatory research for historically marginalized communities.
   - Advocate for increased sustainable forms of funding for research from the state and federal governments.
2. Promote both qualitative and quantitative research studies for suicide prevention.
3. Develop research studies to evaluate suicide prevention best practices for communities disproportionately affected by suicide to enable wider implementation.
4. Use suicide prevention research to identify risk factors, inform strategic planning, identify evidence-informed community programs to implement, and evaluate the effectiveness of those programs.

Evidence-Informed Resources

Research grant opportunities	American Foundation for Suicide Prevention Research Focus Grants[4] Advancing a Healthier Wisconsin Endowment[5] Wisconsin Partnership Program[6] The Charles E. Kubly Foundation[7]
Using data for strategic planning	SPRC Steps to Strategic Planning[8]
Community Based Participatory Research	A Call for Collaboration: Community-Based Participatory Research[9]



Evaluate Prevention Activities

Goal: Evaluate prevention activities to identify strengths, gaps, and to determine if they are having their intended effect.

Objective:

Increase capacity for the evaluation of suicide prevention programs.

Action Steps:

1. Increase access to resources for organizations to complete process and outcome evaluations for suicide prevention programs.
   - Encourage organizations to partner with universities to perform or provide technical assistance for program evaluations.
2. Include storytelling and qualitative data collection in program evaluations.
3. Conduct long-term follow-up evaluations for suicide prevention trainings and programs to examine their lasting effect.
4. Provide participants with incentives to complete program and training evaluations.
5. Establish lived experience advisory boards to review suicide prevention program outcomes by race, ethnicity, gender identity, disability, and geography.
6. Share evaluation results widely with the public and suicide prevention program participants. Results can be shared in a variety of creative ways, including written reports and other types of media.

Evidence-Informed Resources

Resources for developing and implementing evaluation plans	CDC Approach to Program Evaluation[1] Suicide Prevention Resource Center- Program Evaluation[2]

Appendices

APPENDIX 1 Additional Resources

NATIONAL RESOURCES

988 Suicide & Crisis Lifeline
https://988lifeline.org/

American Association of Suicidology (AAS)
https://suicidology.org/

American Foundation for Suicide Prevention (AFSP
https://afsp.org/

AFSP L.E.T.S Save Lives: An Introduction to Suicide Prevention for Black and African American Communities:
https://afsp.org/letssavelives/

Centers for Disease Control (CDC): Suicide Prevention:
https://www.cdc.gov/suicide/

CDC: Tribal Suicide Prevention
https://www.cdc.gov/suicide/programs/tribal.html

Indian Health Services: Suicide Prevention and Care Program
https://www.ihs.gov/suicideprevention/

Mental Health America
https://www.mhanational.org/

National Action Alliance for Suicide Prevention
https://theactionalliance.org/

National Action Alliance for Suicide Prevention: Hope for Life Day Toolkit
https://theactionalliance.org/communities/american-indian-alaska-native/hope-life-day-toolkit

National Action Alliance for Suicide Prevention : Ring the Alarm: The Crisis of Black Youth Suicide in America
https://theactionalliance.org/resource/ring-alarm-crisis-black-youth-suicide-america

National Alliance on Mental Illness (NAMI)
https://www.nami.org/

NAMI: Suicide Prevention in Indigenous Communities
https://www.nami.org/your-journey/identity-and-cultural-dimensions/indigenous/suicide-prevention-in-indigenous-communities/

National Institute of Mental Health (NIMH)
https://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml

Substance Abuse and Mental Health Services Administration (SAMHSA): Suicide Prevention
https://www.samhsa.gov/mental-health/suicidal-behavior

SAMHSA's Black Youth Suicide Prevention Initiative
https://www.samhsa.gov/mental-health/suicidal-behavior/prevention-initiatives/black-youth-suicide

SAMHSA Tribal Affairs and Policy
https://www.samhsa.gov/communities/tribal-affairs

SAMHSA Tribal Training and Technical Assistance Center
https://www.samhsa.gov/technical-assistance/tribal-ttac

Suicide Prevention Resource Center (SPRC)
https://www.sprc.org/

The Trevor Project — Crisis Intervention and Suicide Prevention for LGBTQ Young People Under 25
https://www.thetrevorproject.org/

