Learning Collaborative

Strategic Planning for Suicide Prevention

Learning Module 4: Putting Planning Into Action

Setting Goals, Engaging the Community, & Selecting Interventions

EachMind MATTERS
California's Mental Health Movement

CalMHSA

Pain Isn't Always Obvious
KNOW THE SIGNS
Suicide Is Preventable

Funded by counties through the voter-approved Mental Health Services Act (Prop. 63).

Welcome!

- If you called in on the phone, find and enter your audio PIN
- If you have a question, technical problem or comment, please type it into the “chat” box or use the icon to raise your hand.

Jana Sczersputowski, MPH

Jana Sczersputowski applies her public health background to deliver community-driven and behavior change oriented communication solutions in the areas of mental health, suicide prevention, child abuse prevention and other public health matters. She is specialized in strategic planning, putting planning into action, and evaluating outcomes. Most of all she is passionate about listening to youth, stakeholders and community members and ensuring their voice is at the forefront of public health decision making impacting their communities.

Anara Guard

Anara Guard has worked in suicide and injury prevention since 1993. For the past eight years, she has been a subject matter expert advising Know the Signs and other suicide prevention projects. Previously, she was deputy director at the national Suicide Prevention Resource Center where, among other duties, she led the development of annual grantee meetings for SAMHSA's suicide prevention grantees and oversaw technical assistance.

Rosio Pedroso

Rosio Pedroso has over 20 years of research and evaluation experience focusing on unserved and underserved communities. She has over six years of experience conducting train the trainer curriculum and materials for community engagement and statewide campaigns including suicide prevention and child abuse and neglect awareness.

Stan Collins

Stan Collins, has worked in the field of suicide prevention for nearly 20 years. Stan is a member of the American Association of Suicidology's Communication team and in this role supports local agencies in their communications and media relations related to suicide. In addition, he is specialized in suicide prevention strategies for youth and in law enforcement and primary care settings.

Sandra Black, MSW

Sandra Black has worked in suicide prevention in California since 2007. Until 2011 she managed the California Office of Suicide Prevention, which included completion and implementation of the California Strategic Plan on Suicide Prevention.

Strategic Planning Learning Collaborative Overview

Webinar 4: Putting Planning into Action:

- **Tuesday, March 12th 10:30am-12pm**

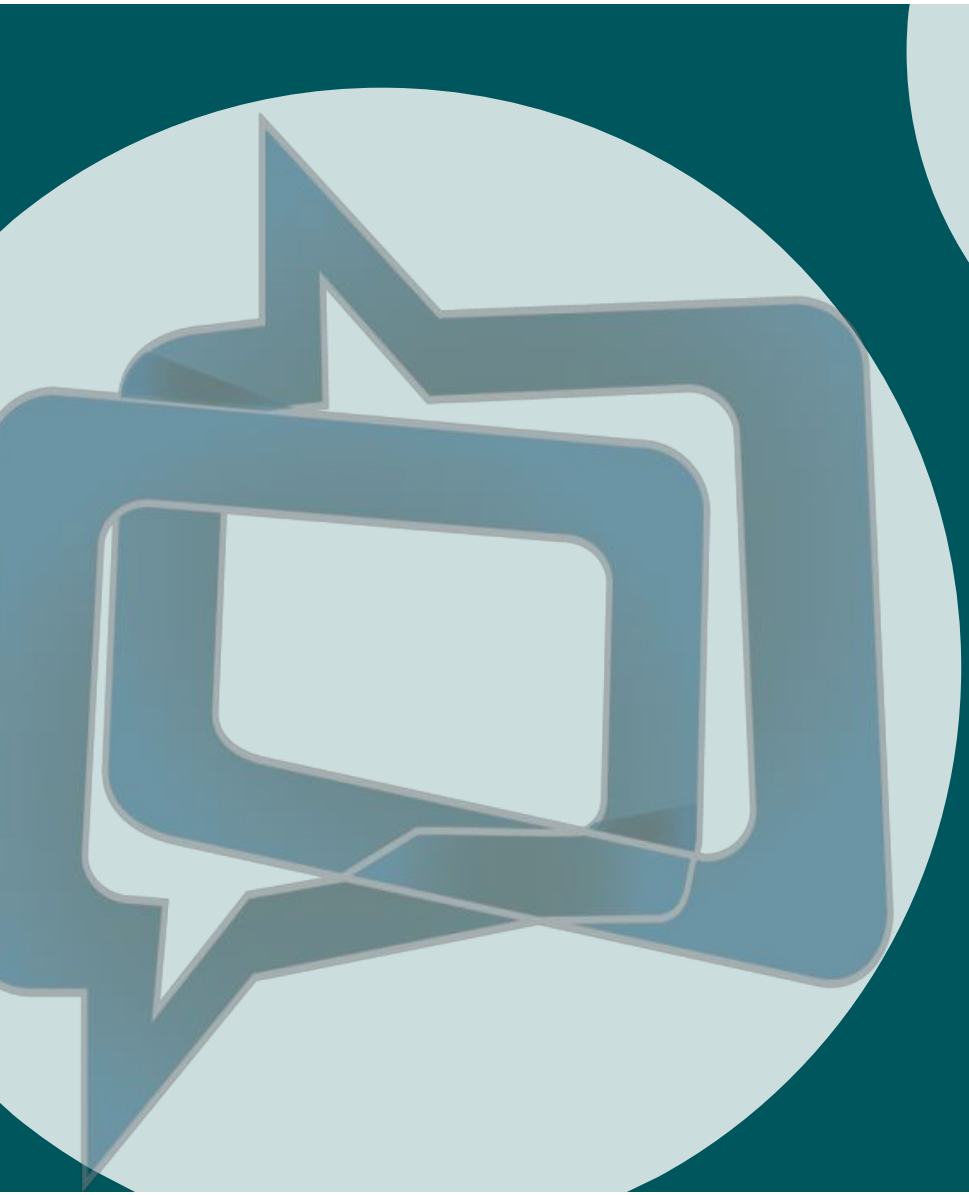
Please register for Poll Everywhere

https://www.polleverywhere.com/register?p=7q65f-15t5&u=C7CjiL9

- Webinar 1: Strategic planning framework
  - **November 6th 10:30am-12pm**
- Webinar 2: Describe the problem and its context
  - **December 4th 10:30am-12pm**
- Webinar 3: Building and Sustaining a Coalition
  - **March 12th 10:30am-12pm**
- Webinar 5: Evaluating and sustaining your efforts
  - **Tuesday April 16 10:30am-12pm** **NEW DATE**

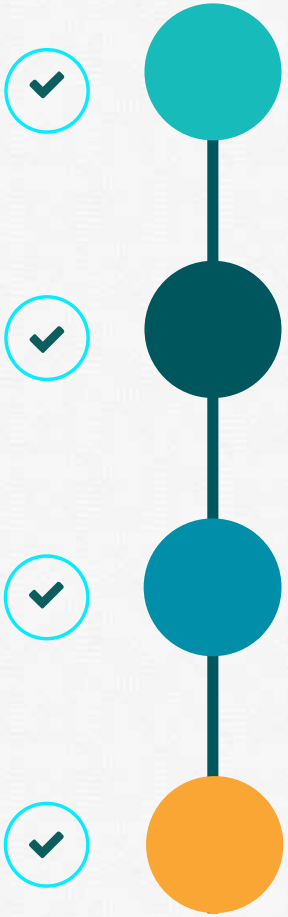
Steps of Strategic Planning

Based on the Steps of Strategic Planning Framework from the Suicide Prevention Resource Center (SPRC).



Develop Your Goals and Objectives

Why Should You Create Goals and Objectives?

