



KANSAS SUICIDE PREVENTION PLAN

REVISED 2014



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Preamble

Suicide is a public health concern and requires a public health approach to prevention efforts. Suicide is preventable. In 2012, Kansas experienced 505 deaths by suicide. This was a 31.5 percent increase over 2011 deaths by suicide. Efforts that had been ongoing for decades were reinforced and many new suicide prevention initiatives were launched. An objective of these efforts was to produce a revision to the state plan to better reflect the capabilities of the administration and to better adhere to the 2012 National Strategy for Suicide Prevention (developed by the U.S. Surgeon General and the National Action Alliance for Suicide Prevention).

Kansas Behavioral Health Services, housed under the Kansas Department for Aging and Disability Services, has made significant strides in building public-private partnerships to develop and accomplish its suicide prevention goals and objectives. This report will outline the steps taken and the activities and responsibilities necessary to accomplish additional suicide prevention goals and objectives across the human lifespan. The Kansas Department of Health and Environment (KDHE) is a key partner in state-wide suicide prevention by contributing surveillance data and establishing relationships with other public and private partners. Additionally, KDADS supports the Suicide Prevention Subcommittee of the Governor's Behavioral Health Planning Council in contributing, advising and implementing suicide prevention efforts around the state.

The most current suicide rate for Kansas per 100,000 in population is 14.7 compared to the national rate of 13.0 per 100,000 population. In 2013, Kansas was ranked 24th highest in suicide rates in the nation.¹ Suicide is the second leading cause of death in Kansas for the 15-24 age group. The 2013 Kansas Annual Summary of Vital Statistics reports that:

In 2013, 426 Kansas residents died due to suicide, down 15.6 percent from 505 suicide deaths in 2012. More than four-fifths (81.2 percent) of suicide victims were male. The two age groups with the largest number of suicides were 45-54 (94 deaths) and 55-64 (76 deaths).²

Kansas is a profoundly rural state, with one-third of the population living in two-thirds of its land mass; 57 percent of the population is located in nine of the state's 105 counties and only five counties have populations greater than 100,000. The size and rural nature of our state present unique problems to delivering health care. Kansas has 99 counties which are deemed by the federal government as mental health professional shortage areas, the exception being our six urban counties.

As indicated in the 2012 National Strategy for Suicide Prevention it is the efforts of individual citizens providing leadership in their home communities that will ultimately determine the success of this plan in meeting prioritized goals and objectives. Local leaders are encouraged to use this plan as a guide to shaping suicide prevention efforts in their communities.

Activities

In an effort to customize the national strategies to fit the needs of Kansans, several surveys were conducted and meetings were held in 2013 to prioritize and rank suicide prevention efforts. This plan reflects the input from Kansans involved with suicide prevention.

Nearly a dozen Kansas communities have established either county or regional suicide prevention coalitions, bringing local resources together to address this serious public health concern. More than half of these coalitions were formed in the two years prior to this plan being revised.

Kansas professionals, researchers, advocates and consumers continue to improve the understanding of suicide prevention in Kansas. More than 200 individuals have attended statewide summits on suicide prevention, and more than 3,000 Kansans completed suicide prevention training since 2013.

Statement of Goals and Objectives

List of priorities (goals and objectives from Substance Abuse and Mental Health Services Administration guidance and items not explicitly in the National Strategy for Suicide Prevention)

1. Integrate prevention efforts across the lifespan that take into account co-morbidity of illnesses and disorders, e.g. suicide and substance-use disorders. This will better identify risk and protective factors associated with suicidal behavior or ideation.
2. Increase the prevention, intervention and management training of personnel in mental health, behavioral health, education, law enforcement and primary care fields.
3. Increase the continuity of care and linkages to healthcare for suicidal individuals, ensuring safe transitions in care at the point of hospital and emergency room discharge or other periods of heightened suicide risk.
4. Use a data-driven approach to provide those at risk (both populations and geographic areas) with resources, training and awareness of suicide prevention. Additionally, these data should inform the development of local and regional cluster response plans.
5. Establish parameters for evaluation to determine if initiatives have been effective and successful in reducing the suicide rate in Kansas. This information should be used to update and revise the plan on a regular basis once particular goals are met.