Trans Lifeline
https://www.translifeline.org/

United Suicide Survivors International
https://www.unitesurvivors.com/

What Works for Health
https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health

Wildflower Alliance
https://wildfloweralliance.org/

STATE RESOURCES

988 Suicide & Crisis Lifeline: 988Wisconsin.org
https://www.dhs.wisconsin.gov/crisis/988.htm

American Foundation for Suicide Prevention (AFSP)—Wisconsin Chapter
https://afsp.org/chapter/afsp-wisconsin/

Center for Suicide Awareness (CSA)
https://centerforsuicideawareness.org/

Family Services of Northeast WI – 988 Wisconsin Lifeline
https://www.familyservicesnew.org/service/wisconsin-lifeline/

HIR (Healing Intergenerational Roots) Wellness
https://www.hirwellness.org/

MCW Comprehensive Injury Center-Division of Suicide Research and Healing
https://www.mcw.edu/departments/comprehensive-injury-center/divisions/division-of-suicide-research-and-healing

Mental Health America (MHA) of Wisconsin
https://www.mhawisconsin.org/

National Alliance on Mental Illness (NAMI) Wisconsin
https://namiwisconsin.org/

Prevent Suicide Wisconsin (PSW)
https://www.preventsuicidewi.org/

Safe Communities of Madison- Dane County
https://safercommunity.net/

University of Wisconsin – Green Bay Behavioral Health Training Partnership
https://www.uwgb.edu/behavioral-health/
https://www.uwgb.edu/behavioral-health/additional-trainings/suicide-care/

Wisconsin Department of Health Services (DHS)
https://www.dhs.wisconsin.gov/prevent-suicide/index.htm

Wisconsin Department of Public Instruction (DPI)
https://dpi.wi.gov/sspw/mental-health/youth-suicide-prevention

Wisconsin Office of Children's Mental Health:
https://children.wi.gov/Pages/Home.aspx

LOCAL RESOURCES

County Crisis Line Directory
https://www.preventsuicidewi.org/county-crisis-lines

Directory of Local Suicide Prevention Coalitions
https://www.preventsuicidewi.org/find-a-local-coalition

Healthy MKE: Mental Health and Substance Use Care Resources https://www.healthymke.com/well

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APPENDIX 3 Glossary

Continuum of care
Coordinated and ongoing care delivery across providers and care teams encompassing a range of services to promote optimal health and mental health outcomes.

Community-based participatory research
A collaborative research approach that equitably involves community members, researchers, and other stakeholders in the research process and recognizes the unique strengths that each bring (Collins et al., 2018).

Evidence-based programs
Programs, practices, activities, policies, procedures, and interventions that are guided by the best research evidence with practice-based expertise, evaluation, cultural competence, and the values of the persons receiving the services and that promote positive individual-level or population-level outcomes (U.S. Department of Health and Human Services, 2024).

Evidence-informed
Approach, program, or practice that blends knowledge from research, real-world practice, and local knowledge but has not had the benefit of full or robust evaluation (U.S. Department of Health and Human Services, 2024).

Historically oppressed/marginalized communities
Groups that have experienced systemic and sustained mistreatment and discrimination based on cultural identity or difference.

Mental health literacy
Knowledge and beliefs about mental disorders which aid their recognition, management, or prevention. This includes knowledge about risk factors and causes, knowledge about self-help interventions, knowledge of professional help that is available, and attitudes that facilitate recognition and appropriate help-seeking. (Sampaio et al., 2022)

Social-emotional development
Social development refers to a child's ability to create and sustain meaningful relationships with adults and other children. Emotional development is a child's ability to express, recognize, and manage his or her emotions, as well as respond appropriately to others' emotions (HeadStart.gov)

APPENDIX 4 References

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APPENDIX 5 Hyperlinks

For readers of the physical version of the plan, we have included a list of full hyperlinks in the order that they appear throughout the document.