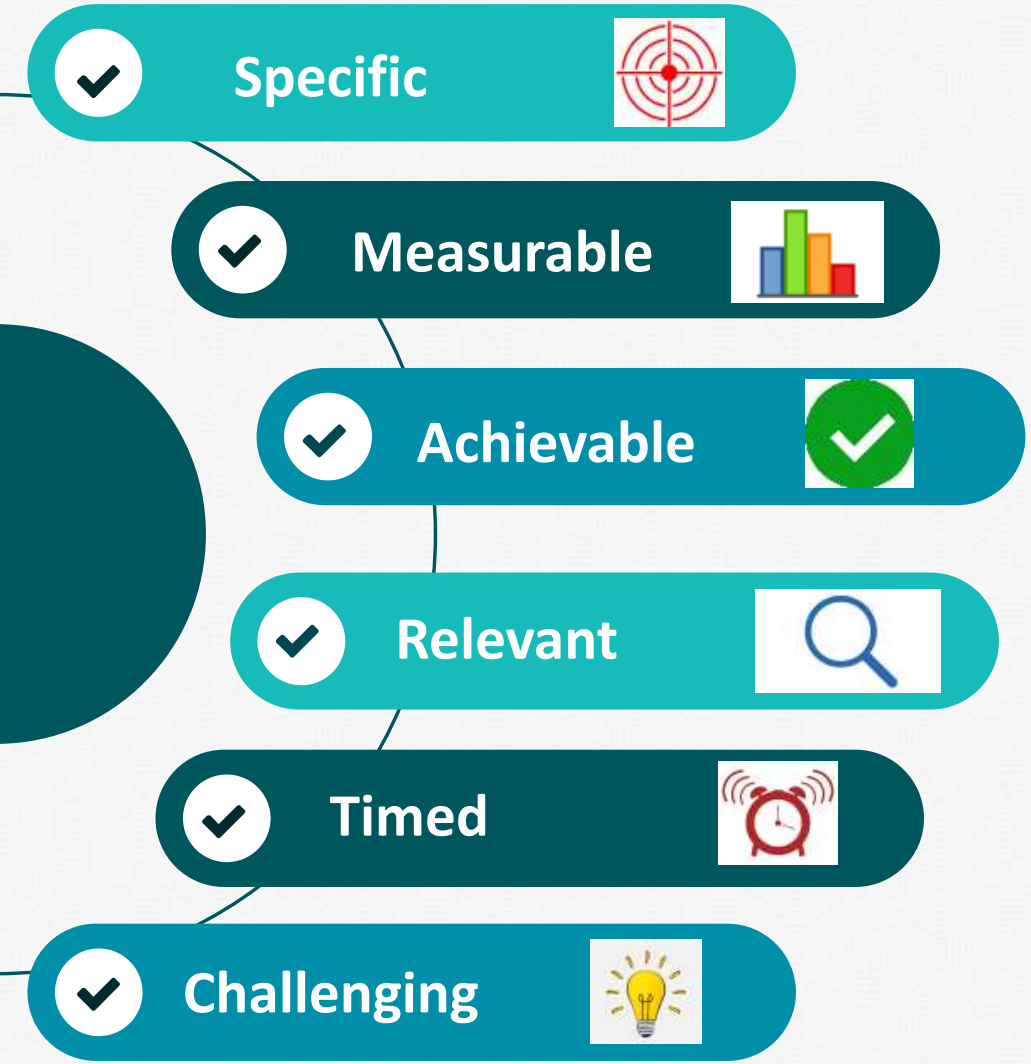


Having benchmarks to show progress

Completed objectives can serve as a marker to show members of your coalition, funders, and the greater community what you have accomplished.

Creating goals and objectives helps you stay focused on priorities, activities and interventions most likely to have an impact.

Keeping members of your coalition or the community-at-large working toward the same long-term goals.



Behavioral Objectives

Look at changing the behaviors of individuals (what they are doing and saying) and the products (or results) of their behaviors.

- ❑ **Increase the number of medical providers who will screen patients for depression by 50% resulting in an increase in individuals that are identified at risk and referred to mental health services.**

Community Level Objectives

These are the result of behavior change in many people.

