

# Coalition Worksheet for Youth Suicide Prevention Task Force

*Please complete as much as possible and submit to [Crystal.Moe@ag.ks.gov](mailto:Crystal.Moe@ag.ks.gov)*

Name of your organization:	Governor’s Behavioral Health Services Planning Council Prevention Sub-Committee
Best Contact Information to be Publically Shared:	Name: Chad Childs Email: chad.childs@wichita.edu Website: Phone: 316-648-1707
Purpose of your organization:	The Prevention Sub-Committee was established in an effort to strengthen collaboration and partnership opportunities, ensure alignment of processes and outcomes, and to increase the effectiveness of State and local efforts to address prevention issues. The Prevention Sub-Committee serves as the Advisory Council for Kansas Behavioral Health Prevention Initiatives.
What efforts have proven to be successful in your purpose to address youth suicide:	<ol style="list-style-type: none"> <li>1) The Prevention Sub-Committee met monthly over the course of the year to coordinate efforts to make connections and facilitate the development of the behavioral health prevention strategic plan. We focused on integration of the suicide Prevention Sub-Committee into the Prevention Sub-Committee and identified key stakeholders to engage in the Prevention Sub-Committee to maintain this priority.</li> <li>2) As part of the integration work, the Prevention Sub-Committee reviewed the 2014 Kansas Suicide Prevention Plan to highlight key recommendations that are applicable for inclusion in the behavioral health prevention plan.</li> <li>3) Through a thorough needs assessment, the Sub-Committee selected five priority areas. Each of these priorities was outlined in the strategic plan with appropriate data justification – <ul style="list-style-type: none"> <li>• Depression and Suicide</li> <li>• Marijuana (specifically youth)</li> <li>• Prescription Drug Misuse</li> <li>• Alcohol (specifically youth)</li> <li>• Problem Gambling</li> </ul> This data prioritization helped guide the formation of the strategic plan which continues to be refined to accurately portray the prevention landscape of Kansas and provide the direction needed to make positive changes at the state and community levels. </li> </ol>
What hurdles have you experienced and/or lessons learned through your efforts:	<ol style="list-style-type: none"> <li>1) The Prevention Sub-Committee continued our efforts to coordinate with all council sub-committees. The Sub-Committee successfully met with all sub-committees to share the progress of our work, learn about their efforts, and identify areas of mutual interest. A common theme among all committees revolved around data access and availability.</li> <li>2) We recognize this work cannot be completed by any one entity. It takes the collaborative effort of a multitude of agencies, organizations, and citizens to identify the at-risk populations being sought to protect. True collaboration can be challenging.</li> <li>3) The Prevention Sub-Committee is aware of a wealth of data resources that could be shared in more efficient and effective ways if barriers are removed. The Sub-Committee recommends the sharing of these data be done to develop a shared needs assessment for the Governor’s Behavioral Health Services Planning Council. This Sub-Committee also recommends that this assessment be used to prioritize needs and guide</li> </ol>

	capacity-building, planning, implementation, and evaluation of behavioral health services in Kansas.
Recommendations or suggestions for the task force to consider:	<ol style="list-style-type: none"><li>1) Improve Shared Access to Data Resources Among State Agencies and Planning Council Sub-committees</li><li>2) Better Coordinate Efforts and Care Transitions of Behavioral Health Services</li><li>3) Allocate Resources to Prioritized Areas of Need Through Data-driven Decision Making</li></ol>

**Thank you!**