



# **Youth Suicide Prevention Task Force Presentation**

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December 31, 2018

# KDADS Prevention Program

- This program is funded in large part by federal dollars through SAMHSA
- Multiple contracts support a network of local community coalitions to conduct prevention activities
- Coalitions use the Strategic Prevention Framework and target shared risk and protective factors in their community

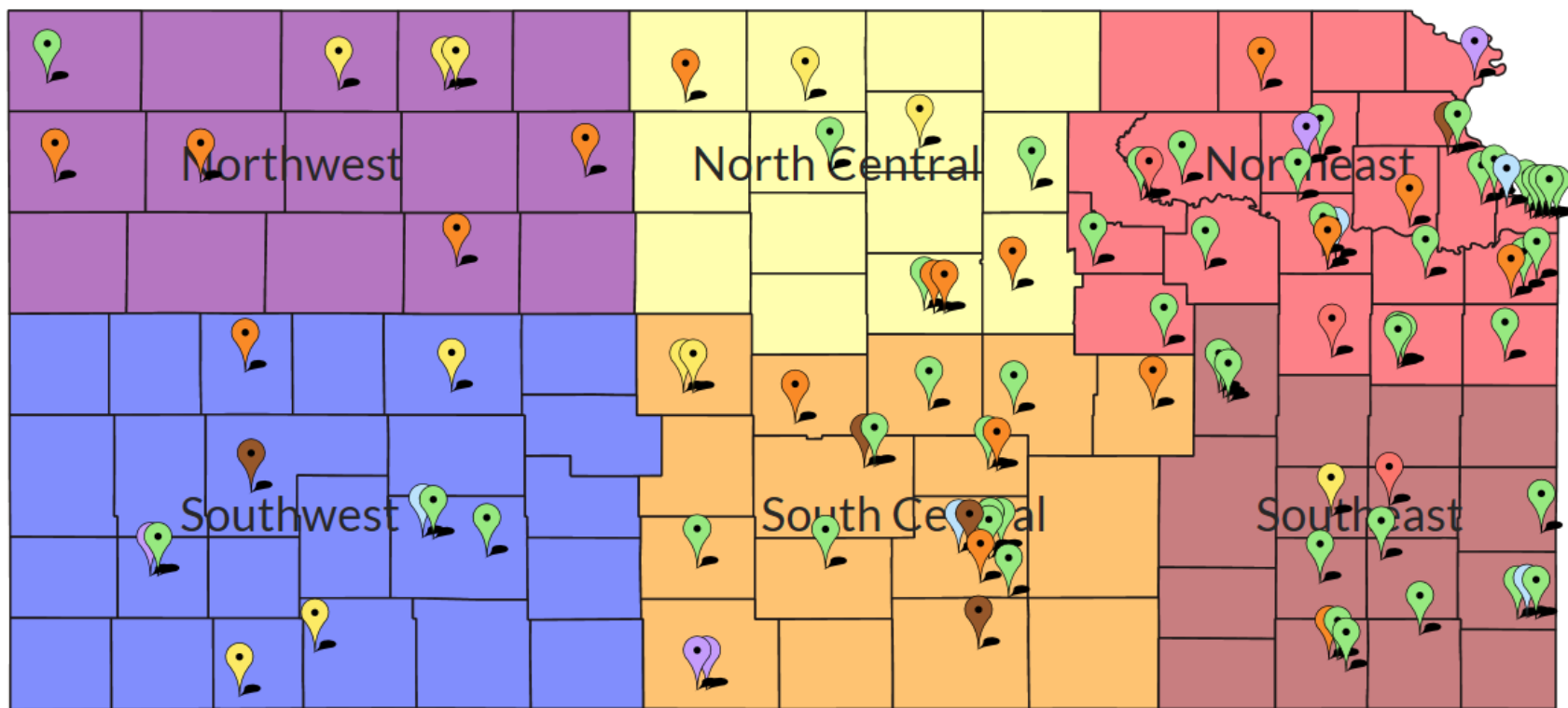
## The Kansas Prevention Collaborative

[kansaspreventioncollaborative.org](http://kansaspreventioncollaborative.org)