Goals and Objectives (Ranked)

The following goals and objectives were developed using focus groups and surveys of stakeholders in the state, as well as the 2014 Guidance for State Suicide Prevention Leadership and Plans from SAMHSA and the 2012 National Strategy for Suicide Prevention³.

Goals

Objectives

Goal 1: Integrate prevention efforts across the lifespan that take into account co-morbidity of illnesses and disorders, e.g. suicide and substance use disorders. This will better identify risk and protective factors associated with suicidal behavior or ideation.

1. Kansas will develop and sustain public-private partnerships to advance suicide prevention.
2. Kansas will establish effective, sustainable, and collaborative suicide prevention programming at the state/territorial, tribal, and local levels.
3. Kansas will integrate suicide prevention into any relevant health care reform efforts.
4. Kansas will integrate suicide prevention into the values, culture, leadership, and work of a broad range of organizations and programs with a role to support suicide prevention activities

Goal 2: Increase the prevention, intervention and management training of behavioral health, school personnel, and primary care professionals, including restriction of access to means.

1. Kansas will develop, implement, and monitor effective programs that promote wellness and suicide prevention and related behaviors.
2. Kansas will provide training to community and clinical service providers on the prevention of suicide and related behaviors.
3. Kansas will promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.
4. Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides.

Goal 3: Increase the continuity of care and linkages to healthcare for suicidal individuals, ensuring safe transitions in care during discharge or other periods of heightened suicide risk.

1. Kansas will promote suicide prevention as a core component of health care services.
2. Kansas will promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.

Goal 4: Use a data-driven approach to provide those at risk (both populations and geographic areas) with resources, training and awareness of suicide prevention.

Goal 5: Establish parameters for evaluation to determine if initiatives have been effective and successful in reducing the suicide rate in Kansas. This information should be used to update and revise the plan on a regular basis once particular goals are met.

1. Kansas will increase the timeliness and usefulness of national surveillance systems relevant to suicide prevention and improve the ability to collect, analyze and use this information for action (National Violent Death Reporting System). 2. Kansas will promote and support research on suicide prevention.
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1. Kansas will evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings.

Plan for Implementation

Public-private Partnerships

In 2012, very few local suicide prevention coalitions existed in the state although the efforts of those in place (Sedgwick, Barton, Harvey, Shawnee, and Johnson Counties to name a few) would serve as models to develop and enhance infrastructure. In 2013, the Kansas Youth Suicide Prevention project, a SAMHSA-funded initiative of Headquarters, Inc. in Lawrence, awarded mini-grants to support the creation of six new coalitions around the state and provided technical assistance with their projects and planning. Eight new coalitions were funded in 2015. With the work of all of the coalitions, old and new, thousands of individuals have been trained in suicide prevention awareness, intervention or clinical management.

It is important to highlight the evolving nature of these initiatives so that we may understand how to best utilize their efforts. The local coalitions were essentially the arbiters of those tasks and objectives. However there was little oversight from state agencies regarding evaluation, establishing standards and protocols or collecting useful data. In December 2013, Headquarters, Inc. (a National Suicide Prevention Lifeline crisis center and suicide prevention resource center for Kansas) and the Kansas Department of Aging and Disability Services (KDADS) created a public-private partnership to address some of these concerns, including sustainability of current initiatives.

Headquarters, Inc. and local coalitions are currently working with KDADS and the Kansas Department of Health and Environment (KDHE) to create a statewide prevention coalition that would be able to provide technical assistance, funding, guidance and evaluation for the activities and objectives that take place. The statewide coalition is to be developed with a vision to establish and foster additional public-private partnerships and to implement specific objectives, e.g. local suicide prevention coalitions collaborating with Regional Prevention Centers.

In addition to fostering those relationships, the statewide prevention coalition will combine the efforts and membership of other public health prevention fields, including but certainly not limited to, intimate partner violence prevention, substance-use disorder prevention and tobacco prevention. This will also require the formalization of those public-private partnerships with state agencies through MOUs or contracts. The ability to include individuals and agencies from other

disciplines would facilitate the development of appropriate suicide prevention protocols for different settings, fact sheets for co-occurring protective and risk factors and other tools and resources for local coalitions.

