



# School Mental Health Advisory Council



February 25, 2021

*Kansas leads the world in the success of each student.*

# Call to order

- Roll Call



# Approval of Agenda and Minutes



Agenda: February 25, 2021

Minutes: December 3, 2020

Poll questions will allow the votes to be public information but will not reveal how individuals vote.

# Public Comment

- Guidelines for Testimony
  - Prior to start of the School Mental Health Advisory Council meeting, be sure to email Pat Bone, [pbone@ksde.org](mailto:pbone@ksde.org) expressing desire to speak during public comment.
  - All comments will be taken under advisement by the council.
  - Any response from the Council to public comments will come at a later date.
- Verbal Public Comment
  - Verbal comments are limited to three minutes.
  - Cue will be given one minute before time expires.
- Written Testimony
  - Written input must include the name, address and county of residence of the person submitting comment.
  - Written comments can be submitted via email to Pat Bone [pbone@ksde.org](mailto:pbone@ksde.org)



# Required and Recommended Trainings around Child Abuse and Neglect



Myron Melton, Shanna Bigler, Cherie Blanchat, Holly Yager, Erica Hunter

# KSDE Training Portal

<https://www.ksde.org/Agency/Division-of-Learning-Services/Student-Staff-Training>



# School Mental Health Initiate Resources







# Recognizing Child Sexual Abuse and Mandated Reporting eLearning Module

Access at  
<http://moodle.kansastasn.org/>

Self-paced eLearning module that discusses important topics, such as

- ☐ Possible Signs
- ☐ Information on Mandated Reporting
- ☐ Information on Human Trafficking
- ☐ Research-Based Prevention Programs
- ☐ Local, State, and National Resources
- ☐ Training Opportunities in Kansas





## RESOURCES FOR SCHOOL COMMUNITIES



### eLearning Modules

Interactive, online, and self-paced eLearning modules on a variety of topics. Found at <https://moodle.kansastasn.org>

- Trauma-Responsive School Community eLearning Modules and Facilitation Guide
- Neuroscience in Education eLearning Series | Dr. Lori Desautels
- Recognizing Child Sexual Abuse and Mandated Reporting

### Resources

Find the resources below and more by visiting the TASN SMHI webpage at <https://ksdetasn.org/smhi>.

- Mindfulness & School-Based Yoga eLearning Video Series | Little Flower Yoga (<https://www.ksdetasn.org/smhi/mindfulness-school-based-yoga-tools>)
- School Mental Health: A Resource for Kansas School Communities (<https://www.ksdetasn.org/smhi/school-mental-health-a-resource-for-kansas-school-communities>)
- Trauma, Toxic Stress, and Caregiver Well-Being: Practices for Fostering Resilience in Children/Youth and Caregivers | TASN SMHI, Families Together, & Kansas Parent Information Resource Center (KPIRC)
  - Facilitation Guide (<https://www.ksdetasn.org/resources/2689>)
  - Slide Deck (<https://www.ksdetasn.org/resources/2690>)
- The Heart of Learning and Teaching: Compassion, Resilience, and Academic Success | State of Washington, Office of Superintendent of Public Instruction (<https://www.k12.wa.us/sites/default/files/public/compassionateschools/pubdocs/theheartoflearningandteaching.pdf>)
  - The Heart of Learning and Teaching Book Study | TASN SMHI (<https://www.ksdetasn.org/resources/1503>)
- Peace Corners: Sensory Strategies for Self-Regulation (<https://www.ksdetasn.org/resources/1068>)



### Handouts

Resources created in partnership between TASN SMHI, Families Together, & KPIRC. Spanish versions available at <https://www.ksdetasn.org/smhi/creating-family-school-partnerships-additional-resources>

- Kansas Youth Suicide Awareness (<https://www.ksdetasn.org/resources/2495>)
- Stress and Early Brain Growth (<https://www.ksdetasn.org/resources/2167>)
- Understanding ACEs & Resiliency (<https://www.ksdetasn.org/resources/2157>)
- How Can You Help? Stress and Childhood (<https://www.ksdetasn.org/resources/2117>)
- Understanding Positive Childhood Experiences (PCEs)
  - Children (<https://www.ksdetasn.org/resources/2895>)
  - Adolescents (<https://www.ksdetasn.org/resources/2894>)



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This handout was provided in your meeting materials.



# 2019 SMHAC Recommendation Update: Mandated Reporting Training



School Mental Health Advisory Council  
February 25, 2021

# Mandated Reporting Training

- Require staff training on mandated reporting requirements and procedures.
- Required training to include signs of abuse and neglect, and include child sexual abuse (captures the essence of Erin's Law).
- Recommend that districts institute, revisit or revise policies related to mandated reporting.



# Process & Current Status

1. The recommendations were taken to the Board of Education and approved through an unanimous vote.
2. Brian Dempsey wrote the regulation and submitted to the attorney general's office. (Current official status)
3. The AG office can take a long time for this to become final- once it is approved from the AG- the regulation will hold the same legal authority as a statute would.
4. For the 19-20 school year the training regulation was "recommended" for districts.
5. For the 20-21 school year, the training was "required."
6. Although, not completely legally binding until the AG's office is done with it- we are moving forward as the regulation is required.
7. Cheryl Franklin with KSDE has been requested to update the training brochure and website content to reflect the change from "recommended" to "required."





# Required Trainings Website

- <https://www.ksde.org/Agency/Division-of-Learning-Services/Student-Staff-Training>





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- ☐ Training Opportunities in Kansas





**BREAK – 15 minutes**

# Suicide Prevention



Kent Reed, Gary Henault, Linda Buchheister, Stephanie Rhinehart

**REQUIRED** and **Recommended** Student and Staff Training

Prevention and Responsive Culture

## Suicide Awareness and Prevention



Having a prevention, response and postvention plan in place before suicide occurs enables districts and schools to respond in an organized and effective manner. This toolkit contains information that schools can use to coordinate the development of a plan that fits the needs of their specific community.

**The Kansas Suicide Prevention, Response and Postvention Toolkit** is a comprehensive guide that provides step-by-step guidance for setting up a systematic approach to suicide prevention, response and postvention. The essential forms from the toolkit are available below as **fillable word documents** that can be downloaded for easy access and use by the appropriate school personnel.

### Forms/Documents

Title	Category	
<a href="#">Attachment 1.00 School Mental Health Team Identification</a>	Word	<a href="#">Download</a>
<a href="#">Attachment 1.01 Planning Tool</a>	Word	<a href="#">Download</a>
<a href="#">Attachment 2.00 Youth Suicide Risk Screening Form</a>	Word	<a href="#">Download</a>
<a href="#">Attachment 2.01 Youth Suicide Risk Assessment Form</a>	Word	<a href="#">Download</a>
<a href="#">Attachment 2.03 Crisis Response Checklist</a>	Word	<a href="#">Download</a>
<a href="#">Attachment 2.05 Caregiver Contact Acknowledgement Form</a>	Word	<a href="#">Download</a>
<a href="#">Attachment 2.06 Student At-Risk of Suicide Documentation Form</a>	Word	<a href="#">Download</a>
<a href="#">Attachment 2.07 Guidelines for Student Referral</a>	Word	<a href="#">Download</a>
<a href="#">Attachment 2.08 Referral, Consent and Follow-Up Form</a>	Word	<a href="#">Download</a>
<a href="#">Attachment 2.09 Personal Safety Plan</a>	Word	<a href="#">Download</a>
<a href="#">Attachment 2.10 Student Health and Education Plan - Physician Report</a>	Word	<a href="#">Download</a>
<a href="#">Kansas Suicide Prevention, Response and Postvention Toolkit</a>	PDF	<a href="#">Download</a>