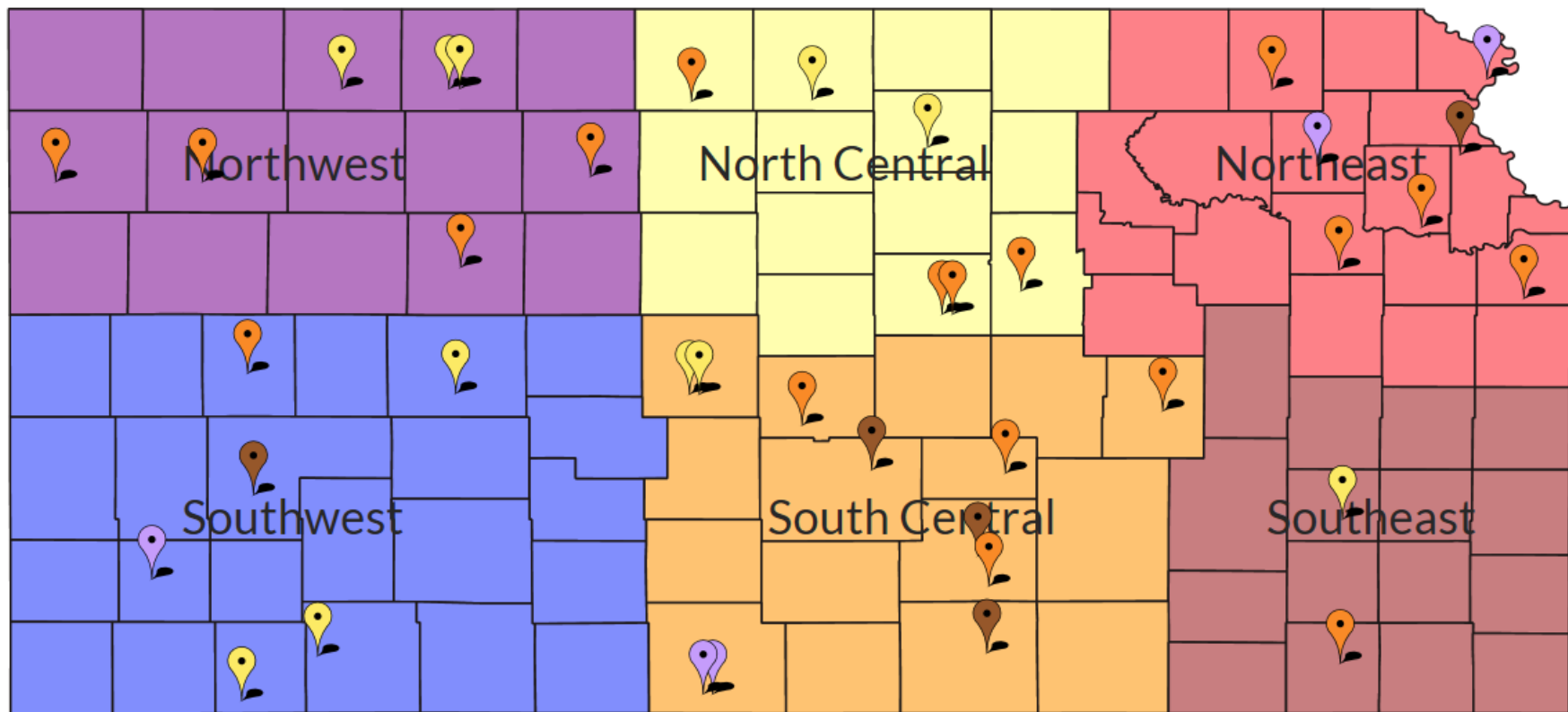


December 31, 2018

# Community Prevention Coalitions



# KDADS Sub-grantees (KPCCI & PFS)

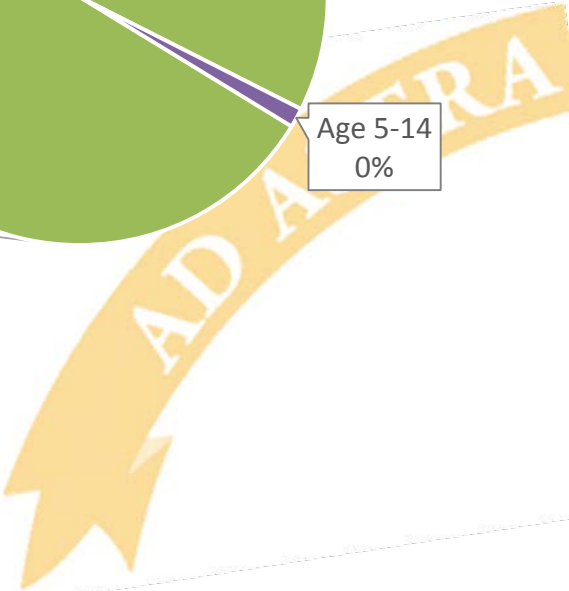
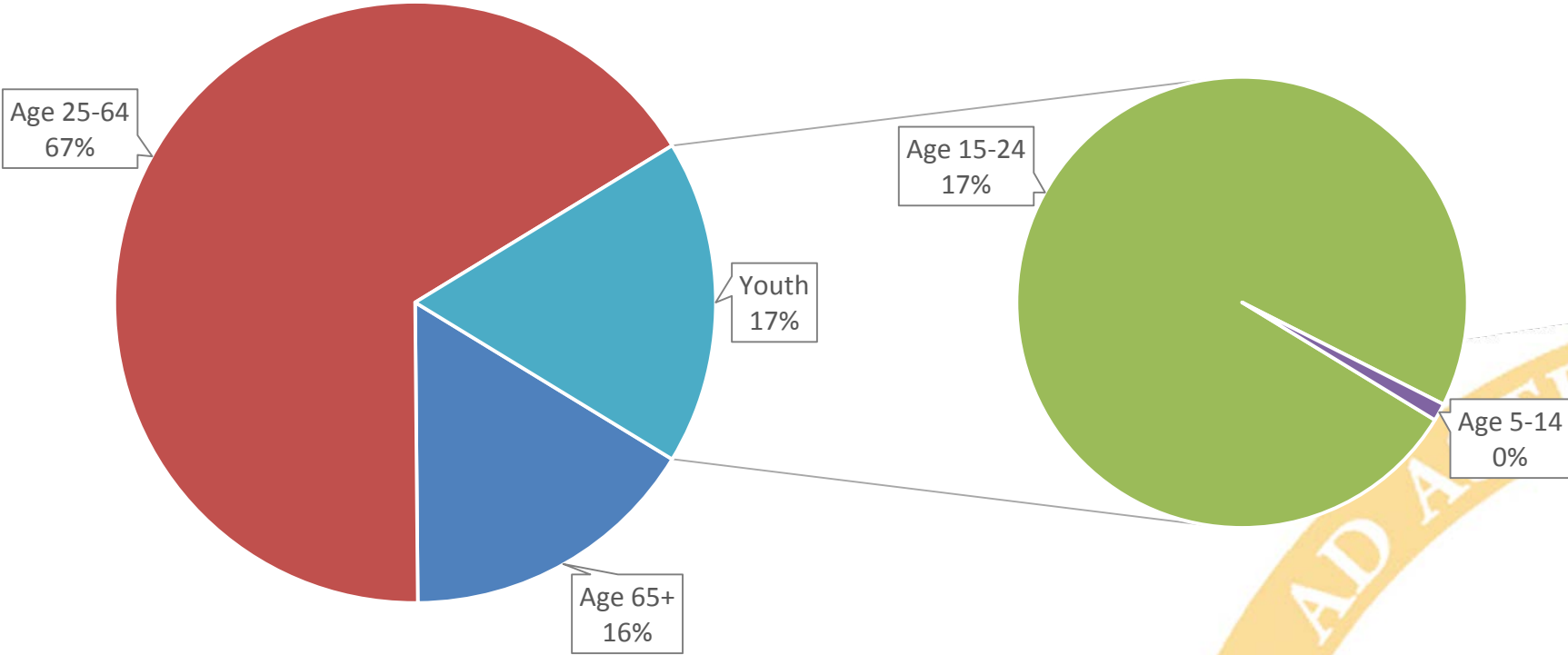