One way to address sustainability is to build in protocols, best practices and culture change among existing systems that will not require on-going funding. At a local level these systems are likely to be public schools, hospitals, prevention centers, health clinics, law enforcement and community mental health centers.

Prevention, Intervention, and Management Training for All Settings

In 2013 the Kansas Suicide Prevention Resource Center (KSPRC) website was developed, immediately making available access to resources for suicide prevention in one site for all those in the state. In 2014, with the addition of a Statewide Training Coordinator position, KSPRC also became the place for individuals to find information about specific training protocols as well as identify available trainers in Kansas. Future plans for these resources include a Trainers Registry that will highlight and feature particular trainings, when and where they will be held, and who will be performing the training.

In conjunction with the burgeoning Statewide Prevention Coalition, KSPRC will help to promote the use of evidence-based practices and training modalities in all settings that are on the Best Practices Registry from the national Suicide Prevention Resource Center. Promotion will focus on clinical intervention in behavioral health (Assessing and Managing Suicide Risk [AMSR], QPR-T and Responding to Suicide Risk [RRSR]), training for medical professionals and emergency departments (Kognito, RRSR), EMTs/first responders (Kognito), law enforcement (Connect/Kognito), school faculty and staff (various training) and other gatekeepers and clinicians around the state. KDADS and Headquarters, Inc. are working toward collaborating with prevention providers to provide community stakeholders, other gatekeepers and clinicians suicide prevention training on various levels at various settings.

