

Abstract

Kansas Youth Suicide Prevention: *Collaboration and Service Across Our State*

The State of Kansas, through its agent, Headquarters, Inc., commonly known as Headquarters Counseling Center, proposes this initiative to increase and strengthen youth suicide prevention activities statewide, resulting in stronger linkages between youth settings and quality mental health care for suicidal youth between the ages of 10 and 24. The initiative promotes suicide prevention and intervention that enhances local and statewide identification and linkage that will highlight: 1) identifying at-risk youth and assessing access barriers within youth settings; 2) conducting evidence-based prevention interventions within each youth setting to enhance surveillance, linkage and self-referral; 3) promoting the viable connection of the young person to crisis line support and psychiatric care; 4) increasing the availability of mental health professionals trained in reducing suicide risk through evidence-based interventions; and 5) successfully retaining the identified young person in mental health treatment, to the point that meaningful suicide risk reduction has occurred.

A state coordinating and resource center and website for youth suicide prevention will be developed. Capacity will be added to the Lifeline service in Kansas. The existing state suicide prevention committee will be expanded in representation and scope, and regional suicide prevention coalitions will be formed, to enhance youth suicide prevention. Consumers, including youth 10-24, families, mental health advocates, and survivors of suicide loss will be included in planning, information enhancement, and reducing barriers to obtaining help. Information exchange will be facilitated by the website and regional meetings. Locations for youth site – mental health provider partnerships will reflect the geographic and cultural diversity of Kansas. During the first four months of the grant, an ASIST Training for Trainers course will be offered to at least two representatives of each of the six mental health regions of the State.

This project will also promote a data-driven evaluation, strategies for expanding suicide prevention over time, and dissemination of project findings. Measurable objectives include indices of participation (youth trained, youth served, website hits, coalition attendance, diversity representation), changes post-training in willingness to seek help from an adult during a suicidal crisis, reduction of barriers, youth connecting with treatment, youth retained in treatment, reduction of actual suicide cognitions, and improved perceptions of the mental health experience by youth, families, and youth settings.

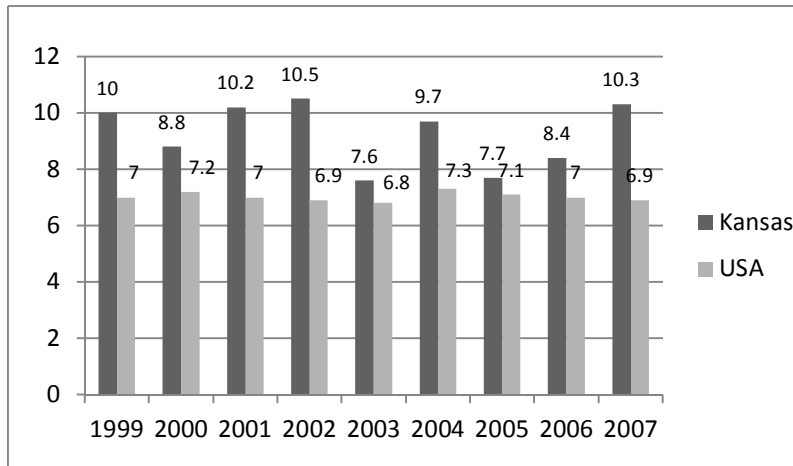
Table of Contents

Face Page	
Abstract	1
Table of Contents	2
Project Narrative and Supporting Documentation	
Section A: Statement of Need.....	3
Section B: Proposed Evidence-Based Service/Practice.....	7
Section C: Proposed Implementation Approach.....	13
Section D: Staff and Organizational Experience.....	24
Section E: Performance Assessment and Data.....	28
Section F: Literature Citations.....	30
Section G: Budget Justification.....	32
Section H: Biographical Sketches and Job Descriptions.....	37
Attachments	
<i>Attachment 1: Assurance and Letters of Support</i>	
<i>Attachment 2: Data Collection Instruments/Interview Protocol and Confidential Protocol</i>	
<i>Attachment 3: Sample Consent Form</i>	
<i>Attachment 5: Kansas Plan To Reduce Suicide</i>	
Checklist	
Budget Form (SF 424)	
IRS 501(c)3 notification letter	
Budget Information – Non Construction Programs	
Disclosure of Lobbying Activities (SF LLL) (no lobbying activities performed)	

Section A: Statement of Need

The suicide rate for Kansas youth (10-24) exceeds that of the national average, especially in recent years. In the most recent year where US and Kansas data were available (2007; CDC data), the suicide rate for Kansas youth, aged 10-24) was 10.3 deaths per 100,000, which was significantly above the national average of 6.9 deaths per 100,000 population. Kansas suicide rates in 10-24 year olds have exceeded the US rates every year since 1999. In 2006 and 2007, suicide rates in the 10-24 year age group rose dramatically in Kansas. Between 2005 and 2007 the Kansas youth suicide rate rose 32%.

Figure 1. Kansas Suicide Rates/Per 100,000 for Persons 10-24 compared to the National Average



Source: US, <http://www.cdc.gov/injury/wisqars/>
 Kansas, <http://kic.kdhe.state.ks.us/kic/>

While suicide is a major public health problem in adolescents nationally and ranks as the 3rd leading cause of death in 10-24 years olds, suicide ranks as the 2nd leading cause of deaths in 10-24 year olds in Kansas (CDC, WISQARS 2007).

Clearly, a statewide suicide prevention program oriented to the 10-24 year old age group is needed. Some additional statistics about suicide rates for youth in Kansas can be found in Table 1.

Table 1. Characteristics of Kansas Suicide Ages 10-24

Characteristic	Statistics
Gender	Males 6.3 times higher than females (15.7/100,000 versus 2.5/100,000 (1999-2007)
Racial Differences	Whites 9.5/100,000, blacks 8.3/100,000 (1999-2007)
Cause	7% firearms; 31% suffocation (ages 10-24), poisoning (7.6%)
Geographic Differences	Urban rates vary with Johnson and Sedgwick Counties (10.8/100,000 and 14.2/100,000 respectively). Higher in Shawnee and Wyandotte Counties (15.4/100,000 and 17.6/100,000 respectively). (2007, 15-24 y.o.)

The Crisis of Mental Health Funding in Kansas and the Importance of GLS funding to address Suicide in Kansas Youth

Kansas has been affected particularly hard by the recession and the resultant financial dilemmas facing a number of States.

In the past two years, mental health services have been reduced for people who were uninsured, and the working poor who earned too much to qualify for Medicaid, but not enough to afford private health insurance.

Initially, community mental health centers had access to \$31 million in state-funded grants to cover the underinsured and for crisis services. After the cuts two years ago, support for the mental health reform grants fell to \$21.8 million. Last year, state spending was reduced to \$10.8 million. An additional cut of 10 percent in Medicaid payments was added as of January 1, 2010. In 2011, the Governor and Legislature are considering eliminating this state-funded grant program that community mental health centers have long used to cover the costs of caring for the uninsured and proposed eliminating a \$5 million grant program that the mental health centers use to underwrite services for mentally ill children and their families. (Source, Kansas Health Institute)

This means that though the Governor's office, the Kansas Department of Health and Environment (KDHE) and The Kansas Department of Social and Rehabilitation Services (SRS) recognize the need for suicide prevention programs for youth 10-24, at this time, they do not have the resources and manpower to carry out the approved State Plan for Suicide Prevention. In addition, the Secretaries of both Agencies are newly appointed (following a change in Governor) within the past month. As a result of changes in leadership and lack of resources, these State Agencies have turned to the Suicide Prevention Subcommittee of the Governor's Mental Health Services Planning Council to work with organizations and individuals throughout the State to create a sustainable, statewide, program. The Committee has chosen Headquarters, Inc., commonly known as Headquarters Counseling Center, a National Suicide Prevention Lifeline Center to direct and implement these activities in cooperation with the leading State Agencies for Mental Health and Violence Prevention programs (SRS and KDHE). These programs can only be implemented if there are dedicated staff to serve as experts to local communities and to "train the trainer" on nationally accepted evidence-based practices which can be carried out by local professionals and community volunteers throughout the state. This importance of this application is recognized by State Legislators and on short notice received impressive number of legislative endorsements (42 State Representatives, 4 State Senators).

The Kansas Department of Social and Rehabilitation Services (SRS), divides its service areas into six regions. Our target populations are taken deliberately from each of these regions in order to create a sustainable, statewide, region-by-region-relevant youth suicide intervention system.

Each of the six SRS regions has different suicide morbidity/mortality risks, demographic characteristics and challenges, language, beliefs/traditions, socioeconomic circumstances and access to mental health services. In our project, we are focusing on prevention training in specific sites and linkage to mental health resources that could serve specific at-risk groups.

Some of the information and data needed for good planning is not currently available for each of these regions. As a result, additional data collection efforts are built into our overall project. In Year 1, we will initiate programs in Johnson County, state-wide in collaboration with the Kansas National Guard; and we will work with the Rural and Frontier Subcommittee to initiate programs of benefit to rural youth. (See letters of commitment.) For Year 2 the Suicide Prevention Subcommittee has held discussion with additional sites in four of the six SRS regions. We will solicit projects from the two remaining regions for Year 2. We will also select the projects to be carried out in Year 3.

1. Western Region	2. North East Region	3. South Central Region	4. Wichita Region	5. South East Region	6. Kansas City Metro Region
Suicide rate 14.7/100,000	14.4/100,000	13.4/100,000	14.2/100,000	13.6/100,000	11.9/100,000
Large rural areas	Large rural areas	Large rural areas	Mixture Urban – Higher Suburban - Lower	Large rural areas	Mixture Urban – Higher Suburban - Lower
Major Cities: Garden City; Dodge City, Hays Largely rural, agricultural; Largely White; Hispanic migrant workers (Kearny and Finney Counties)	Major Cities: Topeka; Manhattan; Salina Largely White; Rural mixed with moderate sized cities	Major Cities: Emporia; Hutchinson Largely White; Rural Mixed with moderate sized cities	Major Cities: Wichita (600,000+ population urban setting; urban drug and suicide problems (some urban schools 13-15% suicide attempt in past year)	Major Cities: Pittsburg Agricultural and manufacturing jobs; Some diversity	Major Cities: Kansas City Metro (Wyandotte and Johnson Counties); Lawrence, Leavenworth (2 million metro area-
Mental Health: Widely dispersed resources; transportation is key issue; wide availability of guns	Mental Health: Widely dispersed resources, except in larger cities; wide availability of guns	Mental Health: Widely dispersed resources, except in larger cities; wide availability of guns	Mental Health: More concentrated mental health and social support services; greater co-morbid drug probs.	Mental Health: Widely dispersed resources, except in larger cities; wide availability of guns	Mental Health: More concentrated mental health and social support services; greater co-morbid drug probs.
First Year Projects:	First Year Projects: Kansas National Guard (headquarters in Topeka)	First Year Projects:	First Year Projects:	First Year Projects:	First Year Projects: Johnson Co Juvenile Detention Center and Johnson County Mental Health Ctr.;
2 nd Year Projects: Hays School District and High Plains Mental Health System	2 nd Year Projects: Kansas-State University; and Topeka USD 501 with Family Services and Guidance Center	2 nd Year Projects: To Be Selected	2 nd Year Projects: Wichita School District and Comcare	2 nd Year Projects: To Be Selected	2 nd Year Projects: Wyandotte Juvenile Detention Center and Wyandot Behavioral Health; Haskell Indian Nations University

System Needs Related to Suicide Prevention:

Needs for Suicide Prevention Among Diverse Groups

Agency/Group	Need
Year 1	
Juvenile Justice Youth	Interventions include linkage to mental health and substance abuse treatment; family involvement; specialized academic services for emotional and mental handicaps; truancy intervention programs, violence prevention as well as suicide, depression and screening of other mental health conditions. For persons with a previous history of psychiatric crises, suicide ideation and suicide attempts, specific skills (to be taught as part of this program) in crisis-self management will be needed.
National Guard	Interventions needed include screening for PTSD, depression, suicide and other possible mental health problems, as well as an assessment of family adjustment, including substance abuse problems and domestic violence. Employment assistance as well as adequate health care is often issues that are germane to military personnel.

	For persons with a previous history of psychiatric crises, suicide ideation and suicide attempts, specific skills (to be taught as part of this program) in crisis-self management will be needed.
Rural Youth	
Year 2	
Youth in a Public School Setting	Interventions include a range of general prevention activities including drug education, violence and suicide prevention, sexual hygiene education, anti-bullying activities, character education programs, and so on. For persons with a previous history of psychiatric crises, suicide ideation and suicide attempts, specific skills (to be taught as part of this program) in crisis-self management will be needed.
Tribal Youth	Accidents, homicides and suicide rates are higher in Native American Youth than in other racial groups. 15-24 year olds have 3x the national suicide rates (2005).
College Students	Interventions include a range of general prevention activities including drug education, violence and suicide prevention, sexual hygiene education, anti-bullying activities, character education programs, and so on. For persons with a previous history of psychiatric crises, suicide ideation and suicide attempts, specific skills (to be taught as part of this program) in crisis-self management will be needed.

The Relationship of this Proposal and the Kansas Suicide Prevention Plan: This grant proposal is a direct elaboration of the Kansas State Suicide Prevention Plan (see Attachment 5). The authors of this application were members of the committee which created the plan. The *Kansas Plan to Reduce Suicide* was developed to feature an information-driven coalition to guide state suicide initiatives, with strong consumer involvement, and tailored-to-setting interventions based on this information. This plan focuses efforts on understanding consumer and organizational barriers to accessing care, dissemination of information throughout the state, evidence-based interventions, the importance of changing attitudes about receiving help, and the need for strong referral, access and quality clinical interventions as part of the prevention process. The methodology goal of this plan features the importance of information gathering, scientific methods and sustainability for state efforts. **The current proposal is a direct and clear extension of the existing *Kansas Plan to Reduce Suicide*.**

The Assessment of State Needs and Priorities: The suicide prevention needs of the state of Kansas were assembled from three sources: 1) State agencies and Federal data, noted above, 2) data from a previous SAMHSA suicide prevention grant and school prevention outcome information gathered over the past decade, and 3) an explicit suicide needs assessment process conducted in 2007.