# Shared Risk and Protective Factors

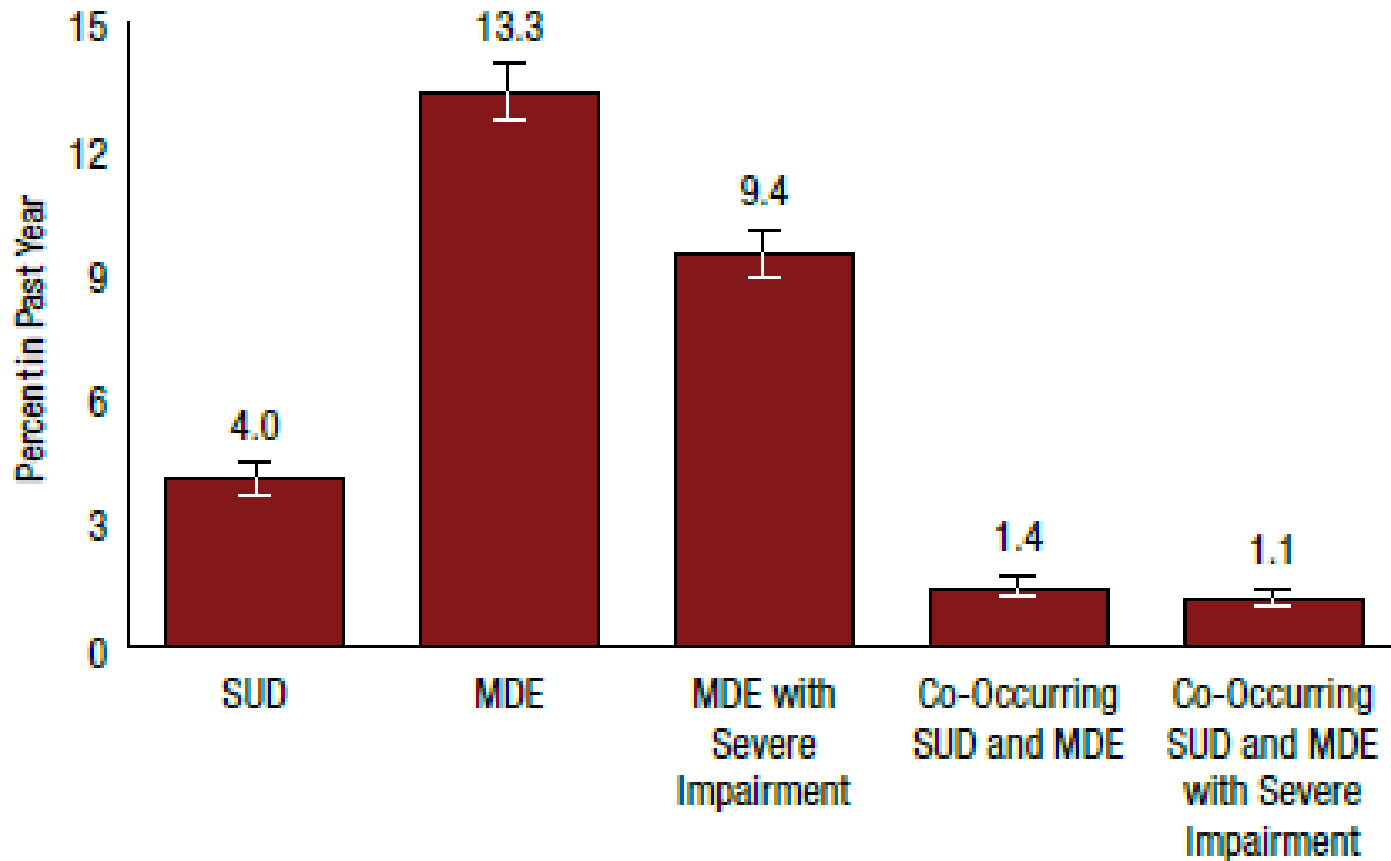
Shared Risk Factors	Shared Protective Factors
<ul style="list-style-type: none"><li>• Academic failure</li><li>• Aggressive tendencies or history of violent behavior</li><li>• Bullying, victimization</li><li>• Family conflict</li><li>• History of trauma or abuse</li><li>• Hopelessness, impulsivity, low self-esteem</li><li>• Mental illness and/or substance use disorder</li><li>• Peer rejection</li><li>• Physical illness or chronic pain</li><li>• Previous suicide attempt(s)</li><li>• Relational, social, work, or financial losses</li><li>• Social withdrawal</li></ul>	<ul style="list-style-type: none"><li>• A trusting relationship with a counselor, physician, or other service provider</li><li>• An optimistic or positive outlook</li><li>• Childrearing responsibilities</li><li>• Coping and problem-solving skills</li><li>• Cultural and religious beliefs that discourage suicide</li><li>• Employment</li><li>• Involvement in community activities</li><li>• Perceiving that there are clear reasons to live</li><li>• Receiving effective mental and/or substance use disorder treatment/care</li><li>• Resiliency, self-esteem, direction, perseverance</li><li>• Sobriety</li><li>• Strong family bonds and social skills</li></ul>



# 2017 Suicide Deaths by Age Category, Kansas Information for Communities

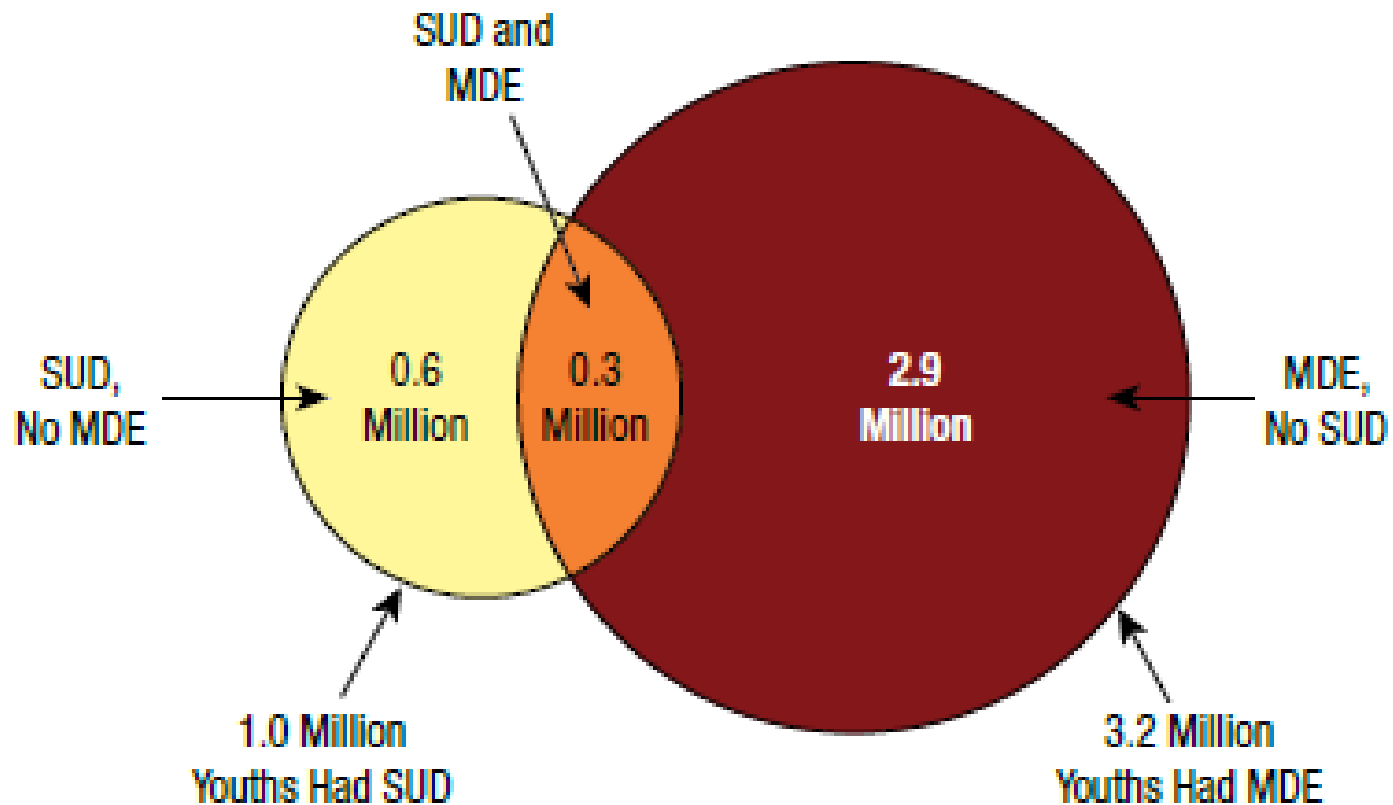


**Figure 51. Past Year Substance Use Disorder (SUD) and Major Depressive Episode (MDE) Status among Youths Aged 12 to 17: Percentages, 2017**



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**Figure 52. Past Year Substance Use Disorder (SUD) and Major Depressive Episode (MDE) among Youths Aged 12 to 17: Numbers in Millions, 2017**