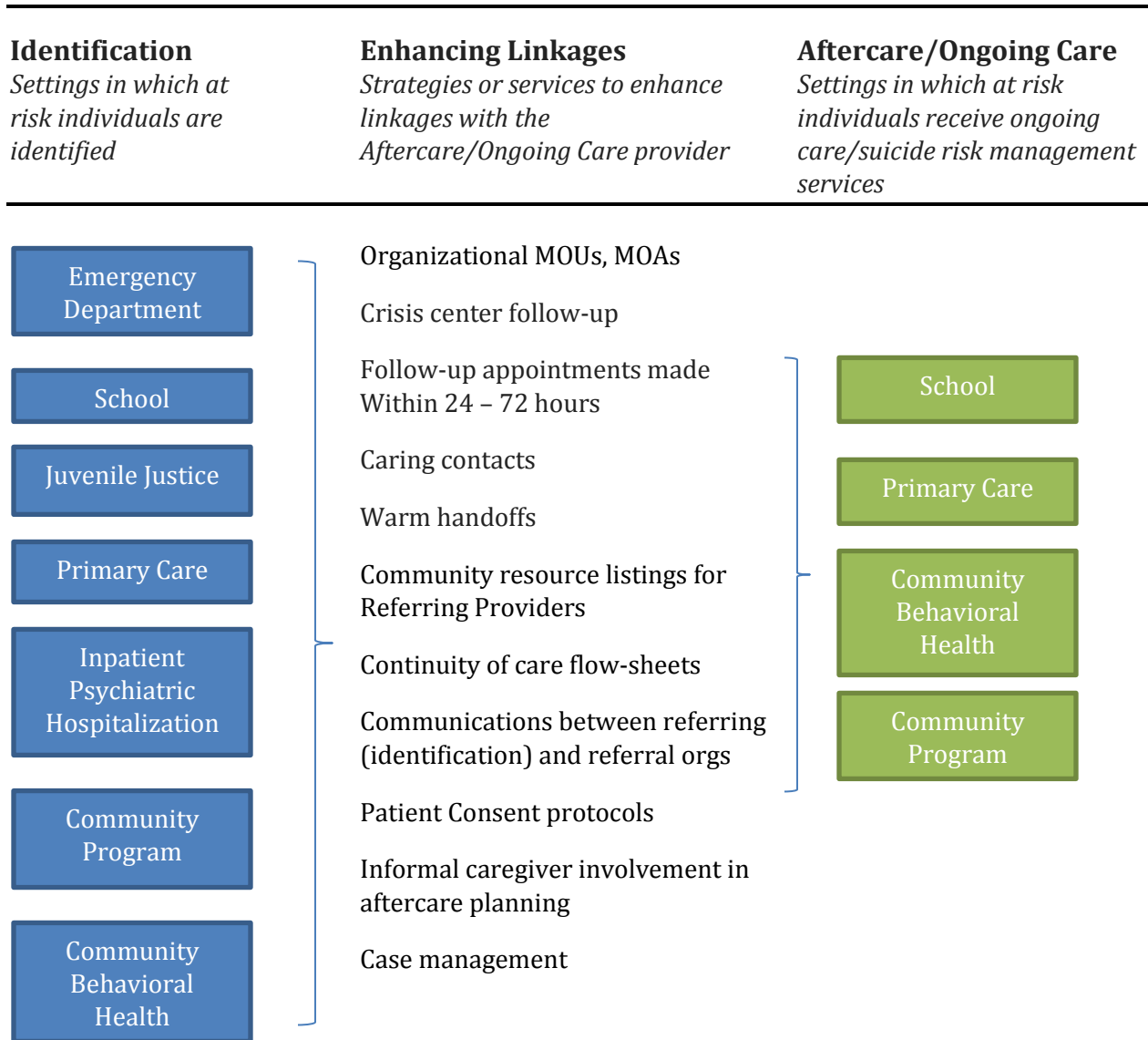
Increase Health Care Linkages

Care linkages, or continuity of care, are maintained when one care provider links to another care provider. As a result the transition of care is smooth and uninterrupted for the client, and the essential clinical information is provided.

Creating a culture of shared service responsibilities is paramount to directly addressing suicide risk in suicidal individuals. Professionals in each level of patient interaction need to have a clear and defined understanding of safe and effective best practice-informed transitions. When a patient who is screened and shows suicidal ideation or behavior is referred to a different or higher level of care, it is imperative that the referred clinician is capable of addressing that suicidal ideation or behavior in an appropriate therapeutic manner. This can be accomplished through a comprehensive policy structure to address standards of care transitions and training. These standards must require screening, assessment, therapeutic engagement and client empowerment, intervention, treatment responses and follow-up procedures. Utilization of evaluation methods such as root-cause analysis should be used to assess breakdowns in care procedures and to help target policy and practice improvements.⁴

Furthermore, appropriate communication of critical care information, medical records or behavioral health records between these professional levels of care is very important. Developing these relationships between organizations, and even between differing practices can be very time consuming and difficult to manage. For instance, creating healthcare linkages (connections from one level of care or clinician to another) between an emergency department and a client's privately retained psychologist can be affected by privacy regulations or administrative barriers. Likewise, it can be difficult to navigate the steps to create an effective follow-up system between a crisis center and an emergency department.

The KSPRC can provide communities technical assistance with creating those linkages and policy development with guidance from SAMHSA, Suicide Prevention Resource Center (SPRC), and the National Action Alliance for Suicide Prevention. KSPRC will also be able to provide training to those professionals involved in the care of suicidal individuals and any care transitions that may occur.



(Suicide Prevention Resource Center, 2014)

A training needs assessment of behavioral health (Community Mental Health Centers, psychiatric inpatient/outpatient, SUD), primary care, EMTs/first responders, law enforcement, crisis centers and schools for use of depression and suicidal ideation screenings is a low cost activity local communities can conduct.

Findings from these evaluations can help create linkages to ensure effective and safe transitions of care for at-risk individuals. This will be outlined further below in the context of the Strategic Prevention Framework (SPF).

Data-driven Approach and Evaluation

Using materials disseminated by KDHE, including the Annual Summary of Vital Statistics and the newly established NVDRS participation, Kansas has an exciting new opportunity to truly steer efforts and initiatives backed by informative data. Collaboration between the local coalitions, the Statewide Prevention Coalition, KDADS, KDHE, and KSPRC will be necessary to collect, interpret, and subsequently utilize the data to move initiatives forward. It will likely be the responsibility of the same individuals and agencies to determine protocols for local program evaluation to assess the effectiveness of said initiatives.