**For more information, contact:****Myron Melton**

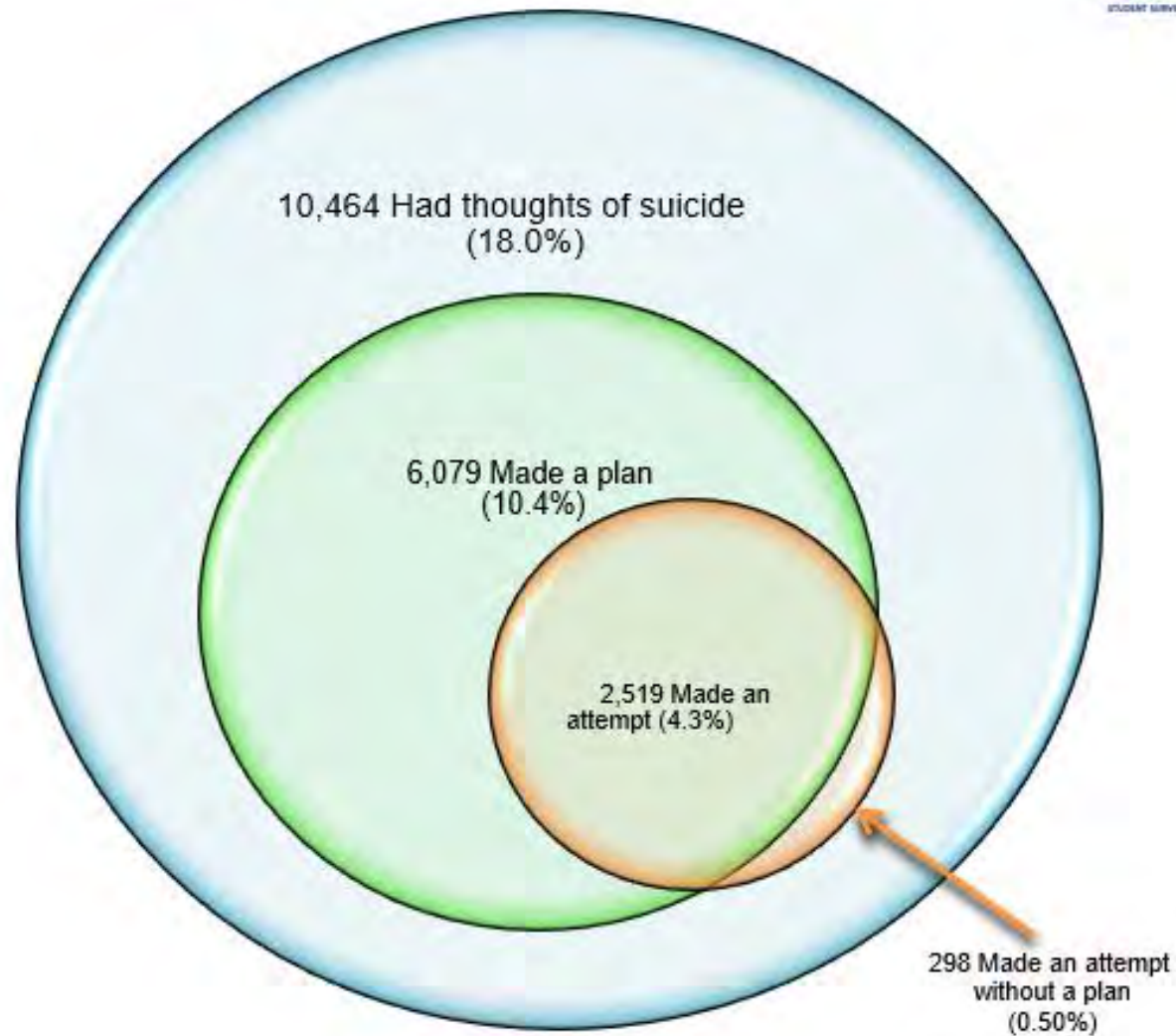
Education Program Consultant  
 Special Education and Title Services  
 (785) 296-4941  
[mmelton@ksde.org](mailto:mmelton@ksde.org)







# 2020 Kansas Student-Reported Suicide Thoughts, Plans, and Attempts



# 2020



**2020 Annual Report  
(2018 Data)**

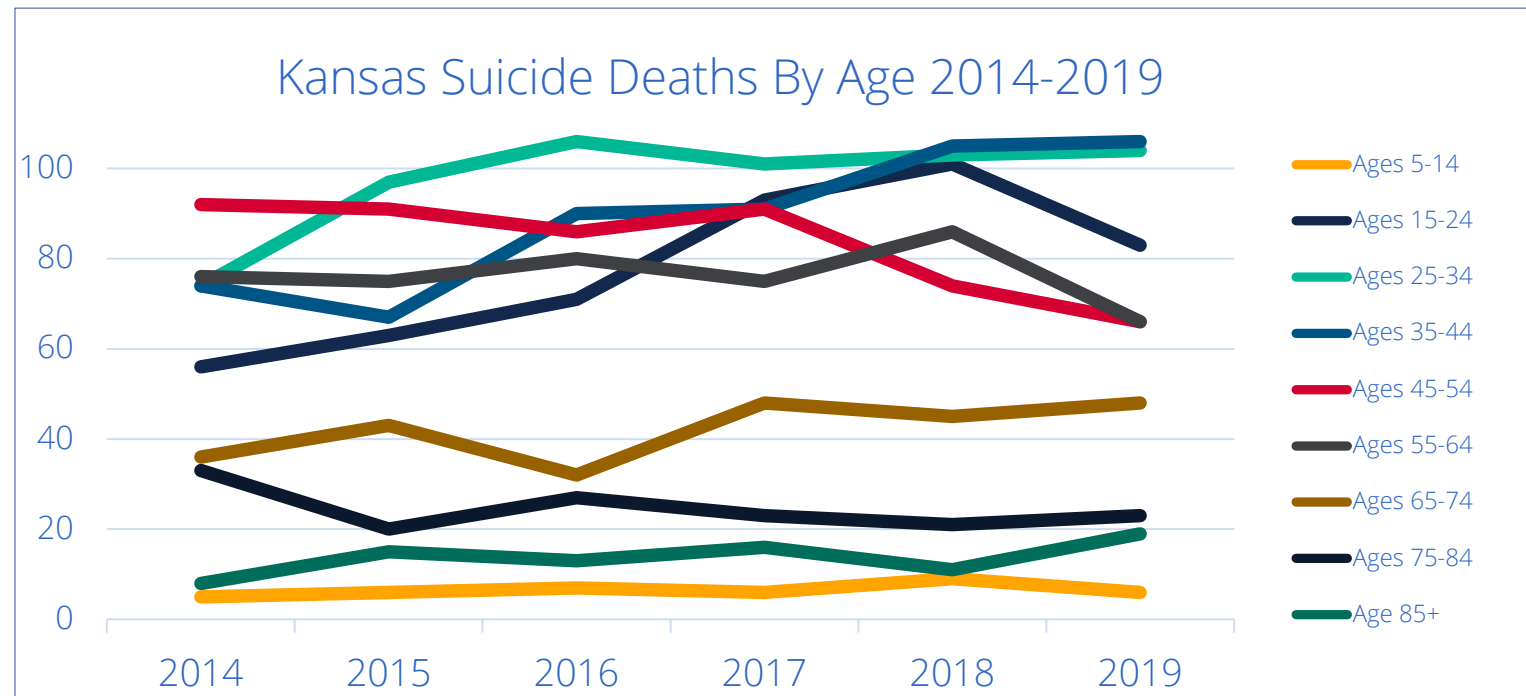
**[www.ag.ks.gov/scdrb](http://www.ag.ks.gov/scdrb)**