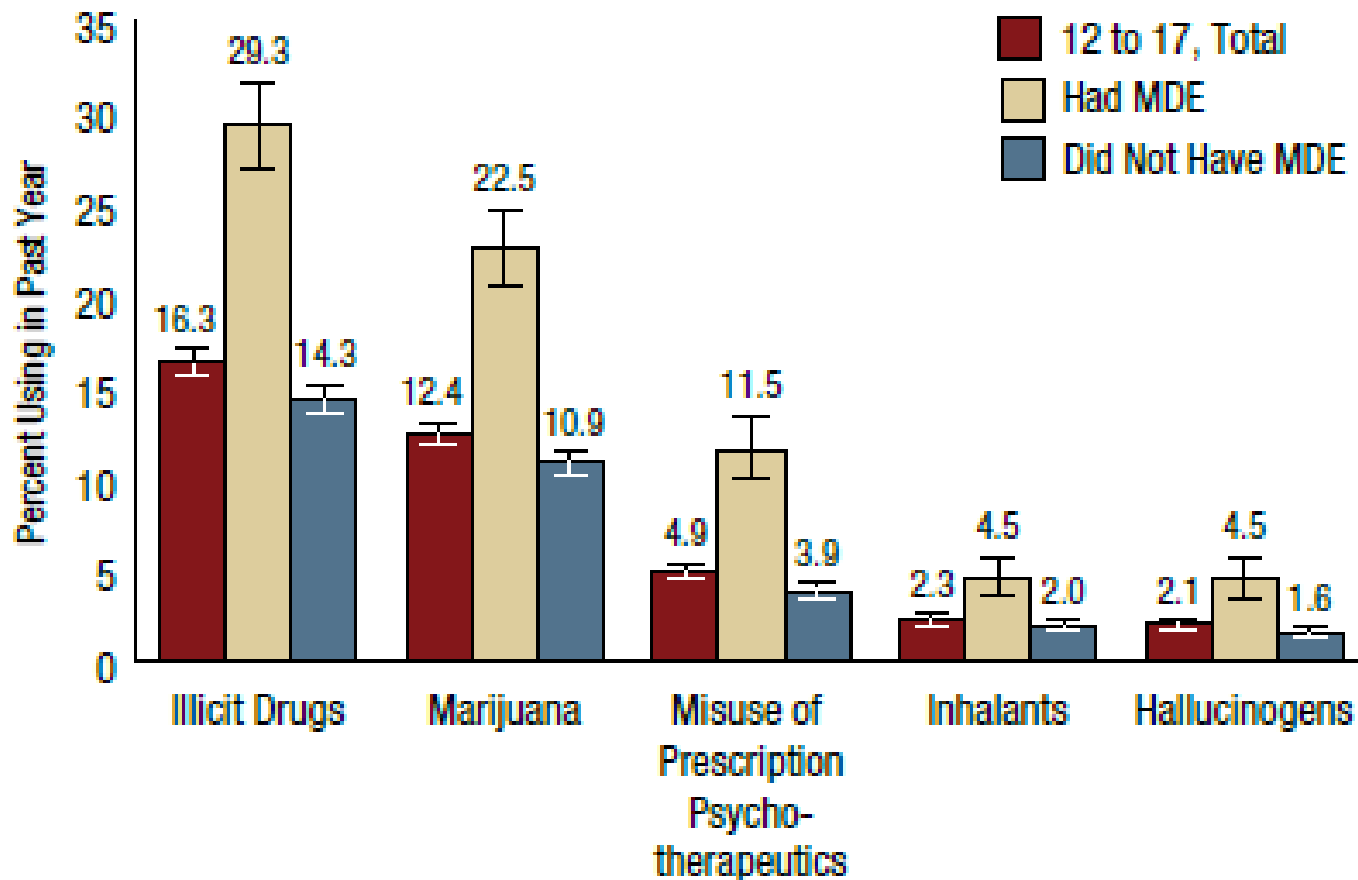


Note: Youth respondents with unknown MDE data were excluded.





**Figure 53. Past Year Illicit Drug Use among Youths Aged 12 to 17, by Past Year Major Depressive Episode (MDE) Status: Percentages, 2017**



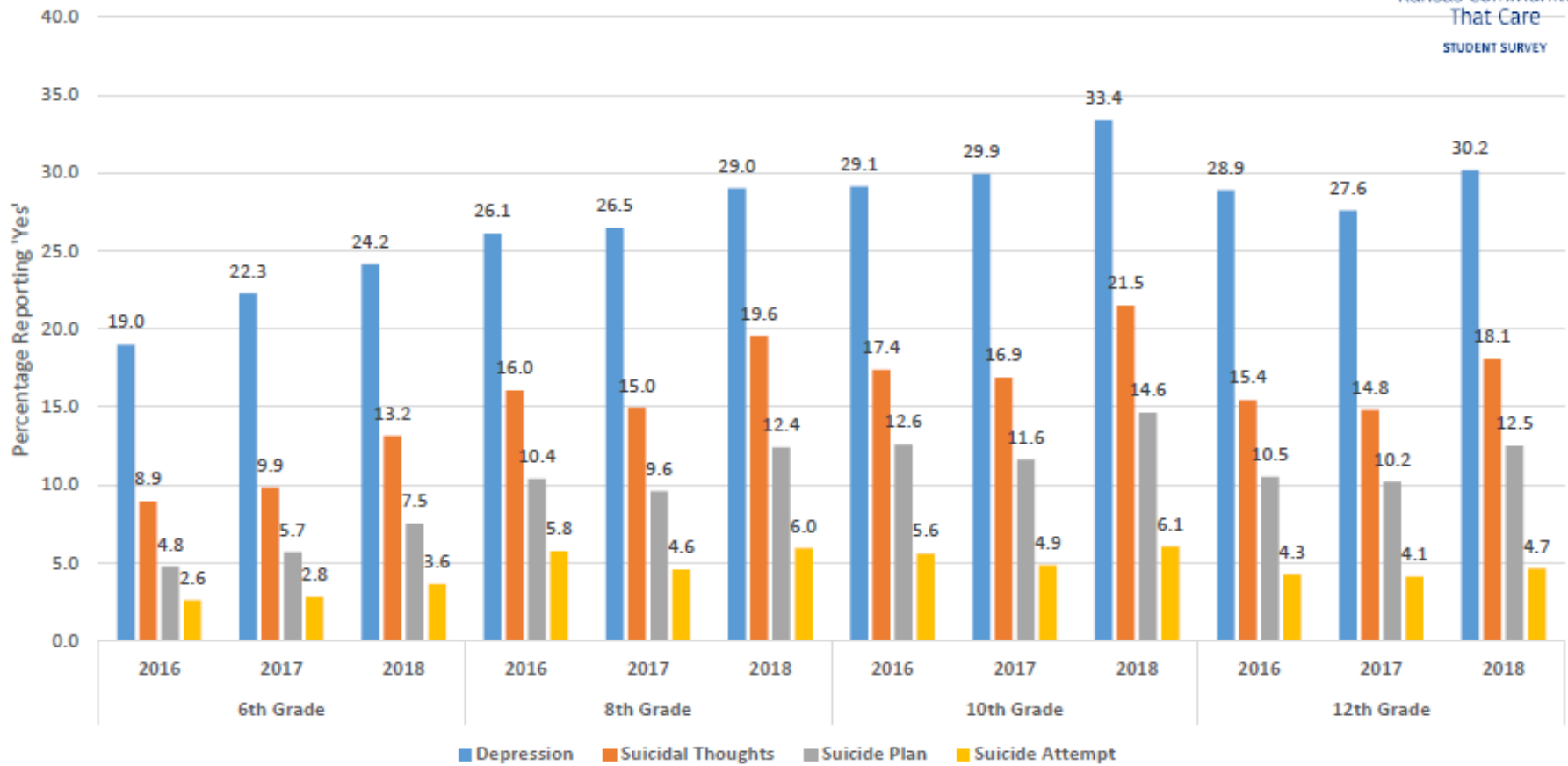
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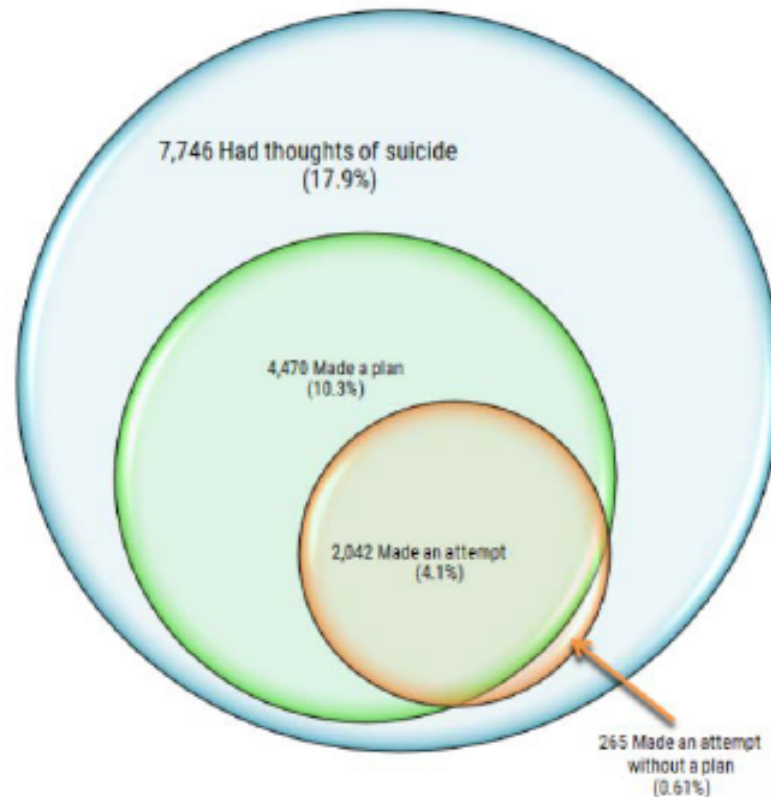
## Kansas Youth Self-Reported Depression & Suicide Indicator Trends by Grade and Indicator