For the purposes of evaluation, it is beneficial to observe system frameworks that are already implemented within prevention initiatives so that new ones are not duplicating prior efforts. For example, SAMHSA’s Strategic Prevention Framework (SPF), is currently being used in substance abuse prevention efforts across the state. The SPF is a planning process that informs the “selection, implementation, and evaluation of evidence-based culturally appropriate, sustainable prevention activities. The SPF’s effectiveness begins with a clear understanding of community needs and depends on the involvement of community members in all stages of the planning process.” The steps to build infrastructure necessary for effective and sustainable prevention include 1) Assessing needs; 2) Building capacity; 3) Planning; 4) Implementing; and 5) Evaluating.⁵

There are a few features of the SPF that are particularly appropriate for an integrated approach to suicide prevention. The SPF focuses on outcome-based prevention, population-level change, prevention across the lifespan and data-driven decision-making processes. These aspects align parallel to those outlined both in the National Strategy for Suicide Prevention and the state plan. The core aspect of cultural competence in program planning and implementation ensures that all populations and individuals within the community are provided with appropriate services.

Strategic Prevention Framework

Step 1. Assess Needs

1. Collecting Data
2. Setting Priorities
3. Risk and Protective Factors
4. Available Resources to Support Prevention Efforts
5. Community Readiness to Address Identified Prevention Problems or Needs

Step 2. Build Capacity

1. Improving awareness [of suicide] and readiness of stakeholders to address these problems.
2. Strengthening existing partnerships and/or identifying new opportunities for collaboration.
3. Improving organizational resources.
4. Developing and preparing the prevention workforce.

Step 3. Plan (Local coalition level)

1. Prioritize the risk and protective factors [for suicidal behaviors].
2. Select evidence-based prevention interventions.
3. Develop a community-level logic model that links the previous two activities with objective outcomes.

Step 4. Implement

1. Fidelity and Adaptation (select appropriate programs and potentially customize to fit the target population)
2. Implementation Factors (Practitioner selection, consultation, evaluation, etc.)
3. Action Plan Development

Step 5. Evaluation

1. Evaluation in the Context of the SPF
2. Communicating Evaluation Results
3. Developing a Dissemination Plan

If funding is made available for the evaluation of prevention programs, use of an independent third-party evaluator is highly recommended. However, local efforts by community leaders to find and implement low-cost solutions are important for the success of the initiative. Surveying of community providers to determine how they are identifying, referring and following up with suicidal clients is one example. Results from provider surveys can help evaluate the impact of suicide prevention training and help with the development of local cluster response plans.

Annual Action Plan

Given the broad scope of the Kansas Suicide Prevention State Plan, it is necessary to recognize that progress towards these goals and objectives will be made incrementally. It must also be realized that the rate of this progress will vary significantly from one locality to another across the state. Therefore there is a need to evaluate progress and decide whether initiatives were successful or if changes need to be made to meet goals of the plan.

Each year an annual action plan will be drafted that assigns individualized specific tasks to various plan stakeholders around the state. These tasks will be connected to achieving the objectives of the plan. Tasks will be developed voluntarily with local plan stakeholders, and each task will be measurable and realistic. Each task will be evaluated individually based on whether it has been completed successfully or is still in progress. Tasks in the plan that have been completed successfully will be coded Green, those in progress will be coded Yellow, and those that have halted or failed will be coded Red.

Evaluation of the Annual Action Plan activities will occur at a local level and be consolidated by KDADS for the purpose of reporting to stakeholders.

Additionally every three years, the priorities and goals of the Kansas Suicide Prevention State Plan will be reviewed by KDADS with plan stakeholders in effort to make sure that it continues to address the needs of Kansans. An action plan will be developed and reviewed annually.

Appendix A.

Training Protocols (From the SPRC Best Practices Registry; www.sprc.org/bpr)

Featured Training Protocols:

1. Applied Suicide Intervention Skills Training (ASIST)

Information below found at <https://www.livingworks.net/programs/asist/>

Any individual age 16 or older, regardless of prior experience or training, can become an ASIST-trained caregiver. Developed in 1983 and regularly updated to reflect improvements in knowledge and practice, ASIST is the world's leading suicide intervention workshop. During the two-day interactive session, participants learn to intervene and help prevent the immediate risk of suicide. More than a million people have taken the workshop and studies have proven that the ASIST method helps reduce suicidal feelings for those at risk.