School-based Outcome Information.: In a previous SAMHSA grant and subsequent monitoring of differences in urban, rural and suburban school settings over the past decade (Geis & Edlavitch, 2003 and Geis, 2007), we found that depression and evidence of external stress (violence, drug use, broken family stresses, sexual violence) are much more likely to impact youth in urban and rural settings, than students in suburban settings. In suburban settings, explicit depression is less likely to show up and stresses related to a suicide attempt in the past year are more likely to be of an internal nature (perfectionism, competition and a sense of personal failure). Our outcome studies demonstrated that 45% to 55% of students report willingness to seek help before intervention has occurred. Post-training, 75% to 95% reported willingness to seek help from an adult. The items below sample feelings of stigma and shame, family influence, religion, negative attitudes toward mental health, and other worries about the

help process. Striking differences between subgroups of youth have been consistently found, as illustrated in these salient barriers from a sample of 1000 metropolitan high school students: (Geis, unpublished, 2007). Responses show the need for this project.

AFRICAN AMERICAN Student BARRIERS	M	CAUCASIAN Student BARRIERS	M
The counselor would not understand my culture.	2.47	People will over-react, and I won't have control.	2.25
People will over-react, and I won't have control.	2.45	I don't want to have to go to a mental health center.	2.20
My future career and education will be affected.	2.36	If I tell someone they will not be confidential.	2.18
I will have to go to a mental hospital.	2.20	I would be too embarrassed to get help.	2.12
All I will get is anti-depressant medication.	2.19	I will have to go to a mental hospital.	2.11

The Kansas Suicide Prevention Symposium held on July 26, 2007 in Chanute, Kansas recommended *An Action Plan for Suicide Prevention In Southeast Kansas*: 1) promote best practices in mental health education, 2) work to eliminate the stigma of mental illness, and 3) provide complete, accessible and affordable preventive care for people with mental illness. This project led SRS to conduct a mental health anti-stigma campaign funded by Mental Health Block Grant funds to provide public service announcements targeting adults, children, adolescents, and older persons.

Summary of Needs: This overall Kansas needs assessment process drew from various sources, including input from scientists, consumers and family members, mental health practitioners, youth service workers, state officials, and research outcome data. In Kansas it is clear that services need to be tailored to the unique demographic (e.g. large rural areas with great distances to mental health care), cultural (minority and economically-deprived populations need), help-seeking (differences in barriers among cultural and geographic subgroups) and resource-diminished realities (access/ support for quality mental health interventions). This project will address these specific needs and through its data collection and stakeholder collaboration and consultation processes provide intelligence to set priorities and strategies for additional initiatives to address the excessive suicide rates observed in Kansas youth 10-24.

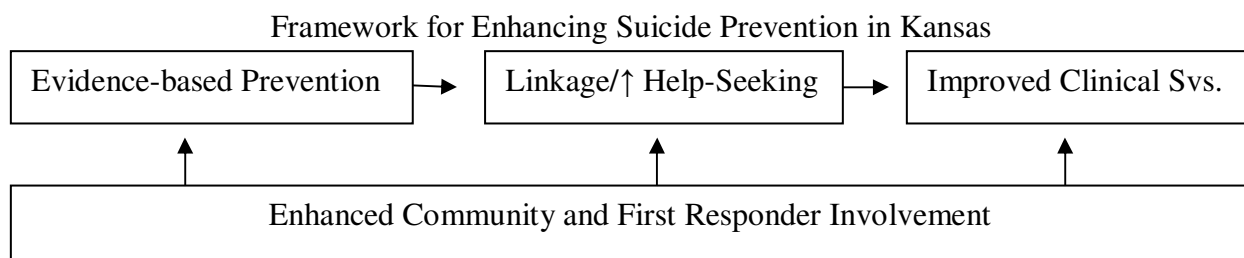
Development and Advancement of the State Plan: Many stakeholders participated in developing and advancing the Kansas State Plan. The Suicide Prevention Subcommittee, which meets monthly, is a subcommittee of the Governor's Mental Health Services Planning Council (GMHPSC). The Suicide Prevention Subcommittee formulated that state plan in its role on the Council. The committee regularly communicates with the Suicide Prevention Resource Center (SPRC). Committee members represent the National Suicide Prevention Lifeline, universities, community mental health centers, insurers, the VA, the National Guard, the legislature, hospitals, survivors, State Agencies and Public Schools.

Section B. Proposed Evidence-Based Service/Practice

A. Evidence-Based Programs. Support for and use of evidence-based suicide prevention practices undergirds this proposal. We are interested in promoting and training practitioners in this state in evidence-based suicide interventions, tailoring and adapting evidence-based

programs with new populations (and based on cultural and clinical differences), and evaluating these interventions for effectiveness and community viability within each population. Evidence-based interventions and best practices were drawn from the following resources: SAMHSA’s *Guide to Evidence-Based Practices on the Web* at <http://www.samhsa.gov/ebpwebguide>; SAMHSA’s National Registry of Evidence-based Programs and Practices: <http://www.nrepp.samhsa.gov/>; CMHS Evidence-based Practice Tool Kits <http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/about.asp>; Practices supported in the *National Strategy for Suicide Prevention* (<http://www.mentalhealth.samhsa.gov/suicideprevention>); The Suicide Prevention Resource Center Web site (<http://www.sprc.org>).

B. How Our EBP and Best Practices Selections Address the Purpose, Goals and Objectives of this Project. The central focus of our grant proposal is the development of a framework for the promotion of suicide prevention through the six Kansas Social and Rehabilitation Services (SRS) regions (as described in Section C). Within this state-wide organization of services, we will focus on evidence-based prevention program implementation—coupled with successful linkage efforts for at-risk young persons, quality clinical services by mental health providers and enhanced community and first provider involvement as depicted in the following figure:



Each project goal relates directly to maximizing the impact of evidence-based practices (EBP) and best practices (BP) for suicide prevention:

Goal 1. Creating a state-wide structure for organizing and evaluating youth suicide allows us to promote, train, disseminate and evaluate EBP’s and BP’s throughout the state.

Goal 2. Strengthening State-Private Partnerships to increase and expand youth suicide prevention activities allows us to imbed EBP’s and BP’s into the existing communities, make adaptations and modifications based on cultural and clinical differences in populations, and bring in community members, first responders, health care workers and other youth advocates from social services, military and educational contexts.

Goal 3. Maximizing the use of evidence-based and best practice suicide prevention interventions enables us to build on a framework of meaningful national outcomes and adapt interventions to the unique needs to this state, advancing the science and practice of suicide prevention.

Goal 4. Conducting “exemplar” projects among high-risk youth for dissemination state-wide allows us to provide additional funding for specific state high-risk subgroups, at the same time that it creates information and “lessons learned” for similar populations within the state of Kansas. New sites can be identified and “lessons learned” can be applied to these new sites.

Goal 5. Enhancing the linkage from youth prevention settings to quality mental health treatment allows us to create advocacy for the critical outcome in all youth suicide prevention, viz., the actual linkage of an at-risk young person to meaningful help that lowers the current and future risk of suicidal action.

C. Specific Evidence-Based Prevention Initiatives. Because public mental health services in Kansas are threatened by significant budget cuts, we must spend the first year of this grant creating a strong framework for suicide prevention, advocating for mental health services in the state. To accomplish this, we will thoughtfully and strategically build on the strong relationships already existing through the Suicide Prevention Subcommittee to partners in the six regions of the state.

1. Initial Evidence-Based Initiative: ASIST Training. To create the initial framework for suicide prevention in Kansas, our plan is to train at least two trainers in each of the six state SRS regions in Applied Suicide Intervention Skills Training (ASIST) within four months. These trainers will hold a minimum of four additional trainings within 12 months of training in each of their respective regions. A range of youth services providers, first responders, health service providers, school, tribal and business professionals, and other interested persons will be invited to attend in each region. This will also allow us to generate momentum for future involvement in suicide prevention and help each region tailor their prevention efforts to the unique needs of their communities.

Best Practice Suicide Prevention Initiative: Applied Suicide Intervention Skills Training (ASIST). The ASIST program was selected because it is a standardized and customizable program designed for members of all care giving groups. The emphasis is on teaching suicide first-aid to help a person at risk stay safe and seek further help as needed.

Evidence that ASIST is relevant for this population: ASIST has been taught to over 1 million community members throughout the United States.

Outcome Congruity with Grant Purpose: The ASIST best practice was chosen because of its congruity to the objectives of the Kansas state plan and for the outcomes sought in this grant application, viz. enhanced awareness of suicide risk factors, improved willingness to seek help, increased referrals and improved satisfaction with mental health services.

Reason for Choice of ASIST:

The KS National Guard (KSNG) has selected ASIST as their main suicide prevention gatekeeper training program. KSNG is a member of the Suicide Prevention Subcommittee and has expressed willingness to conduct ASIST Training for Trainers courses for non-military trainers in various communities throughout the state if the grant covers the expense of training materials and expenses. Also, Headquarters Counseling Center is a member of the National Suicide Prevention Lifeline, whose member centers are urged to train staff in ASIST.

Adaptations regarding Demographics, Language/Literacy, Sexual Identity and Disability:

The program will be delivered in Spanish in communities with significant Hispanic populations.

2. Commitment to At-Risk Youth Subgroups in Kansas. After these initial trainings in ASIST, requests for proposal will be sent out within the regions for community-level projects to address the needs of at-risk youth subgroups. These projects will be implemented in the late first, second and third years. Budget is allocated to support locally initiated projects. Recommendations on which projects are supported will be made by the Scientific Council for Youth Suicide Prevention, established as part of this grant. Because of the information we have on state high-risk groups (see Section A), we will be encouraging and supporting projects in juvenile justice populations, in high-risk school districts, in military settings, in tribal and Native American populations, in high-risk college settings, and lesbian, gay, bisexual and transgender (LGBT) organizations. Examples of the evidence-based suicide prevention interventions that will be promoted are outlined below. Because of our emphasis on linkage and quality treatment, our plan is to pair each youth site with a mental health system or the state Lifeline crisis service to enhance clinical and support services—and allow us the ability to evaluate the ultimate outcome of prevention services (linkage to actual care, reduced suicidality and satisfaction with clinical services).

The following is an outline of potential sites and the evidence-based interventions/best practices for each population.

1. Target Population: Youth in Juvenile Justice. Example Youth Site: Metro Kansas City (Johnson and Wyandotte County Juvenile Justice Centers with Wyandotte and Johnson County Mental Health Centers).

EBP: Signs of Suicide (SOS). The SOS program was selected because it promotes awareness of the symptoms of depression and suicidality, along with help-seeking behavior, through an educational video, and it includes clinical screening of participants for depression and suicide, with referral for services, as needed. (This is particularly relevant for the Kansas state plan, since this plan emphasizes identification, referral/linkage and the quality of mental health care.)

Evidence that SOS is relevant for this population: In a large random-assignment study involving a racially diverse sample of 2100 students, many of whom had learning and behavioral problems, AseLINE & DeMartino (2004) found significant increased knowledge and positive attitudes toward help, and lower suicide attempts in the intervention group, compared to the control group. The population in this study mirrors the at-risk population in the juvenile justice population chosen for this study.

Outcome Congruity with Grant Purpose: The SOS evidence-based practice was chosen because of its congruity to the objectives of the Kansas state plan and for the outcomes sought in this grant application, viz. enhanced awareness of suicide risk factors, improved willingness to seek help, increased referrals and improved satisfaction with mental health services.

Adaptations: The one addition to this program will be the enhanced training in suicide intervention for providers and the opportunity for youth participants who receive mental health services to rate their satisfaction and assess the quality of these services.

Reason for Choice of SOS:

SOS is an evidence-based program for 13-17 year olds. SOS is currently presented in some schools in the Kansas City area.

Adaptations regarding Demographics, Language/Literacy, Sexual Identity and Disability:

The program will be delivered in Spanish in communities with significant Hispanic populations.

2. Target Population: School System. Example Youth Site: Wichita School District, Wichita, Kansas.

EBP: Ask 4 Help! Suicide Prevention for Youth/Be A Link Suicide Prevention Gatekeeper Training/Signs of Suicide (SOS). This school system has used the Yellow Ribbon Suicide Prevention Program (Ask 4 Help! And Be a Link Suicide Prevention Gatekeeper Training for over a decade. Therefore, our activities will include support for fidelity to this program and solicitation of a school or two to add the screening module of Signs of Suicide (SOS).

3. Target Population: Youth in Military Setting. Example Youth Site: Kansas National Guard.

EBP: ASIST has been selected by the KSNG. The reasons for this selection are presented in 1 above.

4. Target Population: Tribal Youth. Example Setting: Haskell Indian Nations University

EBP: ASIST has been selected by the KSNG. The reasons for this selection are presented in 1 above.

5. Target Population: Lesbian, Gay, Bisexual, or Trans-gender Youth (LGBT)

EBP: ASIST has been selected by the KSNG. The reasons for this selection are presented in 1 above.

6. Target Population: College students. Example Youth Site: KU or KSU? Or Haskell?

EBP: Signs of Suicide (SOS) has been selected for this population..