Part 1: Data Overview

pg 7 -
[1] https://www.cdc.gov/suicide/facts/data.html
[2] https://www.dhs.wisconsin.gov/stats/deaths/causes.htm

pg 8 -
[1] https://www.ruralhealthinfo.org/toolkits/suicide/1/risk-factors

pg 9 -
[1] https://www.dhs.wisconsin.gov/prevent-suicide/data.htm

pg 11 -
[1] https://www.dhs.wisconsin.gov/prevent-suicide/data.htm

pg 12 -
[1] https://pubmed.ncbi.nlm.nih.gov/39149875/
[2] https://theactionalliance.org/sites/default/files/ring_the_alarm-_the_crisis_of_black_youth_suicide_in_america_copy.pdf
[3] https://dpi.wi.gov/sspw/yrbs

pg 13
[1] https://dpi.wi.gov/sspw/yrbs

pg 16 -
[1] https://www.dhs.wisconsin.gov/prevent-suicide/data.htm
[2] https://www.dhs.wisconsin.gov/injury-prevention/self-harm-data.htm

pg 17 -
[1] https://www.dhs.wisconsin.gov/injury-prevention/self-harm-data.htm

pg 19 -
[1] https://sprc.org/
[2] https://www.ohiospf.org/
[3] https://www.hhs.gov/programs/prevention-and-wellness/mental-health-substance-use-disorder/national-strategy-suicide-prevention/index.html

pg 20 -
1 https://nowmattersnow.org/

pg 21 -
[1] https://afsp.org/policy-priority-disproportionately-affected-communities-and-populations/
[2] https://sprc.org/livedexperience/
[3, 4, 5] https://sprc.org/topics-and-terms/

Part 2: Prevention Plan

TIER 1 COMMUNITY-BASED PREVENTION

pg 23 -
[1] https://www.usmenssheds.org/
[2] https://wjlanier.com/miracle-mental-health-2/
[3] https://www.hirwellness.org/

pg 24-
[1] https://www.cdc.gov/mmwr/volumes/72/wr/mm7250a2.htm
[2] https://www.cdc.gov/youth-violence/about/about-bullying.html

pg 25 -
[1] https://bpr.sprc.org/
[2] https://theactionalliance.org/communities/faith-communities
[3] https://theactionalliance.org/resource/managers-guide-suicide-postventionworkplace-10-action-steps-dealing-aftermath-suicide
[4] https://dpi.wi.gov/sspw/mental-health/youth-suicide-prevention
[5] https://bpr.sprc.org/program/vitalcog-suicide-prevention
[6] https://www.sciencedirect.com/science/article/abs/pii/S0962184911000035

pg 26 -
[1] https://www.preventsuicidewi.org/training-menu
[2] https://suicidepreventionmessaging.org/
[3] https://sprc.org/wp-content/uploads/2023/03/Guidance-for-Culturally-Adapting-Gatekeeper-Trainings.pdf
[4] https://reportingonsuicide.org/

pg 27 -
[1] https://www.calmamerica.org/
[2] https://www.fammed.wisc.edu/firearm-injury-prevention-dr-james-bigham-leads-program-for-health-care-providers/
[3] https://means-matter.hsph.harvard.edu/
[4] https://livetodayputitaway.org/
[5] https://livetodayputitaway.org/firearm-retailers-law-enforcement-agencies/
[6] https://afsp.org/information-for-firearms-ranges-retailers-and-instructors/
[7] https://www.nssf.org/safety/suicide-prevention/
[8] https://safercommunity.net/gun-shop-project/
[9] https://uwphi.pophealth.wisc.edu/evaluation-research/current-evaluation-projects-2/firearmcrisisstrategylibrary/

pg 28 -
[1] https://children.wi.gov/Documents/ResearchData/OCMH%202020%20Fact%20Sheet%20Building%20Resiliency.pdf

pg 29 -
[1] https://vetoviolence.cdc.gov/apps/aces-infographic/
[2] https://positiveexperience.org/
[3] https://children.wi.gov/Documents/ResearchData/OCMH%20Fact%20Sheet_Dec2021_Positive%20Childhood%20Experiences.pdf
[4] https://children.wi.gov/Documents/ResearchData/OCMH%202020%20Fact%20Sheet%20Building%20Resiliency.pdf

[5] https://taxpolicycenter.org/briefs/how-policymakers-could-use-tax-code-better-serve-children#:~:text=Research%20shows%20these%20tax%20credits,children%20and%20reduce%20parental%20stress.