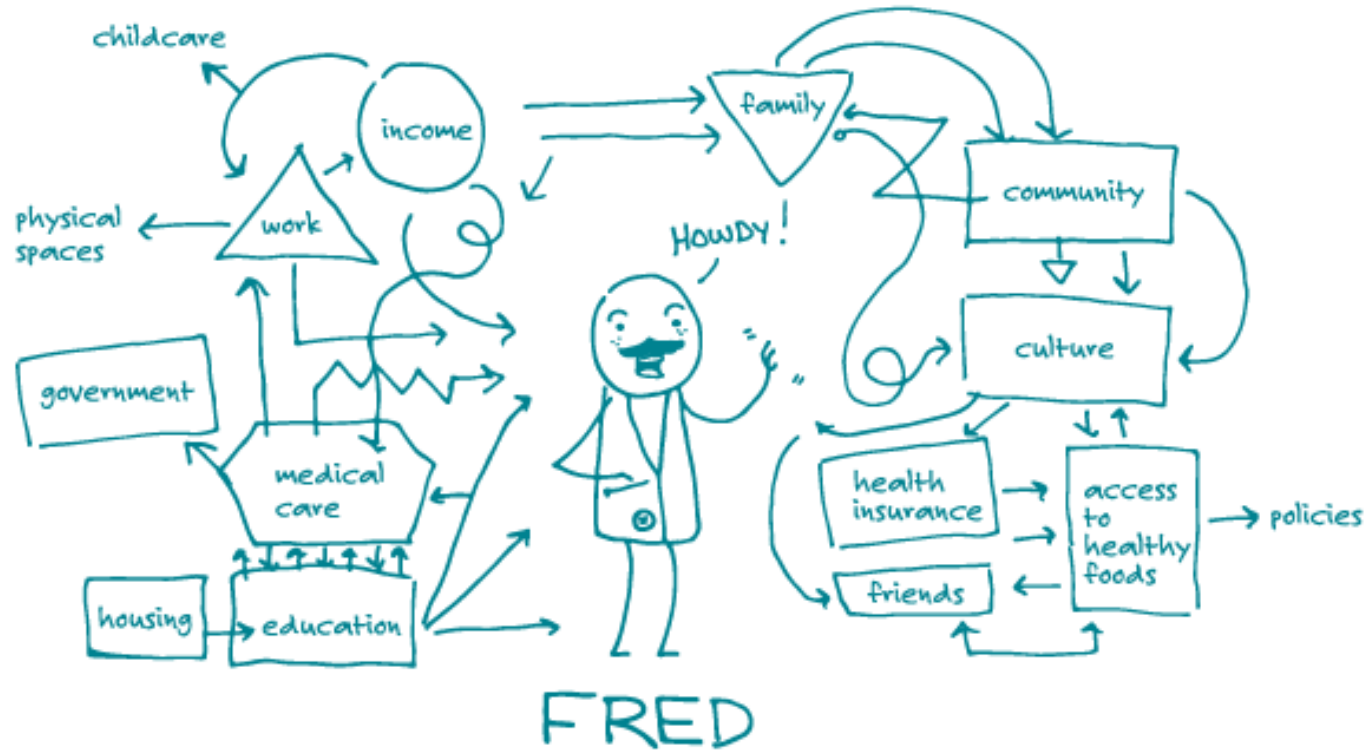
Kansas Communities  
That Care  
STUDENT SURVEY



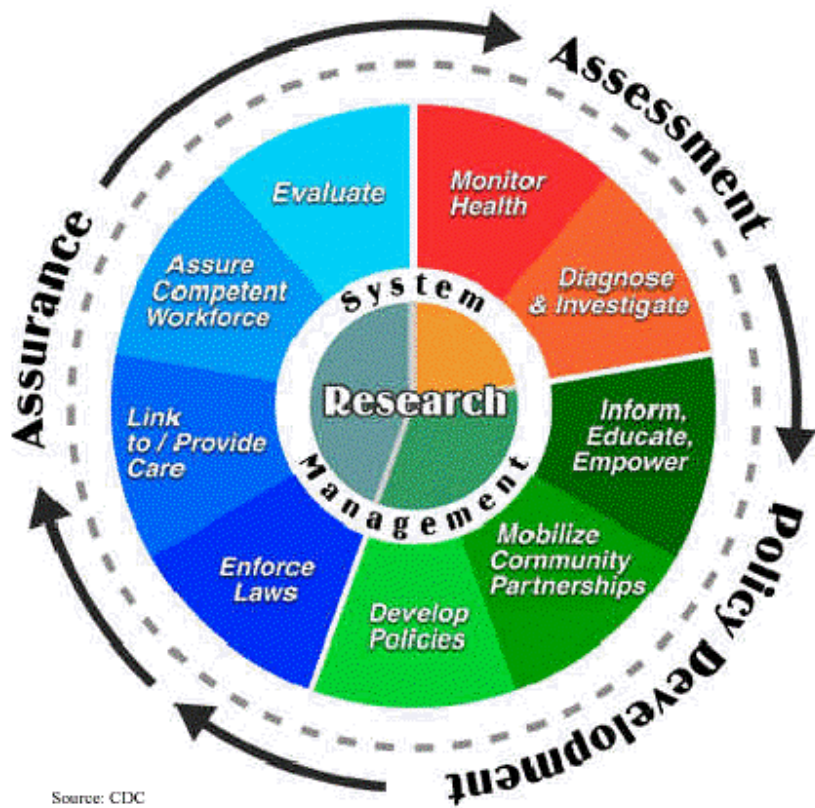
# 2018 Kansas Student-Reported Suicide Thoughts, Plans and Attempts