Workshop features:

- Presentations and guidance from two LivingWorks registered trainers
- A scientifically proven intervention model
- Powerful audiovisual learning aids
- Group discussions
- Skills practice and development
- A balance of challenge and safety

Each ASIST workshop shares many core features that make up the LivingWorks international standard. Here is what you can expect at your ASIST training:

- ASIST is held over two consecutive days for a total of 15 hours.
- ASIST is based on principles of adult learning. It values participants' experiences and contributions and encourages them to share actively in the learning process.
- ASIST workshops always have a minimum of two active ASIST trainers present for the entire two days. If there are more than 30 participants, there will be at least three trainers. Workshops over 45 participants are not recommended and should be split into two separate sessions instead.
- Trainers show two award-winning videos in the course of the workshop. *Cause of Death?* provides a common starting point for the discussion of attitudes about suicide, while two versions of *It Begins with You* illustrate the process of a suicide intervention.
- Some parts of ASIST take place with all participants together, and others take place in a smaller work group. This helps create a balance between safety and challenge. Participants need not disclose personal experiences to the whole group.
- Local resources are provided and their availability in the community is discussed.

- Participant materials include a 20-page workbook, wallet card, and stickers. Participants also receive a certificate upon completing the workshop.

2. Ask 4 Help Suicide Prevention for Youth (Yellow Ribbon)

Information below found at <http://yellowribbon.org/training/youth/>

Ask 4 Help!® Youth Suicide Prevention Training is a peer based training that includes empowering the audience to learn to use this vital life skill. The presentations and trainings are built to increase help seeking behaviors and links between peers and caring adults.

Youth Peer Leaders Training – communities have found that having youth trainers validates the importance of the topic among their peers, increases participation and promotes cultural acceptance around help seeking.

Objectives:

- Increased knowledge of warning signs, risk and protective factors of suicide
- Increased understanding of help-seeking behavior; how to ask for help for themselves and others
- Increased knowledge of resources and crisis contact (locally and nationally) using the simple lifeskill and tool – the Ask 4 Help!® Wallet card – with the step-by-step guide to ask for help and a national resource, 800-273-TALK (8255)
- How to respond to a friend’s cry for help.
- Increased empowerment of their own abilities by knowing the development of the Program and that youth can know how to, and do, make a difference.

Yellow Ribbon Standards for Safe and Effective Messaging for training programs

- Emphasize help-seeking behavior
- Teach Warning Signs, Risk and Protective Factors
- Teach about, and Identify, Resources
- Include appropriate Support Personnel (i.e. counselors, specialists, faith leaders, etc.)
- Don’t present descriptions of methods of suicide
- Don’t glorify or romanticize suicide

3. Be A Link Suicide Prevention Gatekeeper Training (Yellow Ribbon)

Information below found at <http://yellowribbon.org/training/adult/>

Anyone in an organization can potentially be trained in what is known as “suicide prevention gatekeeper training.” (National Action Alliance for Suicide Prevention 2012). Suicide Prevention Trainings are a key step in preparation and readiness for individuals and communities in both prevention and postvention.

Yellow Ribbon’s **Be A Link!® Community Gatekeeper Training** is a community friendly, peer-based, non-clinical training. It teaches simple, effective tools of help between those in need and help resources. It emphasizes the important role parents, school personnel and other trusted adults can play in helping at-risk young people. This core model is appropriate for any adults, professional and non-professional. Yellow Ribbon has feedback

that shows that trusted adults such as school bus drivers, coaches, custodians and scout leaders have been instrumental in helping save lives after receiving the training.

Objectives:

- Increased knowledge of Warning Signs, Risk and Protective Factors
- Increased knowledge of help resources and how to access them
- Increased knowledge of liabilities, policies and procedures for school
- Increased knowledge of how to talk to their own teens about suicide/suicide prevention
- Learn how to respond to a Cry for help
- Learn how to Start the Conversation of help
- Readiness – crisis protocols applicable for your school/site and in your community
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Additional tracks for specialized groups are available:

- Training for Trainers Workshop (2-Day) – (Can include Youth Leaders (ages 16 & up)
- School Staff (2-1/2 hours) – Educators, staff (certified & classified) and volunteers
- First Responders (EMS or LE) (2-1/2 hours)
Addresses your roles as a professional, colleague and civilian; family, neighbor, friend
- Faith Leaders (2-1/2 hours)
Addresses your roles as a minister/clergy, community leader, colleague and family member/neighbor

