Moving Suicide Prevention Upstream

FROM CONCEPT TO ACTION

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This material is in alignment with the relevant executive orders as of August 15, 2025.

This resource advances Goal 2 of the *National Strategy for Suicide Prevention* to support upstream, comprehensive community-based suicide prevention.

About the National Action Alliance for Suicide Prevention

The National Action Alliance for Suicide Prevention (Action Alliance) is a nonpartisan, independent, public-private national partnership for suicide prevention. The Action Alliance brings together the best thinking and resources from the public and private sectors to steward and advance the *National Strategy for Suicide Prevention* (*National Strategy*)—the road map for a comprehensive approach to preventing suicide. The Substance Abuse and Mental Health Services Administration (SAMHSA), through the Suicide Prevention Resource Center (SPRC) grant, provides funding to Education Development Center (EDC) to operate and manage the Secretariat for the Action Alliance, which was launched in 2010. Learn more at theactionalliance.org.

We acknowledge that many of us working in suicide prevention have been drawn to this profession based on personal experiences and losses. Thank you for the work that you do and for your personal and professional dedication.

Contents

Introduction

The *National Strategy for Suicide Prevention* (*National Strategy*), lays out a comprehensive, whole-of-society approach to preventing suicide.

This approach includes upstream population-level and community-based approaches to suicide prevention (Strategic Direction 1) and more traditional treatment and crisis intervention strategies (Strategic Direction 2). For many of us working in suicide prevention, treatment, and crisis intervention: efforts that focus on identifying and supporting individuals at immediate risk of suicide tend to receive the bulk of the funding, research, and staff time. Upstream suicide prevention can be harder to envision and describe to partners (e.g., decision-makers, collaborators, and funders), and as a result, it is sometimes more difficult to conceptualize, launch, implement, and sustain. Because of limited resources, gaps in funding and infrastructure, and pressing needs for crisis response, support, and treatment, upstream prevention-oriented strategies often take a backseat. As a result, this leaves a critical gap in the comprehensive approach to preventing suicide. By addressing the underlying drivers of suicide—such as social disconnection, economic hardship, and gaps in coping skills—upstream prevention offers a promising and sustainable lever for population-level impact.

FIGURE 1

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

(Centers for Disease Control [CDC], 2025)

Preventing Suicide at the Source

"The public health approach uses data to define the problem, science to determine what works for prevention, and widespread adoption of effective programs, practices, and policies with a particular focus on upstream prevention that seeks to prevent suicide risk in the first place." (CDC Suicide Prevention Resource for Action)

Moving Suicide Prevention Upstream builds upon the foundation laid by the CDC's *Preventing Suicide: A Technical Package of Policy, Programs, and Practices* (2017), the Suicide Prevention Resource for Action (2022) and the Public Health's Role in Mental Health Promotion and Suicide Prevention (ASTHO, 2023). It focuses specifically on the role that the suicide prevention field can play in supporting a public health approach to upstream suicide prevention, and this resource shifts that focus upstream to help improve mental health and suicide prevention strategies.

Because of limited resources, gaps in funding and infrastructure, and pressing needs for crisis response, support, and treatment, upstream prevention-oriented strategies often take a backseat.

Purpose of the Resource

The purpose of this resource is to:

- **Cultivate a common understanding** of upstream suicide prevention within the field.
- **Promote** upstream suicide prevention as a critical and necessary component of a comprehensive approach as laid out in the National Strategy.
- **Provide** messaging tools and information that communicate the value of upstream prevention and empower the field to drive action.
- **Spotlight** how upstream activities can be implemented in state and local suicide prevention efforts by building upon the existing assets of a community or system.
- **Support** the development of resilient and connected communities by enhancing protective factors, which are central to an upstream approach.

We hope that the following audiences will find this resource helpful:

- Suicide prevention practitioners in states, and Tribes, territories, and communities working in public health and behavioral health organizations
- State and local suicide prevention coalitions
- State and local public health departments
- Service providers working in related health and safety issues that can contribute to upstream prevention

1

Defining Upstream Suicide Prevention

What Do We Mean by Upstream Suicide Prevention?

Upstream suicide prevention addresses the social, economic, and environmental root causes of suicide in communities before people experience suicidal crises. Root causes include such things as social disconnection, economic hardship, and trauma. Upstream approaches promote protective factors like belonging, economic stability, and opportunity at the population level through community-based initiatives, policy changes, and cross-sector partnerships.

Unlike intervention and treatment strategies, which are tailored to individuals at risk, upstream suicide prevention strategies are

Risk factor

A condition, circumstance, or event that can increase the likelihood of a negative outcome

Protective factor

A condition, circumstance, or event that can decrease the likelihood of a negative outcome (CDC Suicide Prevention Resource for Action).

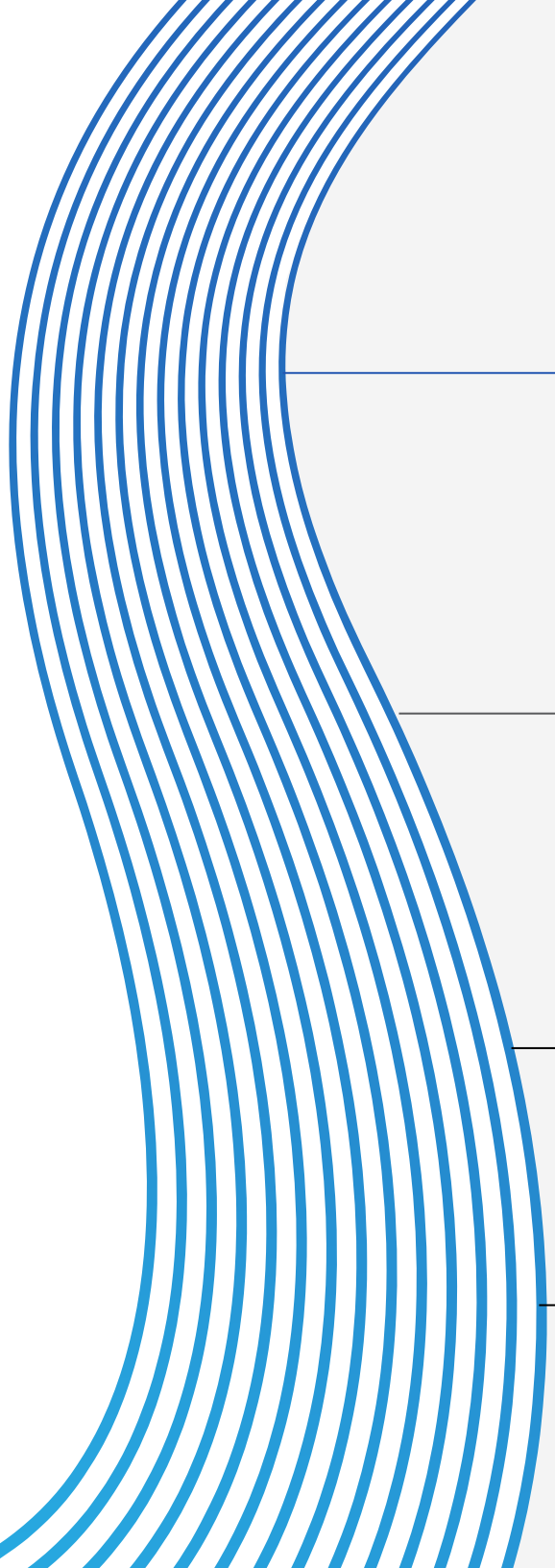
To learn more about risk and protective factors for suicide, visit https://www.cdc.gov/suicide/risk-factors/index.html

focused more broadly at the community or societal level and are designed to support the conditions for wellbeing, resilience, problem-solving, and connection. While intervention, treatment, and postvention are also essential elements of a comprehensive and effective approach to preventing suicide, upstream suicide prevention is focused on addressing and supporting positive community contexts in the places where we live, work, learn, play, worship, and love.

Focusing work upstream has significant benefits for individuals and communities. Upstream efforts can prevent people from experiencing suicidal thoughts in the first place and have associated positive impacts on broader economic and social conditions. To learn more about shared risk and protective factors across multiple issues, see Connecting the Dots.

By understanding and addressing the root causes of suicide upstream, we can support healthier communities and reduce the need for downstream interventions.

FIGURE 2
COMPREHENSIVE SUICIDE PREVENTION



PREVENTION
- Community, environmental, and societal prevention efforts
- Address root causes of suicide by promoting protective factors before risk develops
- Create protective environments
- Promote economic stability
- Cultivate healthy connections

INTERVENTION AND CRISIS SUPPORT
- Training to ask the question and respond
- Hotlines like 988
- Mobile response, walk-in and stabilization centers
- Lethal means safety in times of crisis

FOLLOW-UP TREATMENT
- Screening and assessment
- Safety planning and lethal means safety
- Training and treatment specific to suicide
- Care transitions and follow-up
- Quality improvement

POSTVENTION
- Support and follow up after a loss or attempt
- Communication and messaging/reporting on suicide

DATA, EVALUATION & RESEARCH

Many prevention professionals are familiar with the parable of the river in explaining why upstream prevention is essential and has benefits across the continuum:

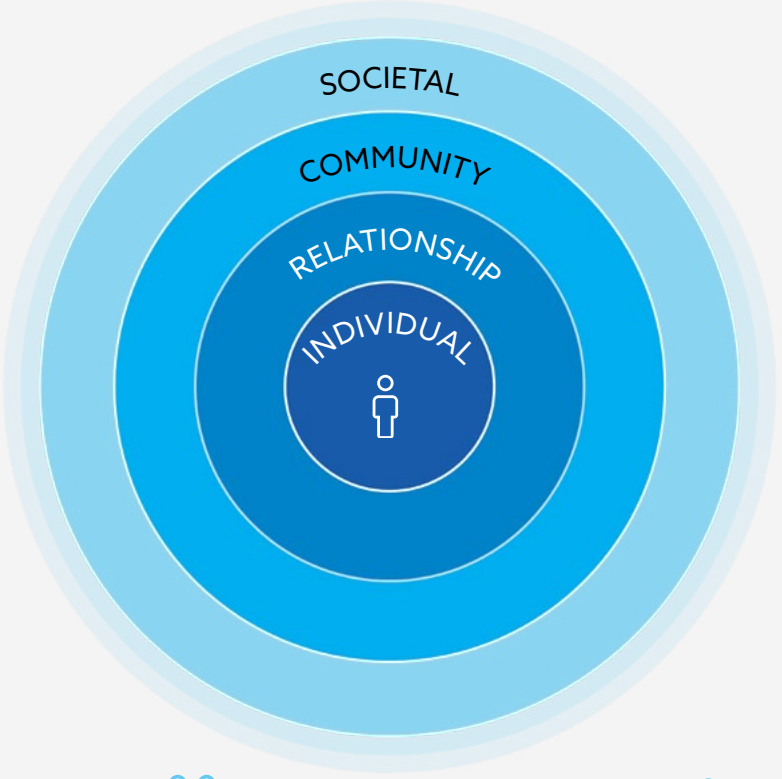
> In a small village, a river ran swift and deep. One day, villagers noticed people struggling in the current—some barely staying afloat; others tragically lost. The community rallied, building a robust rescue team to pull people from the water. The work was hard, but lifesaving.
>
> Still, more kept falling in.
>
> One day, a few villagers asked, "Why are people falling into the river at all?" They walked upstream and discovered crumbling paths, broken bridges, and slippery banks—hazards making it easy to fall in.
>
> So, they got to work. They repaired the paths, strengthened bridges, and planted signs of warning and welcome. Over time, fewer people tumbled into the current. And while the rescue team remained vital, their load grew lighter.
>
> They learned: saving lives downstream is crucial, but changing the landscape upstream is how you keep people safe.

Other public health issues have achieved immense success in moving prevention efforts upstream. For example, there was a time when heart disease intervention focused on medical interventions in emergency settings for heart attacks that were already underway.

Over time, after research increased the understanding of the factors associated with cardiovascular health and heart attacks, efforts expanded to include a complementary focus on decreasing risk factors such as poor diet and increasing protective factors such as physical activity. In addition, heart disease prevention has also benefited from population-level strategies to decrease smoking, increase access to community green spaces, and provide alternative transportation options, such as safer walkways and bike paths.

FIGURE 3

A SOCIO-ECOLOGICAL MODEL FOR UPSTREAM SUICIDE PREVENTION



SOCIETAL

- Economic supports
- Housing and healthcare access
- Media guidelines
- Policies

COMMUNITY

- Supportive schools and workplaces
- Community programs
- Access to resources and spaces

RELATIONSHIP

- Family and caregiver support
- Peer and mentor programs
- Bullying prevention

INDIVIDUAL

- Coping & problem-solving
- Emotional regulation
- Help-seeking & stigma reduction

Emergency interventions were still important, but successful upstream efforts helped to increase heart health and reduce the overall number of heart attacks (Knox, Conwell, & Caine, 2004).

Suicide is a public health issue, and the same principles apply. Upstream suicide prevention not only focuses on individual-level changes, but on creating environments and conditions that promote mental well-being and reduce the risk factors for suicide. There are known societal risk factors that put people at increased risk of suicide, such as social isolation, economic insecurity, or unsafe environments. Research demonstrates that addressing these risk factors by increasing community-wide social connectedness, economic security, and modifying environments can reduce suicidal thoughts and behaviors in those communities.

Many upstream suicide prevention strategies, explored more in Section 2: Identifying Upstream Prevention Strategies, are tailored to meet essential conditions for well-being and good health. In this way, upstream suicide prevention reaches the heart of what may be driving suicide. Additionally, policy-level solutions, like laws supporting economic stability, housing, and social connectedness can create the community context for change and population impact for everyone without requiring any individual level effort similar to the way that indoor air quality laws provide benefits for us all.

What Are the Characteristics of Upstream Suicide Prevention?

While upstream suicide prevention may feel conceptual, strategies and approaches that address the root causes and promote health, well-being, resilience, and connectedness share common elements that can help you apply it and distinguish it from other essential elements of comprehensive suicide prevention.