**KANSAS  
ATTORNEY GENERAL  
DEREK SCHMIDT**

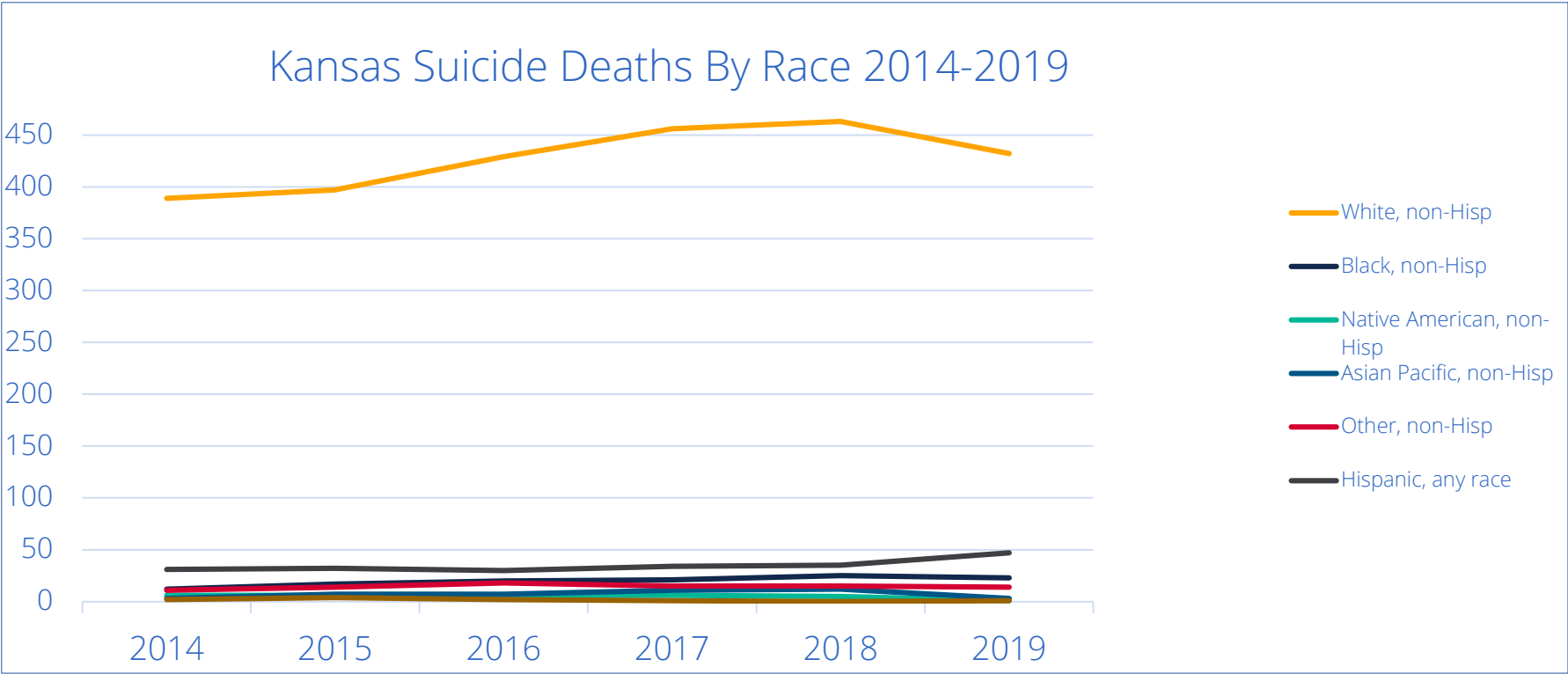


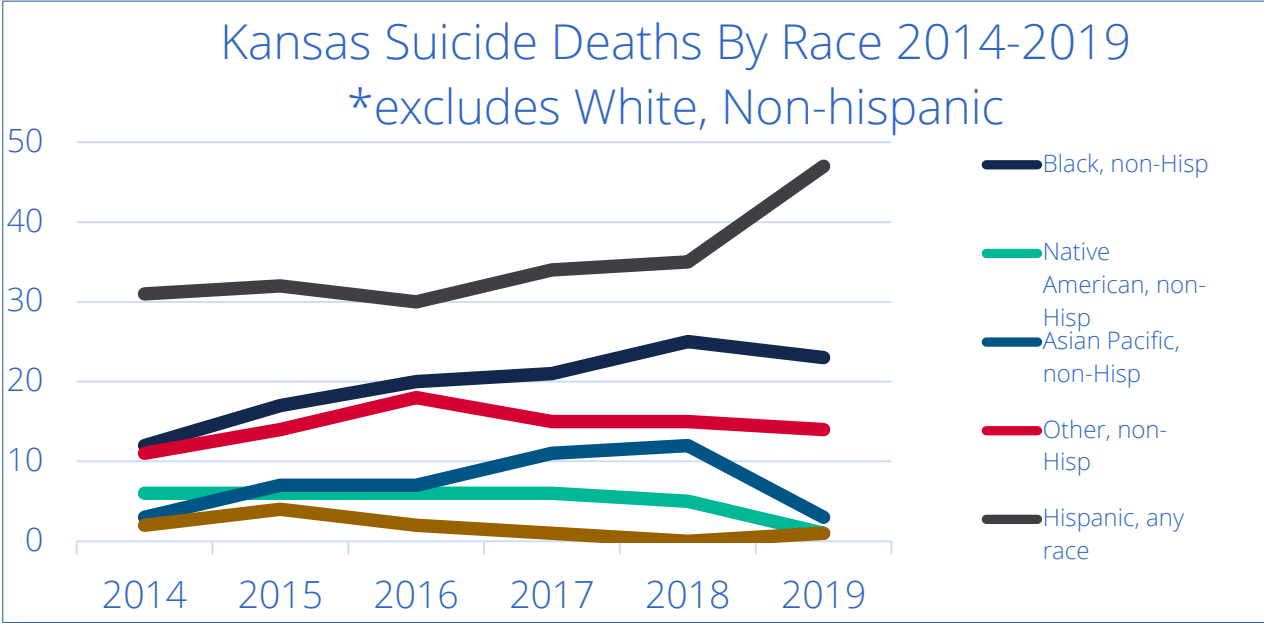
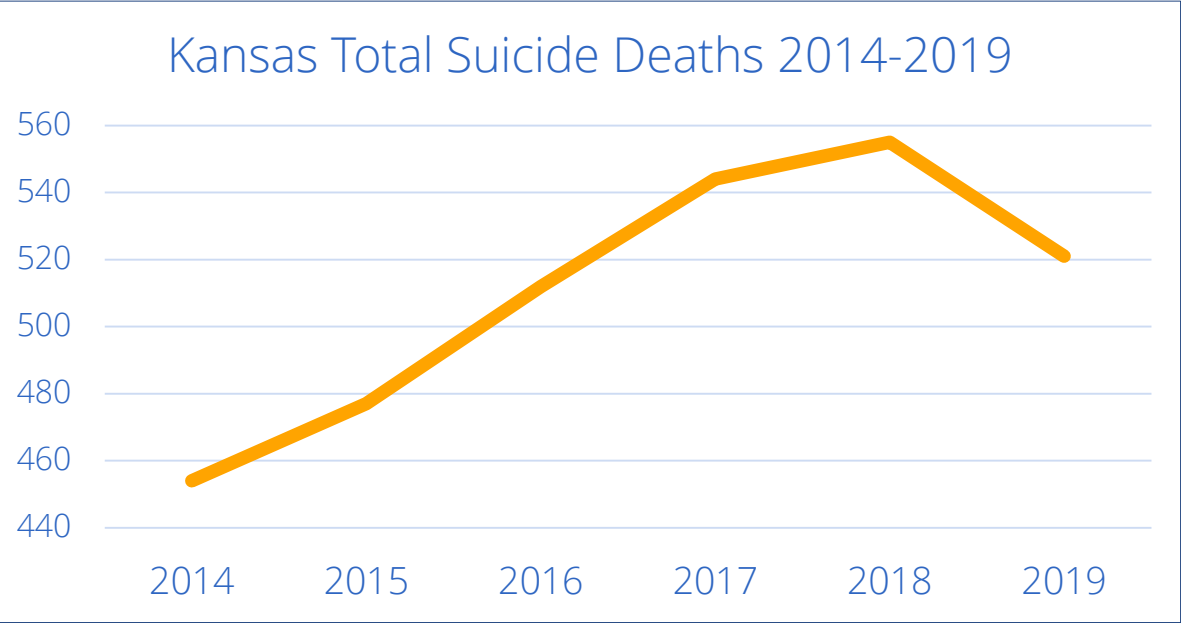
Kansas Total Suicide Deaths 2014-2019													
	Age 14	5- Age 24	Age 15- 24	Age 25- 34	Age 35- 44	Age 45- 54	Age 55- 64	Age 65- 74	Age 75- 84	Age 85+	Total		
2014		5	56	74	74	92	76	36	33	8	454		
2015		6	63	97	67	91	75	43	20	15	477		
2016		7	71	106	90	86	80	32	27	13	512		
2017		6	93	101	91	91	75	48	23	16	544		
2018		9	101	103	105	74	86	45	21	11	555		
2019		6	83	104	106	66	66	48	23	19	521		





Kansas Total Suicide Deaths 2014-2019									
	White, non-Hisp	Black, non-Hisp	Native American, non-Hisp	Asian Pacific, non-Hisp	Other, non-Hisp	Hispanic, any race	Not Specified	Total	
2014	389	12	6	3	11	31	2	454	
2015	397	17	6	7	14	32	4	477	
2016	429	20	6	7	18	30	2	512	
2017	456	21	6	11	15	34	1	544	
2018	463	25	5	12	15	35	0	555	
2019	432	23	1	3	14	47	1	521	





# KANSAS VIOLENT DEATHS<sup>1</sup>: 2015-2017 FACTS & FIGURES

<sup>1</sup>A death resulting from the intentional use of physical force or power against oneself, another person or against a group or community that includes: suicide, homicide, legal intervention, unintentional firearm, and undetermined death.

## BASIC FACTS

2,055

violent deaths occurred in Kansas.



3 in 5 violent death victims (60%) had a high school education or less.

## Total violent deaths by race/ethnicity:



White



Black or African American



Hispanic

## Mortality rate:

Compared to Hispanics, Blacks were 82% more likely to die by violent death and Whites were 23% more likely.

## OCCUPATION (ADULTS ≥16YRS)

### Top 3 occupation groups by sex:

% of Female



Unpaid<sup>2</sup>

30%



Healthcare Practitioner/technical

9%



Admin Support/office

8%

**Rates for Females:** Those in Healthcare Support (7%) had the mortality rate about twice the average of female workers (31.5 vs 14.3 per 100,000 persons).

% of Male



Construction/extraction

17%



Transportation/material moving

13%



Unpaid<sup>2</sup>

10%

**Rates for Males:** The average was 56.6 per 100,000 persons.

Those with higher mortality rates were:

- Farm/Forestry/Fishing 174.3 per 100,000
- Construction/extraction 118. per 100,000
- Transport/Material moving 81.7 per 100,000

<sup>2</sup>Unpaid including housewife, homemaker, student, disabled, volunteer, patient, inmate, or without job  
Note: Those in unpaid, military or with insufficient information were excluded from rate calculations



## Veterans (Adults ≥18yrs)

- made up 16% of violent deaths
- About 3 veterans died from violent death for 1 non-veteran violent death



For every 1 Female who died from a violent death, about 3 Males died from a violent death.

## THE COSTS



Violent deaths cost Kansas a total of **\$3.14 billion** from 2015-17.

Combined medical and work loss cost during that time was an average of **\$2,000 per minute**.



The total violent deaths reflect **68,565 years** of potential life lost (YPLL) before age 75.



# KSVDRS

KANSAS VIOLENT DEATH REPORTING SYSTEM

A program of the Kansas Department of Health and Environment

KSVDRS is an active and ongoing state based surveillance system that provides comprehensive information to fully characterize violent death incidents. It collects data from death certificate, law enforcement reports, and coroner report including toxicology results. Only Kansas residents were included for analysis. Suicide were restricted to people 10 years or older.

To learn more about KSVDRS, contact the Program Coordinator at 785-296-0351 or visit <http://www.kdheks.gov/idp/KsVDRS.htm>. Information on the National Violent Death Reporting System is available at <https://www.cdc.gov/violenceprevention/datasources/nvdrs/index.html>.



## FACTS & FIGURES

# HOMICIDES OF KANSAS RESIDENTS 2015-2017

Deaths from threatened or actual intentional use of force or power against another person, group, or community.



**About 1 in 5 (21%)** of the total 2,055 violent deaths in Kansas from 2015-2017 were homicides (n=424).



**Almost 1/3 (29%)** of victims were ages 15-24 years.



Most homicide deaths (74%) **were males**, who had the 2.7 times the mortality rate of females (7.3 versus 2.7)

### Relationship of Victim to Suspect



### Cost in Kansas

**An estimated \$735 million** (2017 US dollars) in medical expenses and work loss, and 17,460 years of potential life lost (YPLL) among people who died by homicide before age 75.