Yellow Ribbon Standards for Safe and Effective Messaging for training programs

- Emphasize help-seeking behavior
- Teach Warning Signs, Risk and Protective Factors
- Teach about, and Identify, Resources
- Include appropriate Support Personnel (i.e. counselors, specialists, faith leaders, etc.)
- Don't present descriptions of methods of suicide
- Don't glorify or romanticize suicide

4. Question Persuade Refer (QPR)

Information below found at <http://www.qprinstitute.com/>

(Question, Persuade, and Refer) Gatekeeper Training for Suicide Prevention is a 1-2 hour educational program designed to teach "gatekeepers"--those who are strategically positioned to recognize and refer someone at risk of suicide (e.g., parents, friends, neighbors, teachers, coaches, caseworkers, police officers)--the warning signs of a suicide crisis and how to respond by following three steps: (1) Question the individual's desire or intent regarding suicide, (2) Persuade the person to seek and accept help, and (3) Refer the person to appropriate resources.

5. More Than Sad

Information below found at MoreThanSad.org

More Than Sad is a 1-2 hour educational program designed to educate high school students about depression, the leading risk factor for suicide in both adults and teens. By presenting vignettes of four teens that were treated for depression, this educational program aims to

teach adolescents to recognize depression in themselves or their friends, and to encourage them to seek help.

More Than Sad teaches the signs and symptoms of depression, encourages teens to seek help for depression from a trusted adult, and demystifies treatment. The program is engaging, based on sound principles, and sensitive to cultural differences. I recommend it highly. —Dr. Ralph E. Cash, President, National Association of School Psychologists

6. Sources of Strength

Information below found at <http://sourcesofstrength.org/>

Sources of Strength is a best practice youth suicide prevention project that utilizes the power of peer social networks to change unhealthy norms and culture and ultimately prevent suicide, bullying and substance abuse. The program is designed to prevent suicide by increasing help-seeking behaviors and connections between peers and caring adults with a focus on Hope, Help and Strength. Sources of Strength takes a different approach in youth suicide prevention by moving beyond a singular focus on risk factors through building multiple sources of support around young individuals so that when times get hard they have strengths to rely on.

7. Assessing and Managing Suicide Risk: Core Competencies for Mental Health Professionals

Information below found at <http://www.sprc.org/training-institute/amr>

Outpatient behavioral health providers play a crucial role in preventing suicides. Studies have shown that a substantial proportion of people who died by suicide had either been in treatment or had some recent contact with a mental health professional. Yet many providers report that they feel inadequately trained to assess, treat and manage suicidal patients or clients.

Assessing & Managing Suicide Risk: Core Competencies for Mental Health Professionals meets providers' need for research-informed, skills-based training.

AMSR is a one-day training for mental health professionals, including:

- Social workers
- Licensed counselors
- Psychologists
- Psychiatrists

6.5 continuing education credits are available from NASW, NBCC, APA and Continuing Medical Education Credits (CME).

Additional Resources:

Kansas Suicide Prevention Resource Center - www.KansasSuicidePrevention.org

Suicide Prevention Resource Center - www.sprc.org

National Suicide Prevention Lifeline - <http://www.suicidepreventionlifeline.org/>

American Foundation for Suicide Prevention – www.AFSP.org

American Association of Suicidology – www.suicidology.org

National Action Alliance for Suicide Prevention –
www.actionallianceforsuicideprevention.org

Citations

1. Drapeau, C. W., & McIntosh, J.L. (for American Association of Suicidology). (2015). *U.S.A. Suicide 2013: Official final data*. Washington, DC: American Association of Suicidology, dated January 22, 2015, downloaded from <http://www.suicidology.org>.
2. "2013 Annual Summary of Vital Statistics" Kansas Department of Health and Environment, Bureau of Epidemiology and Public Health Informatics. <http://www.kdheks.gov/hci/AS2013.htm>
3. U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*. Washington, DC: HHS, September 2012.
4. National Action Alliance: Clinical Care & Intervention Task Force. *Suicide Care in Systems Framework*. Retrieved December 15, 2014, from <http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/taskforces/ClinicalCareInterventionReport.pdf>
5. Strategic Prevention Framework. (n.d.). Retrieved January 21, 2015, from <http://captus.samhsa.gov/prevention-practice/strategic-prevention-framework>