- ❑ **Using 2016 suicide data of 44 total suicide deaths as a baseline, the goal is to reduce suicide deaths in Solano County by 10% in five years, 20% in ten years with an ultimate goal to work towards zero suicide deaths.**

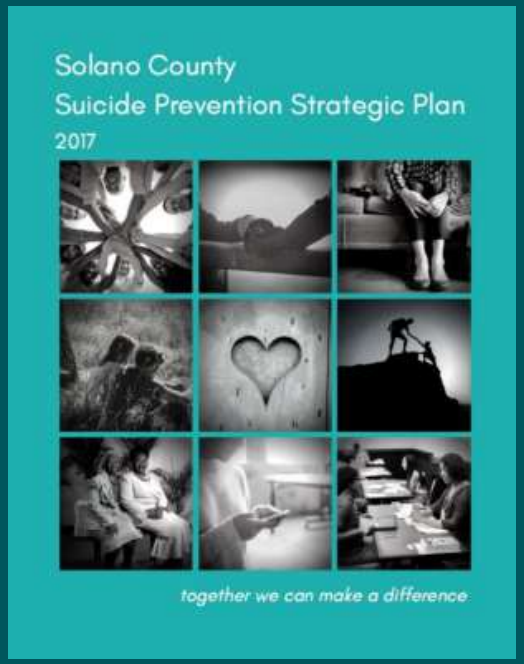
- ❑ **As measured by an annual population survey, 100% of our community will agree with the statement, " I am confident in my ability to discuss suicide with someone I care about."**

Process Objectives

Refer to the implementation of activities necessary to achieve other objectives.

- ❑ **Attend medical society meetings to begin to survey and engage medical providers in providing feedback as to the importance of screening for depression.**

Solano County



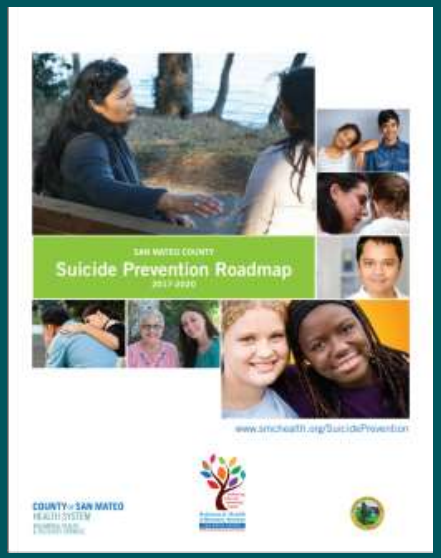
Using the 2014 suicide attempt data of 643 total attempts as a baseline, the goal is to reduce suicide attempts in Solano County by 5% in five years and 10% in ten years.

Using 2016 suicide data of 44 total suicide deaths as a baseline, the goal is to reduce suicide deaths in Solano County by 10% in five years, 20% in ten years with an ultimate goal to work towards zero suicide deaths.

Tulare and Kings County

Goal/Objective	Activities/Strategies
Goal 2: Implement community education and information campaign and public awareness	
<u>Objective #1:</u> Increase the number of medical providers who will screen patients for depression by 50%.	• Attend medical society meetings to begin to survey and engage medical providers in providing feedback as to importance of screening for depression. • Analyze feedback from medical providers, and develop curriculum to address findings. • Delivery training to medical providers via medical society meetings and other forums.
<u>Objective #2:</u> Increase the number of medical providers who will include, as part of depression screening, questions to patients about suicide.	• Attend medical society meetings to begin to survey and engage medical providers in providing feedback as to importance of screening for depression including questions regarding suicide. • Analyze feedback from medical providers, and develop curriculum to address findings. • Delivery training to medical providers via medical society meetings and other forums.
What does success look like?	*Increase in referrals made by medical providers in response to depression screenings, including suicide.*

San Mateo County



STRATEGY 4:
Improve Suicide Prevention Program Effectiveness and Accountability

Desired Outcomes for Strategy 4:

INCREASE local capacity for data collection, reporting, surveillance and dissemination regarding suicide.