- **Upstream suicide prevention occurs at societal, environmental, and community scales.** It has the potential to create broader, population-level impacts by addressing risk and protective factors that impact the wellbeing of whole communities, not just individuals in crisis.
- **Upstream prevention efforts acknowledge the varying needs of different communities**, tailoring approaches and resources to the unique needs of specific populations, especially those that are disproportionately impacted. Members of the community or population of focus should be central in planning initiatives and defining and measuring success.
- **Upstream suicide prevention is proactive.** It is designed to bolster protective factors and have positive impacts on people before risk develops, complementing—rather than replacing—the vital role of treatments and crisis interventions.
- **Upstream prevention is future oriented.** It invests in structural and environmental changes—such as education, housing, and economic stability—that may take years to show measurable reductions in suicide risk, but yield long-term, sustained public health improvements across generations.
- **Upstream prevention looks beyond suicide**, endeavoring to promote a broader range of positive outcomes (connectedness, economic opportunity, coping skills) and reduce negative outcomes (e.g., interpersonal violence, substance use, isolation, and community violence). These outcomes comprise risk and protective factors related to suicide but are also associated with wellbeing in their own right.

Upstream prevention is undertaken through partnerships**.** Because upstream prevention is interconnected across domains of our social fabric, it cannot be effectively operationalized by prevention professionals alone, in silos, or by single organizations or agencies. Rather, it requires collaborative partnerships that span sectors and modalities.

2

Identifying Strategies for Upstream Suicide Prevention

Promoting Healthy Connections

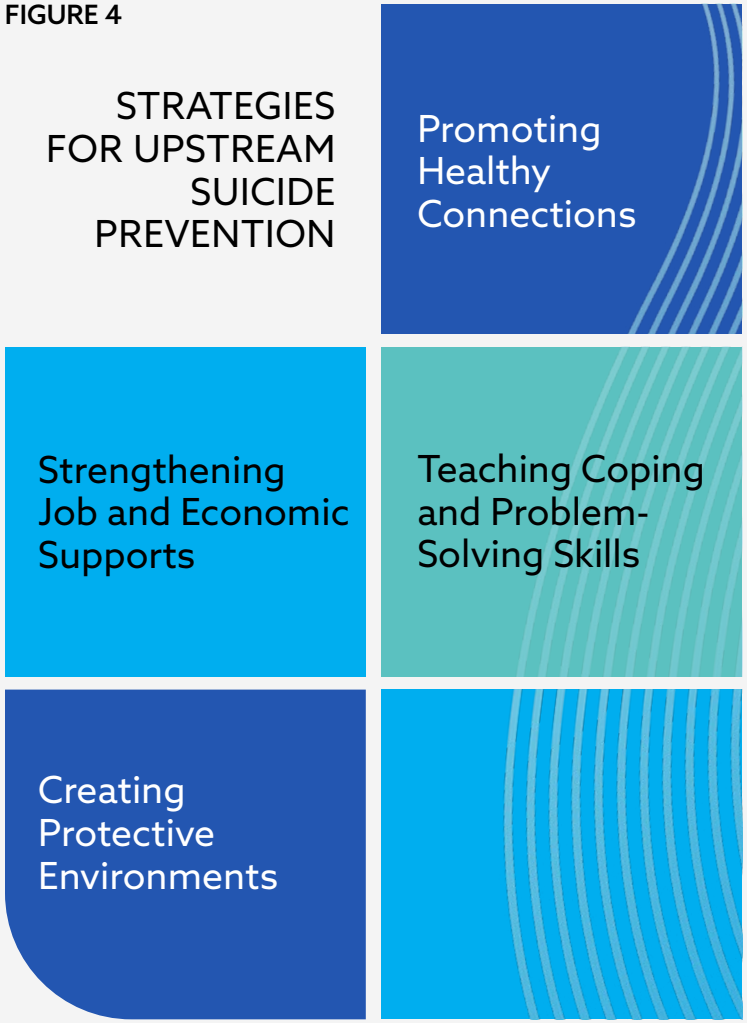
The *National Strategy* identifies promoting healthy connections as a central component of comprehensive community-based suicide prevention. Recent findings underscore the urgency of connection building, especially for youth, as the post-pandemic period has been characterized by declining social engagement and increasing mental health distress among this population (U.S. Surgeon General., 2023).

Why Is It Important to Promote Healthy Connections?

Promoting healthy connections is foundational to upstream suicide prevention as social connectedness is a key protective factor across the lifespan against various negative outcomes. These connections foster a sense of belonging, reduce feelings of isolation, and provide emotional and practical support that can buffer people against stress, trauma, and mental health challenges.

To learn more about the importance of social connection, visit *Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connections and Community*.

FIGURE 4



Read more about these strategies in *Suicide Prevention Resource for Action*.

What Does Research Say about Connectedness?

Research findings indicate:

- A clear association exists between social isolation and loneliness on the one hand, and depression, suicidal thoughts and behaviors, and early mortality on the other (Holt-Lunstad et al., 2015; Calati et al., 2019; Motillon-Toudic, 2022).
- Social connectedness is a protective factor against suicide across the lifespan. When individuals and communities lack healthy connections, they miss the broad benefits of these critical relationships. Robust social networks with well-integrated connections reduce the likelihood of suicidal ideation and attempts (Kleiman & Liu, 2013; Holt-Lunstad et al., 2024).
- Higher levels of school-based positive peer interactions, teacher support, and neighborhood connectedness serve as significant factors in reducing suicide attempt risk (Berny & Tanner-Smith, 2024).
- Among older adults, research has shown a negative correlation between perceived and actual social connectedness and suicide attempts (Solomonov et al., 2023).
- The importance of connections extends beyond community members to the organizations serving the broader community. The community benefits when agencies and organizations are linked and in communication to better serve the needs of the community and maximize available resources. Healthy community connections are protective against bullying, multiple forms of violence, and neglect across the age span (Connecting the Dots, 2018).

What Does Promoting Healthy Connections Look Like in Practice?

Promoting healthy connections involves fostering meaningful relationships and improving social integration in schools, workplaces, communities, and peer networks. This strategy centers around activities that reduce isolation and create environments that support emotional well-being and resilience. For example:

- Programs such as *Sources of Strength,* which train youth peer leaders to share stories of hope and recovery, have demonstrated reductions in suicidal ideation and increased perceptions of adult support in schools (Wyman et al., 2025).
- Interventions that incorporate lived experience—especially those that integrate local culture and context—help reduce stigma, enhance perceived support, and offer practical strategies for coping (Sun et al., 2022; Dreier et al., 2023).
- Outside of school settings, initiatives such as *Men's Sheds* (Kelly et al., 2019), and programs like *Wingman Connect* (Wyman et al., 2022); and *Australian MATES* (Gullestrup et al., 2023), have reduced suicide risk through ongoing and approachable relationship-building activities in communities of older men, the Airforce, and the construction industry.

Additional promising examples of promoting healthy connections as an approach to upstream suicide prevention include:

- **Investing in repurposing and maintaining vacant lots for community use** (e.g., gardens, physical activity, or performance space) that strengthen social connectedness and resident engagement. See Center for Community Progress – Vacant Land Stewardship.
- **Supporting strategies and programs that increase cultural revitalization**, such as language reclamation and storytelling. For example, in the Navajo Nation and other Tribal areas,

reconnecting youth to their language and ancestral stories was seen as critical to resilience, belonging, and healing generational trauma, all protective factors against suicide. See the Diné Action Plan in the Navajo Nation, Celebrating Life in the White Mountain Apache Tribe, and Qungasvik in Alaska.

- **Using peer-based mental health initiatives** (e.g., interactive game nights) to increase connectedness and the ability to identify and react to mental health challenges. See Stack Up – The Overwatch Program.
- **Collaborate with community groups** to create opportunities for positive and prosocial connections. For example, holding community events, building environmental strategies and green spaces, or fostering connections across community organizations and groups.

Strengthening Job and Economic Supports

Strengthening job and economic supports is a vital upstream suicide prevention strategy because financial strain and economic instability are well-documented contributors to suicide risk. Individuals facing job loss, housing insecurity, unmanageable debt, or unstable working conditions are more likely to experience psychological distress, depression, and suicidal ideation (Milner et al., 2013).

By improving economic conditions, this approach addresses the social and environmental root causes of mental health before they escalate into a crisis. Studies have shown that unemployment benefits, income support programs, and housing assistance are associated with lower suicide rates and improved population-level outcomes (Glymour et al., 2014; Rambotti, 2020; Na et al., 2024).

Why Is Strengthening Job and Economic Supports Important?

Research findings indicate that:

- At the population level, suicide rates are demonstrably lower in counties with higher household income, broader health insurance coverage, and reduced poverty rates (Cammack et al., 2024).
- In the US, periods of economic downturn are also associated with rising suicide rates, disproportionately impacting low wage workers and rural communities. (Sinyor et al., 2024; U.S. Department of Health and Human Services [HHS], 2024).
- The association between unemployment and suicide diminishes in communities where joblessness is widespread. This suggests that when unemployment is perceived as a collective or systemic issue rather than an individual failing, stigma and associated distress may be lessened (Lee & Pescosolido, 2024).
- Economic stress and neighborhood poverty are also predictive of youth violence, child abuse and neglect, elder abuse and neglect, intimate partner violence, and sexual violence. Therefore, improving communities' economic conditions can have a lasting impact on suicide risk, but also outcomes beyond suicide. (HHS, 2024; CDC, 2014).

What Does Strengthening Job and Economic Supports Look Like in Practice?

Suicide prevention professionals are not expected to devise and deploy economic stabilization programs on their own. Rather, prevention professionals should look for opportunities to collaborate with partners doing economic stabilization work. This collaboration might include for example:

- Building a referral network or collaborative partnerships that link mental health and financial well-being services.
- Educating about the mental health benefits of economic initiatives like affordable childcare.
- Bolstering grassroots solutions that improve the economic conditions of individuals and communities.

Incorporating mental health promotion and/or suicide prevention programming into existing economic stabilization systems and programs increases the likelihood of reaching individuals before they experience suicidal thoughts or behaviors and promotes sustainability.

Opportunities for integration may be found in job training and placement programs for youth and veterans, tax-credit access initiatives, eviction prevention efforts, and guaranteed income pilot projects—all of which can reduce economic precarity and improve mental health outcomes (Klawetter et al., 2021). For example:

- The Farm and Ranch Stress Assistance Network is a federally funded program administered by the U.S. Department of

Agriculture (USDA) that works through regional networks such as *Cultivemos* and connects agricultural producers and their families to resources that address financial stress, economic hardship, and mental health needs.

- The Financial Coaching Corps provide financial education and assistance with navigating the public benefits system for local organizations that support low-income communities in New York City.

Suicide prevention professionals should consider co-designing initiatives with individuals who have experienced economic hardship and have suicide-centered lived experience to enhance the relevance and effectiveness of these activities. For more information on using this design approach, see *Co-designing with People with a Lived Experience of Suicide*.

In addition, local assessments can help in tailoring efforts to your context. See the THRIVE Community Assessment Worksheet for resources on assessing elements of financial stability in your community, such as safe housing, living wages, and local wealth, to understand how to improve economic conditions.

Other examples of strengthening job and economic supports include:

- **Supporting programs and policies that address economic security for disproportionately impacted populations.** For example, veteran-focused employment and transition programs that promote job security for veterans transitioning to civilian life.
- **Pairing information and resources on financial topics with mental health resources and support.** For example, FarmNet, a support initiative for farmers and ranchers in New York paired financial advisors with mental health counselors during on-site visits. Recognizing the deep link between economic stress and emotional well-being, farmers requesting financial assistance received joint financial and mental health consultations. This integrated model allowed for entry into mental health care while meeting the immediate practical needs of this community.
- **Developing youth employment initiatives that combine job readiness and workforce skill building with integrated mental wellness strategies and transitional support**. For example, New York City's Summer Youth Employment Program (SYEP) - DYCD to explore career paths and gain social, civic, and leadership skills.
- **Community gardens.** The Westwood Food Cooperative, a community program in Colorado, was launched to address a community's food desert and to restore community ownership and control over economic investments in the neighborhood. The program had the added benefit of connecting neighbors together as a produce cooperative and fostered community engagement and neighborhood connection.

While suicide prevention professionals should not feel pressured to become economic stability experts, recognizing economic stabilization work as suicide prevention positions prevention professionals to convene partners providing services related to economic security, promote an upstream suicide prevention lens among economic service providers, identify opportunities for collaboration, and create connections across organizations working in social services.

Recognizing economic stabilization work as suicide prevention equips prevention professionals to promote an upstream suicide prevention lens among economic service providers.

Teaching Coping and Problem-Solving Skills

Teaching coping and problem-solving skills enables individuals of all ages to manage stress, navigate adversity, and seek support before reaching a crisis point. Promoting these skills early—ideally during childhood and adolescence—has been shown to buffer the effects of social and environmental risk factors and build long-term resilience (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020). The *National Strategy* also identifies teaching life skills and improving coping capacities (Objectives 2.4 and 2.5) as key levers for reducing suicidal behaviors across the lifespan.

Why Is Teaching Coping and Problem-Solving Skills Important?

Research demonstrates that:

- Difficulties with emotional regulation, problem-solving, and conflict resolution are linked to elevated suicide risk, particularly among adolescents and young adults. Teaching coping and problem-solving skills through school-based programs and therapeutic approaches has proven effective in reducing suicide risk (Liu & Wang, 2024; Grover et al., 2009; Posamentier et al., 2022).
- Programs tailored to community context like Healing of the Canoe, and Familias Fuertes improve engagement and outcomes by aligning with participants' lived experiences—boosting self-efficacy, cultural identity, family cohesion, and reducing risk behaviors such as substance use and aggression (Coatsworth et al., Perkins et al., 2025; Kennard et al., 2024).
- Empowering members of the community with these coping, problem-solving, and emotional regulation tools is also protective against bullying, sexual violence, teen dating violence, youth violence, child abuse and neglect, elder abuse and neglect, and intimate partner violence (Wilkins, 2014).

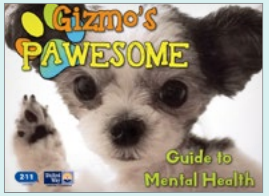
What does teaching coping and problem-solving skills look like in practice?

Teaching coping and problem-solving skills at the upstream level often involves incorporating skill building into everyday nonclinical settings, especially in education, public service, and youth development. CDC's *Suicide Prevention Resource for Action* emphasizes the need to embed life skills education in multiple community settings, including schools, workplaces, and justice systems.

Examples of approaches to teaching coping and problem-solving skills include:

- **Programs in school settings that teach youth critical life skills, such as emotion identification, self-management, and help seeking.** For an example of a framework that utilizes this strategy, see Collaborative for Academic, Social, and Emotional Learning (CASEL). Specific examples of school-based programs that include cognitive-behavioral approaches include *Good Behavior Game*, *Second Step*, and *Sources of Strength*.