pg 30 -

[1] https://children.wi.gov/Pages/Resources/SchoolMentalHealth.aspx
[2] https://www.hopesquad.com/
[3] https://namiwisconsin.org/support-and-education/youth/raise-your-voice/
[4] https://sourcesofstrength.org/
[5] https://redgen.org/
[6] https://www.triplep.net/glo-en/home/
[7] https://children.wi.gov/Documents/Handling%20a%20Mental%20Health%20Crisis%20-%20OCMH%202022.pdf
[8] https://children.wi.gov/Pages/AccessingMHServices.aspx
[9] https://children.wi.gov/Pages/Resources/Help.aspx
[10] https://dpi.wi.gov/sspw/mental-health/social-emotional-learning
[11] https://dpi.wi.gov/sspw/mental-health/mental-health-literacy
[12] https://children.wi.gov/Pages/Resources/MHLitUnits.aspx
[13] https://children.wi.gov/Pages/Resources/Pause.aspx
[14] https://children.wi.gov/Pages/Resources/OCMHTools.aspx
[15] https://eliminatestigma.org/about-wise/#:~:text=WISE%3A%20Initiative%20for%20Stigma%20Elimination,stigma%20through%20evidence%2Dbased%20practices.
[16] https://seizetheawkward.org/
[17] https://headsupguys.org/
[18] https://livethroughthis.org/
[19] https://nowmattersnow.org/

pg 31 -

[1] https://staging.afsp.org/ive-lost-someone
[2] https://allianceofhope.org/
[3] https://www.preventsuicidewi.org/suicide-loss-support-groups-statewide-directory
[4] https://afsp.org/suicide-bereavement-trained-clinicians/
[5] https://afsp.org/healing-conversations/
[6] https://sprc.org/wp-content/uploads/2022/12/AfteraSuicideToolkitforSchools-3.pdf
[7] https://www.mcw.edu/departments/comprehensive-injury-center/divisions/division-of-suicide-research-and-healing/postvention/postvention-resources

pg 32-

[1] https://sprc.org/wp-content/uploads/Recommendations-for-Local-Suicide-Prevention-Infrastructure.pdf
[2] https://sprc.org/state-infrastructure/
[3] https://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/maintain-a-coalition/main
[4] https://www.preventsuicidewi.org/find-a-local-coalition

Tier 2 Prevention and Intervention Across the Continuum of Care

pg 33-

[1] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2832230
[2] https://zerosuicide.edc.org/
[3] https://zerosuicide.edc.org/toolkit/toolkit-adaptations/children
[4] https://zerosuicide.edc.org/toolkit-taxonomy/indian-country
[5] https://www.preventsuicidewi.org/zero-suicide
[6] https://solutions.edc.org/solutions/zero-suicide-institute
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[8] https://zerosuicide.edc.org/resources/resource-database/childrens-hospital-philadelphia-clinical-pathway-youth
[9] https://www.uwgb.edu/behavioral-health/additional-trainings/suicide-care/

pg 34-

[1] https://bmjopen.bmj.com/content/9/3/e023883
[2] https://zerosuicide.edc.org/resources/resource-database/national-action-alliance-suicide-preventions-care-transitions
[3]https://theactionalliance.org/resource/best-practices-care-transitions-video
[4] https://zerosuicide.edc.org/resources/resource-database/nowmattersnow-caring-contacts
[5] https://zerosuicide.edc.org/resources/resource-database/netcare-caring-contacts-examples-and-ideas

pg 36-

[1] https://www.dhs.wisconsin.gov/crisis/index.htm
[2] https://www.dhs.wisconsin.gov/crisis/988.htm
[3] https://www.dhs.wisconsin.gov/crisis/talk.htm#county-crisis-lines
[4] https://crisisnow.com/
[5] https://www.samhsa.gov/mental-health/national-behavioral-health-crisis-care

pg 38-

[1] https://wildfloweralliance.org/
https://www.youtube.com/watch?v=YC3Mb-lAPqs
[2] https://www.mhawisconsin.org/alt2su
[3] https://wildfloweralliance.org/alternatives-to-suicide/
[4] https://www.communitylivingroom.org/
[5] https://www.peersupportworks.org/national-practice-guidelines/
[6] https://www.wicps.org/wp-content/uploads/2020/01/employer_guide_CPS_2020-.pdf
[7] https://www.wicps.org/
[8] https://www.wicps.org/parent-peer-specialist/
[9] https://intentionalpeersupport.org/
[10] https://wildfloweralliance.org/trainings/
[11] https://www.dhs.wisconsin.gov/peer-services/peer-run-respites.htm
[12] https://www.dhs.wisconsin.gov/peer-services/peer-recovery-centers.htm