Blacks were more likely to die from homicide with a mortality rate (21 per 100,000) **7.7 times** that of Whites, and **2.8 times** that of Hispanics.



### Intimate Partner Violence

**About 1 in 7 (14%)** related to intimate partner violence (39% in females versus 4% in males).

### Cause of Death



### Other Circumstances

- 41%** Argument or conflict
- 25%** Substance abuse (non alcohol) problem
- 16%** Precipitated by other crime (robber, assault or homicide, drug trade)
- 12%** Killed by random violence
- 10%** Drug involvement (dealing, trade or use)
- 9%** Gang-related
- 9%** Drive-by shooting



## Suicide Statistics in Kansas | 2015-2017

An analysis from the Kansas Violent Death Reporting System

About 3 in 4 (74%) of the total 2,055 violent deaths in Kansas were suicides.



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



An estimated \$2.24 billion (2017 US dollars) in medical expenses and work loss, and 46,837 years of potential life lost (YPLL) if people die before age 75.



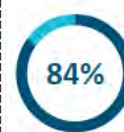
Residents in Frontier<sup>3</sup> counties, 27.0 per 100,000 persons, had higher suicide rate than the average.



In 2017, suicide was the 2nd leading cause of death among people ages 15-34 in Kansas.



About 78% of suicide deaths were among males, who had 3.6 times the suicide rate of females.



Most suicides (84%) were among non-Hispanic Whites.

### Top 3 Occupation Groups

% of total workers ≥ 16 yrs



Unpaid<sup>2</sup>, 13%



Construction/Extraction, 11%



Transportation/Material Moving, 10%

### Rates for high-risk occupations



Farm/Forestry/Fishing

Male workers in Farm/Forestry/Fishing group had the highest suicide rate, 158.4 per 100,000; Female workers in the Healthcare Support had 2 times the suicide rate of the average among females.



Healthcare Support



About 67 per 100,000 Veterans died by suicide, which was 3.4 times the suicide rate of non-veterans (19.9 per 100,000).

### Causes of Death

Firearm ↑ in males and poisoning or drug overdose ↑ in females.



More than 1 in 4 (28%) suicide poisoning deaths were caused by an opiate, followed by antidepressants (22%) and benzodiazepines (17%).

### Circumstances Around Suicides

#### Mental Health & Substance Abuse

- About 2 in 5 were identified as having current depressed mood or mental health problems at the time of death; and about 3 in 4 of those with mental health problems listed depression or dysthymia.

- About 1 in 5 had substance or alcohol abuse problem.

#### Interpersonal

- About 3 in 10 had intimate partner problems.

#### Life Stressor

- About 1 in 10 had recent criminal legal, financial, or job problems.

#### Suicide Specific

- About 1 in 3 had thought about suicide or left a suicide note.
- About 1 in 4 had disclosed suicide intent before dying by suicide.

1. Population density in persons per square mile (ppsm); frontier less than 6.0  
2. Unpaid: housewife, homemaker, student, disabled, volunteer, patient, inmate, and those who did no work.  
3. Cut/pierce, drowning, fall, fire, transportation, or others.





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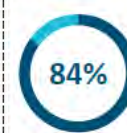
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Attachment-Based Family Therapy Training Program Presents:  
Family Based Youth Suicide Risk Management:  
Risk Assessment, Safety Planning and  
Family Engagement for Clinical Staff  
May 11 & 12, 2021 • 2-Session Live Webinar



Handout included in meeting materials.

# Strong Communities for Trying Times

## Presentation Menu

**For School Personnel**

Middle and High School - Choose One

- ☐ QPR (Question, Persuade, Respond)- 1 hour session focused on suicide prevention.
- ☐ More than Sad - 1 hour session focused on depression and anxiety in teens.

Elementary School - Choose One

- ☐ Disorders Not Bad Behaviors -1 hour workshop designed to identify behaviors that may indicate mental health disorders in students.

**For Parents and Caregivers**

All Ages

- ☐ Family Readiness - 1 hour workshop to empower families to prepare for and overcome disasters and trying times.

Parents of Elementary Age Students

- ☐ Disorders Not Bad Behaviors - 1 hour workshop designed to identify behaviors that may indicate mental health conditions.

Parents of Middle and High School Age Students

- ☐ Helping Parents Help Youth - 1 hour workshop to help parents recognize and respond to emotional distress in their teenagers.

**For Students**

K-1st

- ☐ Bouncing Back- interactive classroom session on how to handle difficult feelings.

2nd-3rd

- ☐ Strong Minds- classroom session on how to handle tough situations and feelings.

4th-5th

- ☐ Growing Minds-classroom session on managing difficult situations and feelings.

6th-8th

- ☐ Positive Minds-classroom session on increasing mental wellness, and healthy minds.

High School - Choose One

- ☐ A.N.S.W.E.R.-(Adolescents Never Suicide When Everyone Responds) 45 or 90 minute classroom session focused on depression, anxiety, suicide prevention and help seeking.
- ☐ Positive Minds-classroom session on increasing mental wellness, and healthy minds.

This program brought to you by: Mental Health America of the Heartland, Mental Health Association of South Central Kansas with funding from the Substance Abuse and Mental Health Services Administration Disaster Relief Grant Program in partnership with the Kansas Department of Aging and Disability Services, Drexel University's Center for Family Intervention Science and Medical Decision Logic, Inc.



Handout included in meeting materials.



**Training opportunities to support children, families, and communities**  
\*Trainings funded through the Substance Abuse and Mental Health Services Administration Disaster Relief Grant Program

**PAX Good Behavior Game Initial Training**  
PAX GBG is a school-based, classroom intervention used by classroom teachers. This training provides teachers with all the skills, strategies, and supplies necessary to implement PAX GBG in the classroom. In addition to implementing the strategies, teachers learn the importance of a nurturing environment and its effects on trauma, self-regulation, and mental health outcomes throughout the lifespan of the children they work with.

**PAX Partner Training**  
PAX Partner Training provides coaching and support training for school-based or external professionals trained in PAX GBG. PAX Partners guide PAX GBG implementations in the school and provide support that can include troubleshooting, expanding implementation and integrating PAX GBG with other school-wide initiatives.



PAX = Peace • Productivity • Health • Happiness



**\*PAX Tools Community Educator Training**  
PAX Tools is a promising practice comprised of evidence-based, trauma-informed strategies to be used by parents, caregivers, and youth-serving workers in homes and other community settings. PAX Tools is built on similar science as the PAX Good Behavior Game, a school-based classroom intervention used by teachers to teach self-regulation. This training provides community educators with a set of 9 evidence-based strategies for working with youth and equips them with the knowledge and skills needed to facilitate a PAX Tools Community Workshop in their own community (working with families, daycares, after-school settings, social workers, juvenile justice staff, etc).

**\*PAX Tools for School@Home Training**  
PTS@H training provides already-certified PAX Tools Community Educators with a deeper look into 5 of the PAX Tools strategies in order to guide parents and caregivers who are facilitating school at home with their children. These strategies will help to increase their child's focus, motivation, stamina, and improve study habits and outcomes when learning at home.

**PAX Tools for Human Services Training**  
PTHS provides research-based trauma-informed behavioral health strategies for practitioners who work with youth – including clinicians, case workers, peer-support providers, and more. This training includes not only strategies for professionals to use with youth in their own setting, but also steps for guiding the caregiver in utilizing these same strategies with children at home.




Visit [www.paxis.org](http://www.paxis.org) learn more about PAX GBG or PAX Tools. To learn more about training opportunities for any of our programs, contact [paxtools@paxis.org](mailto:paxtools@paxis.org).





Handout included in meeting materials.






Grow • Lead • Connect • Impact

# Youth Leaders IN Kansas


## YLINK Teams

- Grow young people to reach their fullest potential
- Empower youth to become active leaders in their communities
- Join a network of youth all over the state influencing their peers
- Assist youth in making real, lasting community impacts



## YLINK Impacts

- Have seen decreases in substance use
- Have received national and state recognition
- Had opportunities to present to legislators and policymakers

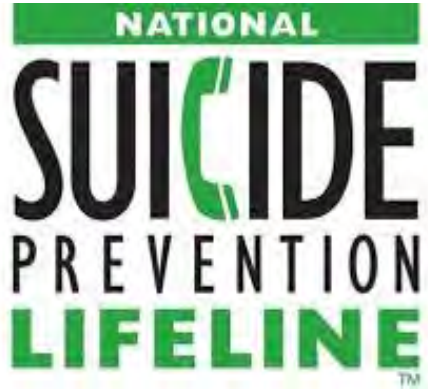


Doug Bowman, Kansas Department for Aging and Disability Services  
785-296-4736  
douglas.bowman2@ks.gov



# *988 State Planning Grant Overview*

# The National Suicide Prevention Lifeline



The National Suicide Prevention Lifeline is made up of over 180 local crisis centers.

The goal of the new 988 number is to ensure the Lifeline will continue to be America's mental health safety net.







# Administrator of the National Suicide Prevention Lifeline 988 Planning Grants



Vibrant's grants enable states to develop strategic plans for the projected infrastructure needs, volume growth, and access to the Lifeline's new 988 number.



# About 988 and the Lifeline

In July 2022, 988 will become the national three-digit dialing code for the National Suicide Prevention Lifeline, replacing the current phone number of 1-800-273-TALK (8255).