To help support the well-being of young people, suicide prevention professionals in Connecticut created *Gizmo's Pawesome Guide to Mental Health*. The guide supports children's and families' capacity to identify and build protective factors. The guide and associated resources have been used outside of Connecticut as a strategy to address social norms around help-seeking and build resilience among elementary age children.



- **Identify school policies that strengthen social and emotional learning programs.** Many schools and districts are actively and effectively promoting the development of life skills and coping techniques. Suicide prevention professionals can educate about the implementation of these programs in local districts, emphasizing their effectiveness in reducing suicide risk.
- **Suicide prevention professionals, borrowing from school-based models, can connect workplaces with effective programs that promote coping skills and resilience.** These programs may include something as simple as adding access to mindfulness tools to benefits packages. The National Football League's (NFL's) Total Wellness program and SAFE workplace offer examples.

Creating Protective Environments

Creating protective environments lowers suicide risk by improving everyday conditions where we live, work, learn, play, worship, and love. It is not only a matter of individual health, but also a community-level imperative rooted in public health and social ecology. Protective environments feature supportive policies and cultures that strengthen mental health and promote overall well-being. The *National Strategy* highlights the importance of environmental conditions to increase safety, trust, and belonging in both physical and relational spaces. Tailoring efforts to cultivate protective environments for disproportionately impacted populations enhances effectiveness and ensures improved outcomes.

Why Is Creating Protective Environments Important?

Research indicates that:

- Unsafe or unsupportive environments—marked by violence, disinvestment, bullying, or limited access to trusted adults—are associated with higher rates of suicidal thoughts and behaviors. These risks are especially pronounced among LGB youth, individuals exposed to trauma, and people living in low-resource or isolated communities. Modifying environments to enhance protective conditions—both physical and cultural—can help to reduce suicide risk. (Merrick et al., 2019; Centers for Disease Control and Prevention, 2022).
- School environments characterized by positive discipline practices (for example, restorative practices) and clear anti-bullying policies are associated with lower rates of suicide attempts among students (Marraccini et al., 2022; Hatzenbuehler & Keyes, 2013).
- In community settings, environmental design strategies—such as increased greenspaces and addressing deterioration and blight in neighborhood housing stock—have been linked to declines in both suicide rates and violence (Asri et al., 2022; Kondo et al., 2018).
- Workplace interventions that reduce job strain and foster inclusive, supportive cultures can significantly improve psychological well-being and reduce suicidal ideation (Milner et al., 2013; Choi et al., 2018; Cohen et al., 2023).

What Does Creating Protective Environments Look Like in Practice?

In practice, protective environments can be cultivated through policies, physical infrastructure, and relationship-based strategies that foster safety and belonging. For example:

- Programs such as Green Dot and Safe Dates train students and staff to recognize and prevent violence. They have demonstrated positive outcomes in reducing interpersonal harm and promoting prosocial norms (Coker et al., 2014; Foshee et al., 2005).
- In Tribal communities, cultural reclamation efforts and community-led environmental healing programs have been associated with lower youth suicide rates (Allen et al., 2025).
- Policy-level interventions addressing substance use and alcohol dependence have emerged as critical upstream suicide prevention strategies. For example, limiting access to harmful substances by reducing the density of alcohol retailers can significantly reduce suicide risk and shape social norms (Xuan et al., 2016).
- Policy, education, and interventions addressing safe firearm storage can also contribute to creating protective environments (CDC, 2022).

Multi-level coordination and community ownership of activities helps to increase the effectiveness of protective environments. Models that establish partnerships between organizations and/or government agencies (e.g., school-community partnerships, community prevention coalitions, and statewide public-private partnerships) can enable more comprehensive approaches to suicide prevention while promoting protective environments.

For example:

- **Community school models provide a powerful framework for creating protective environments** by coordinating academic, health, and social services to meet student and family needs. These models foster strong school-community partnerships, promote belonging, and help reduce barriers to learning and well-being. For more, see CommunitySchools.org.
- **Creating community hubs where resources related to mental well-being and support are easily accessible.** For example, the D'Aniello Institute at Syracuse University creates community hubs that connect veterans to housing, employment, legal services, and mental health resources. Hubs serve as one-stop points of contact during the high-risk post-service transition period.
- **Discussing secure storage practices and mental health promotion strategies for firearm owners and their community.** Programs such as Hold my Guns partner with firearm retailers and ranges to offer voluntary, temporary firearm storage and promote mental wellness through trusted messengers. Brady's End Family Fire initiative promotes norm changes and secure storage to reduce the risk of gun violence**.** These initiatives emphasize responsibility and care, promoting prevention before a crisis occurs.
- **The Toolbox Talk initiative seeks to help construction industry agencies** create protective environments by raising awareness about the risk of suicide in the industry and providing suicide and substance misuse resources for employees. For more information, see the Construction Industry Alliance for Suicide Prevention.

Suicide prevention professionals can support the cultivation of protective environments in two ways:

- Building awareness of effective programs and interventions in the industries in which they could be implemented.
- Supporting local and national efforts to develop protective environments through policy change, infrastructure improvements, and community investment.

3

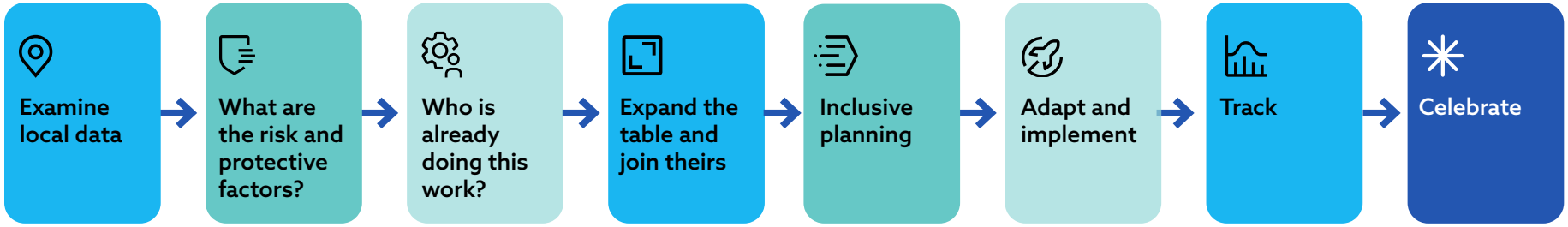
Building Partnerships and Assessing Community Strengths and Gaps

In suicide prevention efforts, collaboration and partnerships are essential for successful upstream initiatives. Because of existing funding and infrastructure, suicide prevention professionals may often focus on downstream efforts designed to identify and support individuals experiencing suicidal crises.

Suicide prevention funders and organizational leaders may not see efforts to strengthen broader protective factors as their role. Likewise, organizations working to promote economic stability, cultivate protective environments, and build social connectedness are focused on their organizational missions and may not identify their work as suicide prevention.

FIGURE 5

STEPS FOR ADVANCING UPSTREAM SUICIDE PREVENTION EFFORTS



Intentional partnerships between these two groups of professionals can result in an integrated approach that has positive effects for both suicide prevention and the partners' organizational missions. By collaborating with professionals in related fields and drawing on the rich array of strategies, expertise, and resources already available, suicide prevention professionals can ensure that robust upstream suicide prevention approaches are part of their comprehensive approach to suicide prevention.

What Is Different About Community Partnerships for Upstream Prevention?

Partnering in upstream suicide prevention does not mean that suicide prevention professionals must become experts in all upstream approaches, or that housing security professionals must become crisis response experts. Instead, each can rely on the other's expertise and jointly identify and plan potential upstream efforts that will have mutually beneficial outcomes. Suicide prevention professionals can continue to rely on the key practices they already use when collaborating across sectors and organizations.

Identifying and engaging partners with suicide-centered lived experience should always occur at the beginning of an initiative. These individuals will bring vital perspectives on upstream risk and protective factors that will illuminate opportunities for intervention prior to the onset of a crisis, as well as real-world experience that can inform how upstream factors should be addressed. To learn more about engaging individuals with suicide-centered lived experience, see the Action Alliance's report *The Way Forward: Pathways to Hope, Recovery, and Wellness with Insights from Lived Experience*.

Frequently, effective engagement, planning, and action will occur in a suicide prevention coalition, working group, or other collaborative groups. To learn more about foundational best practices for coalition building and community engagement, visit the Suicide Prevention Resource Center and Community-Led Suicide Prevention (CLSP). Also read *Transforming Communities: Key Elements for the Implementation of Comprehensive Community-Based Suicide Prevention.*

Recommendations, guidance, and tools to help inform partnerships that promote upstream approaches to suicide prevention are provided in the space below.

A Closer Look at the Steps for Upstream Suicide Prevention

Examine Local Data

Examine local data

Suicide prevention professionals are generally well-versed in the data and trends related to suicide in your community, population, or setting. Upstream planning efforts may benefit from incorporating data not typically included in suicide prevention strategy building, such as population-level information about financial, food, and housing security, or qualitative data from key informants or groups. The Celebrating Life program, designed in partnership between the White Mountain Apache Tribe and John's Hopkins University, emerged from community-generated data about patterns in youth suicide. A variety of public online data tools are available that provide access to risk and protective factor information at the national, state, and local levels, while qualitative data are likely to emerge from affinity groups or community-based organizations. Refer to Appendix E: Data Sources to find public tools that bring together data from multiple systems in the field.

What Risk and Protective Factors Might We Prioritize?

What are the risk and protective factors?

Suicide prevention professionals play a key role in engaging the community to identify what upstream factors are important to local prevention efforts. For example, exploring local census data may reveal that a high number of middle-aged adults are experiencing job insecurity and that many individuals remain unemployed following the closure of a local plant. Upstream prevention efforts in this community could productively focus on job or financial security. Importantly, risk and protective factors will differ for different populations. Leverage local data and partnerships to compare risk and protective factors across community groups and consider focusing upstream prevention efforts on populations most impacted by suicide.

Who Is Already Doing This Work?

Who is already doing this work?

Once the populations that are impacted by suicide are identified and the risk and protective factors that should be prioritized are chosen, the next step is to identify groups and organizations already serving those populations and working to address those risk and protective factors in the community. For example, if a community is worried about social isolation in older adults, you might identify and connect with faith institutions and other partners that already directly address social isolation in this population. A list of potential prevention partners to engage in upstream efforts and related protective factors is suggested below, but we recognize that each community is characterized by different organizational activity. The goal of the table is to offer suicide prevention professionals ideas for where to start in forging partnerships with organizations already working on priority protective factors.

Extend Invitations and Show Up for Others

Expand the table and join theirs

Once you have identified the partners you want to work with, invite them to the spaces you created, such as a coalition or working group. However, because time is limited and partners might have trouble joining your table, it is also important to show up in spaces that support their work. As you conduct outreach and meet with them, keep in mind that upstream partners may not (1) formally identify their work as part of

TABLE 1

Priority Protective Factors and Potential Upstream Partners to Engage

The following are examples of upstream partners that can support efforts to strengthen protective factors related to suicide prevention. This list is not exhaustive. When engaging in outreach, tailor your partnerships to the specific population of focus. For example, working with military communities may include connecting with local VA offices.

Protective Factor:
Social Connectedness

Potential Partners:
- Local businesses and employers
- Faith-based organizations and institutions
- Schools and school districts
- Retirement communities
- Social service agencies
- Civic engagement groups and service clubs (e.g., Kiwanis, Elks, Rotary)
- Veteran-serving organizations (e.g., VFW)
- Affinity groups and organizations that serve specific community populations
- Local sports leagues, activity groups, and hobby clubs

Protective Factor:
Economic Stability, Stable Housing, and Food Security

Potential Partners:
- Food pantries and food banks
- State and local social services
- Housing stabilization and homelessness prevention organizations
- Transportation providers and mobility coalitions
- Employers and business leaders
- Job and family service agencies
- Community development financial institutions
- Health systems and healthcare providers
- Housing authorities (local and state)
- Veteran referral and assistance networks
- Meals on Wheels and similar programs
- City and county government officials
- Chambers of commerce

Protective Factor:
Stable Environments

Potential Partners:
- Employment and job placement services
- Family support services
- Judges and legal professionals
- Local and state bar associations
- First responders and community liaison officers
- Community relations committees
- Childcare assistance programs

Protective Factor:
Emotional Regulation, Coping, and Problem-Solving Skills

Potential Partners:
- Out-of-school time programs
- School administrators and educators
- School counselors and social workers
- Summer camps and youth programs
- Meditation and mindfulness centers
- Community centers
- Public libraries
- Workplace leaders (e.g., Human Resources professionals, large employers)

Protective Factor:
Healthy Relationships

Potential Partners:
- Schools and educators
- Faith institutions
- Libraries and learning centers
- Mentorship programs (e.g., Big Brothers Big Sisters, 100 Black Men, Becoming a Man)
- Youth development organizations (e.g., 4-H, Scouts)

Protective Factor:
Positive Childhood Experiences

Potential Partners:
- Court-appointed special advocates
- Child welfare and social services
- Faith institutions
- Partners working to expand accessible high-quality childcare (e.g., Nurse Family Partnership, the Incredible Years)
- Partners working in parenting education (Generation PTMO, Coping Power, Familias Unidas)

For more information on risk and protective factors for suicide, visit the CDC: www.cdc.gov/suicide/risk-factors/index.html

suicide prevention, (2) immediately understand why their work is so important to you, or (3) know what might be asked of them.

To address any disconnect, it is helpful to share data showing the relationship between your risk factors or protective factors of interest and suicide. For example, if you are concerned about impulsivity in youth as a risk factor, you might reach out to a local afterschool program. In your outreach, you could include data from your local high school showing that most youth absent from school due to a mental health crisis had a history of disciplinary action for problem behaviors. Your pitch to this local partner would be to highlight the impacts of their student wellness and/or life skills building activities into your broader prevention efforts.

Ensure new partners and coalition members understand why upstream efforts are essential for a comprehensive approach to suicide prevention.

When bringing in any partners to suicide prevention, it is important to give them enough time to learn about the topics that provide a foundation for effective and respectful prevention efforts. This is particularly true when engaging partners who may not have a background in mental health or suicide prevention. Take time as a collaborative to discuss core foundational topics in suicide prevention such as safe messaging; evidence-based prevention strategies, including upstream strategies from CDC Suicide Prevention *Resource for Action*; and a comprehensive approach to suicide prevention.