pg 39-
[1] https://www.dhs.wisconsin.gov/minority-health/resources/cultural-language.htm
[2] https://thinkculturalhealth.hhs.gov/clas
[3] https://cams-care.com/the-cams-framework/
[4] https://communityconnections.net/training/sp201/
[5] https://www.preventsuicidewi.org/suicide-care-trainings
[6] https://emotional-cpr.org/
[7] https://wildfloweralliance.org/trainings/
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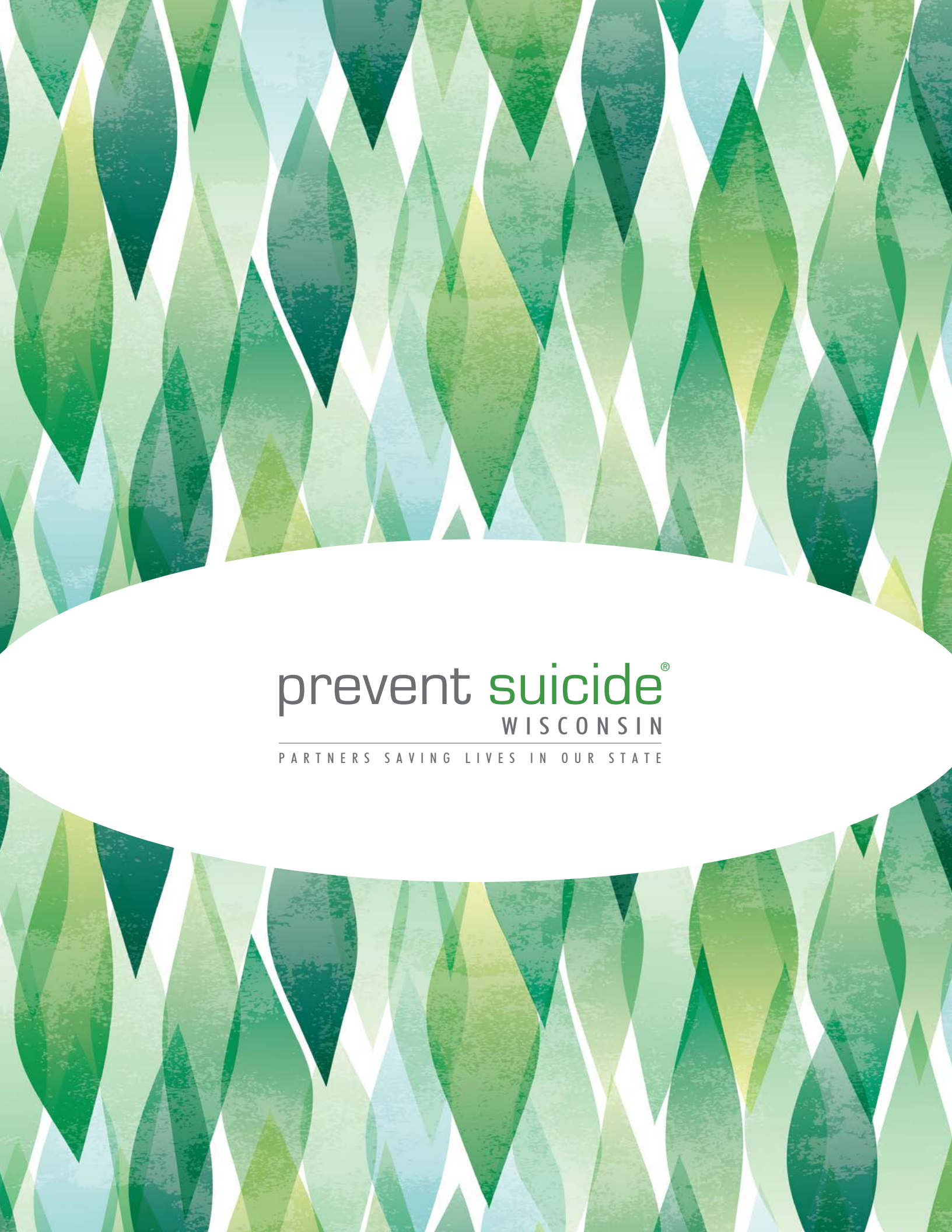
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