The National Suicide Prevention Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States.

# Funding Opportunity

This funding opportunity is targeted towards state and territory agencies collectively answering several million crisis calls, chats and texts each year.



The new 988 number, once implemented, will continue to be America's mental health safety net by providing emotional support for people in distress, reducing suicides and mental health crises, and providing a pathway to well-being for all.





# How States Will Use the Grants

---

- Funding can be used to evaluate current system capacity to meet the projected demand for 988-related services, create a roadmap to fill any assessed system/community gaps, and solidify a crisis system to deliver focused crisis resources for those in need.
- Vibrant's 988 Planning Grant Funding offers a resource to thoughtfully create a data-informed roadmap to make that shift and funding to support personnel to work that plan.
- Each public health or mental health agency will collaborate with its Lifeline-network crisis centers to create a 988 implementation plan and continue to support the Lifeline's operational, clinical, and performance standards that allow access to care.



# KDADS Award and Partnership

On 1/20/21 KDADS, was awarded the 988 Planning grant through Vibrant Emotional Health. This is an 8-month grant that will conclude September 2021.

KDADS will be partnering with Kansas Suicide Prevention HQ, Johnson County Mental Health, COMCARE of Sedgwick County, and TBD Solutions, LLC to achieve outcomes.

As part of the grant requirements, KDADS will also be hiring a 988 Project Coordinator and creating a new 988 key stakeholders coalition inclusive of but not limited to:

- Individuals with lived experience of suicide thoughts, attempts and/or loss
- A representative from one or more Lifeline crisis center or State suicide prevention coordinators
- County or regional mobile crisis service providers/oversight bodies
- Providers of crisis respite/stabilization services
- Law enforcement leaders
- 9-1-1/PSAP leaders
- Peer support service providers
- Major state/local mental health and suicide prevention advocacy groups (e.g., chapters of MHA, NAMI, AFSP, etc.)

# QUESTIONS?

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Prevention Program Manager  
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# Suicide Prevention Update



Monica Kurz, LMSW  
VP of External Programming  
[monica@ksphq.org](mailto:monica@ksphq.org)

*Kansas leads the world in the success of each student.*

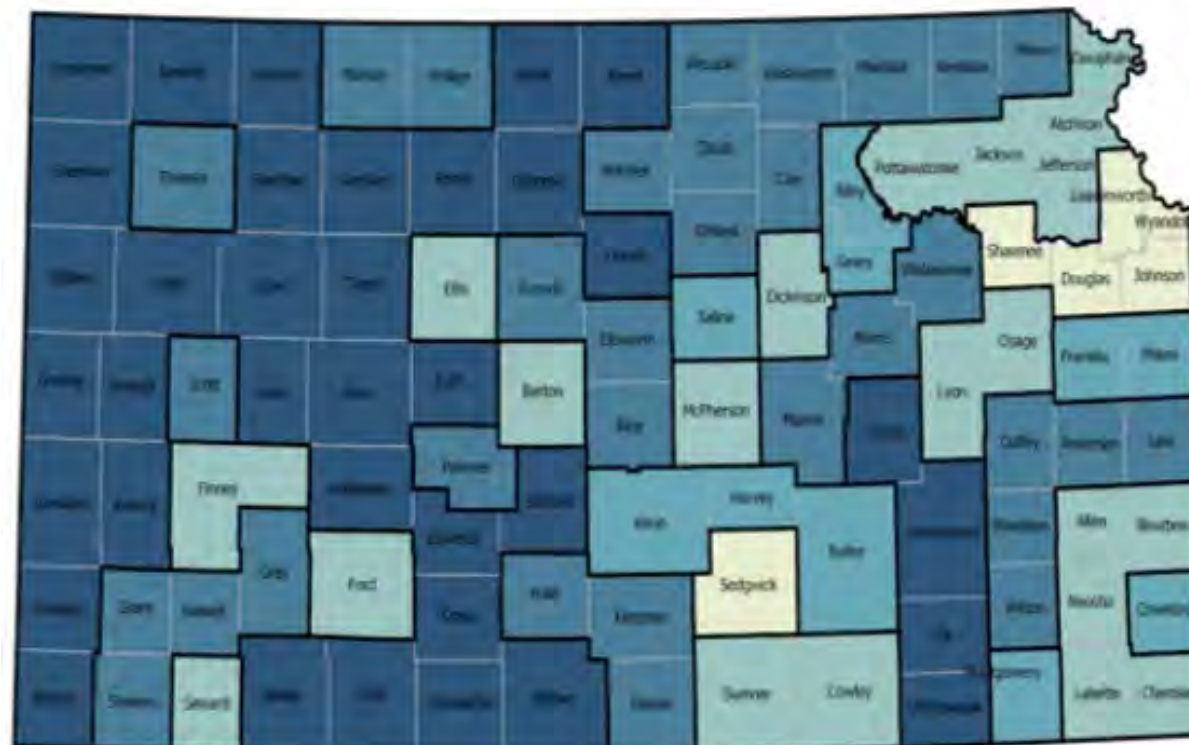
# What we know.

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# Figure 11. Age-Adjusted Suicide Rate<sup>1</sup> by County Population Density, Kansas 2015-2017

- Urban, densely-settled rural, semi-urban, rural and frontier counties had similar suicide rates.



Suicide restricted to decedents  $\geq 10$  years old in Kansas Violent Death Reporting System (KSVDRS)

A total of 1,518 Kansas resident suicide deaths occurred from 2015-2017, with 1,517 having known residence

Between 2015 and 2017, on average, 20.3 out of every 100,000 Kansans died by suicide

Peer County Group <sup>2</sup>	Number of Deaths (N = 1,517)	Age-Adjusted Suicide Rate <sup>1</sup> (95% CI)
Urban	834	19.6 (18.3, 21.0)
Densely-Settled Rural	235	20.0 (17.4, 22.7)
Semi-Urban	238	20.5 (17.8, 23.1)
Rural	130	22.3 (18.2, 26.3)
Frontier	80	27.0 (20.6, 33.4)

<sup>1</sup>per 100,000 Kansas residents

<sup>2</sup>Residence counties used for rate calculations. Peer counties grouped by persons per square mile: frontier < 6.0, rural within 6.0-19.9, densely-settled rural within 20.0-39.9, semi-urban within 40.0-149.9, and urban  $\geq 150.0$ .

Data Source: 2015-2017 Kansas Violent Death Reporting System (KSVDRS), Bureau of Health Promotion, KDHE. Age-adjusted rates using 2000 U.S. Standard Population.

Created by: Yidan Pei, Injury and Violence Prevention Epidemiologist, Bureau of Epidemiology and Public Health Informatics, KDHE. Mar 10, 2020



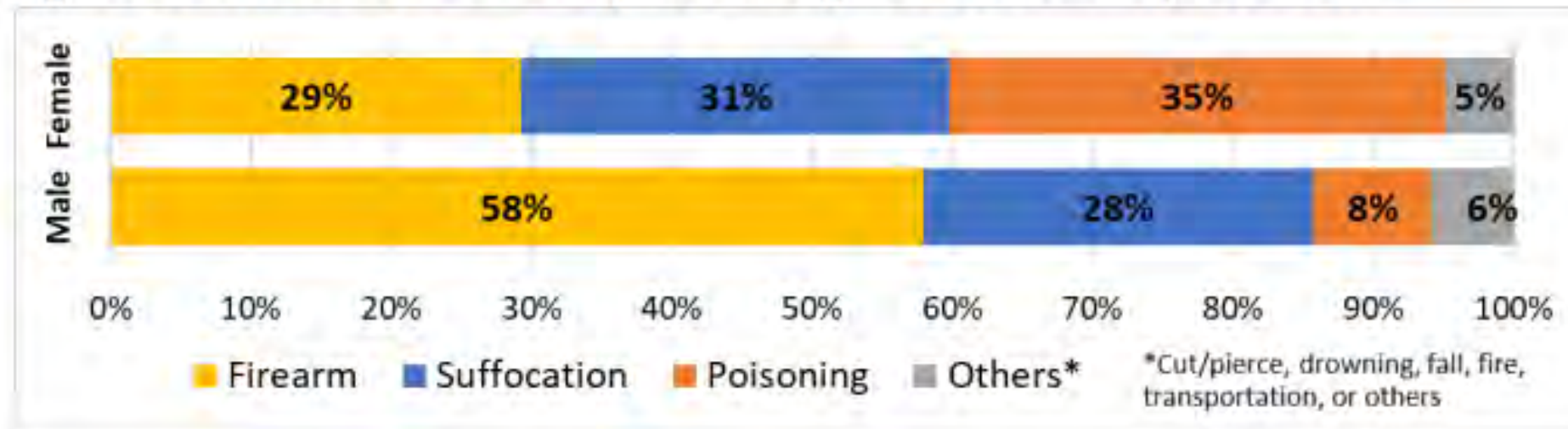
## Suicide Rate per 100,000 by Peer County Groups