Explore Together

While you may have identified initial risk and protective factors or a population that you would like to prioritize for your community, it is also important to listen to the groups you have invited to the table who are already doing the work or supporting the populations you have prioritized. What are they seeing? What is impacting the people they serve? What does their data tell them? What are the barriers to their work?

Your goal is to identify what existing partner policies, practices, and programs can inform your prevention efforts and what gaps remain. Work collaboratively to assess the needs, gaps, and strengths of your community in addressing the identified risk and protective factors. Use the data that informed your understanding of the need to invest in upstream approaches as a starting point for this assessment. You can build on this data through actions as informal as community conversations with key groups or as formal as creating a community-asset map to identify available resources and strengths.

Oftentimes communities have some infrastructure, programs, or activities in place that can help increase protective factors or reduce suicide risk. Communities are already doing some upstream suicide prevention work but calling it something else.

Information gathering and identification tools, including community mapping, can help to identify community efforts and any barriers impacting their work. Understanding these barriers can pinpoint resource gaps and opportunities for strengthening existing community efforts. This information can help guide communities in developing strategies or action steps to further reduce suicide risk through upstream approaches. Identification tools can also be used to ensure that selected efforts are successfully addressing the risk factors seen in the data. To learn more on community mapping, see Community Mapping.

Ensure that you are gathering input and feedback from your identified upstream prevention partners, individuals with suicide-centered lived experience, and those you are trying to reach with prevention efforts. This information will directly inform your planning and next steps.

For more information on assessing community strengths and gaps, visit the CLSP Toolkit's Data Element, Key Area 2.

Inclusive Planning

Collectively engage in strategic planning focused on addressing upstream risk and protective factors.

Inclusive planning

Once gaps are identified, the next step is to select upstream prevention strategies that will address the unique risk and protective factors of a community. Strategic planning focused on upstream suicide prevention extends typical strategic planning to include the intentional incorporation of existing policies, practices, and programs in communities that are already helping to address identified risk and protective factors.

For example, a community might find that there are high suicide rates in a young adult veteran population and that a driving risk factor is the stress of transitioning to civilian life. There might then be local Veterans Affairs (VA) or veteran-serving organizations providing a variety of transition resources to veterans. A collaborative could then explicitly note these existing activities within their strategic plan and associated logic model. Logic models offer a way to map the conceptual relationship between program inputs, activities, and intended outcomes. In this way, logic models acknowledge and document the work the VA is already doing to address risk and protective factors for suicide, and lay the groundwork for tracking their impact on downstream intended outcomes.

Logic models are useful tools for helping upstream partners see their unique roles in suicide prevention. See Section 5: Measuring Progress for a sample upstream prevention logic model.

There are a variety of additional tools and resources available in the field to inform strategic planning:

- The Suicide Prevention Resource Center has a number of strategic planning resources.
- Visit the Community-Led Suicide Prevention Toolkit: Planning for strategic planning best practices and links to evidence-based strategic planning models that are specifically created with community-based prevention in mind.

Adapt and Implement

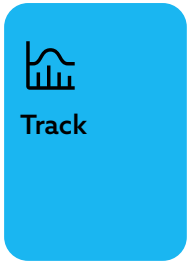
A critical step in your planning is to ensure the activities, strategies, and action steps your collaborative chooses to take are in line with the beliefs, context, and needs of the community or communities you are trying to reach. This requires actively involving community members in your strategic planning and then collaboratively developing messaging and resources that are reflective of the community. A "one size fits all" approach does not work in the implementation of prevention efforts.

When focusing on upstream prevention strategies, there is an added need to ensure both upstream partners and the communities you are trying to reach are all communicating and collaborating effectively. It is also important to discuss the defined roles and responsibilities of different sectors and partners. As you actively engage community members in these steps, you are ensuring that your activities, strategies, and action steps are in line with local beliefs, context, and needs.

Learn more about Identifying Strategies for Upstream Suicide Prevention in Section 2.

A 'one size fits all' approach does not work in the implementation of prevention efforts.

Make a Plan for Tracking



Efforts to track the progress of your upstream suicide prevention work require first that you define the intended outcomes of your initiative. Next, design a measurement strategy that aligns key metrics and approaches to data collection with your goals and intended outcomes. Most importantly, your coalition and community leaders must be empowered and engaged to identify what success will look like and how to measure progress.

This work requires sustaining your collaborative and centering community "ways of knowing"—that is, understanding what sources and types of data have value and bear legitimacy. These may include youth voice, robust quantitative data, and/or testimony from elders or key informants. Each upstream partner will bring their own data and information to the table. Explore ways to incorporate upstream indicators into your ongoing tracking to show maximum impact.

It may be required to establish new data collection and/or analysis processes to ensure that outcome data related to your risk and protective factors of interest—as well as the long-term outcomes of suicide attempts and deaths—are collected and analyzed in a way that reflects your upstream work. For example, a community might choose to focus on the reduction of substance use as a risk factor for suicide and involve their local Drug Free Communities grantee in their suicide prevention collaborative. This grantee will likely already track information on the density of alcohol and tobacco outlets and the rates of accidental overdoses in the community (among other things). Your collaborative could use this existing data, combined with local coroner death data, to monitor the impacts of your joint prevention strategies that are focused on substance use as a risk factor for suicide over time. Evaluation questions might include: Are we seeing our suicide rates change as our alcohol outlet density changes?

Finally, be sure to provide space for in-depth partner discussions on the meaning of the data being tracked. See Section 6: Measuring Progress.

Celebrate the Wins

Celebrate

Because upstream suicide prevention is a long-term investment in systems-level changes, it is important to acknowledge and celebrate all partners successes along the way. This can include publicly recognizing when a partner has witnessed a positive change in their data, won an award, or followed through on a promised action.

It is helpful to consistently refer to your developed logic models during these celebrations. Acknowledging short- and medium-term outcomes can help partners recognize how their activities are contributing to long-term suicide prevention outcomes, which can take years to manifest. As outcomes are achieved, go back to Step 1 of the logic model, and reconsider what additional risk and protective factors may need to be addressed over time.

Guiding Questions

What does our suicide data tell us?

- Who is impacted by suicide in our community? (thoughts, attempts, and deaths)
- What are the root causes of suicide in our community? What are the sources of distress? (You can go the National Violent Death Reporting System (NVDRS) to look for contributing circumstances data).
- What does the community data tell us about the root causes—or social determinants—of suicide in our community?

What groups and organizations are already working with the population(s) we want to reach?

What is the community already doing well that we could build upon, and what are the remaining gaps?

What would success look like?

How can we, as suicide prevention professionals, best support ongoing upstream work in the community and build bridges to fill gaps related to key risk and protective factors?

4

Talking about Upstream Suicide Prevention with Different Audiences

Suicide prevention professionals play an essential role in building support across a variety of partners and organizations to support a coordinated upstream effort. Effective communication starts with knowing who your audience is and what motivates them. It is also essential to meet them where they are. Understanding their perspectives and experiences will assist with developing messaging that resonates with them.

There is no one-size-fits-all approach to messaging about upstream suicide prevention. Following are some guidelines:

- Be sure your messaging reflects the values, language, and lived experiences of the intended audiences, and that this is a *community-wide* effort.
- Help community members understand how they are already contributing, and how small, intentional actions will move them toward collective wellness. They will be more likely to engage.
- Center your approach on what resonates with each group. Whenever possible, use trusted messengers, storytelling, and clear asks to create action.
- Tailor your messaging to help people see that collaborative, scalable change is not only possible—it is already in motion.

Know Your Audience: As you shape your message, think about who you are trying to reach and what matters most to them. Each audience brings different strengths, motivations, and roles in driving upstream change.

Check out the CDC's communications playbook for resources on messaging about Upstream Suicide Prevention https://www.cdc.gov/suicide/playbook/index.html

Messaging Tips for Different Audiences

Here are some messaging tips for different audiences that you might build on in your efforts to secure additional collaboration and support.

Faith leaders often use scriptural stories, personal testimonies, and relational language. They are trusted messengers who lead with compassion and conviction.

Messaging Tip: Frame upstream suicide prevention as part of a broader ministry— "saving lives and building community" not "delivering programs." Avoid overly technical language and emphasize community wellness and healing.

Funders often value measurable economic impact and a strong return on investment. They want to support initiatives that create lasting change and use resources efficiently.

Messaging Tip: Frame upstream suicide prevention work in terms of long-term outcomes, lasting change, and community-wide impact.

News and entertainment media outlets value timeliness, accessibility needs of different populations, and audience relevance. Entertainment platforms play a powerful role in shaping public understanding. To inform, inspire, and reflect the lived experience of the communities they reach, upstream suicide prevention messaging must feel safe, relevant, hopeful, and actionable, not abstract or clinical.

Messaging Tip: Use delivery strategies that align with audience habits and media formats from youth-centered social media and scripted storytelling to oral histories and analog outreach in rural communities. When addressing suicide directly, follow safe reporting and storytelling best practices and refer to the *Best Practices and Recommendations for Reporting on Suicide*.

Organizational leaders and decision-makers care about long-term sustainability and the health of the communities they serve. They are motivated by solutions that align mission, strategy, and measurable outcomes.

Messaging Tip: Position upstream suicide prevention as an investment in people, outcomes, and impact. Use messaging that connects their leadership to healthy, thriving communities and wellness for all.

Social Determinants of Health

"The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."

These conditions include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

(Source: Healthy People 2030. (n.d.) What are social determinants of health? https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health)

Partners working in upstream spaces such as social service organizations value relevance to their organizational goals, such as educational success, economic stability, or safety. These partners often resonate with language that centers around stabilizing lives and promoting dignity.

Messaging Tip: Use messaging that connects upstream suicide prevention work to their current priorities to build alignment and collaboration. Make it local, tangible, and beneficial to their mission to help motivate action and collaboration.

Policymakers value clear outcomes, public support, and long-term benefits tied to issues their constituents care about.

Messaging Tip: Show how upstream suicide prevention supports thriving communities and aligns with the public interest—especially when you highlight economic impact, policy effectiveness, and community well-being.

Public health professionals are grounded in the public health framework and understand work addressing social determinants of health, often utilizing language around shared risk and protective factors.

Messaging Tip: Connect upstream suicide prevention to the broader public health framework by highlighting shared risk and protective factors, and community resilience. Frame your message around how upstream strategies address root causes and promote mental well-being across populations.

Make it local, tangible, and beneficial to their mission to help motivate action and collaboration.

Rural organizations rely on trusted community figures, such as faith leaders, local officials, or respected elders. They value trust, practicality, and emotional honesty.

Messaging Tip: Use trusted community voices and highlight the practical relevance of upstream suicide prevention. Highlight place-based and relationship-oriented strategies rooted in community context.

The military and veteran community, including active-duty service members and their families, resonate with messaging that focuses on purpose, empowerment, and identity.

Messaging Tip: Focus on resilience and belonging. Avoid deficit-based language that reinforces brokenness or dependence.

Tribal communities resonate with messages that reflect their cultural values, traditional practices, and ancestral knowledge.

Messaging Tip: Center messages in cultural practices and traditional roles, ensure that tribal community members are included as decision-makers and trusted messengers. Avoid externally imposed frameworks and jargon.

Workplace leaders, including human resource professionals, care about employee well-being, retention, and building positive workplace culture. They are focused on practical solutions that reduce employee burnout and improve performance.

Messaging Tip: Highlight how upstream suicide prevention supports mental health, resilient teams, and improves productivity and the bottom line.

Youth leaders, schools, universities, and parents often value emotional learning, peer connection, student safety, and mental health literacy.

Messaging Tip: Clarify the difference between emotional support and therapy. Emphasize trusted peer connections and keep language clear and strengths based.

Your Organization's Leadership

Suicide prevention professionals working within larger organizations and agencies may need to help their leadership understand the importance of including upstream prevention efforts as a part of their comprehensive approach. To do this, it is important to tailor your message so that it resonates with the larger organizational mission. For example:

- **For suicide prevention professionals working within public health**, it may be important to highlight the connection with the community drivers of health and other efforts across the organization, such as chronic disease prevention, smoking cessation, or food security.
- **For suicide prevention professionals working in the context of a behavioral health organization**, it may be more important to focus on the elements of mental health promotion and long-term reduced demand for services to benefit the entire system.
- **For suicide prevention coalitions**, a message highlighting the opportunity to amplify your coalition's impact through partnerships with other community coalitions and social service organizations may be the most effective.

Essential Elements to Include in Messaging for All Audiences

People value authenticity, shared responsibility, and visible progress. In your messaging, center preventability; highlight protective factors and hope; and emphasize thriving, belonging, building lives people want to live, and creating communities where people feel seen, valued, and supported. Framing your messages this way invites audiences to be part of something bigger than themselves in a collective effort to build healthier, more connected communities.

Messaging Tips:

- Keep messages hopeful. Reinforce the idea that upstream suicide prevention is not only possible; it is already happening when we all work together.
- Messaging must feel relevant, safe, and actionable. It should reflect that upstream suicide prevention is designed to benefit whole communities, not just individuals
- Incorporate the voices of individuals with suicide-centered lived experience or personal narratives into your messaging. They add authenticity and increase the impact of the message. Storytelling should highlight community-level change, not only individual successes.

Individuals with suicide-centered lived experience can include those who have had thoughts of suicide, survived a suicide attempt, lost a loved one to suicide, or provided substantial support to a person with direct experience of suicide (Roses in the Ocean, 2023).

- Consider using trusted messengers who reflect the values, identities, or cultures of the audience.
- It is important to offer audiences clear, actionable roles and reinforce that they are already contributing. Small actions matter.
- Be clear about the ask and center preventability. Social, economic, and environmental conditions are modifiable.
- Measuring upstream impact is complex, so it helps to pair suicide prevention goals with broader wellness indicators to show value. Connect upstream work to educational success, economic stability, or safety.
- Emphasize the shared benefits of upstream work—healthier, more connected communities—not just suicide prevention outcomes.

Use the At a Glance as a quick reference when crafting your messages to help keep language clear, consistent, and aligned with the goals of upstream suicide prevention.

Choosing the Right Format to Deliver your Message

- Digital channels and social media: Engage younger audiences
- Local radio and newspapers: Connect with older or rural communities
- Visual and plain language tools: Make complex ideas clear and actionable with infographics, editable templates, and checklists
- Trusted messengers: Use voices that resonate (e.g., youth leaders, Tribal elders, faith leaders)

Guiding Questions

Who are you trying to reach?
What do they value, prioritize, or care most about?