D. Logic Model.

Logic Model					
Inputs →	Strategies →	Infrastructure → Changes	Outputs →	Outcomes →	Performance Data
↑	←	←	←	←	←
Federal funding and policies	Expand State Committee Establish Scientific Council for Youth Suicide Prevention	State policy changes	Make Recommendations for policy changes. New strategies for project Summarization of state and federal data.	Individual Level Changes in youth beliefs about seeking care More effective treatment for at-risk youth	
Participating schools and mental health facilities	Resource center Lifeline Center	. state policy change . coalition plan offered .	700 additional Lifeline calls 500 referrals for care .	Community Level hotline infrastructure	
Diverse target populations . Students . Professionals . Coalitions . State infrastructure		collaborative strategies between at-risk sites and mental health facilities . trained professionals	18 parents/advocacy groups involved	Throughout state Lower incidence of suicide	
Performance data Kansas suicide demographics	Training students Professionals trained.	ASIST Training for Trainers	2500 adolescents/young adults trained 90 professionals trained	System Level mechanism for change	
Improve Clinical Care	Training Professionals	Training offered through UMKC	24 clinicians trained	Improved availability of clinicians trained in treating potential suicidal youth	
Improve access to care	Collaboration between sites and mental health facilities	Agreements with community mental health centers	500 youth and young adults receive treatment	Improved access to care for youth at risk	

E. Collaboration with SPRC and National Action Alliance of Suicide Prevention. The state committee has had a long history of collaboration with the SPRC, and it is our intention to work collaboratively with both the SPRC and NAA during this grant project. Professor Edlavitch (Co-PI) was a member of the GLS funded Missouri Governor’s Suicide Prevention Committee from inception until it was disbanded in 2009 due to State funding limitations. He continues to

collaborate with the GLS staff in Jefferson City and acts as a liaison between the Kansas Committee and Missouri GLS programs. The Missouri GLS staff and Headquarters Counseling Center share information on a weekly basis.

Section C. Proposed Implementation Approach

A. Purpose, Goals and Objectives. The purpose goals and objectives for this grant are outlined below:

1. Project Purpose: The purpose of this proposal is to create a state-wide structure for organizing and evaluating youth suicide prevention, while strengthening state-private partnerships to increase, expand and sustain youth suicide prevention activities throughout the State of Kansas with the ultimate goal of enhancing identification of at-risk youth, increasing willingness to go for help, improving mental health linkage, and decreasing the incidence of youth suicide attempts and deaths.

2. Goals and Objectives.

Goal 1. Create a state-wide structure for organizing and evaluating youth suicide

Objective 1. Establish Kansas Youth Suicide Prevention Resource Center and website

Objective 2. Organizing and disseminating prevention services through the six SRS regions

Objective 3. The State Suicide Committee and Regional Planning

Objective 4. The Scientific Council for Youth Suicide Prevention Information and Data Collection

Goal 2. Strengthen State-Private Partnerships to increase and expand youth suicide prevention activities through State Suicide Prevention Committee coordination

Objective 1. Expanding and Re-Focusing the Existing State Suicide Prevention Subcommittee

Objective 2. Annual Youth Suicide Prevention Meeting

Goal 3. Maximize the use of evidence-based/best-practices suicide prevention interventions

Objective 1. Commitment to the Use of Evidence-Based Practice Interventions and Best Practices

Goal 4. Conduct “exemplar” projects among high-risk youth for dissemination state-wide

Objective 1: Select target sites annually based on needs for suicide prevention:

Objective 2: Prepare Staff at Project Sites and Support the Adoption of Evidence-Based Suicide Prevention Training for Target Youth

Objective 3: Conduct training at target sites to youth participants

Objective 4: Disseminate “Exemplar” Suicide Prevention Project Information throughout the State.

Goal 5. Enhance the linkage from youth prevention settings to quality mental health treatment

Objective 1: Increase Lifeline capacity for Kansas

Objective 2: Mental Health Center Linkage and the Mental Health “Point” Person.

Objective 3: Clinical training in suicide assessment and interventions for professionals

B. Rationale for Anticipated Impact.

Though there have been a number of uncoordinated community suicide prevention efforts for youth in various parts of the State, the resources have not been available to provide standardized training, educational materials and support for community organizations, providers and the public. This project will help make those efforts more effective, provide additional resources and expertise and enlist other communities and populations to address this important public health problem.

C. Successful implementation of the GLS grant will:

- increase the number of persons in youth serving organizations such as schools, foster care systems, juvenile justice programs, trained to identify and refer youth at risk for suicide
- increase the number of health, mental health, and substance abuse providers trained to assess, manage and treat youth at risk for suicide
- increase the number of youth identified as at risk for suicide
- increase the number of youth at risk for suicide referred for behavioral health care services
- increase the number of youth at risk for suicide who receive behavioral health care services
- increase the promotion of the National Suicide Prevention Lifeline

The ultimate measure of success of this program will be that rates of suicide attempts and deaths of 10-24 year old Kansans will decrease significantly.

D. Implementation of Grant Components—Full Delineation of Goals and Objectives.

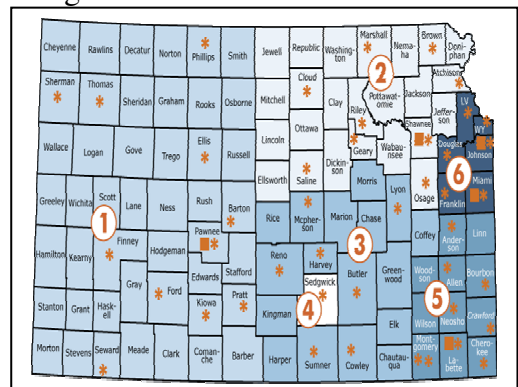
Goal 1: *To create a state-wide structure for organizing and evaluating youth suicide prevention activities.*

Objective 1. Establish Kansas Youth Suicide Prevention Resource Center with website. This center will serve as the focal point of information sharing throughout our state, not duplicating the national SPRC but becoming a trusted entity for Kansas communities to share data, successful strategies, and to find information from national and Kansas sources.

Objective 2. Organizing and disseminating prevention services through the six SRS regions. Grant funds would allow us to integrate suicide prevention efforts into the already existing structure of the SRS regions. The following table depicts the six state mental health regions and the key cities in these regions.

Table: State Mental Health Regions

Kansas Mental Health (SRS) Region	Characteristics And Major Cities
1. Western Region	Rural – Hays
2. Northeast Region	Rural/Urban-Topeka, Lawrence
3. South Central Region	Rural-Emporia
4. Southeast Region	Rural-Pittsburg
5. Sedgewick	Urban-Wichita
6. Kansas City Metro	Urban-Kansas City



Organizing suicide prevention efforts in Kansas around the six SRS regions will allow prevention efforts to be tailored to the unique geographic characteristics of the state. And, these six regions will be critical dissemination centers for web-, materials- and training-based suicide prevention information.

Objective 3. The State Committee and the Scientific Council for Youth Suicide Prevention

The current state committee is a diverse group including state social services, mental health, education (school districts and colleges), juvenile justice, substance abuse treatment, faith communities, GLBT community, researchers, consumers, consumer families, mental health advocacy groups, military, legislators and local politicians, and other Kansas stakeholders. The extent of support for this committee and suicide prevention in Kansas is reflected in over 60 letters supporting this grant initiative (see Attachment 1). The PI for this grant is the Chair of the State Committee and Director of the Lifeline Center. The state suicide prevention Resource Center will be housed at the Lifeline Center (Headquarters Counseling Center) and will be the central point of dissemination for all project materials and information and for coordinating directly with SPRC.

Regional plans and strategy development: Regional planning and activity will feed into the full Committee, the Scientific Council for Youth Suicide Prevention and regional advocacy groups. During the first six months of this project, the committee meetings will be held in each of the six regions. An RFP process will be established and advertised to offer mini-grants to each of the Regions to promote youth suicide prevention. In addition to the mini-grant process, the regional advocacy groups will be asked to evaluate the status of prevention activities in their regions using the dimensions outlined in table below. During the first four months of the project each region will be asked to nominate a minimum of 2 adults to participate in the ASIST Training for Trainers Course. The cost of this training will be covered through the min-grant process.

Table: Dimensions of Suicide by At-Risk Subgroup

Dimension of Suicide Prevention	Youth in Schools	Juvenile Justice Programs	Youth in Foster Care	LGBT Youth	Youth in College Settings	Tribal Youth Settings	Youth Work Setting	Youth In Military	Overall Regional Rating
1. Awareness and Media Penetration									
2. Use of Evidence-Based Interventions									
3. Prevention Training Availability and Quality									
4. Use of Subgroup-Focused Clinical Screening									
5. Ability to Improve Help-Seeking and Linkage									
6. Availability of Crisis And Mental Health Resources									
7. Availability of Enhanced Clinical									

Training in Suicide									
8. Cultural Competency and Adaptations in Prevention									
9. Extent of Training for Health Care and First Responders									
10. Effectiveness of Advocacy Groups									
11. Number and Diversity of Public Private Partnerships									
12. Availability of Information on Risk Factors and Suicide									
13. Sustainability and Fund Raising Efforts									

We will use these project staff and regional advocate ratings for strategic planning for priorities in second and third year projects. Regional advocates may decide to support projects with strong ratings because of the potential to make the greatest gains or they may decide to support projects that have low ratings due to the significance of the need. The Principal Investigator, however, reserves the right to make final decisions about final projects—based on the complete purposes of this grant and the importance of utilizing evidence-based practices. A summary of these region-specific strategic plans will be compiled each year and monitored for project outcomes. [The Principal Investigator will also be responsible for the oversight of all project activities. Prior to implementing any grant activities with human subjects, the protocol will be approved by a University Institutional Review Board or regional IRB, as apropos. Consent forms or assent will be obtained from all participants (parents/ guardians will provide consent for those under 18 years of age).]

Objective 4. The Scientific Council for Youth Suicide Prevention: In addition to the above ratings, qualitative information will be collected from regional stakeholders. Information will be collected from stakeholders in all regions on youth suicide prevention activities currently occurring within their regions, both public and private, and the challenges that exist in complementing or supporting these efforts. Epidemiologists (from UMKC and the University of Kansas) and state agency representatives will develop and review whatever information is available on risk factors, including hospitalization rates, substance abuse patterns and suicide attempt and completion rates, wherever possible, by state SRS region, and make this available to the state committee. This council, headed by Dr. Edlavitch, the project evaluator and Co-PI, will also oversee project data, information, and outcomes; and review evaluation progress.

Goal 2: Strengthen State-Private Partnerships to increase and expand youth suicide prevention activities Through State Suicide Committee Coordination

Objective 1. Expanding and Re-Focusing the Existing State Suicide Prevention Subcommittee. Special effort will be made to expand the current committee by soliciting representatives from each SRS region, with special emphasis on including new members from tribal authority groups, health departments and health practitioners, foster care advocates, persons from different age

groups, diverse ethnic and cultural communities, and other persons with special interest or expertise in youth behavior and suicide. This committee will meet monthly, with teleconferencing made possible by the state SRS network through mental health centers and the SRS offices. This subcommittee will also advise Kansas SRS (the state mental health entity) and the Governor’s Mental Health Council develop and implement policies focusing on training, along with clinical efficiencies and effectiveness regarding suicide interventions.

Objective 2. Annual Youth Suicide Prevention Meeting. Each year, in June, the state suicide prevention committee will outreach a broader set of Kansas stakeholders concerned about youth suicide. Invitees will include members of the state committee, state scientists and legislators, and other community stakeholders who may not be able to attend the regular state suicide prevention committee meetings. The full day program, will consist of a half-day Update and Progress session, followed by an educational program. Participants will be presented data on current state suicide rates by the Scientific Council for Youth Suicide Prevention and also will be apprised of regional youth suicide prevention activities and initiatives. At these meetings, the project strategic plan, organized by SRS regions, will be updated, as appropriate, based on project findings or changes in Kansas priorities. Prioritization of projects and allocation of funding, consistent with the guidelines of this project, will be discussed with and voted on by SCYSP. This information will be translated into Spanish for dissemination purposes.

Goal 3: Maximize the use of evidence-based suicide prevention interventions

Objective 1. Commitment to the Use of Evidence-Based Practice Interventions and Best Practices. We are committed to educating persons who serve youth in evidence-based suicide interventions and best practices. A central outcome of this project involves an increase in the number of adults trained in EBP interventions and Best Practices, the number of youth receiving these interventions, the success of programs tailored to Kansas youth, and the degree that these interventions actually get at-risk youth to services and have a chance to reduce their immediate and long-term suicide potential. Additionally, Headquarters, Inc. will be the dissemination point for existing and newly identified EBP’s and Best Practices throughout the state of Kansas.

Goal 4. Conduct “exemplar” projects among high-risk youth for dissemination state-wide

Objective 1: Select target sites annually based on needs for suicide prevention: The target sites (involving youth from juvenile justice, high school, college, military settings, etc) and corresponding mental health providers to these youth subgroups will be selected each year, based on the planning process identified above. The priorities for projects will be determined with the advice of the SCYSP and regional advocates. In addition to regional ratings, other factors will be considered including youth subgroups with high suicide rates, the importance of differences in urban, rural and suburban settings, differences in small and large schools, the importance of complex co morbid clinical factors in some subgroups (such as exist in LGBT and juvenile justice settings), and the range of youth in military contexts (active duty, reserve, multiple-tours, etc). School districts in Topeka, Wichita, and Hays are likely sites for school projects due to their risk rates and diversity. The Kansas National Guard and LGTB groups have a long association with the state Suicide Prevention Committee and these alliances are strong.

Objective 2: Prepare Staff at Project Sites and Support the Adoption of Evidence-Based Suicide Prevention Training for Target Youth: Project target youth, their advocates/or family members, and site staff members will receive training in suicide awareness and warning signs, barrier reduction, linkage strategies and project resources. Staff members will be trained before the target youth receive evidence-based training—to insure that the structure of identification, linkage and support is in place first.

Objective 3: Conduct training at target sites to youth participants: Project personnel will support on-site personnel in delivering suicide prevention training to each youth site (e.g., juvenile justice detainees, students, military personnel). If needed, grant personnel may deliver direct services to these sites. The number and duration of each training intervention will be determined by the evidence-based or best-practice program that is identified for the site (ASIST, SOS). Sites will be encouraged to conduct multiple training sessions during each year, with greater frequency for youth sites with significant turn-over (e.g., juvenile justice and military settings). Outcomes from this training will include increased willingness to seek help, if suicidal, a review of the assessments of quality of the interventions and trainers, and changes in identified barriers, over time. Information on each site’s specific barriers to accessing care and rates of willingness to access help will be fed back to the sites to enhance strategies to decrease barriers and improve access.