Urban: 19.6  
Densely-Settled Rural: 20.0  
Semi-Urban: 20.5

Rural: 22.3  
Frontier: 27.0

0 40 80 160 Miles

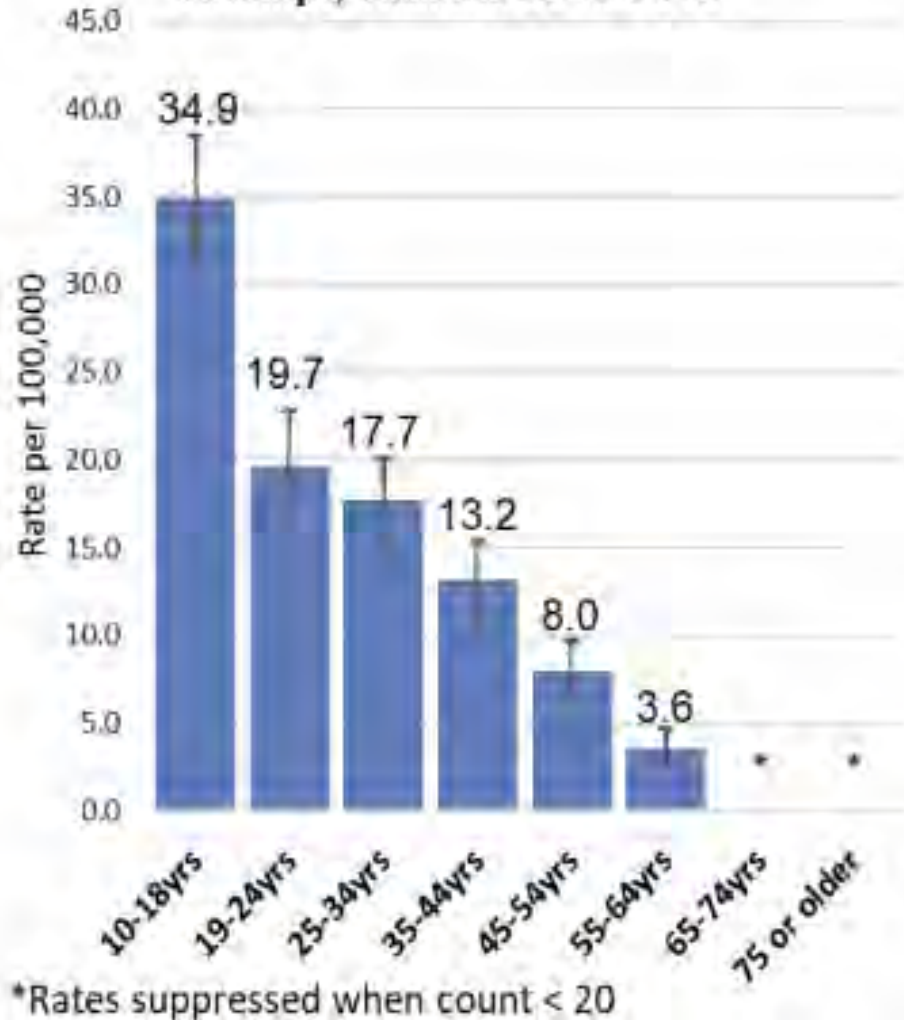
**Figure 5. Mechanism of Suicide by Sex Among Kansas Residents, 2015-2017**



Data source: 2015-2017 Kansas Violent Death Reporting System (KSVDRS), Bureau of Health Promotion, KDHE

- Majority of males 10-18 years old died utilizing a firearm
- Females of the same age most often used a means of suffocation

**Figure 17. Age-Specific Emergency Department Visit Rates of Suicide Attempt, Kansas 2016-2018**



## ED Care for Suicide

- Females visit EDs for suicide ideation and attempts more frequently than males
- Suicide ideation ED visits were highest among the Black population
- Younger Kansans were more likely to visit the ED for suicide ideation/attempts and self-harm injuries than older Kansans

# Covid-19 and Risk Factors

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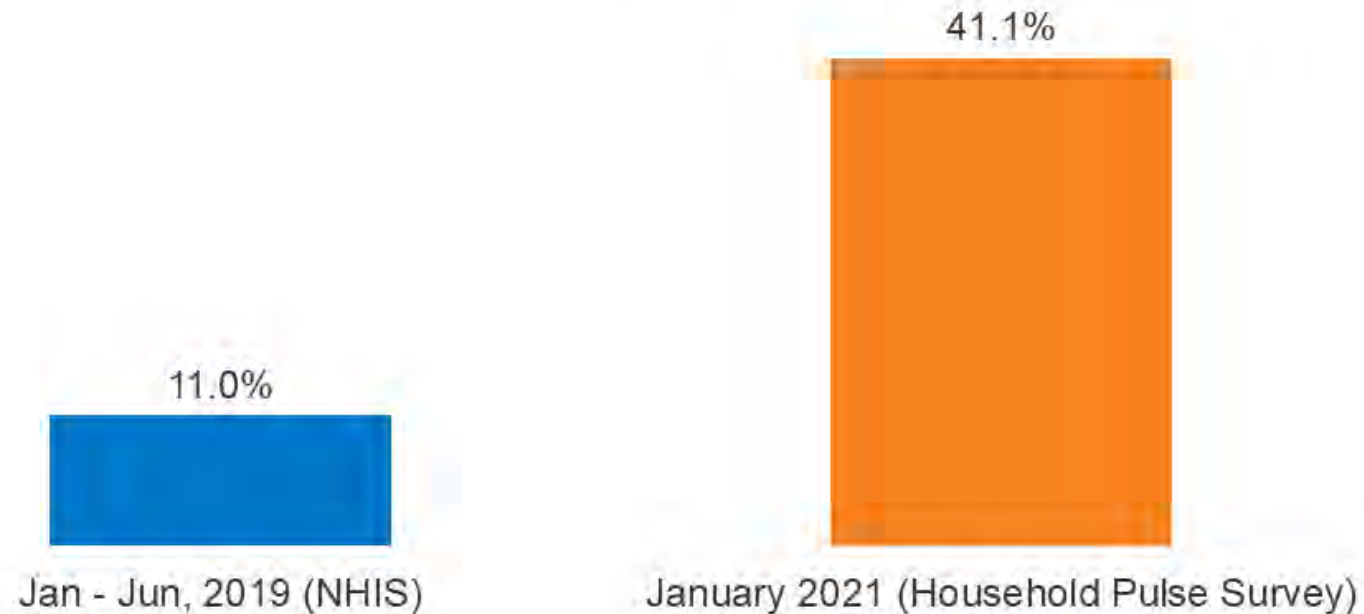
# Increase in Known Risk Factors for Suicide

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- Isolation
- Mental health distress
- Substance use/consumption
- Economic Stressors
- Exposure to trauma
- Experiences of physical, emotional and sexual abuse
- Housing instability
- Food insecurity
- Increased access to lethal means

Figure 1

## Average Share of Adults Reporting Symptoms of Anxiety Disorder and/or Depressive Disorder, January-June 2019 vs. January 2021



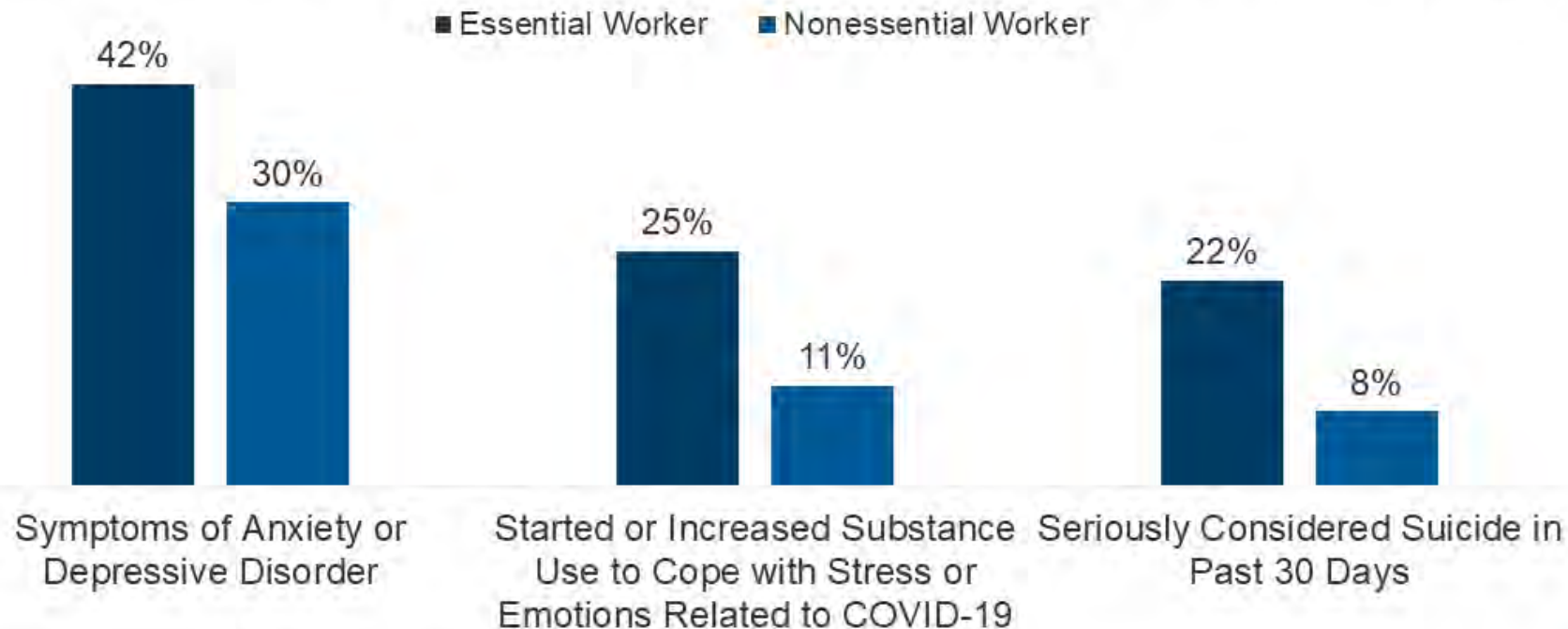
NOTES: Percentages are based on responses to the GAD-2 and PHQ-2 scales. Pulse findings (shown here for January 6 – 18, 2021) have been stable overall since data collection began in April 2020.