What is the single most important takeaway you want your audience to remember?
How can you frame the message using language or outcomes that reflect their values?

Why should your audience care about upstream suicide prevention?
What is the connection between their goals and this work?

What action or role can your audience take?
What is your clear and achievable ask or call to action?

How can you highlight shared benefits?
What are community-level impacts or outcomes that matter across sectors?

Can you include a brief, relevant story?
Is there a compelling example or narrative that illustrates this message in action?

Who is the best messenger for this audience?
Is there someone they already trust who could help deliver this message?

5

Planning for Funding and Sustainability

Prevention sustainability is a community's ongoing capacity and resolve to work together to establish, advance, and maintain effective strategies that continuously improve health and quality of life for all. Sustainability focuses on creating lasting changes and improving suicide prevention efforts, rather than short-term projects.

Progress requires both strong policy and funding infrastructure. Where prevention efforts are most deeply embedded, they have been supported by legislative mandates, braided funding streams, or formal coalitions that helped sustain cross-sector work over time.

To sustain upstream strategies over time, braiding funding across programs or sectors allows for multi-dimensional implementation. For example, school-based programs blending funds from life skills initiatives, SAMHSA's Project AWARE (Advancing Wellness and Resiliency in Education) grant and local health departments have been able to implement multi-tiered mental health supports, including upstream protective skill building. In other communities, local agencies have combined housing, employment, and behavioral health funds to co-locate services and address the full context of individuals' lives, not just isolated symptoms or risk factors.

As discussed in Section 3: Building Collaborative Partnerships and Assessing Strengths and Gaps, creating and establishing partnerships is key to sustainability. Partners can leverage diverse resources, expertise, and networks to address upstream suicide prevention.

Example of Partnerships and Sustainability

Prevention efforts in Larimer County, Colorado, emphasize relationship building as the key to sustainability. The suicide prevention team intentionally integrates staff into coalitions and meetings convened by other sectors—such as youth services, housing, and economic development—embedding prevention across systems. The suicide prevention organization has also helped to serve as an administrative backbone in other spaces, following up on tasks and taking on the burden of scheduling or tracking, so community partner organizations did not have to. By taking on the work of coordination, they have enabled partners to focus on building and sustaining momentum for continued meetings and initiatives. They may not always be hosting or launching the meetings themselves, but they consistently attend and seek opportunities to serve as the connector and the glue for other community partners, and to champion their work. After establishing trusted relationships with community partners, they began to receive active requests from those community partners looking for help in identifying opportunities to create belongingness in the communities they serve and/or for suicide specific training or resource needs.

Larimer County has created a local behavioral health tax that supports both clinical and upstream work. The suicide prevention organization operates as a nonprofit with lower overhead costs and utilizes state funding as a foundation to build capacity that allows them to pursue other funding opportunities locally and through the local ballot initiative's community impact grants. The organization has also brought on a grant writer and explored making this resource available to other community partners with the goal of increasing bandwidth and capacity to help them attain sustainable funding.

The suicide prevention organization also prioritizes making time and a budget for coffee and food connections. They meet with other community leaders and organizations, learn about what is working well and what barriers there are, and are constantly looking for opportunities to help. If it is not something they can do, but another community partner could, they make those connections.

Line Items to Support Upstream

It is essential to identify what elements of your work will require funding to your organization versus what elements will require funding to support another community organization. This will be determined by what strategies you have selected, what community assets are already available, and what roles and responsibilities were identified for your suicide prevention team during the community strategic planning.

For example, the suicide prevention team does not need to launch a community food bank or fund a housing security program for veterans. What might be required, however, is connecting with organizations that provide those services to explore opportunities to build awareness, connection, and coordination across community organizations, and track shared impacts. Below are examples of upstream work that may require additional funding for your organization:

- Staff time to support collaboration and coordination across organizations and coalitions
- Operational costs for prosocial community connection events and spaces, such as venue rental or food and beverages
- Programmatic or training costs (Sources of Strength, Good Behavior Game, Life Skills)
- Stipends for coalition members
- Evaluation and data collection costs
- Communication campaign costs
- Professional development and training

Attaining Initial Funding vs. Maintaining Sustained Funding

Initial funding such as grants, in-kind support, or fundraising are considered short-term fiscal strategies. These strategies provide temporary access to resources and revenue to keep prevention efforts moving forward. Long-term fiscal strategies include securing line items in a budget, incorporating activities into organizations with similar missions, promoting the adoption of programs and services, and changing community norms—as well as developing policies and practices within organizations and communities. Both types of fiscal strategies are important to start the work and to sustain the upstream prevention efforts and outcomes.

Historical Sources of Federal Funding

While there are limited federal funding sources that explicitly fund upstream suicide prevention efforts, suicide prevention professionals often employ a braided funding strategy. This strategy might include some of the following grants to fund aspects of upstream prevention work:

- Centers for Disease Control and Prevention (CDC) – Comprehensive Suicide Prevention Program (CSP), Essentials for Childhood, and the Preventive Health and Humans Services Block Grant (PHHS)
  - Health Resources and Services Administration (HRSA) – Maternal and Child Health Block Grant (MCH)
- Substance Abuse Mental Health and Services Administration (SAMHSA) – SAMHSA has several grants that fund elements across the prevention continuum:
  - Garrett Lee Smith Grant (GLS)
  - Native Connections/Tribal Behavioral Health

- *National Strategy for Suicide Prevention* to implement suicide prevention and intervention programs for adults
  - Substance Use and Mental Health block grants, which include a set aside for prevention
- Veteran Affairs (VA) – Staff Sergeant Parker Gordon Fox Suicide Prevention Grants

State Appropriations

Some states have state-level appropriations and legislation that explicitly name upstream approaches and mental health promotion as funding priorities. Other states create general fund support for infrastructure and flexible spending by suicide prevention lead entity.

For example: California's Mental Health Services Act imposes a 1% tax on income over $1 million and directs revenues to fund community-based, preventative, non-crisis mental health services—such as outreach, wellness-focused programs, and system infrastructure—through county plans.

Philanthropy, Foundations, Corporate Giving, and Social Impact Investors

Government funding is not the only source of support for upstream prevention. Communities should also look toward private organizations that may have missions aligned with improving community health and well-being.

For example: The Humana Foundation donated $6 million to support the Face the Fight initiative, which focuses on reducing veteran suicide and stigma—not through crisis response, but by promoting help-seeking, resilience, and community-based support.

When approaching philanthropy, foundations, corporate giving, or social impact investors, emphasize how upstream suicide prevention supports lasting improvements in overall community well-being. Focus on shared priorities, such as prevention, resilience, and sustainable impact to build long-term partnerships.

Guiding Questions:

What elements of your identified upstream strategy require funding?

What existing infrastructure does your state or community have of organizations engaged in this work?

What funding is already coming to your state or community to support this work?

What partners can provide in-kind or staffing support for the identified strategy?

6

Measuring Progress

Measuring the progress of upstream suicide prevention requires a shift from individual-level suicide-related indicators to measuring community and systems-level indicators for progress. This moves beyond traditional indicators such as suicide rates or service utilization, and instead, it considers how to evaluate change in policy, infrastructure, workforce culture, cross-sector collaboration, and community well-being.

Shifting the Suicide Prevention Paradigm

As the field of suicide prevention evolves, there is growing recognition that traditional individual-level outcome measures (e.g., attempts or deaths) do not capture the broader upstream efforts required to prevent suicide before crisis occurs. A paradigm shift is underway—one that prioritizes community- and systems-level indicators of health, safety, and thriving.

This resource joins a national movement pushing for **shared measures of progress** that reflect community well-being and structural change—not just clinical or crisis outcomes. These shifts require cross-sector partnership, policy alignment, and a shared understanding of what upstream suicide prevention success looks like.

From Individual Risk to Community Resilience

Old question: "What's going on with this individual?"

New question: "What conditions are shaping health and resilience in this community?"

Rather than treating suicide solely as an outcome of individual pathology, we now understand it as a symptom of **broader community conditions**, such as poverty, isolation, housing instability, and lack of opportunity.

Logic models are essential tools for clarifying how upstream suicide prevention strategies lead to meaningful change. They help communities and programs articulate the connections between activities, short-term outcomes, and long-term goals—especially when those goals extend beyond clinical metrics to include broader indicators of community well-being, and resilience. In a field shifting toward systems-level transformation, logic models provide a roadmap for collaboration, enabling partners to align efforts, define success beyond crisis response, and identify important measures of progress across sectors. Logic models are common tools in program design and evaluation; broader upstream suicide prevention efforts likely require a nested logic model that depicts the efforts of multiple programs and initiatives towards a common goal. A sample logic model is included below.

What We Need to Measure and Why

We invite the field to help advance a more expansive evidence base—one that prioritizes community-level indicators of connection, safety, and resilience as core to suicide prevention. These include:

- Increased social connection and trust
- Access to safe and affordable housing
- Economic mobility and job security
- Safe and supportive school and youth environments
- Investment in public and social infrastructure
- Reduced community violence

Logic models clarify how upstream suicide prevention strategies lead to meaningful change across communities and systems.

We invite practitioners, policymakers, and researchers to:

- Co-design shared success indicators with upstream partners
- Collect and report on community-level impacts, not just clinical data
- Contribute to evaluation efforts that link upstream action to reduced suicide risk
- Seek placement in the SPRC Best Practices Registry to elevate this work nationally

FIGURE 6
Example Logic Model

Challenge	Assets	Activities	Outputs	Short-term	Intermediate-term	Long-term	Impact
Suicide is an urgent public health problem, calling for a comprehensive approach to prevention including	Strong, established suicide prevention coalition. School board supports explicit focus on student wellbeing	Meetings between coalition, key school-based stakeholders, community-based social, emotional service providers, families. Instruction on key coping skills using evidence-based curricula.	Number of meetings held with partners Number of students reached with curriculum Number of educators trained New/strengthened MOUs across school and community partners.	Increased student knowledge of coping skills and help-seeking behaviors Improved educator confidence in addressing social-emotional needs Stronger school-community communication	Behavior change related to coping skills and help-seeking Stronger peer relationships among students Stronger feelings among students about the presence of caring adults in school and beyond	Increased student resiliency Increased student and school community wellbeing Increased school connectedness	Suicide morbidity (thoughts and attempts) and mortality (death) rates are reduced

National Progress Measures

A strong upstream suicide prevention system at the national level is characterized by clear and coherent technical assistance and support for state and local initiatives and strong funding mechanisms to support the work. There is an increasingly vital role of nongovernmental organizations (NGOs) in setting the tone and priorities of an upstream suicide prevention agenda. Consequently, measurement strategies should incorporate the work of both private NGOs and federal government agencies.

Partners at the national level may effectively measure progress toward upstream suicide prevention using the following indicators:

- The presence or absence of policies or guidance that supports upstream prevention, measured through policy audits and funding inventories. Importantly, funding inventories should extend beyond resources marked specifically for "suicide prevention." Funding upstream prevention means funding housing, food security, cultural sustainability, etc.
- The availability of Federal funding streams that directly allow for or require upstream strategy implementation and measurement.
- A state-by-state review of suicide prevention plans. This review would aggregate—nationally—the extent to which state suicide prevention plans focus on upstream approaches. Association of State and Territorial Health Officials (ASTHO) has released a state-by-state environmental scan that may fill this gap or serve as a starting point. You can view this environmental scan at https://www.astho.org/advocacy/state-health-policy/public-health-legal-mapping-center/
- Federal and private research investment to build the evidence base for upstream strategies and evaluate outcomes at the community level.

State and Local Measures

States can play a key role in coordination and standard setting. The characteristics of a strong upstream prevention system at the state level include:

- The presence of state-level policies that support well-being, such as universal basic income, parental leave, or access to health insurance coverage. Tracking progress toward this characteristic requires a checklist of relevant policy types, a comprehensive legislative tracking system, and analyst capacity to execute tracking tasks.
- Some states (e.g., Missouri) are aggregating and analyzing county-level suicide prevention coalition efforts to measure upstream prevention at the state level. Analyses track the proportion of counties that have coalitions and the extent to which their priorities/actions align with upstream principles.
- The Youth Risk Behavior Survey (YRBS) and the Behavioral Risk Factor Surveillance System (BRFSS) include protective factor-related questions that states and communities can measure.

Community-Defined Success

As laid out in Section 3: Building Collaborative Partnerships and Assessing Strengths and Gaps, community partners are essential for helping to identify what success looks like. A strong upstream suicide prevention system would be characterized by:

- Community conditions that support well-being (e.g., food security, availability of adequate housing, and access to green space). The presence or absence of these conditions could be measured by a community thriving index, which would require a data collection infrastructure and a research person to design and analyze.
- The presence of local (county-level) cross-sector suicide prevention coalitions. Beyond presence and absence, the work of these coalitions can be evaluated using rubrics that assess their adherence to the principles of upstream work in their priorities, initiatives, agendas, and resources.
- Social connectedness at the community level, as indicated through data from sources such as the YRBS, BRFSS, and school climate surveys. However, using this data in this manner first requires that the data be collected and available.

Strong data systems are both a characteristic of a strong upstream prevention system and a much-needed infrastructure for measuring progress toward this goal. Data collection, data sharing, and data quality vary from community to community and state to state. Consistent measures at state and local levels are necessary for good comparison at the national level.

Below are metrics to consider for your work, organized into five categories: (1) community-level indicators, (2) policy and infrastructure measures, (3) workforce measures, (4) narrative and qualitative metrics, and (5) principles of evaluation. Together, these measures and modalities offer a multi-dimensional view of systems change.

How We Measure Progress

Community-Level Indicators

- Connectedness: Examples of community-level indicators include the number of trusted adult relationships among youth, participation in social programs, or a sense of community belonging. Both qualitative and quantitative data can be used to track social connectedness. One example of a tool that measures youth connectedness is the Developmental Assets Profile from the Search Institute. For an example of how data can be used to monitor social connectedness and build connections within schools, see the BARR Center – The BARR Model.
- Stigma reduction: Surveys can be used to measure willingness to talk about mental health, seek help, or support someone in distress. The CDC provides various resources and tools to promote mental health literacy that can be found by going to Health Literacy Guidance and Tools.
- Access and community fit: These indicators include metrics on availability and cultural fit of services, such as language access by population group, location in underserved areas, rural vs. urban service reach, etc.