# SEE? IT'S THIS EASY!



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Source: CDC



## The ACE Pyramid

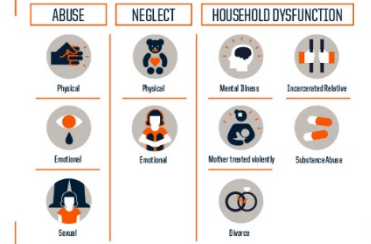


# THE TRUTH ABOUT ACES

## WHAT ARE THEY?

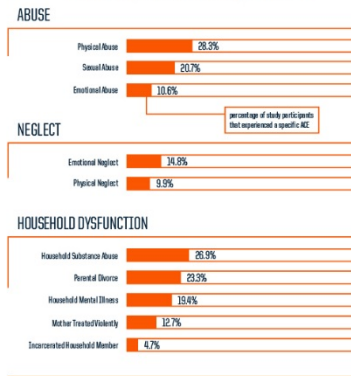
ACEs are  
ADVERSE  
CHILDHOOD  
EXPERIENCES

The three types of ACEs include

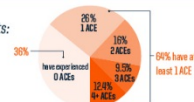


## HOW PREVALENT ARE ACES?

The ACE study\* revealed the following estimates:

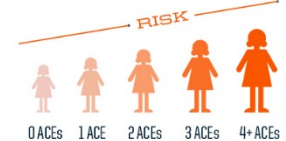


Of 17,000 ACE study participants:

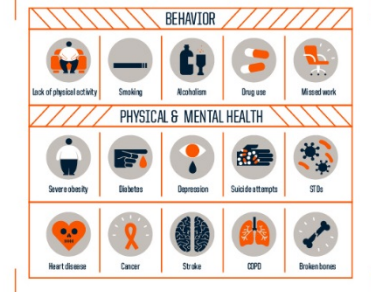


## WHAT IMPACT DO ACES HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



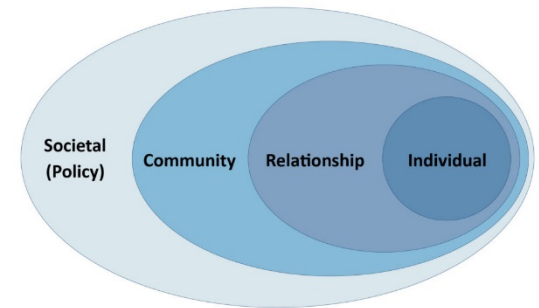
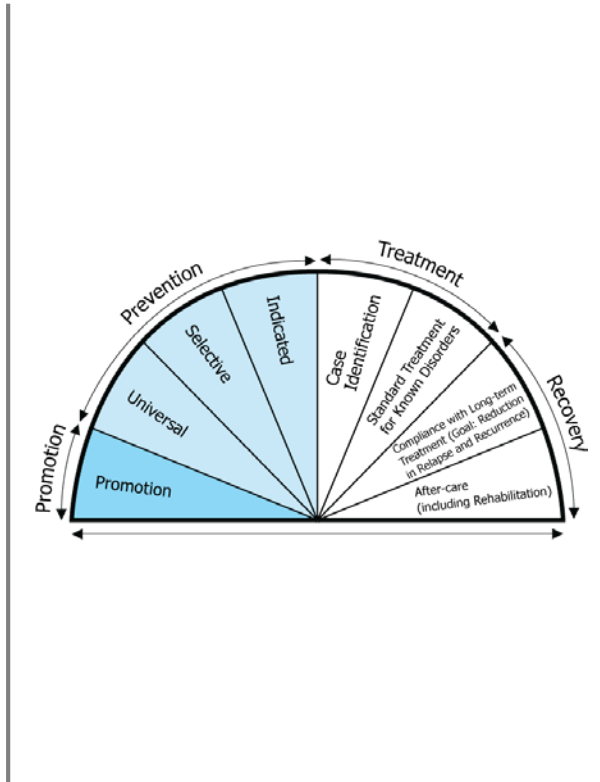
Possible Risk Outcomes:



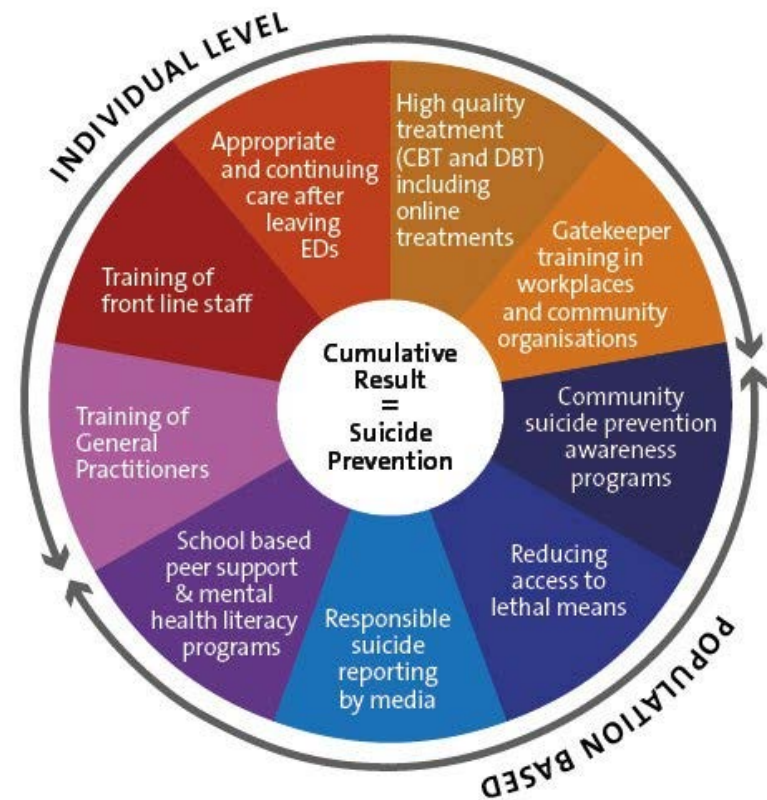
[nwaf.org/aces](http://www.nwaf.org/aces)

Robert Wood Johnson Foundation

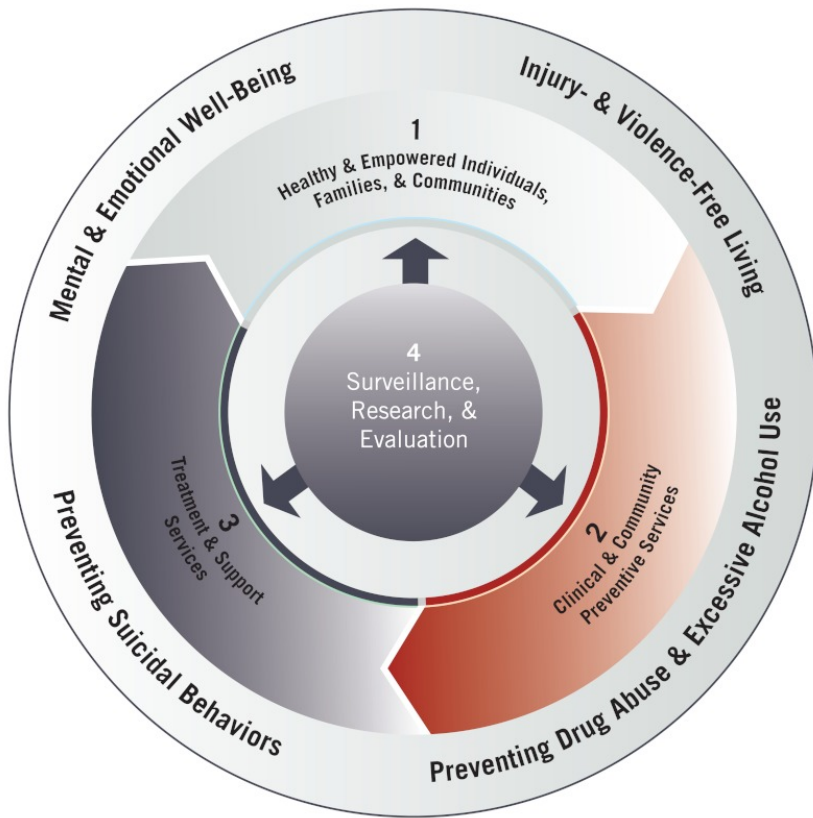
\*Source: <http://www.cdc.gov/violenceprevention/acesstudy>