Objective 4: Dissemination of “Exemplar” Suicide Prevention Project Information throughout the State. Technical information, outcome data, and “lessons learned” from each of the grant suicide prevention projects will be made available through the annual state Youth Suicide Prevention meeting and through the dissemination channels created within each of the six SRS regions.

Goal 5 : Enhance the linkage from youth suicide prevention settings to quality mental health treatment

Objective 1: Increase Lifeline capacity for Kansas. Adding counselors and phone lines so that Kansas callers will reach Kansas counselors who are best-suited to assist through immediate counseling and with referrals throughout Kansas.

Objective 2: Mental Health Center Linkage and the Mental Health “Point” Person. For this project, a mental health setting will be “connected” to each youth prevention site. And, a specific clinician from a mental health setting or clinical entity will be identified as the “point person” for youth mental health referrals—to ease and facilitate linkage. This person will screen, provide timely referrals, support families, assess co-morbid substance abuse conditions, provide postvention (in the event of a suicide death), communicate back to the youth site, and make linkages to a range of clinical services (e.g. psychotherapists, hospitals, the Lifeline suicide center, emergency departments, and other intensive services). This point person will also compile insurance and community service information to enhance referrals to other services and providers (included community-based clinicians who have had additional training). S/he will track referrals from this project and provide strong cross-system monitoring and continuity of care assurance for these referrals. **The mental health “partners” chosen in this project will have access to strong crisis and emergency services for rapid suicide intervention, to respond quickly to suicide crises.** The “point person,” along with representative project staff,

school officials and other key community members associated with the youth at-risk group will meet quarterly to review ease of entering the system, follow-up support provided, and review the quality of services available to project youth. They will also work to refine contact information and relevant referral and resource information to ensure a range of linkage and service options.

Objective 3 : Clinical training in suicide assessment and interventions for professionals:

Psychotherapists at the mental health sites, along with other youth-focused clinicians from the community, will receive a series of trainings in evidence-based suicide assessment and intervention. After an initial half-day introduction, two-hour follow-up trainings will occur every six months. Clinicians will also be invited to all other project trainings including the annual expert who is brought in each June. The main project clinical training has been developed over three years (with private funding) and combines the cognitive-behavioral interventions pioneered by Aaron Beck (Brown et al, 2005), David Jobes (Jobes, 2005), Mark Rudd (Rudd, 2004), Marsha Linehan (Linehan, 1993), Thomas Joiner (Joiner, 2004), Tom Ellis (Ellis & Newman, 1996, Ellis, 2006), specifically for youth populations. This evidence-based intervention training will be delivered by Bill Geis, Ph.D. and William Art, LSCSW, with special emphasis on cultural modifications to protocols. Enhanced screening of youth will be promoted through training in use of modified Suicide Status Form III (Jobes, III), a systematic assessment instrument for suicide risk and protective factors (see Attachment 2, Jobe’s Basic Risk Assessment Form currently used with Jobe’s permission in ongoing survey). Specific crisis self-management skills will be emphasized at the beginning of clinical contacts (see Attachment 2, Crisis Self-Management Form) as a bridge to evidence-based intervention programs. Other suicide interventions will be taught relating to safety plans, DBT and mindfulness training. Cultural and gender differences in intervention will be highlighted throughout the training sessions. At some sites (e.g. the National Guard) additional training will be delivered relating to the connection between PTSD and suicidal risk.

E. Time Line. The Project Time Line is delineated in the table below:

Table: Project Time Line

Time line	Key activities	Milestones
Continuous	Goal 1: Create state-wide structure for organizing and evaluation youth suicide prevention activities	
By 6 th month of Year 1, continues	Obj. 1: Establish Kansas Youth Suicide Prevention Resource Center with website	operational
Continuous	Obj. 2: Organize and disseminate prevention services through the 6 SRS regions	
By 4 th month		Initial ASIST T4T training
Within 12 months after T4T		Offer 2 ASIST trainings/region
Continuous with monthly or quarterly meetings	Obj 3: State Committee, Scientific Council, and Regional Planning	2 planning meetings within 12 months

By 4th month	Obj. 4: Scientific Council for Youth Suicide Prevention information and data collection	First meeting with diverse members from across the 6 regions
Continuous	Goal 2: Strengthen State-Private Partnerships to increase and expand youth suicide prevention activities through the State Committee	
By 4th month	Obj. 1: Expand and refocus State Committee	Additional diverse members participating from outside of Northeast Kansas and Wichita
June of each year	Obj. 2: Annual Youth Suicide Prevention Meeting	1 st annual meeting with noted speaker on youth suicide prevention
Continuous	Goal 3: Maximize the use of Evidence-Based Practices and Best Practices	
Continuous	Obj. 1: Commitment to use of EBP's and BP's	
Continuous	Goal 4: Conduct exemplar projects among high-risk youth for dissemination state-wide	
July of each year	Obj. 1: Select target sites annually	Mini-grant awards
By September of each year	Obj. 2: Prepare staff at project sites and support adoption of Evidence-based Suicide Prevention Training for Target Youth	Mini-grant awardees
By November of each year	Obj. 3: Conduct training at target sites to youth participants	At mini-grant sites
June of each year	Obj. 4: Dissemination of exemplar suicide prevention project information throughout the state	Annual Youth Suicide Prevention Meeting
Continuous	Goal 5: Enhance linkage from youth suicide prevention settings to quality mental health treatment	
By 4 th month	Increase Lifeline capacity for Kansas	Trained counselors hired and phone lines added
July of each year	Obj 1: Mental Health Center linkage and the Mental Health "Point" Person	Mini-grant awards
By 6 th month, then minimum of 2/year, available in-person or by videoconference	Obj. 2: Clinical training in suicide assessment and interventions for professionals	First training for mental health clinicians

f. Persons Served.

There are 187,805 10-14 year olds, 200,583 15-19 year olds and 200,406 20-24 year olds in KS in 2009. According to YRBSS KS results, 21.5% of high school students report feeling sad or

hopeless, 9.5% made a suicide plan and 1.8% made an attempt that required treatment. Our best estimate, based on this one source is that 8,000-10,000 youth 10-24 in KS are at high risk for making a suicide attempt. We will support mini-grants and work with partners to identify and target the youth who are at highest risk throughout the state. We expect to train a minimum of 7500 youth and trainers throughout the state.

g. Allocation of Grant Funds. Provide an estimate of the percentage and dollar amount of the grant award that you will spend on each of the following categories during each year of the grant:

Service provision [must be at least 65%] – 70% annually

Infrastructure development - 5% annually

Data collection and performance measurement and assessment – 15% annually

Grant administration – 10% annually

h. Identification, Recruitment and Retention.

There are two strategies:

The first is to increase the awareness of Lifeline services. In 2010, Lifeline received approximately 6,500 calls from Kansas area codes. A large number of these calls are from youth. We anticipate that once the GLS project is launched, there will be a significant increase in calls from youth. Where warranted, youth in a suicidal crisis may be triaged to a higher level of care.

Outreach to the LGBT youth community will build upon existing relationships with Headquarters Counseling Center. HQCC works closely with PFLAG and the Kansas Equality Coalition, groups with state-wide presence, and advertises regularly in the primary state-wide magazine for the Kansas LGBT community, *Liberty Press*.

Similarly, outreach to the military family and youth veteran community will build upon the long-standing relationship between HQCC and the Kansas National Guard Chaplain/Suicide Prevention Coordinator as well as a VA Suicide Prevention Coordinator member of our Suicide Prevention Subcommittee.

Outreach to Native American youth in need of suicide prevention will begin through the long-standing relationship between Haskell Indian Nations University and HQCC, and the new relationship between the Lifeline/HQCC and the Kickapoo Tribe.

i. Youth and Family Input and integration with other services

The Governor's Mental Health Services Planning Council is largely comprised of consumers and family members. The Suicide Prevention Subcommittee, and the Children's Subcommittee, and the Rural Frontier subcommittee meet periodically to coordinate planning and provide access to youth and families throughout the state. Additional family members, concerned adults and advocate agencies within the project youth setting will also be contacted and invited to have input in reviewing services and modifying the regional plans to meet their needs. Project personnel and partners will obtain prior written consent for all direct participation in project

activities. Families of youth consumers will receive direct information and support from project clinicians.

k. Collaborating Agencies. Collaborating Agencies that provided letters for the submission include SRS, KDHE, Kansas National Guard, the Kickapoo Tribe, Haskell Indian Nations University, University of Kansas, Wichita Public Schools, Shawnee Heights Public Schools, Survivor Awareness Survivor Support (SASS) MoKan, KVC Health Systems, Association of Community Health Centers of Kansas and 6 member Centers.

Implementation During Initial Planning Phases

By the end of the first four months, Training for Trainers(T4T) in ASIST will be provided to at least two participants from each of the six regions, with the requirement that supported trainees will subsequently offer four community trainings during the first twelve months.

l. Groundwork. The Committee has requested that the KSNG, which has two T4T trainers to offer this training to the community. The trainers are interested in doing so, but must receive permission through the Adjutant General (requested).

m. Potential barriers:

As discussed previously, Kansas is facing a severe budget shortfall. Agencies no longer have much leeway to participate in worthwhile public health projects that are not mandated by law. This applies to statewide and local agencies. Kansas covers a large geographical area with few major population centers and large sparsely populated areas. In addition, Kansas has a disproportionate number of migrant farm workers and workers in the meat packing industry, many of these non-English speaking. A successful statewide program must address the issues of urban and rural areas where services may be limited. Participation by community and volunteer organizations throughout the state in existing suicide prevention activities gives us optimism that with central coordination, this project will be successful. We also recognize the importance of energizing these volunteers to be successful.

There are healthcare delivery issues as well. Prominent amongst these are actual difficulties with funding mental health treatment due to job losses or inadequate insurance—because the target groups are youth, youth-eligible entitlements will be emphasized (Medicaid), along with juvenile services-eligible and military-eligible services and overcoming the stigma of accessing mental health services.

n. Plan to continue project components.

The Scientific Council for Youth Suicide Prevention (SCYSP) will be charged with developing a sustainability plan for this project, with an outline in year one, and action-steps implemented over the three year period. This plan will include: 1) continuation and collaboration at regional sites; (2) initiatives to secure on-going state funding; (3) possible federal, state and private funding sources; (4) and exploration of a plan to secure funding as part of county budgets.

The goal is to set up a network of agencies and organizations throughout the state that will develop their own initiatives and require little fiscal support from the Kansas Government Agencies.

The Suicide Prevention Subcommittee has developed relationships with a variety of groups including: PFLAG (Parents and Friends of Lesbians and Gays) and the Kansas Equality Coalition, groups with state-wide presence. The Kansas National Guard Chaplain/Suicide Prevention Coordinator as well as a VA Suicide Prevention Suicide Prevention Coordinator member of our Suicide Prevention Subcommittee and support this application. Outreach to Native American youth in need of suicide prevention will begin through the long-standing relationship between Haskell Indian Nations University and HQCC, and the new relationship between the Lifeline/HQCC and the Kickapoo Tribe.

Diversity Issues: We will review all project materials, training, issues of access to care, and interventions the multiple lenses of age, gender, race, ethnicity, culture, language, sexual orientation, disability, and literacy. (All project materials will be assessed to make sure they are readable at the 7th grade level).

q. Access to Emergency Care: Increased awareness of the Lifeline service will allow Lifeline staff to guide youth, families, and youth providers through the emergency mental health system in Kansas. Each area of Kansas is served by a hospital Emergency Department which has a state mandate to get a Qualified Mental Health Provider from the area's community mental health center to provide a "screening for hospitalization." The screening includes safety assessment and referrals to inpatient or outpatient treatment as needed. The Lifeline service of HQCC includes providing follow up phone calls to provide additional support and advocacy for services.

In addition to facilitating referrals to emergency departments, the Committee has initiated discussions with private providers to identify key personnel that can be contacted in the case of a potential emergency and to facilitate access to care.

r. Cross-system Referrals.

The Community Mental Health Centers and Lifeline service provides follow-up to youth and families to advocate for proper access to services.

s. Consents. Prior, written informed consent from the child's parent or legal guardian for assessment services, school-sponsored programs, and treatment involving medication related to youth suicide conducted in elementary and secondary schools will be obtained, unless the child is facing an emergency, where it is necessary to protect the immediate health and safety of the student or other students. For statewide applications, the IRB of Kansas University or a regional IRB will be asked for approval of consent procedures. For local projects, where available, collaborators may choose to seek the approval of a qualified IRB.

Section D: Staff and Organizational Experience

The personnel and organizations involved in this grant application have demonstrated commitment and expertise in the fields of public health, mental health, and suicide prevention.

Headquarters, Inc., commonly known as Headquarters Counseling Center (HQCC) is the applicant organization. HQCC is the 501(c)3 nonprofit organization located in Lawrence, Douglas County, Kansas that has provided counseling 24 hours daily, free of charge funded by United Way of Douglas County, the University of Kansas, the City of Lawrence, business partnerships, fund-raising, and grants since its inception in 1969. The diversity of this county is enhanced by the staff and students of its three universities; Haskell Indian Nations University (HINU), Baker University (BU), and the University of Kansas (KU). The center is committed support for all people, particularly those vulnerable to discrimination such as people with severe and persistent mental illness and those of all sexual orientations. Throughout its history, HQCC has provided suicide crisis intervention for people of all ages. In 1985 in response to national and local concerns about the increased rates of teen and young adult suicide, the center began regular participation in the American Association of Suicidology (AAS), including attendance at their annual conference. Informed by AAS and activities in other parts of the country, HQCC and area school staff developed began providing teen suicide prevention education.