Community partners are essential for helping to identify what success looks like.

Policy and Infrastructure Measures

- **Cross-sector partnerships:** The strength of community-level suicide prevention can be measured by the presence and strength of cross-sector coalitions—for example, between housing, mental health, and education systems. Indicators may include the existence of referral pathways, the rate of completed referrals between agencies, and the level of participation by upstream sectors (e.g., housing, or economic supports) in suicide prevention planning efforts.
- **Policy adoption:** Relevant indicators include the passage of policies that support upstream prevention, such as statutory support or dedicated budget allocations for prevention infrastructure. Communities can also track the number of agencies implementing protective factor frameworks, or the extent to which schools and workplaces adopt policies that embed upstream principles—such as social-emotional learning or inclusive leave policies.
- **Organizational self-assessment:** Another approach is to measure the rate of completion of organizational self-assessments that evaluate how agencies contribute to upstream suicide prevention, even if suicide is not their primary focus. For example, a food pantry could assess its impact on protective factors like connectedness and economic stability.

Workforce Measures

- **Training penetration:** Indicators may include the proportion of staff across sectors who have received training in upstream suicide prevention, the incorporation of upstream prevention goals in onboarding and professional development materials, and the availability of wellness benefits or employee resource groups that support mental health.
- **Mindset and messaging:** Organizations can use staff surveys, internal communications, or strategic planning documents to track the internal adoption of upstream framing—such as whether staff recognize social supports as suicide prevention. Consistency in language and framing across sectors (e.g., housing providers and youth programs) can also be an indicator of shared understanding and systems alignment.

Narratives and Qualitative Metrics

- **Lived experience testimonies:** Communities can collect and reflect on stories of change, focusing on outcomes that community members identify as meaningful—such as improvements in hope, connection, agency, or cultural identity.
- **Shift in narrative:** Indicators may include changes in how communities talk about suicide, with greater emphasis on structural and communal contributors rather than solely individual crisis. Communities may also begin to frame issues like poverty or housing as relevant to suicide prevention.

Principles for Evaluation Approaches

- **Participatory measurement:** Effective upstream evaluation includes community input on which outcomes matter and how they should be measured, helping to ensure that strategies reflect community-defined success.
- **Flexibility in tools:** Evaluation frameworks should allow different sectors to select indicators that are most relevant to their role—for example, a housing organization might prioritize measures related to stability and access, while a school may focus on social connection and skill-building.
- **Maslow-informed framing:** Using Maslow's hierarchy as a guide, communities can assess whether basic needs such as housing, food, and safety are being met. This framing helps connect upstream systems metrics to well-being.
- **Thriving index concepts:** Some communities or organizations use well-being indicators—such as sleep quality, sense of purpose, or social isolation—to track improvements in thriving over time, even in the absence of direct suicide-related metrics.

Guiding Questions

What does success look like for our community and the population(s) we are prioritizing?

What short-term outcomes would help us know we are on the right track?

Advancing the Future of Upstream Suicide Prevention

We recognize that existing infrastructure and funding streams often favor crisis response efforts and clinical care. These systems are critically important—but they are not enough. To prevent suicide, we must invest in upstream strategies that promote belonging, stability, and connection long before someone reaches a point of crisis.

Nationally, suicide prevention efforts are underfunded and often prioritize an intervention and treatment approach, which drives much of the state and local ability to act.

This resource has highlighted opportunities to incorporate upstream approaches into your work. We are hoping that the information in this resource has been helpful in shining a light on areas of opportunity that you may have in your community to ensure that upstream efforts are part of your comprehensive approach to preventing suicide. But upstream prevention will only reach its full potential if everyone is working together.

- Local, state, and federal government are especially important in addressing underlying environmental contexts that increase the risk for suicide. Government agencies can implement programs and policies that improve housing stability, economic security, and care access and delivery.
- Public health and other governmental agencies can work together to establish policies and support practices that create protective environments where people live, work, learn, play, worship, and love.
- Policymakers can learn about evidence-based programs and practices that will help reduce suicide. This includes strengthening economic supports, promoting healthy connections, and creating protective environments.

Prevention professionals can:

- Leverage national and regional associations to amplify the visibility of upstream suicide prevention and connect practitioners to tools and success stories.
- Align public messaging with related movements in housing justice, food security, education, and economic development to show suicide prevention as part of a broader wellness ecosystem.
- Promote upstream suicide prevention at national conferences, within think tanks, and through interagency collaboratives.
- Create learning communities or virtual exchanges for programs actively implementing upstream work.
- Submit your work to the SPRC Best Practices Registry to grow the evidence base.

Together, We Can Change the Story

Suicide is not inevitable. It is preventable—but only if we act with vision and coordination in communities, across states and at the national level. This moment is a turning point. With aligned resources, understanding what works, data infrastructure, and shared learning, we can **promote wellbeing, security, and connectedness**.

Appendices

APPENDIX

APPENDIX *a*

Community Upstream Suicide Prevention Assessment Tool

This Community Upstream Suicide Prevention Assessment Tool is designed to help local governments, coalitions, public health departments, and community collaboratives identify what's already happening, identify gaps, and take actionable next steps in upstream suicide prevention. This tool supports a systems-level approach that goes beyond mental health services to address broader protective factors and social determinants of health.

Purpose:

To help communities:

- Identify existing upstream suicide prevention efforts
- Map strengths and protective factors
- Recognize populations at elevated risk
- Reveal key gaps and areas for improvement
- Prioritize actions for coordinated collective impact

Use This Tool:

- **Guide** community planning sessions, coalition retreats, or health needs assessments
- **Align non-mental health sectors** (e.g., housing, food, education) with upstream suicide prevention goals
- **Support grant proposals**, policy work, or backbone coalition building

This tool is organized into five sections that build on one another—from understanding who is at the table (Section 1), to identifying strengths and gaps (Sections 2–4), and ultimately guiding coordinated action (Section 5). While each section can be used on its own, working through them in sequence provides a fuller picture of your community's upstream suicide prevention efforts and where to focus next.

Tool Overview – Five Sections

1. Community Profile
2. Protective Factors Mapping
3. System Readiness and Collaboration
4. Gap Analysis
5. Next Steps Planning

Section 1: Community Profile

Section 1 helps define who is currently involved in your assessment—and who may be missing. It can guide outreach before diving deeper into the tool.

TIP
This form is fillable. Click inside fields to type or check boxes.

Instructions: Briefly describe your community and who is participating in this assessment.

Name of community/coalition:

Geographic scope:

Population size:

Demographics (age, race/ethnicity, income levels, etc.):

Sectors represented in this assessment (check all that apply):

- ☐ Public health
- ☐ Health care
- ☐ Social Services
- ☐ Mental health/behavioral health
- ☐ Education (including higher education)
- ☐ Faith-based
- ☐ Business/employers
- ☐ Justice/corrections
- ☐ Housing
- ☐ Food security
- ☐ Youth development
- ☐ First Responders (Law Enforcement, fire, EMS)
- ☐ Military and veterans
- ☐ Indigenous/Tribal
- ☐ Other: _____

Section 2: Protective Factors Mapping

Section 2 outlines what kinds of supports or protective factors specific to suicide prevention are currently present or lacking in the community—such as access to basic needs, social connectedness, etc.

Instructions: For each protective factor:

1. Rate community effort (0–3)
2. Give example(s) of initiatives or services in place
3. List the population(s) of focus
4. Note any specific programs, policies, or service gaps relevant to that factor and population

Example:

Protective Factor	Effort 0 = None 3 = Strong	Examples of Work	Population(s) of focus	Notes / Gaps
Social connectedness	1 ○ 2 ◉ 3 ○	Youth peer mentoring program	High School Students	No programs tailored to Indigenous youth

Protective Factor	Effort 0 = None 3 = Strong	Examples of Work	Population(s) of focus	Notes / Gaps
1. Social connectedness	1 2 3 ◯ ◯ ◯			
2. Sense of belonging	1 2 3 ◯ ◯ ◯			
3. Access to basic needs (e.g., food, housing, clothing)	1 2 3 ◯ ◯ ◯			
4. Economic stability/jobs	1 2 3 ◯ ◯ ◯			
5. Educational opportunities and youth development	1 2 3 ◯ ◯ ◯			
6. Family support and parenting resources	1 2 3 ◯ ◯ ◯			
7. Mentorship and positive role models	1 2 3 ◯ ◯ ◯			
8. Trauma-informed community practices	1 2 3 ◯ ◯ ◯			
9. Safe, inclusive spaces (e.g., schools, recreation centers, public spaces)	1 2 3 ◯ ◯ ◯			
10. Safe storage of lethal means	1 2 3 ◯ ◯ ◯			
11. Awareness to 24/7 resources	1 2 3 ◯ ◯ ◯			

Section 3: System Readiness and Collaboration

Instructions: Focusing on the settings represented in Sections 1-2 above, rate your community system's readiness to address suicide prevention through upstream prevention strategies on a scale from 1 (low) to 5 (high). To help a community **decide on a rating between 1–5**, it's useful to apply a **clear set of criteria** for each score level. Below is a **description scale** that communities can use to assess themselves accurately and consistently. You will apply this readiness scale to 6 statements below.

System Readiness Rating Scale (1–5)

Rating	Description
1. Beginning / Not in Place	The system or action is largely absent. There is little awareness or coordination, and minimal suicide prevention infrastructure. Efforts may be isolated or reactive.
2. Emerging	Some initial awareness or action exists, often informal or limited to one sector (e.g., only schools or only public health). No formal coordination or sustainability plan.
3. Developing	Efforts are growing and becoming more structured, with some cross-sector involvement and increased awareness. Planning is happening but may lack consistency or resources.
4. Established	The system is functioning in multiple sectors with active partnerships and visible programs. Suicide prevention is partially embedded in institutions. Some data is tracked.
5. Fully Integrated and Sustained	Suicide prevention is a shared, coordinated, and ongoing priority across sectors (health, education, justice, etc.). Sustainable practices, data sharing, and upstream strategies are in place and regularly evaluated.

System Readiness Statements

Statement	Rating 1 = Low, 5 = High
1. We understand suicide prevention as a shared multi-sector responsibility.	1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯
2. There is broad awareness of upstream protective factors.	1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯
3. We have a cross-sector collaboration focused on prevention (not just response).	1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯
4. Suicide prevention is embedded in schools, workplaces, and public spaces.	1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯
5. We have data-sharing and outcome tracking systems.	1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯
6. Decision makers understand suicide as a public health problem	1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯

Section 4: Gap Analysis

Instructions: Reflecting on your team's rankings in Sections 1-3 above, discuss and record answers as a group.

1. What protective factors are strongest in our community? How does this change for different settings?

2. What protective factors are lacking or uneven? How does this change for different settings?

3. What groups are not yet being reached?

4. Where is collaboration missing?

5. What upstream prevention efforts are at risk due to a lack of funding or coordination?

6. What opportunities exist (e.g., local champions, funding, momentum)?

Summary Score Snapshot

Protective factors score total (out of 33): _____

System readiness score total (out of 30): _____

These numbers can be tracked annually to assess progress.

Section 5: Next Steps Planning

Instructions: As a team, choose 1–3 realistic next steps based on your assessment.

Priority Area	What needs to happen?	Who will lead?	Timeline
[Insert Priority 1]	[Describe the key action or change that should take place]	[Name/Team responsible]	[e.g., By Aug 2025]
[Insert Priority 2]	[Describe the key action or change that should take place]	[Name/Team responsible]	[e.g., Within 3 months]
[Insert Priority 3]	[Describe the key action or change that should take place]	[Name/Team responsible]	[e.g., Q4 2025]

Also consider:

- Are we missing any key partners? Who should be at the table?_____
- Do we need training or technical assistance on suicide prevention?_____
- Would a community-wide suicide prevention **framework or plan** help coordinate efforts?_____

> **This tool is not a one-time checklist but a living framework that can evolve with your community's needs, partnerships, and resources. Revisit it regularly to track progress and deepen your collective impact.**

APPENDIX *b*

Upstream Suicide Prevention Planning Checklist

Effective suicide prevention begins long before a crisis occurs. Upstream prevention focuses on addressing the root causes and social determinants that influence health and well-being across the lifespan. This Upstream Suicide Prevention Planning Checklist is designed to guide communities, coalitions, and organizations through a structured step-by-step process for identifying and addressing key factors that contribute to suicide risk.

Using this checklist, you will assess local data to identify risk and protective factors; map community strengths and gaps; build strategic partnerships; and select evidence-informed approaches tailored to your community's unique needs. The checklist also supports goal setting, objective development, and outcome measurement—essential components of a sustainable and effective prevention strategy.

Use this tool as a road map to collaboratively plan and implement upstream solutions that promote connection, resilience, and well-being—ultimately helping to reduce suicide risk in your community.

☐ **1. Assess suicide attempt, ideation, and suicide death data**

Use one or more of the data sources below to understand which groups in your community are most affected by suicidal thoughts, behaviors, and deaths. This helps identify priority populations for prevention efforts.

- CDC WISQARS
- State and County Suicide Data (NCHS)
- Youth Risk Behavior Surveillance System (YRBSS)

☐ **2. Assess risk and protective factors data**

Identify underlying conditions that may increase suicide risk or offer protective benefits. Identifying these factors helps guide prevention strategies upstream.

- ASTHO Suicide Indicator Tool
- CDC Suicide Prevention Risk/Protective Factors
- County Health Rankings & Roadmaps
- Healthy People 2030 Social Determinants of Health
- SAMHSA Data Archive

☐ **3. Assess what activities already exist in the community (asset mapping)**

Identify existing suicide prevention programs, services, and informal efforts in your community. Understanding current efforts helps build on strengths and avoid duplication.

- Community Toolbox: Identifying community assets and resources

☐ **4. Identify strengths of the community**

Document the formal (organizations, services) and informal assets (community culture, social networks), resources, and qualities that support health and well-being. These strengths can become foundational supports in suicide prevention planning.

☐ **5. Identify gaps in the community**

Pinpoint unmet needs, barriers, or missing services that may contribute to suicide risk. Understanding gaps allows for more targeted, effective prevention efforts.

- Gaps are needs, challenges, or limitations that make it harder for people to thrive.
- SWOT Analysis

☐ **6. Identify a factor associated with upstream suicide prevention in your community to address**

Use assessment data to identify upstream suicide prevention factor(s) to address in your community (e.g., social connectedness, economic stability).