BUILD local capacity to evaluate suicide prevention programs.

ESTABLISH AND ENHANCE capacity of forensic and clinical reviews of suicide deaths.

WORK with San Mateo County Coroner's Office to enhance consistency and accuracy of reported suicide deaths.

Future Recommended Activities for Strategy 4:

- Develop system for accurately tracking and reporting.
- Create tracking system to capture number of people trained and where they work.
- Identify a position to be in charge of data collection to improve suicide prevention in the county.
- Research what other counties/states are doing for data collection and evaluation and create a data collection plan.
- Evaluate effectiveness of suicide prevention services.
- Develop more formal forensic review within the San Mateo County.
- Work with San Mateo County Coroner's Office to improve classifications of suicides and suicide deaths.

Organizations and Programs Addressing Strategy 4:

San Mateo County Psychological Autopsies

San Mateo County Child Death Review Team (CDRT)

See Appendix E for Organization and Program descriptions, individuals served and contact information.

Know the Signs Baseline Data

Figure C. Suicide Prevention Resource Items.

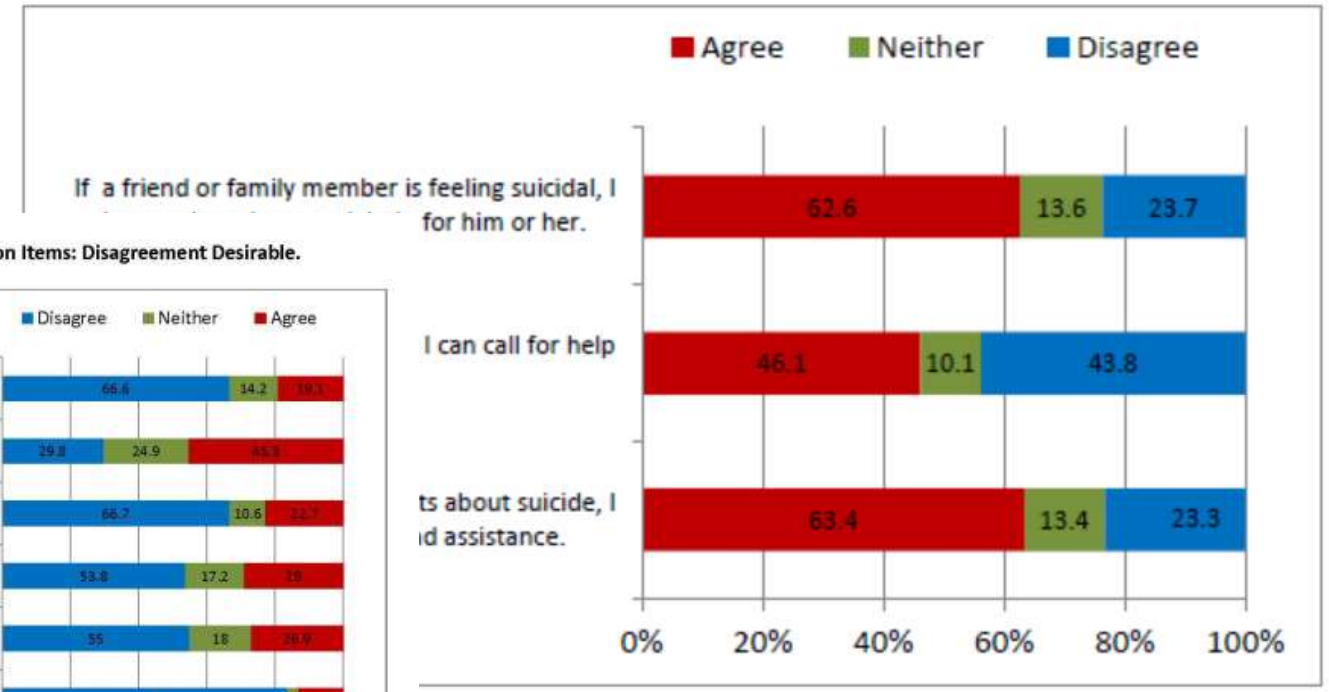
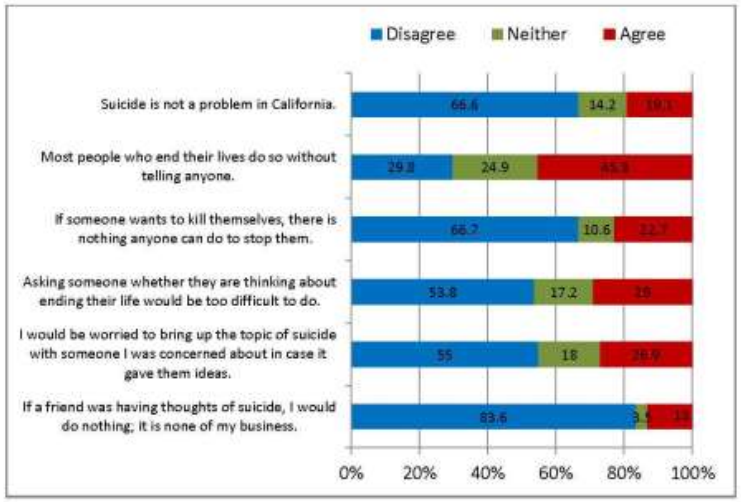
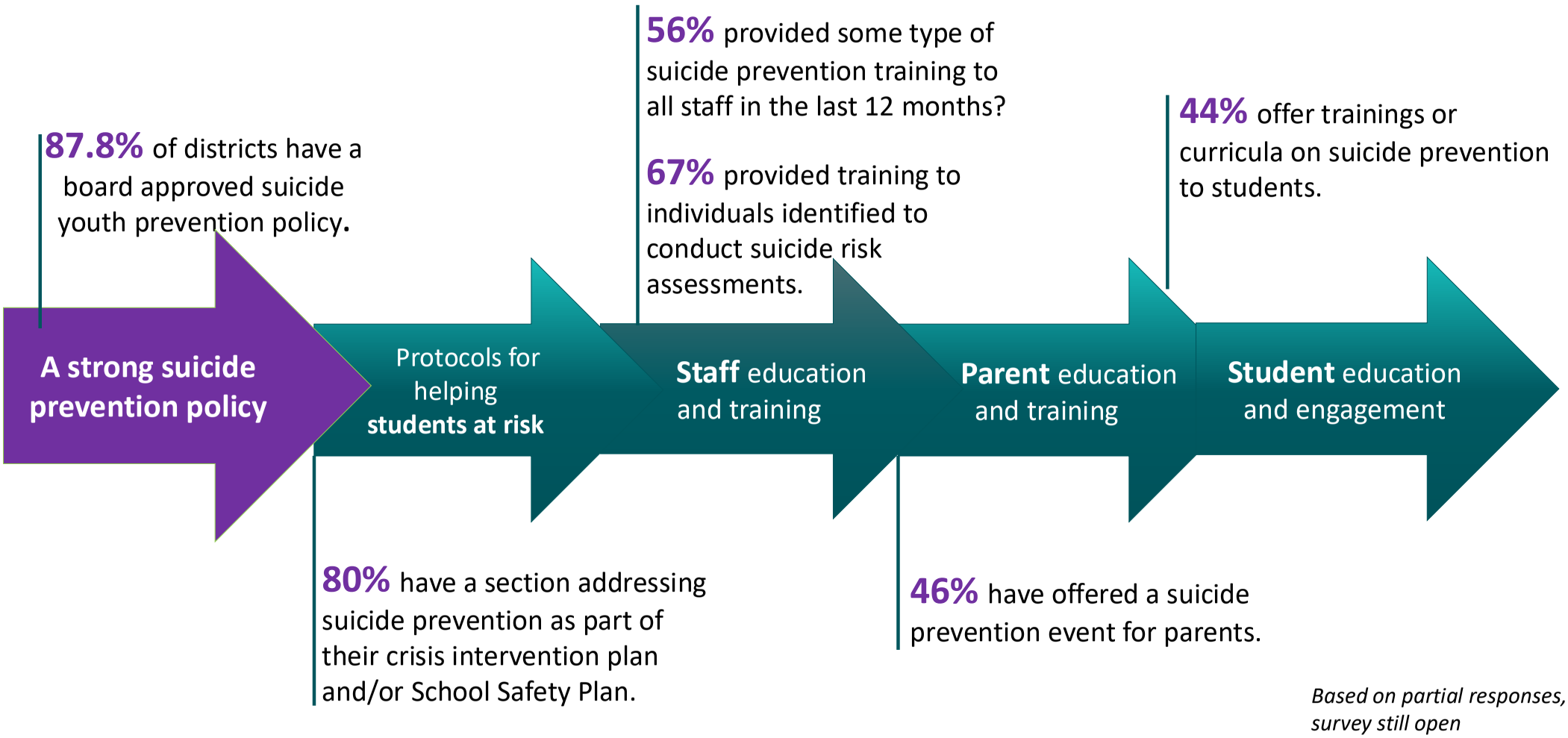