HQCC regularly provides community awareness activities during Suicide Prevention Week and Survivors Day. The center has provided survivors of suicide support groups since 1995, and annual “Freedom of Expression” survivors retreat since 2007. Since 2001, HQCC staff trained in Critical Incident Stress Management (CISM) provide support services to groups of people affected by a traumatic event. This includes working with area schools to provide postvention services to staff and students following a death by suicide.

In 2001, HQCC became the first center in Kansas to be certified by AAS, as a suicide prevention center. Also in 2001, HQCC became a member of National Hopeline Network, the first national suicide prevention network. The center participated in SAMHSA’s 2003-2004 Silent Monitoring Project under Brian Mishara at CRISE, to evaluate the effectiveness of suicide intervention on the network. The center has also served on SAMHSA’s National Suicide Prevention Lifeline (NSPL) suicide prevention network since its inception in January 2005. HQCC remains the only Kansas center on the national suicide prevention network. HQCC works with local, national and regional groups on suicide prevention issues, including the Douglas County Community Health Improvement Mental Health Subcommittee, the Suicide Prevention Subcommittee of the Governor’s Mental Health Services Planning Council, AAS, and NSPL. HQCC’s focus on suicide prevention makes it a leader in the state of Kansas.

The list of key staff and their roles include the following:

Staff	Role	Level of Effort	Justification of Level of Effort
Marcia Epstein, LMSW	Principle Investigator- Administrative	FTE .40	This administrator will oversee the project and insure full implementation of all goals and objectives, including SAMHSA reporting
Stan Edlavitch, Ph.D., M.A.	Co-PI- Organization/Evaluation	FTE .40	This UMKC professor will collaborate on project administration and direct project evaluation

Bill Geis, Ph.D.	Director of Training	FTE .20	This UMKC psychologist will monitor clinical aspects of the project and provide direct clinical training in suicide assessment and intervention
To be hired	Project Director	FTE. 1.0	This person will oversee all projects on a week-to-week basis, help plan all program meetings and support the PI-Administrator
To be hired	Resource Center Coordinator	FTE .5	This person will compile all state and national information and send communications, including keeping the website information up-to-date
Chris Rinck, Ph.D.	Evaluator	contractual	This experienced researcher will provide evaluation and data support

In-kind funding includes (1) SRS contribution of the time to actively participate in the Suicide Prevention Subcommittee; (2) SRS is providing free phone services for conferencing; (3) SRS is also making available data on the utilization of public mental health services; (4) Offices, equipment, software, and office resources of Drs. Geis and Edlavitch and Rinck (5) Time and effort by state committee and biannual meetings representatives; (6) HQCC provides 24/7 counseling service, including staff, facility, and equipment; (7) HQCC also provides access to additional space and equipment for grant staff; and (8) clinical services from mental health agencies, funded by existing entitlements and insurance.

Qualifications of Key Staff:

Principal Investigator: Marcia Epstein, LMSW; .40 FTE: Ms. Epstein brings 32 years experience as Director of Headquarters Counseling Center (HQCC). As center director, in 1985 with two local school staff and informed by the American Association of Suicidology (AAS), she developed and began presenting teen suicide prevention education. She instituted a peer counseling network for Vietnam combat veterans. Ms. Epstein was one of the founding board members of the Douglas County AIDS Project, and assisted with amending the human rights ordinance of the City of Lawrence to include prohibition of discrimination based on sexual orientation. Her commitment to cultural sensitivity shows in her work each year providing suicide prevention training for staff of Haskell Indian Nations University. In 1995, at the urging of a survivor of suicide loss, Ms. Epstein began providing a survivors support group. The current group has met every other week for 4 1/2 years. In 2001, Ms. Epstein developed and led the first disaster mental health team for local emergency management, her leadership lasting through 2006. Ms. Epstein's commitment to suicide prevention includes participating in AAS since 1985, committing her center's resources to serving all of Kansas on the national suicide prevention network, participating in related evaluation projects, serving on committees of AAS and NSPL, and serving as a leader of the Suicide Prevention Subcommittee for Kansas. Ms. Epstein's commitment is personal as well, as her mother who experienced severe depression died from a drug overdose in 2003.

Co-PI-and Director of Evaluation Stan Edlavitch, PhD, MA; .40 total FTE Dr. Edlavitch, Professor of Epidemiology in the Department of Psychiatry at the University of Missouri Kansas City (UMKC) School of Medicine, served as Director of the MPH Program at Kansas University Medical School (KUMC) and Director of the Informatics Graduate Program at UMKC, 1996-

2001. His is also an Adjunct Professor of Internal Medicine at KUMC. Dr. Edlavitch has a long history of public health program development and brings a wide range of experience in developing and evaluating community education and intervention programs to this project. Over thirty years ago, he co-founded and served as Director of Evaluation for a community non-profit in San Francisco that successfully changed emergency care delivery in the city and he has remained active in community health programming and evaluation throughout his career. Recently, he was Co-PI on Kansas City's SAMHSA grant involving youth suicide prevention. He is currently Co-PI on *Program to Improve Triage and Quality of Intervention for Recidivist Suicidal Persons* in Kansas City, Missouri (2005-2010) and Co-PI on Public Mental Health Suicide Intervention (PMHSI) (2010-2012), funded by the Greater Kansas City Health Care Foundation. He serves as a reviewer for NIH, CDC, SAMHSA and the American Association of Suicidology for grants in violence prevention and suicide intervention and for several peer reviewed journals. He also serves as a Chairman of the Board of the Kansas City Suicide Prevention Program, is Co-Chair of the Health Planning Committee for the Health Commission in Kansas City, Missouri, is a member of the Advisory Board of Truman Medical Center and was member of the Missouri Governor's Advisory Committee on Suicide Prevention (until the committee was dissolved in 2009). He is Secretary/Treasurer of the Suicide Prevention Committee of the Kansas GMHSPC.

Director of Training Bill Geis, Ph.D; .20 FTE Dr. Geis, a clinical and forensic psychologist for 20 years, is the Director of Behavioral Health Research for the University of Missouri Kansas City School of Medicine and Assistant Professor of Psychiatry. He has done extensive work in both suicide prevention, and the clinical assessment and treatment of suicidal persons. In terms of prevention, he was an Epidemiologist on a Robert Wood Johnson (RWJ) *Fighting Back* grant focused on preventing substance abuse for 6 years. From 2000-2003, he was Co-Investigator on a previous SAMHSA demonstration grant implementing suicide prevention in six urban, suburban and rural schools. Out of this grant, he developed the *Help Pathways* approach to suicide emphasizing the identification and removal of barriers to seeking help and strong linkage to treatment/. This approach was submitted as a potential evidence-based suicide prevention intervention in 2008. He has presented on this approach, in every American Association of Suicidology (AAS) conference since 2003, also serving as Acting Clinical Division Director of AAS and Executive Board member for a period in 2006. He has done training for RWJ, SAMHSA, AAS, SPRC and CDC. He has collected risk factor data on over 2,000 metropolitan teenagers and suicide prevention training assessment information on over 4,000 Kansas City. He is one of the founding members of the Kansas City Suicide Awareness and Prevention Program, a KC suicide prevention coalition, and helped get a CDC 2005 grant to implement a planning and intervention process with KC schools and mental health centers. This organization now has agreements with 11 of the 14 KC metropolitan school districts to implement evidence-based interventions with their students. A current pilot project involves the implementation of the *Open the Corridor* structure inherent in this grant within an urban school and mental health setting. He helped author the Missouri suicide prevention plan and is the principal author of the Kansas plan. Clinically, He previously served as the Clinical Director for an over-4,000 patient urban mental health center and state hospital. During this 12-year tenure, he revised suicide screening procedures and oversaw psychological autopsies on over 125 unexplained patient deaths. He developed a suicide prevention and intervention program for the agency's 715-bed jail service program, and piloted suicide prevention services for two homeless and women's shelters. He has worked with the VA regional system on suicide prevention for military personnel. Since 2006, he

has been the PI on a \$500,000 grant to improve suicide triage/screening and the use of evidence-based cognitive-behavioral interventions for suicidal persons in urban Kansas City and PI on a \$500,000 grant “Public Mental Health Suicide Intervention (PMHSI)” which is designed to validate the important findings of the earlier triage study,. He has developed a clinician training program (to be used in this grant) emphasizing the pioneering works of Aaron Beck, Greg Brown, Marsha Linehan, David Jobes, Tom Ellis and Thomas Joiner and using extensive video interviews with suicidal patients to help clinicians work more directly with the thoughts that drive long-term suicidal thinking.

Project Director, to be hired: 1.0 FTE: This person will coordinate the implementation of *Open The Corridor* projects. Responsibilities will include building relationships with representatives of communities across Kansas to increase participation in the Suicide Prevention Subcommittee, and build the Kansas and Regional Youth Suicide Prevention Coalitions.

Resource Center Coordinator, to be hired; .5 FTE: This person will coordinate the establishment of the state-wide resource center.

Quality of Management and Day-to-Day Supervision: The PI will be responsible for supervision of project staff and resource center. The Co-PI-State Agency will be responsible for convening meetings twice annually in each of the six SRS regions. The Co-PI-Clinical will be responsible for clinical/training aspects of the program. The Youth Suicide Prevention Coalition will supervise and direct the activities of the project with assistance from the Suicide Prevention Subcommittee and Scientific Advisory Board. Regional Youth Suicide Prevention Coalitions will be responsible for activities in their regions.

Resources Available: Headquarters, Inc, a 24 hour counseling center, has a range of computers, printers, copiers and other office equipment. It is ADA compliant. Youth sites (schools, juvenile detention facilities, military bases and mental health centers) all are well-equipped, accessible and ADA compliant, by state guidelines. The University of Missouri—Kansas City School of Medicine has extensive equipment, statistical software and consultants

Information technology:

Both SRS and KDHE are providing technical assistance to grant activities. Information covering multiple assessment levels used to measure the success of providing mental health services gives Kansas a depth of client level information unavailable to most other state mental health systems. In addition to client-level information (AIMS), SRS partners with various state agencies in data sharing agreements that broaden the scope of information available for making sound policy decisions. One example is the agreement between SRS and Kansas Department of Health and Environment resulting in a recent collaborative project studying the extent of Anxiety and Depression within the state, summarized on the KDHE BRFS website at the following link: http://www.kdheks.gov/brfss/PDF/Anxietydepression_finalreport.pdf.

Kansas Department of Health and Environment (KDHE): KDHE employs a state of the art electronic vital records data system, and is in the final states of initiating an electronic death registration system. The department interfaces vital records data with benefits paying agencies

and public health programs. The department maintains an online query tool to access much of the vital records data.

UMKC: Evaluators regularly utilize SAS and SPSS statistical software packages. University investigators have extensive experience in the design, implementation and evaluation of community studies.

HQCC: During this grant period, the center will utilize iCarol web-based software for electronic record-keeping, collecting data on use of the counseling service by phone, text, and live internet chat, as well as data from client outcomes surveys. The center also receives weekly and monthly reports from National Suicide Prevention Lifeline on use of the suicide prevention hotline network.

State Experience with Advocacy and Consumer Groups: The state of Kansas through SRS, KDHE, and the GMHSPC has a long history of work with consumer groups, families and advocacy groups, including members of these groups in planning, support of local services and directly with specialized services.

Experience incorporating cultural competency in past programs. The PIs have overseen multiple programs incorporating cultural competency and served diverse populations in crisis and a long history of culturally competent research, including diverse groups, ensure language availability, and access all participating groups. The diversity training coordinator has a strong history of culturally competent services and program, especially among Spanish-speaking populations. (See above in experience section.)

Section E: Performance Assessment and Data

The grantee will collect and report data so that SAMHSA can meet its obligations under GPRA including data on: increases in the number of persons in youth trained to identify and refer youth at risk for suicide; the number of health, mental health, and substance abuse providers trained to assess, manage and treat youth at risk for suicide; the number of youth identified as at risk for suicide; the number of youth at risk for suicide referred for behavioral health care services; the evidence of promotion of the National Suicide Prevention Lifeline

The grantee will work with the prevention cross-site evaluation contractor to develop current capacity to monitor the extent to which identified youth who are referred to treatment actually access that treatment. This protocol will be reviewed by the UMKC Social Science Institutional Review Board prior to commencement of activities.

All evaluation tools will be reviewed by representatives of state and community agencies, family, and advocacy groups. Annually, the results of the grant activities will also be shared with this group and feedback from its members will assist in changing strategies through State Suicide Prevention Subcommittee and the Youth Scientific Advisory Board.

A Management Information System will be developed with all activities which will be followed closely bimonthly to determine if objectives are being met in a timely manner. Any deviation to objective activities will be documented with the reason for the change. The impact of these

changes will also be identified. The program/person providing the services will be noted as will individual characteristics of those referred to the mental health system. The cost of the project will be measured through number of referrals and follow-up by cost of project activities.

The state will provide detailed breakdown of suicide statistics by age, race, ethnicity, gender, and geographic distribution (by regions). Data from YRBSS will be collected annually and correlated by geographic region with suicide rate. Following are evaluation activities by goal.

A copy of the pre and post training knowledge test that will be modified for this project is attached (Appendix 2). This survey has previously been administered in other in school programs (anonymously). All data collected for research purposes is subject to IRB approval. Staff will be required to complete the CITI training modules that reference Social Sciences and HIPPA issues.

Goal	Type of Data	When Collected	Reporting
Increase the number of persons trained to identify and refer	Attendance in training programs	At end of ASIST training	Change in numbers trained
Increase number of trained providers	Attendance in training programs	End of clinical training	Pre and Post test scores on clinical knowledge
Increase number of youth identified at risk	Changes in reported risk behavior on youth surveys and reports by youth of actions taken	Annual behavioral surveys	Changes in attitudes, behaviors
Increase number who receive services	Reporting from CMHCs, hospitals, Lifeline and private providers	Annual reports Surveys	Number at risk and numbers seeking services
Promotion of Lifeline	Number of calls by level of severity	Monthly	Annual reporting

All data will be kept in a locked file. There will be no identifiers on the data. Data from mental health therapists and site counselors will be unidentified and by numbers only.