☐ **7. Identify additional community members to partner with to address this factor**

Engage new or existing partners who are well-positioned to help address the upstream factor you've identified.

- Turn to the *Moving Suicide Prevention Upstream* Resource for potential upstream partners to engage Priority Protective Factors and Potential Upstream Partners to Engage. *Example: If focusing on increasing social connectedness for older adults, consider partners such as senior centers, VFW, retirement centers, churches, etc.*

☐ **8. Choose an evidence-informed approach, policy, or practice**

Select a strategy supported by research or practice-based evidence to ensure efforts are effective and credible.

- CDC Suicide Prevention Resource for Action
- SPRC Best Practices Registry

☐ **9. Write 1–3 goals for your chosen factor**

Develop broad, meaningful goals related to the upstream factor you've chosen. These goals should reflect the change you hope to see in your community.

- Community-Led Suicide Prevention

☐ **10. Write 1–3 SMART objectives for each goal chosen**

Ensure each goal has measurable, actionable objectives that define success in concrete terms (Specific, Measurable, Achievable, Relevant, Time-bound).

☐ **11. Write action steps to accomplish the identified goals and objectives**

Lay out specific tasks and responsible parties to implement your SMART objectives effectively.

☐ **12. Create short-, intermediate-, and long-term outcomes to measure success**

Define how you'll know your strategy is working over time. Tracking outcomes helps you adjust course as needed and demonstrate impact.

APPENDIX C

Case Studies

Overview

We conducted conversations across four geographic areas—Arizona, Colorado, Kentucky, and Puerto Rico—where upstream suicide prevention strategies have taken visible hold.

These case studies were designed not to showcase perfect models, but to explore how upstream prevention is unfolding in real-world contexts and to understand the conditions that make it possible for such work to take root and evolve.

Each case was selected based on indications of meaningful activity at the policy, systems, or community level and with attention to geographic, demographic, and structural diversity. Across the settings, we sought to answer the following questions:

- What does upstream suicide prevention look like here?
- What made it possible?
- What challenges remain?
- And what can others learn from these efforts?

Rather than focusing on individual-level outcomes or specific programs, the case studies examine how upstream principles—such as social connectedness, economic stability, and protective environments—are being integrated into systems. They reflect varied models of governance, funding, and partnership, offering insight into both the promise and the complexity of implementing upstream suicide prevention.

Across these different contexts, one of the clearest takeaways is that meaningful progress requires strong policy and funding infrastructure. Where prevention efforts were most deeply embedded, they were supported by legislative mandates, braided funding streams, or formal coalitions that helped sustain cross-sector work over time. At the same time, progress in all four states hinged on relational work—what one participant described as "the long game of trust-building." Whether it was suicide prevention staff attending housing or youth development meetings in Larimer County, Colorado, or food delivery drivers and schoolchildren working in tandem to reduce isolation in rural Kentucky, the work of upstream prevention often starts by showing up in other people's spaces.

Another core insight is the importance, and challenge, of democratizing access to data—especially data on protective factors. Arizona's public dashboard is a rare example of making such data visible and accessible, yet it also illustrates the difficulties posed by limited survey participation, administrative variability, and lack of capacity to disaggregate by race, ethnicity, or geography.

Perhaps most consistently across the cases, the work of upstream prevention emerged as fundamentally cross-sector. Suicide prevention was strongest where housing providers, educators, youth workers, economic support systems, and public health actors all saw themselves as part of the solution. These collaborations helped move prevention out of the behavioral health silo and into the broader social fabric.

Colorado – A Landscape of Local Innovation Fueled by a Statewide Engine

Colorado's approach to upstream suicide prevention is powered by the Colorado National Collaborative (CNC)—a statewide engine designed to channel public health resources, policy, and partnerships into community-centered action.

The CNC brings together local, state, and national partners to implement a comprehensive public health model for suicide prevention grounded in six strategic pillars and adapted for communities across the state.

The CNC's goal is to reduce suicide across Colorado while serving as a blueprint for other states. It achieves this by aligning data-driven strategies, funding, and cross-sector coordination with the needs and assets of local communities.

At the center of the CNC's structure is a grant program supporting counties across 15 jurisdictions. These grants support the implementation of six suicide prevention pillars:

1. Connectedness
2. Economic stability and supports
3. Education and awareness
4. Access to safer suicide care
5. Lethal means safety
6. Postvention

We spoke with leaders in three counties—Larimer, Mesa, and El Paso—who offer a window into how this upstream work looks in practice:

- Larimer County emphasizes sustained relationship building. The suicide prevention team intentionally integrates into coalitions and meetings convened by other sectors—such as youth services, housing, and economic development—embedding prevention across systems. Funding from a local behavioral health tax supports both clinical and upstream work.
- Mesa County focuses on service navigation and coordination. Grand Valley Connects is a locally developed initiative at Mesa County Public Health that provides residents with access to food, housing, health care, and mental health—all through a single point of contact. This lowers barriers to care and reduces reliance on crisis services.
- El Paso County, with a more conservative cultural climate, engages trusted institutions such as law enforcement, veterans' groups, and faith communities. While structural concepts about community conditions for wellness are harder to center, partners have made headway by focusing on belonging, resilience, and firearm safety as culturally resonant frames.

How They Did It

The Colorado Office of Suicide Prevention, located within the Department of Public Health and Environment (CDPHE), oversees the CNC and its local implementation. Funding comes primarily from competitive federal grants and Colorado's General Fund, allowing for strategic investment in counties with both elevated suicide risk and demonstrated coalition readiness.

CNC partners—ranging from the Centers for Disease Control and Prevention [CDC] and the Substance Abuse and Mental Health Services Administration [SAMHSA] to Colorado universities and local nonprofits—contribute expertise, evaluation tools, and messaging strategies. Local coalitions use this infrastructure to build customized approaches that respond to their specific populations and geographies.

Implementation Challenges

Despite strong coordination, Colorado faces implementation challenges:

- Cultural complexity: In El Paso County, the integration of upstream concepts—such as belonging, trauma, or systemic drivers—is often challenged by local political and cultural dynamics. Coalitions there have adapted by framing prevention in terms of faith, community strength, and moral responsibility, which maintain alignment with CNC goals while respecting local norms.
- Funding fragility and variability: Only a handful of counties, such as Larimer, benefit from sustained local funding (e.g., behavioral health taxes). Others depend heavily on grants and in-kind labor, which limits scalability and sustainability.

Local partners overcome these barriers by focusing on relationships, trust, and translation—adjusting the language and structure of prevention to meet local contexts while staying rooted in the CNC's core pillars.

Impact

Through the CNC, Colorado has created a model in which state strategy enables local innovation:

- In Larimer, prevention is embedded in the work of housing, workforce, and youth-serving systems thanks to long-standing trust and cross-sector collaboration.
- In Mesa, residents access practical help through a single upstream-oriented navigation system that reaches well beyond the mental health silo.
- In El Paso, partnerships with culturally relevant institutions have extended prevention's reach, even in the absence of structural alignment with state messaging.

This work aims not only to reduce suicide statewide, but to also serve as a replicable model for other states—anchored in public health, driven by data, and sustained through local capacity.

Puerto Rico – Institutionalizing Upstream Suicide Prevention Through Law and Policy

Puerto Rico presents a robust example of how upstream suicide prevention can be institutionalized through legislation, interagency coordination, and strategic policy engagement.

Rather than building suicide prevention around isolated programs, Puerto Rico has embedded it into the structure of government—using law, data, and multi-sector responsibility to drive long-term impact.

Puerto Rico's approach is grounded in Act 227 (1999), one of the earliest pieces of legislation in the U.S. context to mandate a coordinated public sector response to suicide. The law established a multi-agency board of directors and tasked it with developing protocols, providing technical assistance, and submitting annual progress reports to the legislature. Each agency represented on the board—including the Departments of Education, Health, Justice, Corrections, and Labor, as well as others—is required to contribute financially and programmatically.

The board's coordinating body oversees a range of upstream prevention activities. These include public campaigns such as "Choose Life" and "Choose Life and Community," which promote a sense of shared responsibility and highlight everyday reasons for living rooted in community care. Alongside this messaging, the team has implemented suicide prevention protocols across agencies and institutions, from public housing to law enforcement to education.

Puerto Rico also developed a syndromic surveillance system to track emergency department visits related to suicidal ideation and attempts—allowing for more timely non-fatal data to inform strategy. Additionally, agencies participate in gatekeeper training, workshops on safe firearm storage, and sector-specific protocol development.

How They Did It

A key strength of Puerto Rico's model is its foundation in law. This legal infrastructure mandates participation across agencies, enabling a coordinated response that does not depend solely on political will or leadership turnover.

To support cross-sector learning and action, the coordinating team is developing policy education kits tailored to the needs of commissioners, legislators, and senior agency staff. These kits include:

- Localized data drawn from Puerto Rico's social vulnerability index, mapping the intersection of socioeconomic conditions and suicide risk
- Policy recommendations that link upstream determinants—such as poverty, housing, and infrastructure—to mental health outcomes
- Sector-specific materials, including one-pagers, talking points, and visual summaries

The kits are typically delivered alongside in-person briefings, and the team tracks engagement to assess follow-through—monitoring, for example, whether recommended policies are introduced or debated in legislative committees.

Complementing these efforts, commission staff conduct agency-level workshops to support the development and implementation of suicide prevention protocols. One respondent noted that these site visits help move prevention from an abstract mandate to a "concrete part of daily operations."

Implementation Challenges

One of the most persistent barriers is budget instability. Although Act 227 requires agencies to contribute funds to the collective effort, the law does not specify amounts or timelines. As a result, some agencies remit funding late in the fiscal year, leaving it inaccessible or forfeited. Annual budgeting, therefore, is often uncertain. They are, however, putting in place a more streamlined mechanism for making a stable state budget available to the Commission with the assistance of the Puerto Rico Management and Budget Office.

Another challenge is leadership turnover. With each change in administration, new representatives are appointed to the board—often without prior knowledge of the initiative. This creates discontinuity and requires ongoing onboarding and relationship building.

Additionally, the broader political and economic context—including debt restructuring and austerity—makes long-term investment in social connectedness and upstream prevention more difficult to sustain. Stigma around suicide and public discomfort discussing mental health also presents communication challenges.

To navigate these issues, the team is developing a strategic plan to formalize agency roles, responsibilities, and shared measures of success. This document is intended to preserve institutional memory and help maintain momentum through political transitions.

Impact

Puerto Rico's model shows how upstream suicide prevention can be enacted through institutional design rather than programmatic add-ons. It stands out for:

- Embedding prevention in law, ensuring multi-agency accountability and structural longevity

- Leveraging data and tailored policy education to influence upstream legislative and administrative action
- Operationalizing prevention across systems—from housing to policing to education—through coordinated training, protocols, and technical assistance

One respondent noted that this approach helps policymakers see suicide prevention not as a mental health silo, but as "a shared responsibility across social systems."

Puerto Rico's experience affirms that when prevention is anchored in policy, sustained through partnerships, and supported by data, it can shift the landscape—not just of services, but of what people believe is possible to prevent.

Arizona's ACEs and PCEs Dashboard – Increasing Access to Population-Level Data to Inform Action

Arizona's Adverse and Positive Childhood Experiences (ACEs/PCEs) Dashboard compiles and visualizes population-level survey data from tools such as the Youth Risk Behavior Surveillance System (YRBSS), the Behavioral Risk Factor Surveillance System (BRFSS), the Arizona Youth Survey, and the National Survey of Children's Health.

In so doing, it translates complex population-level data into accessible and actionable insights that inform policy, program design and delivery, grant applications, and other initiatives.

While adverse childhood experiences (ACEs) reveal cumulative adversity—such as exposure to violence, family instability, and neglect—the integration of positive childhood experiences (PCEs) marks a vital and uncommon innovation. By presenting data on adult mentorship, family resilience, and neighborhood safety, the dashboard reframes prevention as not only the reduction of risk, but the **active cultivation of protective environments**. This dual focus allows schools, community groups, and local governments to ask not only "Where are young people struggling?" but also "Where are they thriving—and how can we build on that?"

How They Did It

Developed through a collaboration led by the Arizona Department of Health Services (ADHS), with funding and guidance from the CDC, the dashboard drew on partnerships across sectors—including education, behavioral health, youth services, and trauma-informed care. Rather than generating new data, the team strategically aggregated existing public health surveys into a user-friendly interactive platform.

The project intentionally prioritized transparency and public utility. The dashboard is publicly accessible and designed for a wide audience: policymakers, educators, nonprofit leaders, and concerned residents. Visual tools, plain language, and regional filtering functions help non-specialists interpret and apply the data in real-world planning. ADHS has also invested considerable energy into disseminating the dashboard—presenting it and explaining its utility to a wide array of audiences. This makes Arizona's dashboard not just a data product, but a civic resource that can be used to inform grant writing, program design, and resource allocation.

Implementation Challenges

The dashboard faces two principal challenges to implementation:

1. Youth risk and behavior surveys have become increasingly politicized. Consequently, school districts have become

hesitant to participate, leading to insufficient sample sizes for representativeness.

2. The dashboard team lacks the dedicated staffing and resources to refine the data at the level many users request.

For these two reasons, the dashboard cannot provide county-level data. This limits its precision and risks obscuring community-level differences in exposure to risk and protective factors.

To manage these barriers, the team has emphasized capacity building and transparent communication—offering webinars, FAQs, and contextual guidance to help users interpret findings within limitations. They have also continued to advocate for consistent survey administration and broader data literacy, recognizing that the long-term value of the dashboard depends on the integrity of the inputs and the strength of the ecosystem around it.

Impact

Despite the constraints, Arizona's ACEs/PCEs Dashboard has made a substantial and multi-level contribution to upstream suicide prevention:

- It provides a shared frame of reference for schools, health departments, and youth-serving agencies to prioritize early intervention, resilience building, and trauma-informed care.
- It has helped shape policy conversations, including the development of youth mental health initiatives, protective factor frameworks, and funding strategies based on measured need.
- It has encouraged other states and systems to consider how public-facing data tools—even with imperfect inputs—can democratize prevention and help communities hold themselves accountable for collective well-being.

Crucially, by measuring and elevating protective factors, Arizona's dashboard resists a deficit-only model of suicide prevention. It embodies a values-based shift: from asking what is wrong with young people to asking what systems and relationships help them thrive. And in doing so, it offers a replicable example of how to make data not only accessible—but hopeful, actionable, and upstream.