Figure B. Knowledge, Efficacy and Action Items: Disagreement Desirable.





Based on partial responses, survey still open

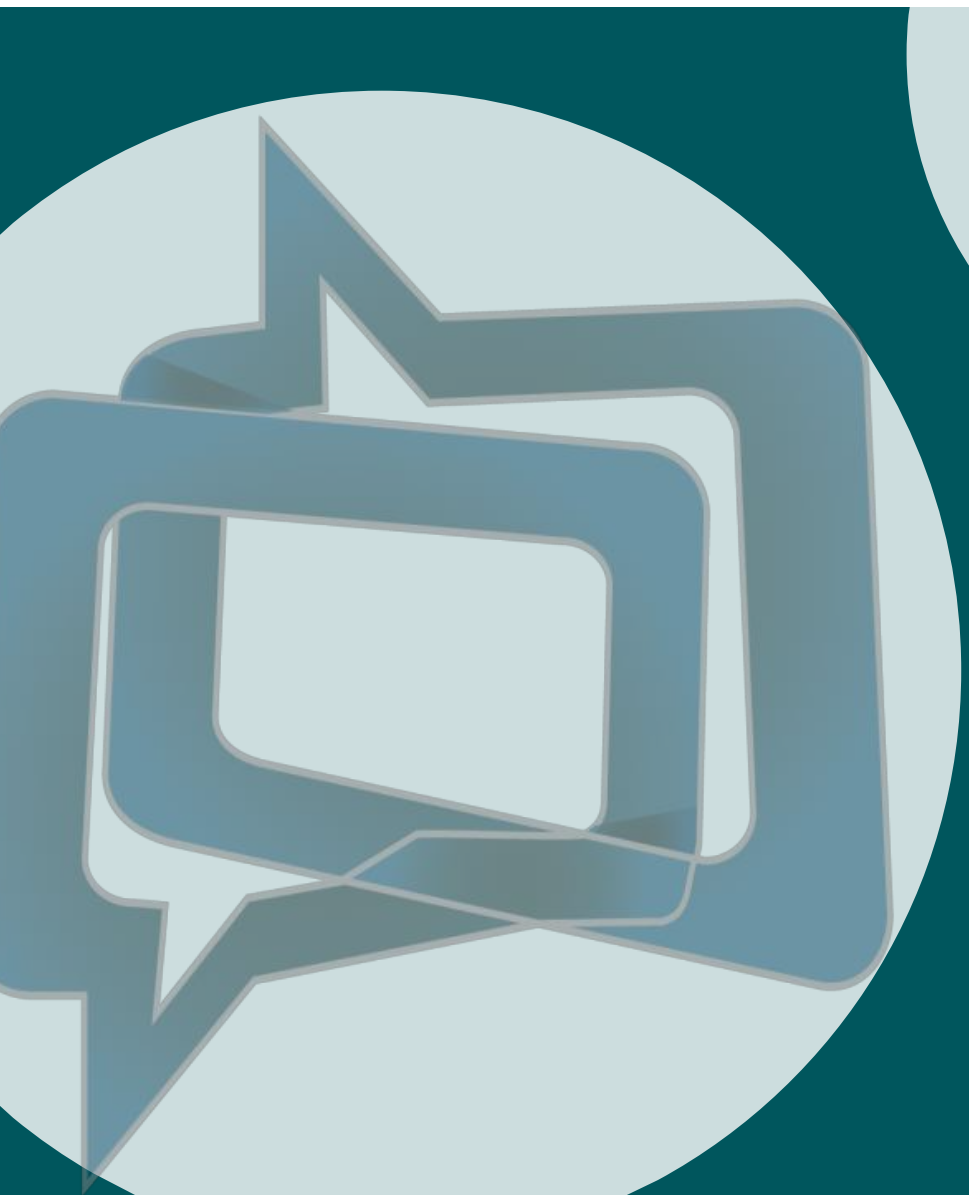
By June 2025, 100% of districts will answer "yes" to these questions