Analysis will include frequencies of annual participant dissemination site, coalition, policy changes, six month professionals trained, family group participants. Pre-post Within ANOVAs will be conducted with professional and participant assessments. For participant training multiple regressions will identify factors associated with change in attitudes to seek mental health professionals and suicide ideation (e.g., age, race/ethnicity, previous suicide attempts).

Interpretation of the data will be conducted by project staff and the Youth Scientific Advisory Committee. Families and advocacy groups will also assist in the interpretation of the data. This interpretation, along with the data itself, will be given to the Suicide Prevention Subcommittee for revision to both strategies used and data collected. This should assure continuous quality

improvement. Confidentially and SAMHSA human protection procedures are described in Attachment 2.

Section E. Literature Citations

- Bonger, B. (2002). The suicidal patient: Clinical and legal standards of care, (2nd Edition). American Psychological Association. Washington D.C.: American Psychological Association Press.
- Brown, G., Ten Have, T., Xie, S., Hollander, J., Henriques, G. Xie, S., Hollander, J., & Beck, A. (2005). Cognitive therapy for the prevention of suicide attempts. Journal of the American Medical Association (JAMA). Vol. 295, No. 5, 563-570.
- Edlavitch, S. & Geis, B.D. (in preparation, a). **Adolescent Depression, Suicide Ideation and Suicide Attempts: Gender and Ethnic Differences in Suburban, Urban and Rural Schools**
- Ellis, T. E. & Newman, C.F. (1996). *Choosing to Live: How to defeat suicide through cognitive therapy*. Oakland, CA: New Harbinger.
- Ellis, T.E. (Ed.) (2006). *Cognition and suicide: Theory, research and therapy*. Washington, D.C: American Psychological Association.
- Geis, B.D. (2006). Expanding school suicide prevention: Beyond warning signs to the promotion of help-seeking behavior. MCSA's The Counseling Interviewer, 39 (1), 22-24.
- Geis, B.D. (Unpublished data). Patterns of barriers to accessing help for a suicidal crisis in 12 urban, suburban and rural schools. Report to the Missouri Suicide Prevention Committee, September 2007.
- Geis, B.D. & Edlavitch, S.A. (2003a). Kansas City's ANSWER: A Multi-County Coalition for Teen Suicide Prevention. SAMHSA Youth Prevention Cooperative Agreement (93-230). Evaluation of the Project—Final Report.
- Geis, Bill D. **Key Elements of Teen Suicide Prevention Training**. The American Association of Suicidology. Bethesda, MD. April 13, 2002.
- Geis, Bill D. & Edlavitch, Stan. **The ANSWER Network: A Data-Driven Prevention Coalition**. The 36th Annual American Association of Suicidology Conference. Santa Fe, New Mexico, April 24, 2003 (b)
- Geis, Bill D. & Edlavitch, Stan. **Reported Help Pathways: An Empirical Grounding for Teen Suicide Prevention**. 112th Annual Convention, American Psychological Association. Honolulu, Hawaii. July 30, 2004
- Geis, B.D. **The Problem of Help-Seeking in Suicide Prevention**. 39th Annual Association of Suicidology Meeting. Seattle, Washington. April 30, 2006.
- Goldsmith S, Pellmar T, Kleinman A, Bunney W, eds. (2002), *Reducing Suicide: A National Imperative*, Washington, DC: National Academy of Sciences.
- Hawton, Morgan J. "Self-reported suicidal behavior in juvenile offenders in custody; prevalence and associated factors. Crisis, 2004, 25 (1), 8-11.

- Hogan MF (2003), New Freedom Commission on Mental Health Achieving the Promise: Transforming Mental Health Care in America, Final Report. Rockville, MD: Department of Health and Human Services [\[Context Link\]](#)
- Jellinek, P. S., and Hearn, R. P. "Fighting Drug Abuse at the Local Level." *Issues in Science and Technology* (National Academy of Sciences), 1991, 7(4).
- Jobes, D. (2005). Treatment manual for the Clinician-Administrated Measure of Suicide—Revised. Washington, D.C.: American University Press.
- Joiner, T. (2004). A model of suicidal action. American Association of Suicidology Annual Convention, Miami, FL.
- Kansas Health Statistics Report* Kansas Department of Health and Environment – Division of Health Center for Health and Environmental Statistics – No 35 – November 2007
- Linehan, M.M. (1993) Cognitive-behavioral therapy of borderline personality disorder. New York: Guilford.
- Linehan, M.M., Armstrong, H.E., Suarez, A., Allmon, D., & Heard, H.L. (1991). Cognitive-behavioral treatment of chronically parasuicidal borderline patients. *Archives of General Psychiatry*, 48, 1060–1064. [External Link Resolver](#) [Bibliographic Links](#) [\[Context Link\]](#)
- Maris, R.W., Berman, A.L. & Silverman, M.M. (Eds.) (2000) Comprehensive textbook of suicidology. New York: The Guildford Press, p. 509-512).
- Norcross, J.C. (2001). Purposes, processes, and products of the task force on empirically supported therapy relationships. Psychotherapy: Theory, Research, Practice, Training, 38, p. 345-356.
- Oetzel, K.B. & Scherer, D.G. (2003). Therapeutic engagement with adolescents in psychotherapy. Psychotherapy: Theory, Research, Practice, Training, 40 (3), p. 215-225.
- Robert Wood Johnson Foundation. (2001). The data-driven coalition and reducing substance abuse in a population. New Jersey: Robert Wood Johnson Foundation Press.
- Rudd M. (2004). Characteristics of Residual Hopelessness: The Suicide Cognitions Scale—Revised. American Association of Suicidology Annual Convention, Miami, FL.
- Suicide and Mental Health Association International “Suicide too frequently a foe for military, suicidementalhealthassociationinternational.org/suifreqfoeml.html, 4/11/09
- “Suicide Trends Among Youths and Young Adults Aged 10-24 Years—United States, 1990-2004,” *Morbidity and Mortality Weekly Review*, September 7, 2007 / 56(35):905-908.
- Tyrer, P., Thompson, S., Schmidt, U., Jones, V., Knapp, M., Davidson, K., Catalan, J., Airlie, J., Baxter, S., Byford, S., Byrne, G., Cameron, S., Caplan, R., Cooper, S., Ferguson, B., Freeman, C., Frost, S., Godley, J., Greenshields, J., Henderson, J., Holden, N., Keech, P., Kim, L., Logan, K., Manley, C., MacLeod, A., Murphy, R., Patience, L., Ramsay, L., De Munroz, S., Scott, J., Seivewright, H., Sivakumar, K., Tata, P., Thornton, S., Ukoumunne, O.C., & Wessely, S. (2003). Randomized controlled trial of brief cognitive behavior therapy versus treatment as usual in recurrent deliberate self-harm: The POPMACT study. *Psychological Medicine*, 33, 969–976.

Wielawski, I. (2003). The Fighting Back Program. In Stephen L. Isaacs and James R. Knickman (Eds.): To Improve Health and Health Care Vol VII: The Robert Wood Johnson Foundation Anthology, pp. 1-37.

U.S. Public Health Service. (2001). National Strategy for Suicide Prevention: Goals and Objectives for Action. Rockville, MD: Department of Health and Human Services, U.S. Public Health Service.

U.S. Public Health Service (1999), The Surgeon General's Call to Action to Prevent Suicide. Washington, DC: Department of Health and Human Services, U.S. Public Health Service.

Section G: Budget Justification

A. Personnel:

Federal Request

Position	Name	Annual Salary/ Rate	Level of Effort	Cost
PI	Marcia Epstein, LMSW	\$60,000	0.40	\$24,000
Co- Director Evaluation	Stan Edlavitch, PhD MA	\$136,000	0.40	\$54,400
Director Training	Bill Geis, PhD	\$136,000	0.20	\$27,200
Project Director	to be named	\$50,000	1	\$50,000
Resource Center Coordinator	to be named	\$40,000	0.5	\$20,000
HQCC Lifeline counselor	to be named	\$30,000	0.5	\$12,500
HQCC Lifeline counselor	to be named	\$30,000	0.5	\$15,000
Administrative Assistant	to be named	\$25,000	0.5	\$12,500
			TOTAL	\$218,100

Justification:

- PI: overall responsibility for grant activities
- Co-PI – Share in oversight of all grant activities, develop and direct Evaluation
- Director of Training – Responsible for oversight of all training programs sponsored by grant and for delivering clinical training courses.
- Project Director: primary staff person for coordination activities
- Resource Center Coordinator: responsible for development of resource center for Kansas
- 2 half-time Lifeline counselor: additional staff to expand the capacity late afternoon and evening hours on the 24/7 National Suicide Prevention Lifeline (NSPL) service currently provided by HQCC, in anticipation of increased use by Kansas youth.
- Administrative Assistant: provides clerical support for the coordination of grant activities.

Federal Request: \$218,100

B. Fringe Benefits:

Federal Request

Component	Rate	Wage	Cost
FICA	7.65%	\$218,100	\$16,685
Other Insurance	\$150/month stipend	\$218,100	\$2,520
		TOTAL	\$19,205

Justification: Fringe All positions are included in a Workers Compensation policy. FICA 7.65%. Marcia Epstein and Project Director eligible for health stipend \$150/mo on FTE basis.

Federal Request: \$19,205

C. Travel:

Federal Request Purpose of Travel	Location	Item	Rate	Cost
SAMHSA grantee meeting	Washington, DC	Airfare	\$280/flight x 5 people	\$1,400
		Transportation to-from airports	\$50/roundtrip x 2 airports x 5 people	\$500
		Hotel	\$180/night x 3 nights x 5 people	\$2,700
		Per Diem	\$46/day x 3 days x 5 people	\$690
AAS Conference	varies	Airfare	\$300/flight x 2 people	\$600
		Transportation to-from airports	\$50/roundtrip x 2 airports x 4 people	\$400
		Hotel	\$180/night x 4 nights x 2 people	\$1,440
		Per Diem	\$46/day x 4 days x 2 people	\$368
		Registration	\$450 x 2 people	\$900
In-state Coalition Meetings, Site visits, Networking		Mileage	8,000 miles at \$0.50/mile (Kansas reimbursement rate)	\$4,000
		Hotel	30 nights at average \$120/night	\$3,600
		Per Diem	\$46/day for 30 nights	\$1,380
		TOTAL		\$17,978

Justification:

- SAMHSA Grantee meeting: Participation by 5 people: PI, Co-PI- Clinical, Co-PI/Evaluator, Project Director and Coalition Member

- AAS Conference: Participation by Project Director and Resource Center Coordinator. PI and Co-PI's attending at personal or other agency expense.
- In- state Travel: In terms of size, Kansas ranks 14th among the 50 states, with a total area of over 82,000 square miles divided into 105 counties. Our state is 411 miles across from East to West and 208 miles across from North to South. The diversity of the population includes rural culture. State-wide involvement and impact from the *Open The Corridor* projects requires building relationships throughout our state. Face-to-face contact is necessary. Due to distances, long travel and overnight stays will be required of key personnel.

Federal Request: \$17, 978

D. Equipment:

E. Supplies:

Federal Request

Item(s)	Rate	Cost
computers	2 desktop and 1 laptop; with software	\$9,000
printing		\$8,000
postage		\$3,000
office supplies		\$1,500
library		\$1,000
	TOTAL	\$22,500

Justification:

As noted in multi-year detail, equipment purchases will be made at the start of the grant period to provide adequate office equipment for new positions: Project Director, Resource Center Coordinator, Administrative Assistant, for the essential functions of the K-SPRC and other grant activities.

- Computers: Purchase of 2 additional desktop computers and one laptop for use in meetings across the state, plus needed software; for use by three additional staff
- Remaining supplies for the functions of the K-SPRC and other grant activities. For effective state-wide activities, the K-SPRC will provide educational materials in print as well as on the website. In addition, the budget reflects basic needs of postage, office supplies, as well as some purchases to expand the suicide prevention resource library currently available through HQCC.

Federal Request: \$22,500

F. Contract:

Federal Request

Name	Service	Cost
Chris Rinck, PhD	Evaluation	\$5,000
	Website dev & mgmt	\$5,000
Jim Long, CPA	Audit of grant funds	\$2,500
Mini-grants, including cost of ASIST Training for Trainers	Peer reviewed grants to local groups and agencies	\$121,624

TOTAL \$144,124

Justification:

- Chris Rinck, PhD: Experienced evaluator to work with Co-PI- to provide evaluation of grant activities
- Website: Expenses include the creation of the K-SPRC website and on-going web hosting and site maintenance.
- Audit of federal grant funds
- Youth sites and Mental Health Partners: Funding for selected pairings of youth settings with geographically appropriate mental health services to enhance the ease of attaining mental health services through mental health clinicians thoroughly trained in evidence-based therapies for managing suicide risk. Pairings will be based in various parts of the state and target various high risk populations such as veterans/military personnel and youth in the juvenile justice system. Paired sites will receive *Open The Corridor* training and technical assistance, with small grants for additional costs incurred by those sites.

Federal Request: \$144,124

G. Construction: none included

H. Other:**Federal Request**

Item(s)	Rate	Cost
Rent for additional space	\$1,000/month	\$12,000
Telephone additional lines and long-distance expense	\$200/month	\$2,400

TOTAL \$14,400

Justification:

- Rent: Headquarters Counseling Center (HQCC) will host the Kansas-Suicide Prevention Resource Center for Kansas (SPRC-K), and space for the coordination of all *Open The Corridor* projects, however current office space is insufficient for this expansion and additional space will be rented.

- Telephone: additional lines, including one toll-free for Kansas, will be installed for grant activities as well as to increase capacity for Lifeline calls; long-distance expenses for networking with communities across the state

Federal Request: \$14,400

Indirect Cost Rate: \$43,693, estimated at 10% of salaries and wages

Justification:

- University partner: UMKC School of Medicine requires minimum of 10% indirect costs for time of Bill Geis, PhD for development of clinical course as part of grant activities
- Headquarters Counseling Center provides a wide range of support for uncompensated support for grant activities, including additional counselors, networked computer system, new phone system, multiple counseling lines, and iCarol software for 24/7 Lifeline service phone; suicide prevention library resources; as well as additional office equipment and spaces.