Arizona Coalition for Military Families–Building a Continuum of Connection to Prevent Crisis

The Arizona Coalition for Military Families (ACMF) provides a model for how to build coordinated preventive systems that prioritize belonging, stability, and dignity for military service members, Veterans, and their families across the full arc of life transitions and community reintegration.

Arizona's upstream suicide prevention strategy evolved through two complementary initiatives: Be Resilient and Be Connected. Be Resilient began in the Arizona National Guard following post-9/11 increases in suicide. It introduced a stress continuum model, peer support structures, stigma reduction and norms change around help-seeking, and early identification practices to help service members recognize distress and connect to resources before crisis. The program's impact was striking—Arizona saw no suicides among its National Guard members during the final three years of Be Resilient's implementation, demonstrating the effectiveness of this upstream peer-driven model.

Building on that success, the ACMF launched Be Connected as a public-facing statewide initiative to serve the entire military-connected population—including service members, Veterans, and their families. Be Connected is not a single program. It is an integrated system of navigation, peer support, and cross-sector coordination. By design, individuals can access support from anywhere in the system.

This universal strengths-based approach treats connection and coordination as central pillars of suicide prevention. Core components include the following:

- A resource navigation line staffed by trained personnel who connect individuals to housing, employment, behavioral health, and other supports
- A peer connection team to assist with transitions and maintain engagement
- Access to transportation and care coordination for Veterans, both connected and not connected to Veterans Affairs (VA)
- A statewide network of trained partners across health, education, workforce, Tribal, and faith sectors

How They Did It

ACMF's success lies in its ability to weave together diverse systems under a unified upstream vision. ACMF includes partners across public and private sectors, such as:

- State agencies (e.g., Arizona Department of Veterans' Services, Medicaid)
- Federal partners (e.g., VA, U.S. Department of Labor, National Guard Bureau)
- Employers, faith communities, and local governments
- Health care systems, schools, universities, and tribal entities

This multi-sector architecture was supported by sustained state leadership and braided funding, including public dollars, philanthropic support, and in-kind contributions from member organizations. Instead of duplicating services, ACMF focused on coordination and cultural responsiveness—helping existing providers adapt their work to better serve the military and Veteran community. ACMF's approach was designed from the ground up with community members—not merely for them. By treating lived experience as expertise and integrating feedback loops, ACMF earned trust and relevance across Arizona's communities.

Implementation Challenges

A major barrier to ACMF's work was the pre-existing narrow thinking about suicide prevention—many partners assumed suicide prevention meant only clinical services, risk assessments, or hotline referrals.

ACMF had to engage in long-term culture change, helping partners see that economic hardship, isolation, and life transitions could be just as critical as diagnostic criteria.

To shift the narrative, ACMF used strategic language framing—avoiding stigmatizing terms; emphasizing universality ("this is for everyone"); and focusing on values such as service, strength, and resilience. They also demonstrated success, highlighting how early connection and whole-family support had real impacts on mental health and well-being.

ACMF faced fragmentation of services across military and civilian systems. Many military-connected families—especially those not eligible for VA services—fell through the cracks. ACMF addressed this fragmentation by creating a statewide navigation system that connected people to a broad range of culturally responsive resources, regardless of eligibility or status.

Finally, sustaining momentum and funding remained a challenge. ACMF overcame this by aligning its work with state priorities; embedding suicide prevention into broader workforce, health, and education strategies; and maintaining bipartisan support through consistent, nonpolitical messaging.

Impact

Today, the Arizona Coalition for Military Families is regarded as a national model. It has:

- Built a centralized navigation hub that ensures seamless access to services for military-affiliated individuals and families
- Trained thousands of community members—including employers, teachers, and faith leaders—to recognize stress and connect people to help
- Expanded the definition of suicide prevention in Arizona to include economic, social, and relational dimensions—not just behavioral health

More profoundly, it has changed the culture of prevention in Arizona. Rather than waiting for people to reach the point of crisis, ACMF has helped institutions and communities think about how to build lives of purpose, connection, and care from the beginning. The work is about "caring for the whole person, across the whole journey." And in that commitment, Arizona offers a compelling vision for what truly upstream suicide prevention can look like—centered not in fear or pathology, but in dignity, belonging, and hope.

Kentucky – Building Prevention Through Everyday Connection

Kentucky's upstream suicide prevention work is notable not for sweeping legislation or large-scale initiatives, but for its practical, relational approach to shifting mindsets and systems.

In the absence of a strong statewide coalition or large dedicated funding streams, Kentucky has focused on helping communities see the suicide prevention value in what they're already doing—especially when it comes to fostering connection, purpose, and care for older adults in rural communities.

Kentucky's upstream work reflects a belief that prevention is most powerful when it is embedded in ordinary institutions and daily routines. A recent example comes from a federally funded initiative supporting older adults across nine rural counties. The initiative trains meal delivery drivers in QPR (Question, Persuade, Refer), equipping them to identify risk while continuing their regular delivery routes. These drivers are already trusted figures—seen more regularly than caseworkers or clinicians—and their presence becomes a form of social surveillance and support.

The initiative doesn't stop with training. Local high school students participate by creating "caring contact" cards—handwritten notes of encouragement that are included with meal deliveries. This creates a cross-generational connection that benefits both sides—reducing isolation among older adults and offering youth a sense of purpose and civic engagement. Schools recognize the effort as part of a community service-learning model, further reinforcing it as an upstream public health strategy.

This work is supported by training staff from Kentucky's Department of Aging and Independent Living in ASIST, allowing them to follow up on referrals flagged by drivers. It also reflects a broader ethos: upstream prevention happens when people are known, seen, and connected—especially outside traditional mental health settings.

How They Did It

Rather than inventing new programs, Kentucky's leaders focused on naming and validating existing community work as suicide prevention. For example, an extension office sewing circle isn't framed as a social program. It's called what it is—a protective factor for suicide prevention because it fosters social support, routine, and belonging.

This reframing strategy—calling out upstream value where it already exists—has helped rural partners, aging networks, and school systems recognize their roles without needing new mandates or missions. As one respondent shared, "We bring the suicide prevention lens, and they bring their expertise. It's not extra work—it's integrated."

While some grant funding supports this work (e.g., through SAMHSA's National Strategy for Suicide Prevention grant), much of Kentucky's upstream work depends on leveraging relationships, offering training and technical assistance (TA), and connecting state systems to local organizations. A key strategy has been developing informal networks of champions within agencies—people who can champion prevention even in the absence of formal coalitions.

Implementation Challenges

Kentucky faces several structural and cultural barriers:

- **Upstream prevention is seen as vague and abstract.** Without tangible models, many providers struggle to understand what it looks like in practice. State leaders have addressed this by emphasizing real-world stories and simple framing: if it builds connection or reduces burden, it counts.
- **Lack of a strong state coalition.** Kentucky currently lacks a statewide suicide prevention coalition with sustained engagement, legislative reach, or public-private partnership. This absence limits the state's ability to influence policy and scale innovations. Without a coordinated voice, the legislature has made decisions—such as reducing adult suicide prevention training requirements—that don't reflect field expertise.
- **Time, not just funding, is the bottleneck.** While grant dollars are available, state leaders emphasized that the real constraint is time for reflection, systems thinking, and co-creation. Without space for shared strategy development, even well-funded efforts tend to default to one-off purchases or training.
- **Gaps with specific populations.** Kentucky continues to face challenges reaching middle-aged men in industries such as construction and agriculture, where stigma remains high and prevention efforts often fail to resonate.

Despite these challenges, Kentucky is piloting new ways to shift these dynamics—sending local teams to training academies, developing strategic messaging tools, and offering TA to help partners "see themselves in prevention."

Impact

Kentucky's upstream suicide prevention approach has produced tangible, relationally grounded change:

- Older adults in rural areas receive not just meals, but meaningful human contact, and youth experience their actions as valuable and needed.
- Non-health sectors—from extension offices to schools to transportation networks—are increasingly aware of their preventive power.
- State leaders are naming protective factors out loud, helping shift the definition of suicide prevention beyond clinical care.

As one leader explained: "If our goal is to help people live in a world worth living in, then prevention starts where people already are—delivering meals, making cards, showing up." Kentucky reminds us that upstream suicide prevention doesn't always start with new systems. Sometimes, it starts with recognizing what's already happening—and naming it for what it is—life-saving work.

APPENDIX *d*

Resources

Section 1: Defining Upstream Suicide Prevention

Addressing the Intersection of Suicide, Overdose, and Adverse Childhood Experiences https://www.naccho.org/programs/community-health/injury-and-violence/overdose-suicide-and-adverse-childhood-experiences

Centers for Disease Control and Prevention: Connecting the Dots https://vetoviolence.cdc.gov/apps/connecting-the-dots/content/discover-connections

Lancet Series: A Public Health Approach to Suicide Prevention https://www.thelancet.com/series-do/suicide-prevention

National Association of County & City Health Officials (NACCHO) University course: Community-Based Suicide Prevention for Local Health Departments https://nacchouniversity.maplelms.com/login/index.php

Safe States: Working Upstream https://www.safestates.org/page/WorkingUpstream#:~:text=Primary%20prevention%2C%20often%20referred%20to,our%20communities%20healthy%20and%20thriving.

U.S. Department of Veteran Affairs: MIRECC Upstream Suicide Prevention https://www.mirecc.va.gov/IMH/upstream.asp

U.S. Department of Health and Human Services: 2024 National Strategy for Suicide Prevention https://www.hhs.gov/programs/prevention-and-wellness/mental-health-substance-use-disorder/national-strategy-suicide-prevention/index.html

Section 2: Identifying Strategies for Upstream Suicide Prevention

AAFP: The EveryOne Project Neighborhood Navigator https://www.aafp.org/family-physician/patient-care/the-everyone-project/neighborhood-navigator.html

Association of State and Territorial Health Officials: Prioritizing Economic Support Policies to Prevent ACEs and Promote Public Health https://www.astho.org/topic/resource/prioritizing-economic-support-policies-to-prevent-aces-and-promote-public-health/

Centers for Disease Control and Prevention: *Adverse Childhood Experiences Prevention Resource for Action* https://www.cdc.gov/violenceprevention/pdf/aces-prevention-resource_508.pdf

Centers for Disease Control and Prevention: *Suicide Prevention Resource for Action* https://www.cdc.gov/suicide/resources/prevention.html

The Surgeon General's Call to Action to Implement the National Strategy for Suicide Prevention https://www.hhs.gov/sites/default/files/sprc-call-to-action.pdf

U.S. Surgeon General's Advisory: *Our Epidemic of Loneliness and Social Isolation* https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf

Section 3: Building Collaborative Partnerships

Association of State and Territorial Officials: SPACECAT (Suicide, Overdose, and Adverse Childhood Experiences Prevention Capacity Assessment Tool) https://www.astho.org/globalassets/pdf/spacecat-assessment-tool.pdf

Developing Partnerships in Rural Communities https://communitysuicideprevention.org/wp-content/uploads/CLSP-Developing-Partnerships-in-Rural-Communities.pdf

Education Development Center: *Community-Led Suicide Prevention (CLSP) Toolkit* https://communitysuicideprevention.org/

Education Development Center: Strategic Planning Worksheet https://communitysuicideprevention.org/worksheet/

National Action Alliance for Suicide Prevention: *Transforming Communities* https://theactionalliance.org/resource/transforming-communities-key-elements-implementation-comprehensive-community-based-suicide

Prevention Institute: Collaboration Multiplier https://www.preventioninstitute.org/tools/collaboration-multiplier

Suicide Prevention Resource Center: Partnerships and Collaboration https://sprc.org/keys-to-success/partnerships-and-collaboration/

Section 5: Planning for Funding and Sustainability

County Health Ranks and Roadmaps https://storymaps.arcgis.com/stories/dfa16f71e24448eeb2e58d0a90b04244

Frameworks: Narrative Change: Starting Strategically https://www.frameworksinstitute.org/resources/narrative-change-starting-strategically/#Strategic%20Planning

Health Places by Design: Community Action Model https://healthyplacesbydesign.org/community-action-model/

Johns Hopkins: Center for Suicide Prevention https://publichealth.jhu.edu/center-for-suicide-prevention

Sustainability Planning in Prevention Toolkit https://pttcnetwork.org/wp-content/uploads/2024/03/Sustainability-Planning-in-Prevention-ToolKit-2025-FINAL.pdf

APPENDIX *e*

Data Sources

The Annie E. Casey Foundation: Kids Count Data Center
https://datacenter.aecf.org/

Association of State and Territorial Officials: SPACECAT (Suicide, Overdose, and Adverse Childhood Experiences Prevention Capacity Assessment Tool) https://my.astho.org/spacecat/home

Association of State and Territorial Officials: Suicide Indicator Tool
https://www.astho.org/topic/population-health-prevention/social-behavioral-health/injury-suicide-violence-prevention/suicide-indicator-tool/

Centers for Disease Control and Prevention: Behavioral Risk Factor Surveillance System https://www.cdc.gov/brfss/index.html

Centers for Disease Control and Prevention: Community and Connection https://www.cdc.gov/mental-health/about-data/community-connection.html

Centers for Disease Control and Prevention: Life Satisfaction and Healthy Days https://www.cdc.gov/mental-health/about-data/life-satisfaction.html

Centers for Disease Control and Prevention: National Violent Death Reporting System (NVDRS) https://www.cdc.gov/nvdrs/about/index.html

- **NVDRS** indicators to consider:
  - Contributing intimate partner problem
  - Problem with alcohol or other substances
  - Contributing physical health problem
  - Argument preceded death
  - Family relationship problem
  - Contributing job problem
  - Contributing financial problem
  - Eviction or loss of home
  - Contributing civil legal problem
  - History of abuse as a child

Mental Health America: Mapping the Mental Health of Our Communities: Explore the Data. Create Change. https://mhanational.org/data-in-your-community/mha-state-county-data/

County Health Rankings & Roadmaps: Health Data
https://www.countyhealthrankings.org/health-data

Centers for Disease Control and Prevention: Web-Based Injury Statistics Query and Reporting System
https://wisqars.cdc.gov/communityhealthfactors/

Centers for Disease Control and Prevention: Youth Risk Behavior Survey https://www.cdc.gov/yrbs/index.html

Health Data.gov
https://healthdata.gov/

Rural Health Information Hub: Rural Data Explorer
https://www.ruralhealthinfo.org/data-explorer

APPENDIX *f*

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APPENDIX g

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