## Infusion of the Strategic Prevention Framework







## WHAT SHOULD SUBSTANCE MISUSE PREVENTION PROFESSIONALS DO?

- Learn who is responsible for suicide prevention in your state or tribal organization
- Become familiar with suicide prevention plans, strategies, and programs
- Identify public health goals that you have in common with agencies, organizations, and/or coalitions leading suicide prevention efforts
- Leverage each other's strengths and ask to partner with suicide prevention agencies and coalitions
- Plan and implement cross-training on the link between substance misuse and suicidality and the risk factors and warning signs for substance misuse
- Use process and outcome data to evaluate and make the case that prevention works—use data to show that reducing substance misuse lowers suicidal behavior and suicide attempts

**Learn**



**Familiarize**



**Identify**



**Leverage & Collaborate**



**Plan & Implement**



**Evaluate**



## WHAT SHOULD SUICIDE PREVENTION PROFESSIONALS DO?

- Learn who is responsible for substance misuse prevention in your state or tribal organization
- Become familiar with substance misuse prevention plans, strategies, and programs
- Identify public health goals that you have in common with agencies, organizations, and/or coalitions leading substance misuse prevention efforts
- Leverage each other's strengths and ask to partner with substance misuse prevention agencies and coalitions
- Plan and implement cross-training on the link between suicidality and substance misuse, the different types of suicidal thoughts and behaviors, and the risk factors and warning signs for suicide
- Use process and outcome data from your substance misuse prevention colleagues to evaluate and make the case that substance misuse prevention is suicide prevention—suicide prevention programs that address substance misuse help to lower suicide rates

## Identification

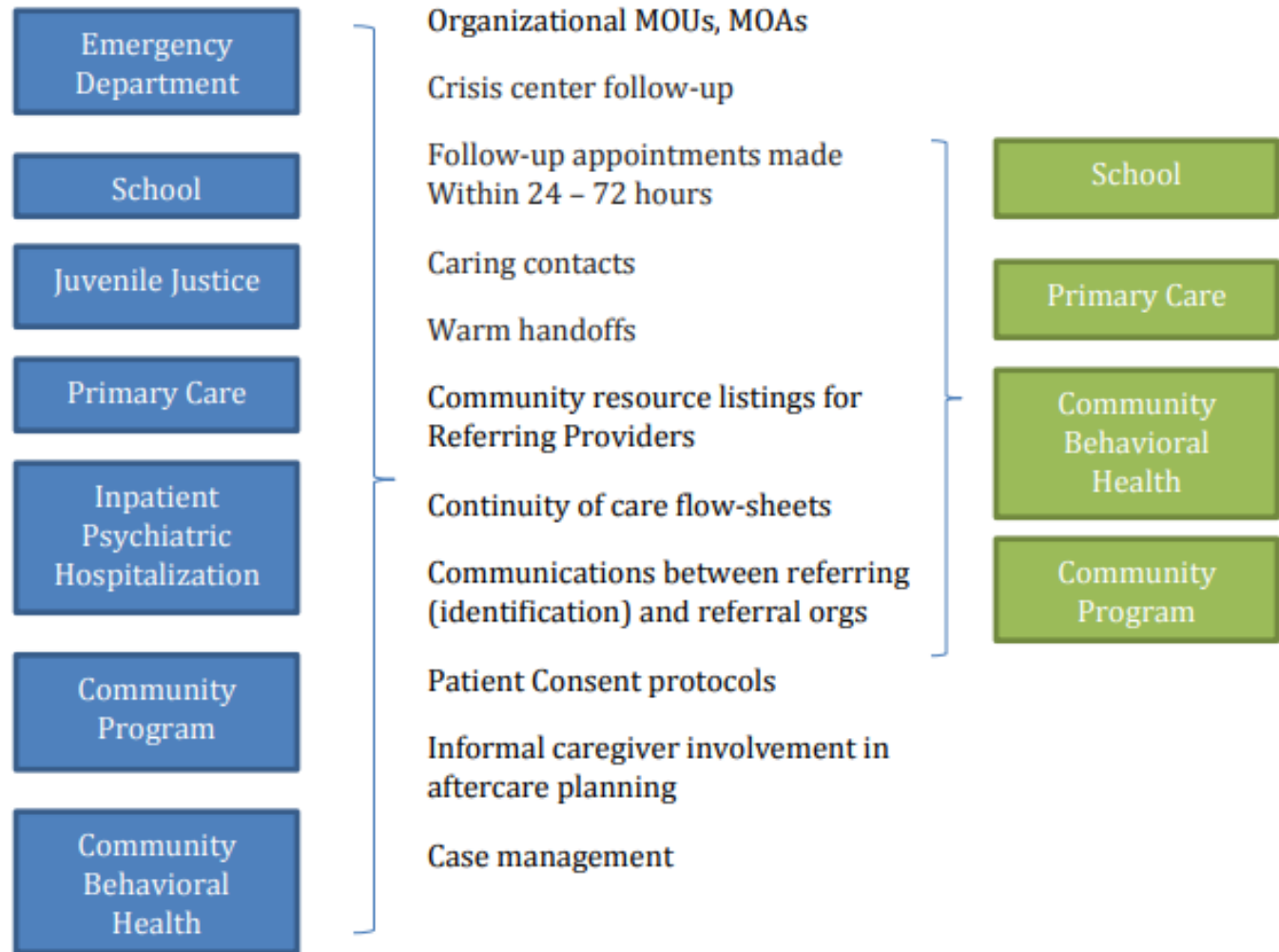
*Settings in which at risk individuals are identified*