Federal Request: \$480,000

BUDGET SUMMARY:

Category	Federal Request
Personnel	\$218,100
Fringe	\$19,205
Travel	\$17,978
Supplies	\$22,500
Contractual	\$144,124
Other	\$14,400
Total Direct Costs*	\$436,307
Indirect Cost Rate (10% salaries & wages)	\$43,693
Total Project Costs	\$480,000

*** TOTAL DIRECT COSTS:**

Federal Request: \$436,307

Indirect Costs

Total \$43,636

TOTAL PROJECT COSTS:

Federal Request: \$480,000

Subsequent years of the grant: will include COLA adjustment in salaries and wages. Amounts used for Year 1 one-time expenses will be used for the mini-grant programs in Year 2 and 3.

Section H: Biographical Sketches and Job Descriptions

Job Description: Marcia Epstein, PI

Duties and Responsibilities: responsible for oversight of grant-funded projects, supervision of all project staff, hiring and training new project staff, serving as a resource on suicide prevention for Kansas communities, primary liaison with SAMHSA. Qualifications for position: experienced agency administrator; significant experience in: suicide prevention, intervention, and bereavement support; collaborative projects, client-centered outcome evaluation; demonstrated sensitivity to diverse populations Supervisory relationships: provides supervision of all project staff, while being responsible to the various coalitions, committees, and boards involved with grant-funded projects

Travel: participation in SAMHSA grantee meetings, AAS conferences, and meetings across the state related to grant-funded projects

Hours: .40 FTE including flexibility for evening and weekend meetings

Job Description: Stan Edlavitch, Co-PI and Director of Evaluation

Dr. Edlavitch Chairs the Board of the Kansas City Suicide Prevention Program, is co-chair of the Community Health Planning Committee of the Health Commission, has served on the Governor's Suicide Advisory Committees for both Missouri and Kansas and is a member of several mental health regional and national committee. He will co-direct the activities of this program with Marcia Epstein. As Director of Evaluation on this Project, he will be responsible for overseeing the components of the evaluation program for this project. He will work with Project staff, State Agencies, SAMHSA liaison, and other stakeholders to develop and implement data collection procedures, conduct analyses, and report progress in meeting the goals and objectives of this program. The Kansas project will participate fully in the cross-site evaluation under development by SAMHSA for these cooperative agreements and the Director of Evaluation will be responsible for communicating and coordinating with SAMHSA and its cross-site evaluation contractor to insure that this project is responsive to collecting data on process and outcomes measurements. The Director will participate in annual SAMHSA and contribute to publications and presentations coming from the project. Dr. Edlavitch has extensive experience in managing large community programs. The Minnesota program he directed had a budget of over \$5 million and a field staff of 250 persons. The S.F. Emergency Care Program he co-founded developed the community education programs for mouth to mouth resuscitation that was adopted and taught by the American Heart Association for the following 25 years. In addition to Directing the Evaluation, he will work with project staff on dealing with multiple agencies throughout the State.

Travel: participation in SAMHSA grantee meetings, AAS conferences, and meetings across the state related to grant-funded projects

Hours: .40 FTE including flexibility for evening and weekend meetings

Job Description: Bill Geis, Co-PI -Trainer

The Co-PI - Trainer will assist the Principal Investigator, and coordinate clinical intervention training with mental health centers and community therapists. To assist the PI, the Co-PI will participate in staff meetings, planning sessions, and evaluation reviews. He will also participate actively in meetings with prevention and clinical partners, insuring that the suicide prevention structure is understood and implemented with fidelity. He will support the biannual meetings with presentations on evidence based suicide prevention and intervention strategies. He will implement the previously developed clinical intervention training program for suicidal youth

with mental health center and community clinicians, and will develop a train-the-trainer program to enhance dissemination of clinical intervention skills. Each September, he will also provide a workshop in reducing risk of suicide for the annual conference for the Association of Mental Health Centers in Kansas, which has enthusiastically embraced the idea of enhanced skill training among mental health center clinicians. As part of the Scientific Advisory Committee, he will assist the committee on evidence-based practices. And, he will assist the project Evaluator in designing project instruments, complying with information requests and needs, and reviewing project data for planning, modifying and enhancing project strategies. He will participate in annual SAMHSA meetings and assist in disseminating project information through training and publication of findings and products.

Travel: participation in SAMHSA grantee meetings, AAS conferences, and meetings across the state related to grant-funded projects

Hours: .20 FTE including flexibility for evening and weekend meetings

Job Description: Project Director

Job Description: Youth Suicide Prevention Resource Center Coordinator

Hiring for both positions will be based on the following job description:

Work areas include responsibilities to/for:

- Kansas Communities – facilitating information gathering and sharing related to suicide prevention
- Suicide Prevention Subcommittee of Governor’s Mental Health Services Planning
- Youth Suicide Prevention Coalition
- Scientific Advisory Board
- Partner Sites
- Kansas Lifeline center, Headquarters Counseling Center
- Media releases and advertising about the center’s services – phone directories, newspapers, radio, television, etc.
- K-SPRC Website
- 2-4 newsletters per year, available in print and on website.
- *Shared responsibility with PI’s, Diversity Trainer, and Evaluator*, represent K-YSPRC on relevant Kansas community task forces/committees, at relevant Kansas community meetings, and in speaking engagements
- *Shared responsibility with PI’s, Diversity Trainer, and Evaluator*, assist with development of on-going funding
- Grant reporting forms, as requested

Continuing Education

- On youth self harm and suicide prevention/intervention/postvention/survivorship through readings, training programs, internet, the annual American Association of Suicidology conference, and other conferences

Supervision and Documentation

- Responsible to Co-PI’s
- Participate in regular meetings with Co-PI’s, Trainers, and Evaluator
- Maintain records of hours worked on various projects

- Maintain documentation of long distance phone and out of town travel expenses

Required Qualifications:

- Demonstrated commitment to suicide prevention
- Excellent oral and written communication skills
- Cultural sensitivity
- Works well in a team setting
- Dependable and conscientious
- Enthusiastic, creative, energetic, and self-directed
- Excellent organizational skills, detail-oriented, including the ability to juggle several projects simultaneously
- Proficiency with Microsoft Word, Excel, Explorer, and Outlook
- At least six months previous paid work experience in a non-profit agency
- At least nine months previous experience in a full-time paid position

Preferred Qualifications:

- Prior training in mental health and suicide prevention
- Experience with diverse populations of teens and young adults, with diversity defined as including survivors of suicide loss, veterans, Native American, and rural
- Experience as program director/coordinator/manager
- Experience creating training materials and/or informational brochures
- Experience providing public presentations and/or training
- Proficiency with Microsoft Publisher and Access
- Master’s degree in Social Work or Psychology with current Kansas license

Conditions of the Position:

- Must respect the confidentiality of those who use the services of the resource center and collaborating agencies
- The work week is not less than five days.
- Full-time position requiring work hours during 4-5 weekdays, with flexibility for some evening and weekend meetings
- Available to travel across the state, as well as to out of state conferences
- Commit to employment for no less than one year.

BIOGRAPHICAL SKETCH			
NAME Marcia Gail Epstein		POSITION TITLE Director Headquarters, Inc. (commonly known as Headquarters Counseling Center)	
EDUCATION/TRAINING			
INSTITUTION AND LOCATION	DEGREE	YEAR(S)	FIELD OF STUDY
University of Kansas – Lawrence, Kansas	BGS	1997	Social Sciences
University of Kansas – Lawrence, Kansas	MSW	2000	Clinical Social Work

LICENSURE	Kansas	LMSW	4644
-----------	--------	------	------

A. Positions and Honors.

Positions and Employment

1979 - present	Director, Headquarters, Inc., Lawrence, KS
1985 – present	Provide teen suicide prevention education to area junior high health classes
1985 – present	Serve as local and regional consultant and presenter on suicide prevention and bereavement support. University audiences include students and staff of University of Kansas, Haskell Indian Nations University, Baker University, and Washburn University. State audiences include Kansas Department of Health and Environment (KDHE) researchers, and Kansas Coalition Against Sexual and Domestic Violence. Public school staff audiences include Lawrence, KS USD 497 and Topeka, KS USD 501. Local agency audiences include the WRAP staff of Bert Nash Community Mental Health Center, advocates for the domestic violence shelter, WTCS, and therapists at K.U. Counseling and Psychological Services (CAPS).
1987 – present	Conference presentations include: “Teen Suicide Prevention Education” at 1987 Convening Conference, Chicago; “Support of Ritual Abuse Survivors” at 1993 AAS Conference, San Francisco and 1995 Conference of Society for Intervention, Treatment, and Prevention of Cult and Ritual Abuse, Dallas; “Suicidality: A Continuum of Crisis” at 2002 Association of Community Mental Health Centers In Kansas annual conference; Crisis Center Evaluation” – with Brian Mishara at 2004 AAS Conference, Miami
1995 – present	Facilitate survivors of suicide bereavement support group and annual retreats; provide bereavement support to individuals and families
October 2003	Participated in regional SPRC conference in Colorado
Winter 2004-2005	Member of SAMHSA’s first Advisory Board for the National Suicide Prevention Lifeline
2006 – 2007	Consultant on teen suicide and self harm for Department of Education SHIFTS grant for Topeka, KS USD 501
2006	Kansas - NASW Social Worker of the Year

Other Experience and Professional Memberships

- American Association of Suicidology, including annual conference participation since 1985
- American Foundation for Suicide Prevention

- Douglas County, Kansas Emergency Management Board
- Douglas County, Kansas Emergency Management Disaster Mental Health Team: Leader 2001 – 2006
- Douglas County KAHBH (Kansas All Hazards Behavioral Health Team): 2006 - present
- International Critical Incident Stress Foundation, since 2001
- Kansas Critical Incident Stress Foundation
- Kansas - NASW
- NASW
- Suicide Prevention Action Network (SPAN USA)
- Participated in Kansas team at University of Rochester Spring 2008 Research Institute on *Promotion of Mental Health Through Community Collaborations in Research.*
- Suicide Prevention Subcommittee of (Kansas) Governor's Mental Health Services Planning Council, since 2001: activities include bringing national experts on suicide prevention to conferences sponsored by this committee and by the Association of Community Mental Health Centers of Kansas
- Chair of Suicide Prevention Subcommittee, March 2010 – February 2012: activities included bring David Litts from Suicide Prevention Resource Center for presentations during Suicide Prevention Week 2010
- 2011 Member of Haskell Indian Nations University Suicide Prevention Work Group

Headquarters, Inc.:

- Founded in 1969
- Has provided teen suicide prevention education since 1985
- Has provided phone line and safety programs for children since 1985
- Has provided survivors of suicide support groups since 1995
- Regularly provides community awareness activities during Suicide Prevention Week and Survivors Day
- First center in Kansas to be certified by American Association of Suicidology
- Member of National Hopeline Network, first national suicide prevention network, since 2001
- Established first Emergency Management Disaster Mental Health Team in Kansas
- Participated in SAMHSA-funded 2003-2004 Silent Monitoring research project
- Member of National Suicide Prevention Lifeline, national suicide prevention network, since its inception in January 2005
- Only Kansas center on national suicide prevention network
- Only Kansas center certified by American Association of Suicidology

BIOGRAPHICAL SKETCH			
NAME Stanley A. Edlavitch, Ph.D, M.A.		POSITION TITLE Professor of Epidemiology and Director of Graduate Training, Department of Informatic Medicine and Personalized Health, UMKC School of Medicine	
EDUCATION/TRAINING			
INSTITUTION AND LOCATION	DEGREE	YEAR(S)	FIELD OF STUDY
University of Maryland	B.S.	1962	Mathematics
University of Missouri-Columbia	M.S.	1966	Public Health
University of Missouri-Columbia	M.A.	1968	Mathematical Statistics
University of California-Berkeley	Ph.D.	1974	Epidemiology

A. Positions and Honors.

Positions and Employment

University of Missouri School of Medicine - Kansas City, Missouri	
Professor of Epidemiology	2007-Present
Director Graduate Training Bioinformatics	2007-2009
Professor of Epidemiology and Director of Epidemiology Research, and Director Student Research	2002-2006
University of Missouri School of Dentistry -- Kansas City, Missouri	2001-Present
Adjunct Professor of Dental Health	
University of Kansas Medical Center -- Kansas City, Kansas	
Adjunct Professor of Infectious Disease	2004-Present
Adjunct Professor of Preventive Medicine	2001-2004
Professor of Preventive Medicine	1991-2001
Member Institutional Review Board	1999-2004
Director MPH Program	1997-2000
Tianjin Medical University - Tianjin, China	November 1998 – Present
Visiting Professor of Epidemiology	

Other Experience and Professional Memberships

Editorial Boards:

Senior Editor, Pharmacoepidemiology Newsletter, 1986-present

Contributing Editor, Chinese Journal of Pharmacoepidemiology, 1995-present

Advisory and Community Service:

Member Governor's Suicide Advisory Committee, Missouri, May 2006-October 2008. Chair Goals and Objectives.

Steering Committee Governor's Suicide Advisory Planning Committee, Kansas, 2002-October 2008.

Member Advisory Council – Center for Practical Bioethics, Medical Outreach Project, November 2005 – Present.

Member National Center Injury Prevention Control Review Committee - CDC, April 2005 - present.