SOURCE: NHIS Early Release Program and U.S. Census Bureau Household Pulse Survey. For more detail on methods, see: <https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf>

**KFF**

Figure 8

## Among Essential and Nonessential Workers, Share of Adults Reporting Mental Distress and Substance Use, June 2020

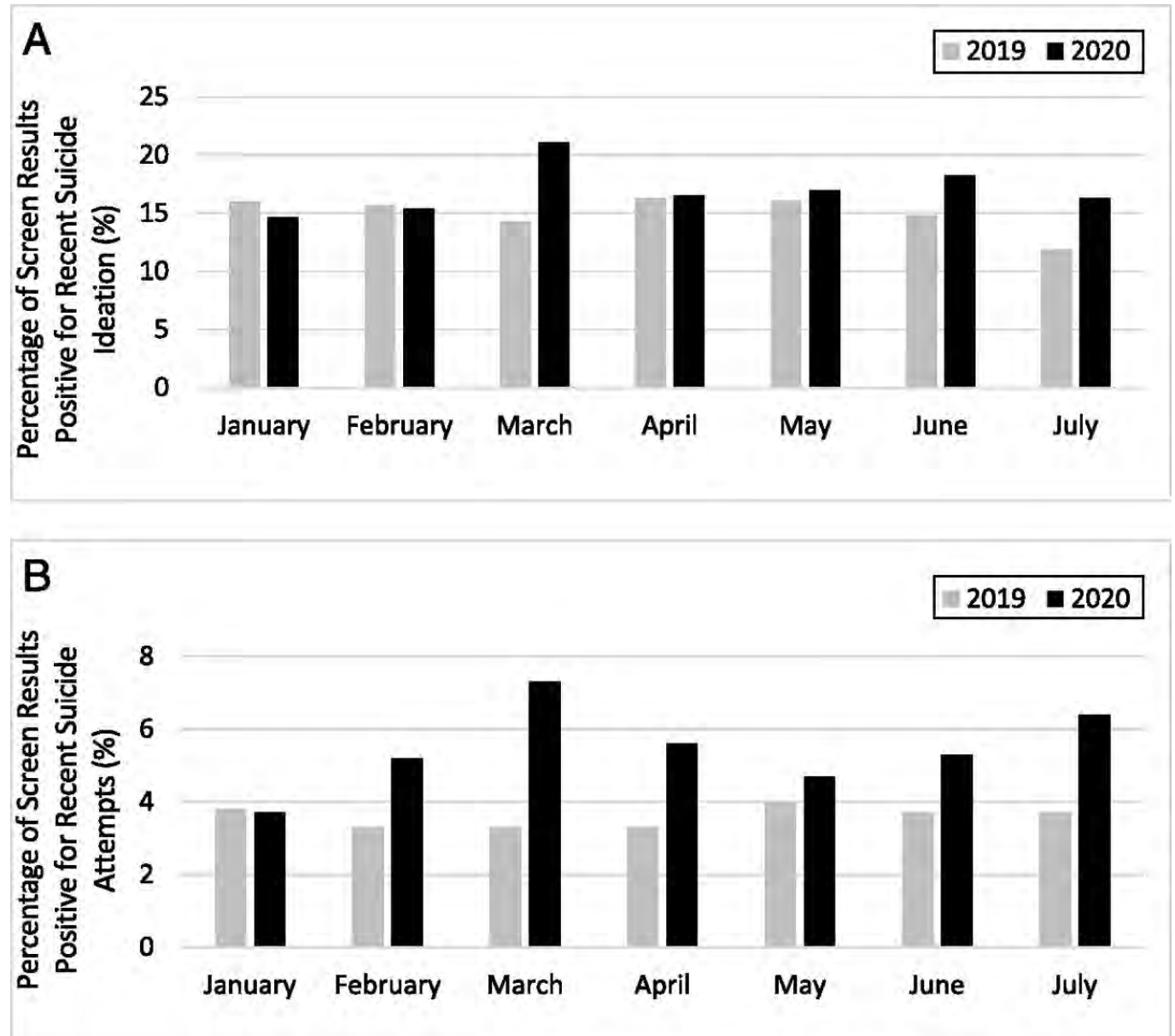


NOTES: Data is among adults ages 18 and above. Essential worker status was self-reported.

SOURCE: Czeisler ME, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>

**KFF**

Suicide Ideation and Attempts appear to be higher during times when COVID-19 stressors or community responses were greater.





# Building Protective Factors

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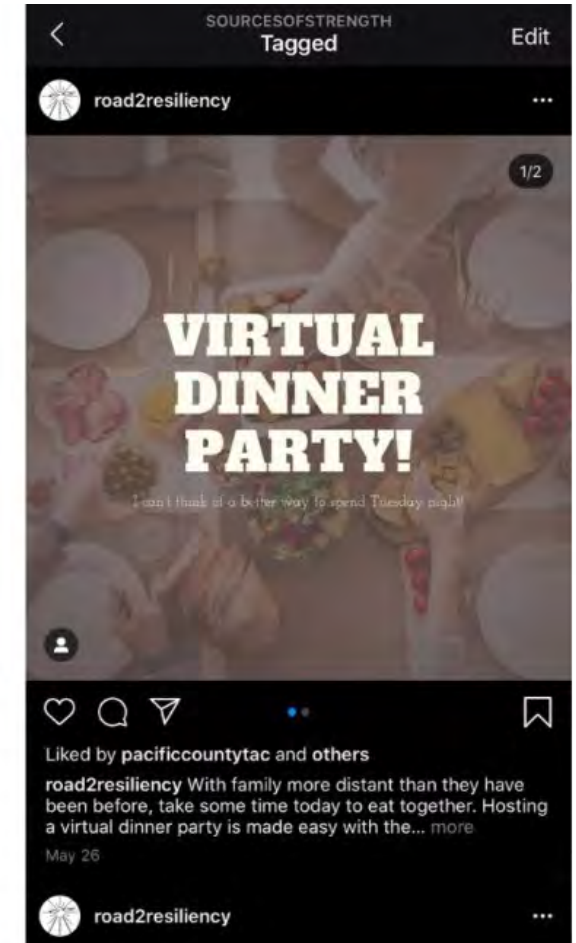
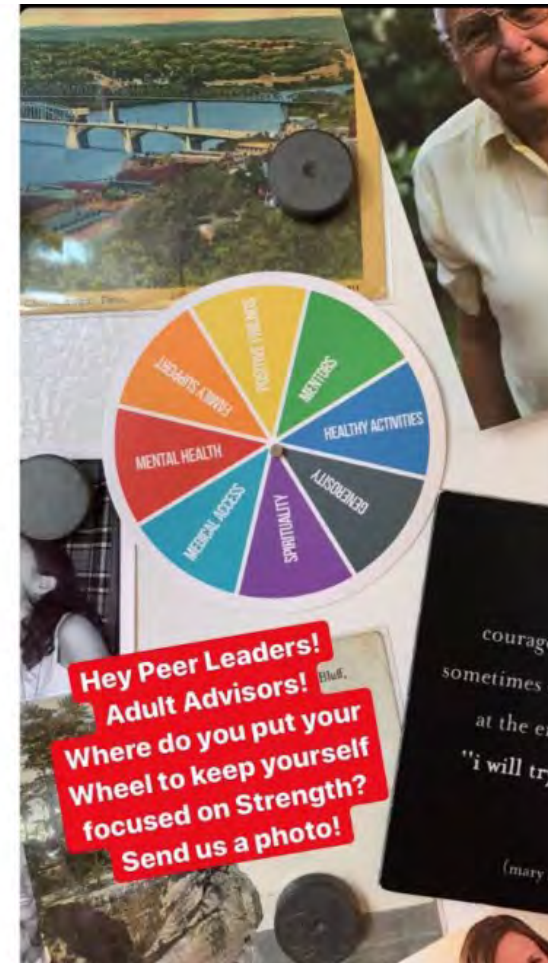
# I AM A TRUSTED ADULT