## Enhancing Linkages

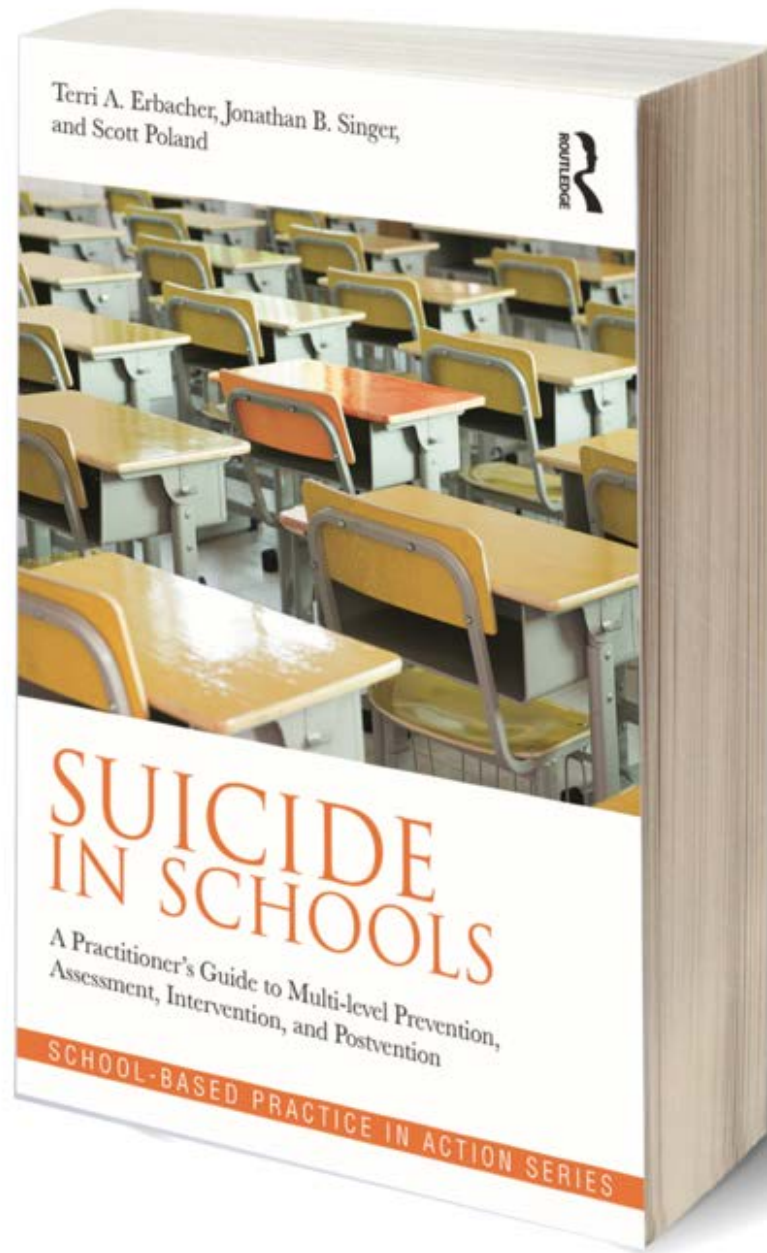
*Strategies or services to enhance linkages with the Aftercare/Ongoing Care provider*

## Aftercare/Ongoing Care

*Settings in which at risk individuals receive ongoing care/suicide risk management services*



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# Priority Recommendations

- Identify ongoing state funding for the NSPL in Kansas.

Our state's NSPL crisis centers answer between 65-70% of the call volume from the state of Kansas. SAMHSA requires states to answer a minimum of 70% or submit a plan to reach that percentage to be eligible for Garrett Lee Smith (GLS) grants and other federal funding for suicide prevention. KDADS does not currently receive suicide prevention grant funding from SAMHSA.

This in-state answer rate problem will only increase as public awareness and call volume increase around the state.



# Priority Recommendations

- Create and fund a full-time State Suicide Prevention Coordinator position.

Our current State Suicide Prevention Coordinator is limited to about 0.10 FTE coordinating statewide suicide prevention efforts. 2018 is the first year that a KDADS employee has attended SAMHSA's national State Suicide Prevention Coordinator meeting. A full-time coordinator would be able to focus on integrating suicide prevention into state infrastructure and seeking federal funding for suicide prevention efforts.



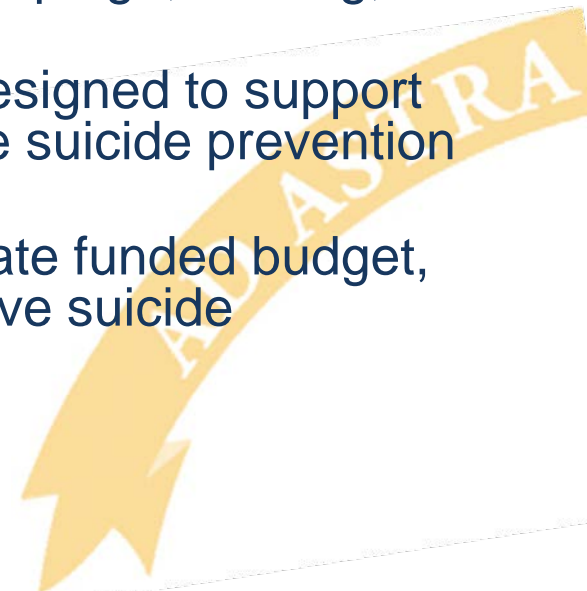
# Priority Recommendations

- Establish a state suicide prevention fund to support implementation.

Kansas does not lack an understanding of prevention science or an awareness of the public health crisis that suicide presents. What the State lacks is funding to support the implementation of prevention strategies. Our current state plan for suicide prevention was written in 2014 with the idea in mind that the state would not have funding designated for suicide prevention and that communities would need to carry out their own suicide prevention strategies with local or private funding. Currently KDADS funds a very small amount of suicide prevention efforts through the Kansas Prevention Collaborative.

# Policy Example from Idaho

- Passage of a bill (SB1326) that grants a state department (like KDADS) and its Secretary authority for “services for the prevention of suicide”
- Passage of the annual budget bill (HB566) for that department which includes \$1M of funding for new ongoing suicide prevention efforts in state funds.
- These bills were passed into law in Idaho in 2016 and funding has been used to operate the Idaho Suicide Prevention Hotline, youth prevention programming, a public awareness campaign, training, and four new positions at the department.
- KDADS already has a statewide infrastructure designed to support community suicide prevention efforts, and a state suicide prevention plan.
- With the hiring of a full-time coordinator and a state funded budget, KDADS would be able to provide a comprehensive suicide prevention program in Kansas.





# Safe2Tell Kansas

- Safe2Tell statewide programs are law enforcement surveillance programs that allow for anonymous tips to be referred from law enforcement to school officials as a text message alert for immediate follow up. It should not be considered a stand alone effort for suicide prevention.
- Approximately 16% of the tips involve suicide threats (a warning sign for suicide attempts). It's the largest category of reports made to Safe2Tell Colorado.
- In Colorado, a state with 3 million more people than Kansas, where Safe2Tell was created, it received 9,163 tips total in the 2016-17 school year or approximately 1500 suicide threat tips.
- By comparison with KCTC results, we know nearly 5000 students in Kansas last year made a suicide plan and over 2000 of those made a suicide attempt in a population half the size of Colorado. Suicidal threats to Safe2Tell are most likely being under-reported.
- Safe2Tell also has a problem with false reporting that Colorado legislators and Safe2Tell are trying to resolve. Students have been using false reports to harass fellow students in a manner similar to swatting. Reports to Safe2Tell often involve students being pulled from classes and questioned about the report, sometimes by law enforcement.



# Zero Suicide

- The foundational belief of Zero Suicide is that suicide deaths for individuals under care within health and behavioral health systems are preventable. It presents both a bold goal and an aspirational challenge.
- 83% of those who died by suicide engaged in the primary health system, while 29% were engaged in the behavioral health system.
- KDADS has been seeking federal funding to support Zero Suicide implementation efforts in Kansas from SAMHSA.
- Some individual providers in Kansas adopting Zero Suicide framework as an approach to prevent suicide deaths among patients. KDADS would like to see this expanded to more providers.