Chairman of Board – Kansas City Suicide Awareness and Prevention Program (KCSAPP)

Member – Health Planning Committee, Health Commission, City of Kansas City, 2003-present

Co-Chair, Community Health Improvement Plan (CHIP) Committee
Board of Governors, Truman Medical Center, 1995-present, Joint Conference Committee.
Independent Scientific Peer Review Board - American Association of Suicidology 2010 - Present
Peer Review Panel Member – NIH, SAMHSA 2008-present

B. Selected peer-reviewed publications

- Edlavitch SA.**, Salmon J. Drug Safety within Drug Use. *Disease Management* 9(5), 269-262, 2006.
- Majewsk M**, Jaworsk T, Sarosiek I, Sostarich S, Roeser K, Edlavitch SA, Kralstein J, Wallner G, McCallum RW, Sarosiek J. Significant Enhancement of Esophageal Pre-Epithelial Defense by Tegaserod: Implications for an Esophagoprotective Effect. *Clinical Gastroenterology and Hepatology* 5(4), 430-439, April 2007.
- Goudar SS**, Chakraborty H, Edlavitch SA, Naik VA, Bellad MB, Patted SS, Patel A, Moore J, McClure EM, Tyler Hartwell T, Moss N, Derman RJ, Kodkany BS. Variation in the postpartum hemorrhage rate in a clinical trial of oral misoprostol. *J Matern Fetal Neonatal Med*, Dec 2008; 1–6.
- Patted SS**, Goudar SS, Naik VA, Bellad MB, Edlavitch SA, Kodkany BS, Patel A, Chakraborty H, Derman RJ, Geller SE. Side effects of oral misoprostol for the prevention of postpartum hemorrhage: Results of a community-based randomised controlled trial in rural India. *J Matern Fetal Neonatal Med*, 2009 Jan 22(1):24-28.

Select Presentations:

- Geis BD**, Edlavitch SA. What Constitutes a Gatekeeper Model of Suicide Prevention? 37th Annual AAS Conference, Miami, Fla., April 15, 2004.
- Geis BD**, Edlavitch SA. Help Pathways: Building an Empirical Suicide Prevention. 37th Annual AAS Conference, Miami, Fla., April 17, 2004.
- Geis BD**, Edlavitch SA. Adolescent Barriers to Seeking Help for Suicide. A Cognitive Behavioral Science of Prevention? American Association Suicidology, Broomfield, CO, April 14, 2005.
- Geis BD**, Edlavitch SA. Less Gatekeeper Training and More Attitude Change? American Association Suicidology, Broomfield, CO, April 16, 2005.
- Edlavitch SA**, Geis BD. Adolescent Suicide and Cutting. Relational Aggression Conference., Kansas City, MO, February 20, 2007.
- Geis B**, Edlavitch SA. New Ways of Looking at Pathways for Seeking Help. 40th Annual Meeting American Association of Suicidology, New Orleans, LA, April 11, 2007.
- Edlavitch SA**. Challenges in Employing Emerging Information Resources. Drug Safety Reform. DIA 43rd Annual Meeting, Atlanta, GA, June 21, 2007.
- Edlavitch SA**, Geis B. The Kansas City Evidenced-Based Model of School-Based Prevention. Advancing Suicide Prevention in Missouri, Jefferson City, MO, September 10, 2007.
- Edlavitch SA**, Stratton K, Dorsey D, Muhlberg A, Throckmorton D. Drug Safety & Public Health: Legislative Changes to Reform the FDA, APHA 135th Annual Meeting, Washington, DC, November 6, 2007.
- Edlavitch SA**. Postmarketing Surveillance and Risk Management. 4th International Conference on Global Trends in Clinical Research: India 2008. Mumbai, India, March 14, 2008.
- Sarosiek I.**, Roeser K, Edlavitch SA, McCallum RW, Sarosiek J, M.D., Ph.D. KUMC, Therapeutic

- Response to Esomeprazole in Patients with Uninvestigated Dyspepsia Sustainable During Sixteen Weeks of Therapy: Its Clinical Implications? Amer. Gastroenterology Association, San Diego, May 20, 2008.
- Edlavitch SA.** Suicide Update: What Do We in Kansas Need to Know in 2008? Association of Community Mental Health Centers of Kansas 2008 Annual Conference, Overland Park, KS, September 17, 2008.
- Edlavitch SA,** The Impact of the FDAAA on Drug Safety, 5th Global Conference on Clinical Research & Drug Development, Mumbai, India, September 11, 2008.
- Edlavitch SA,** Drug Safety Requirements in This Changing Economic Environment, Keynote Address, Russian Society for Outcomes Research, Moscow, Russia, December 15, 2008.
- Edlavitch SA,** Drug Safety and Economic Issues, Keynote Address, The Fifth China Shanghai International Conference on Pharmacoepidemiology and Rational Drug Use, Xiamen, China, March 18, 2009.
- Edlavitch SA,** Drug Safety and Public Health, National Academy of Medicine, Mexico City, Mexico, March 25, 2009.
- Edlavitch SA,** Kweder S, Golomb B, Lilienfeld D, Drug Safety and FDA Reform: Are we better off now? 16th APHA Annual Meeting & Exposition, San Diego, CA, October 27, 2008.
- Edlavitch SA,** Drug Safety Requirements in This Changing Economic Environment, Keynote Address, Russian Society for Outcomes Research, Moscow, Russia, December 15, 2008.
- Edlavitch SA,** Drug Safety and New Legislative Initiatives in the US and EMEA, Russian Society for Outcomes Research, Moscow, Russia, December 15, 2008.
- Edlavitch SA,** Drug Safety and New Legislative Initiatives in the US - Pediatrics, Moscow's Research and Scientific Institute of Pediatric and Children's Surgery of the Russian Healthcare Ministry, Moscow, Russia, December 19, 2008.
- Edlavitch SA,** Drug Safety and Economic Issues, Keynote Address, The Fifth China Shanghai International Conference on Pharmacoepidemiology and Rational Drug Use, Xiamen, China, March 18, 2009.
- Edlavitch SA,** Overview of Pharmacoepidemiology and Pharmacovigilance and its importance for public health, Keynote Address, 1st Latin American Pharmacoepidemiology Meeting, Mexico City, Mexico, March 24, 2009.
- Edlavitch SA,** The Future for Pharmacoepidemiology: How can developing countries shorten the gap? 1st Latin American Pharmacoepidemiology Meeting, Mexico City, Mexico, March 25, 2009.
- Edlavitch SA,** Drug Safety and Public Health, National Academy of Medicine, Mexico City, Mexico, March 25, 2009.
- Geis B,** Edlavitch SA, Using Cognitive Variables to Triage Suicidal Patients, American Association of Suicidology, San Francisco, April 17, 2009.
- Edlavitch SA**(co-chair), Greberman M (co-chair), Fitzmaurice JM, Giffin R, Bertoni MJ, Eisenberg PR, Kim P, Health Reform and FDAAA: Impact on FDA, Industry, Health Professionals, Consumers, and Other Stakeholders, DIA 45th Annual Meeting, San Diego, CA, June 23, 2009.
- Geis B,** Edlavitch SA. Suicide-Related Cognitive-Diagnostic Variables in 5 Urban Settings, American Association of Suicidology, Orlando, April 23, 2010.
- Edlavitch SA,** Capturing Data from Observational Studies and Constructing Patient Registries, Drug Safety Data Collection & Evaluation, NextLevel Pharma, Lisbon, Portugal, June 9, 2010.
- Greberman M** (co-chair), Edlavitch SA(co-chair), Giffin R, Levin R, Fitzmaurice JM, Beutow K, Bertoni MJ, Eisenberg PR, Kim P, Love S, Collaborative Approaches to Product Discovery, Development and Evaluation, DIA 46th Annual Meeting, Washington, DC, June 15, 2010.
- Edlavitch SA**(co-chair), Greberman M (co-chair), Galson S, Woodcock J, Eisenberg PR Sigal EV, Implications of Health Care Reform for Product Safety and the Pharmaceutical Industry, DIA 46th Annual Meeting, Washington, DC, June 15, 2010.

C. Research Support

Co-Principal Investigator, Public Mental Health Suicide Intervention (PMHSI), \$500,000, Greater Kansas City HealthCare Foundation, 2010-2012.

Co-Principal Investigator, Program to Improve Triage and Quality of Intervention for Recidivist Suicidal Persons in KCMO, \$500,000, Greater Kansas City HealthCare Foundation, 2006-2008.

Co-Principal Investigator, The Kansas City ANSWER for adolescent suicide intervention, \$300,000, SAMHSA, 2000-2002.

Senior Scientist, UIC-JNMC Women's and Children's Research Unit (part of the Global Network for Women's and Children's Health Research), The Effectiveness of Misoprostol in Reducing Postpartum Hemorrhage, \$1,500,000, NIH, 2001-2005.

Senior Epidemiologist and Site Statistician, Esophageal Protection by Tegaserod, \$199,000, Novartis, 2002-2004.

Statistician/Epidemiologist: Evaluation of State Middle School Immunization Laws and Voluntary School-based Immunization Programs, \$350,000, CDC, 2002-2005.

BIOGRAPHICAL SKETCH			
NAME Bill Dean Geis, Ph.D.		POSITION TITLE Assistant Professor of Psychiatry Director of Behavioral Health Research	
EDUCATION/TRAINING			
INSTITUTION AND LOCATION	DEGREE	YEAR(S)	FIELD OF STUDY
University of Kansas – Lawrence, Kansas	B.A.	9/72 – 9/76	Psychology, History, Classics
University of Kansas – Lawrence, Kansas	M.A.	9/79 – 9/82	Clinical Psychology
University of Kansas – Lawrence, Kansas	Ph.D.	9/82 – 9/84	Clinical Psychology
Indiana University School of Medicine – Indianapolis, Indiana	Internship	9/83 – 9/84	Clinical Psychology
The Menninger Foundation – Topeka, Kansas	Postdoctoral Fellowship	9/84 – 9/86	Clinical Psychology

A. Positions and Honors.

8/80 to 8/83	Instructor/Lecturer University of Kansas, Lawrence Campus
10/86 to 2/89	Director of Residential Services Central Kansas City Mental Health Services
2/89 to 4/97	Mental Health Center Clinical Director/Grants Central Kansas City /TMC Behav. Health
9/95 to 9/98	Adjunct Professor of Occupational Therapy University of Kansas Medical School; Kansas City, Kansas
3/94 to 10/02	Senior Clinical Consultant Jackson County Jail; Kansas City, Missouri
9/91 to 9/00	Adjunct Professor of Psychology University of Kansas, Department of Counseling Psychology
10/86 to Present	Faculty—Supervising Psychologist/Instructor Western Missouri Mental Health Center APA-Approved Clinical Psychology Internship; Kansas City, Missouri
8/90 to Present	Clinical Assistant Professor of Psychiatry University of Missouri—Kansas City School of Medicine
4/97 to 5/02	Director, Research and Evaluation Truman Medical Center—Behavioral Health Network; Kansas City, Missouri
5/02 to Present	Director of Behavioral Health Research University of Missouri—Kansas City

Arc of Friends. **Consumer-Awarded Clinician of the Year Award.** 1994.

Western Missouri Mental Health Center/UMKC Psychiatry Department. **Researcher of the Year Award.** October 1995.

Health and Human Services. **Researcher-Public Partnership Award:** "Using social indicators to guide community initiatives." Washington, D.C., June 9, 2000.

C.O.M.B.A.T. Research Award. **Researcher of the Year.** July 31, 2000.

B. Selected publications/presentations related to suicide and prevention

- Geis, B.D. & Edlavitch, S. (2003). Kansas City's ANSWER: A multi-county coalition for teen suicide prevention (Evaluation of the project, final report). **SAMHSA Youth Violence Prevention Cooperative Agreement** (Catalog Number: 93-230). March 2003.
- Geis, B. (2006). **Expanding school suicide prevention: Beyond warning signs to the promotion of help-seeking behavior**. MSCA's The Counseling Interviewer. Fall, Vol. 39 (1), 22-24.
- Geis, B. & Edlavitch, S. (2007). **Help pathways: A structure for the study and practice of prevention**. American Association of Suicidology Annual Convention. New Orleans, Louisiana, April 13, 2007.

C. Research Support.

- Principal Investigator. Suicide Triage Project: Reducing Suicide Recidivism in Seriously Mental Ill Patients in Western Missouri. **Health Care Foundation of Greater Kansas City**. \$750,000. April 2006 to July 2009. Goals are to streamline patient assessment (with cognitive information on suicide ideation, teach 250 clinicians evidence-based, cognitive-behavioral interventions for suicide, and to change the public mental health system with enhanced care for suicide.
- Co-Principal Investigator. Project ANSWER: A Suicide Prevention Project In Kansas City **Substance Abuse and Mental Health Services Administration (SAMHSA)**. \$330,000. October 2000 to September 2002. A demonstration grant to implement adolescent suicide prevention in six urban, rural and suburban schools.
- Epidemiologist/Consultant. Kansas City's Fighting Back Grant. Project Neighborhood/Move UP, Inc.
The Robert Wood Johnson Foundation, Inc. (\$5,390,000.)\$770,000 annually for seven years. November 1998 to September 2002. A community-wide, data driven coalition project to reduce substance abuse and substance abuse harms in urban, central city, Kansas City, Missouri.
- Principal Investigator. Supporting the Entitlement Application Process for Seriously Mentally Ill Consumers. **The Social Security Administration**. (\$726,000). \$242,000 annually for three years. August 1992 to September 1995. A demonstration grant to study the impact of support services on entitlement applications.
- Evaluator/Consultant. Using Data to Guide Services in a Domestic Violence Shelter. **New House Domestic Violence Shelter**. (\$20,000 Annually). July 2002 to Present. A study using psychosocial data to assess the impact of domestic violence services.
- Evaluator/Consultant. Using Assessment Data to Impact Homeless Support Services. **The Salvation Army**. (\$42,000 annually). October 1998 to Present. A study using clinical assessment data to plan and implement psychosocial rehabilitation.
- Evaluator/Clinical Assessment. Psychosocial Assessment of Bariatric Surgery Candidacy and Enhanced Treatment Planning in an Urban Medical School Surgery Setting. **University of Missouri—Kansas City/Truman Medical Center, Inc.** November 2003 to Present. A study using clinical assessment data to enhance planning for bariatric surgery patients.