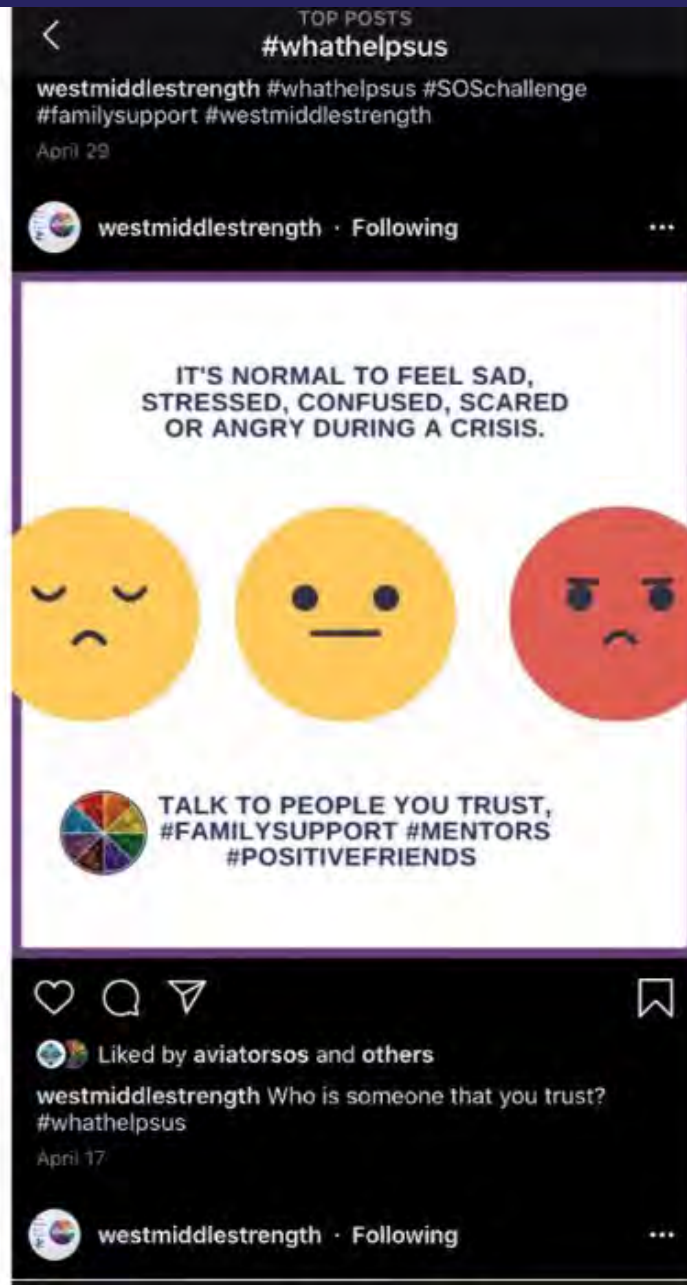
**By displaying this for youth and adults to see, I promise to:**

1. Acknowledge that reaching out for support is a strength
2. Listen and react non-judgmentally
3. Respond in a calm and reassuring manner
4. Reflect back the feelings, strengths and ideas I hear when listening
5. Ask how I can be helpful and respond as I am able
6. Do what I can to connect to other supports if asked
7. Maintain confidentiality and communicate if exceptions exist

# Virtual Innovation



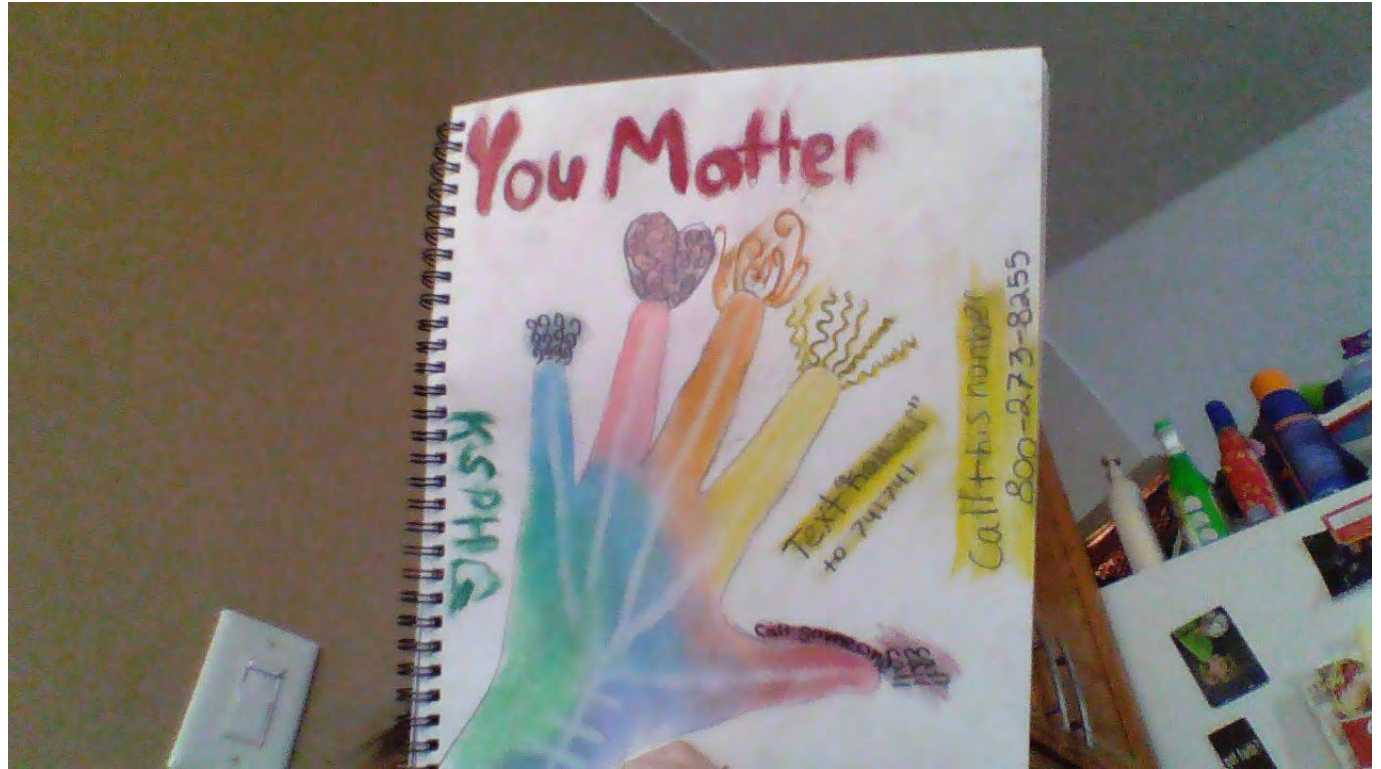






# Creativity

Facilitating opportunities to express their feelings and experiences creatively, is a great way to bolster resilience.



Kansas Partners in Empowering Youth  
for Suicide Prevention

# Youth Suicide Prevention Art Contest

\$100 prize for top  
nine winners

for grades 6-12

Learn more and enter at [KSPHQ.org/ArtContest](https://KSPHQ.org/ArtContest)

Sponsored by



# Planning for Safety

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# Stanley-Brown Safety Plan

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Step 1: Warning signs that a crisis may be developing

Step 2: Internal coping strategies

Step 3: People and social settings that provide distraction

Step 4: Social supports

Step 5: Professional and crisis contacts

Step 6: Make environment safe



# Means Matter

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Means reduction approaches are evidence-based and effective suicide prevention strategies.

CALM- Counseling Access to Lethal Means

Prepped and Ready from CMH



*We are beginning to understand that how people attempt suicide plays a crucial role in whether they live or die.*

# References

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1. Kansas Department of Health and Environment. (2020). The role of public health in addressing suicide prevention. Retrieved February 23, 2021 from: [https://www.kdheks.gov/idp/download/Suicide\\_Prevention\\_in\\_Public\\_Health.pdf](https://www.kdheks.gov/idp/download/Suicide_Prevention_in_Public_Health.pdf)
2. Panchal, N. et al. (2021). The implications of COVID-19 for mental health and substance use. *Kaiser Family Foundation*. Retrieved February 23, 2021 from: <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>
3. Hill, R., et al. (2021). Suicide ideation and attempts in pediatric emergency department before and during COVID-19. *Pediatrics*, 147(2).
4. Sources of Strength <https://sourcesofstrength.org/>
5. Safety Planning <https://kansassuicideprevention.org/safety-planning/>
6. CALM Training <https://zerosuicidetraining.edc.org/enrol/index.php?id=20>
7. Prepped and Ready Training <https://www.childrensmercy.org/departments-and-clinics/developmental-and-behavioral-health/prepped-and-ready/>

# Discussion around Potential Data Sources

- KCTC perception data (Kent)
- KSDE District Data Collections
- KIDS data collection from student exit records



# Digital Citizenship Update

- [ACP \(google.com\)](https://www.google.com)





**Lunch Break – 45 minutes**  
**12:00 – 12:45**



# Bullying Recommendations and Executive Summary



Kathy Busch, Jean Clifford, Shanna Bigler, John McKinney

# State Board Discussion at January Meeting

- Executive Summary - Handout
- Final Report Submitted to State Board - Handout
- State Board Discussion and Action



# Quick Guide



## Quick Guide for Implementation

Blue Ribbon Task Force on Bullying

**Kansas School Mental Health  
Advisory Council**

- Local School Boards adopt prevention policies that prohibit bullying or cyberbullying:
  - by any student, staff member, or parent on school property
  - in a school vehicle
  - during school sponsored activities or events (regardless of location)
- Track and report data incidences of bullying in the areas of:
  - physical
  - cyber
  - verbal
  - relational
- Implement a social-emotional learning curriculum that:
  - is prevention-focused
  - is evidence-based
  - includes a family engagement component
- Annual report of district policy to local board of education regarding:
  - bullying
  - cyber bullying
  - use of KSDE of Social, Emotional, and Character Development standards
  - bullying data
- Districts and families establish common expectations
- Provide students and families with information on digital citizenship to assist students in making smart choices online
- Adopt training plan for staff, students and families (staff training is required)

*Kansas leads the world in the success of each student*



# Creation of Presentation for district leadership guidance

- Shanna Bigler
- John McKinney



# Professional Development and Training

- Discussion





# Legislative Update

Laura Jurgensen

Legislative Council Members



# Wrap-Up Comments

- Consider changing date of next meeting in April (away from 3<sup>rd</sup> Thursday when CMHC's will be meeting. (April 15 current date)





Kathy Busch  
Chair

Pat Bone  
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