Additional Resource

Developing Objectives and Strategies worksheet

https://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/create-objectives/main

COMMUNITY TOOL BOX



Identify Risk and Protective Factors

Individuals

Protective Factor: Coping and problem solving; reasons for living (e.g. children in the home); moral or religious objections to suicide; restrictions on access to lethal means

Risk Factor: History of depression and other mental illness; substance abuse; previous suicide attempt; personality features (aggression, impulsivity); hopelessness, certain health conditions, trauma, exposure to violence (victimization and perpetration); genetic and biological determinants

Relationships

Protective Factor: connectedness to others; supportive relationships with health and mental health care providers;

Risk Factor: high conflict or violent relationships; family history or loss of someone to suicide; isolation and lack of social support; financial and work stress

Community

Protective Factor: safe and supportive schools, workplaces, community environments; sources of continued care for health and behavioral health issues; support after suicide; restrictions on access to lethal means

Risk Factor: Few supportive relationships; Barriers to health and behavioral health care

Society

Protective Factor: availability of appropriate and effective health and BH care; restrictions on access to lethal means

Risk Factor: ready availability of lethal means; unsafe media and public portrayals of suicide; stigma associated with help-seeking and mental illness

Suicide Ideation Risk Factors

LA County School District Comparison, 2017-2018

During the past 12 months, did you ever seriously consider attempting suicide? (Below percentages indicate "yes" to this question)

Gender

Female

	Glendora	Claremont	Norwalk-La Mirada	Paramount	Santa Monica-Malibu
9th Grade	29%	25%	25%	23%	24%
11th Grade	26%	30%	30%	22%	18%

Sexual Orientation

Gay/Lesbian/Bisexual

	Glendora	Claremont	Norwalk-La Mirada	Paramount	Santa Monica-Malibu
9th Grade	74%	37%	55%	47%	52%
11th Grade	57%	54%	31%	37%	35%

Parent/Guardian Military Status

In Military

	Glendora	Claremont	Norwalk-La Mirada	Paramount	Santa Monica-Malibu
9th Grade	24%	48%	17%	33%	–
11th Grade	–	–	–	–	–

Free/Reduced Meal

Free/reduced-price meal eligible

	Glendora	Claremont	Norwalk-La Mirada	Paramount	Santa Monica-Malibu
9th Grade	34%	23%	19%	16%	24%
11th Grade	30%	29%	17%	17%	16%

– Data not available

The five school districts listed had the greatest proportion of students who answered yes when asked about suicide ideation for the 2017-18 survey

LA County Average: 15%

Los Angeles Suicide Ideation County average: 2015-2017

Source: CalSCHLS http://calschls.org

Ecological Model and Approach for a Comprehensive Suicide Prevention Approach in Los Angeles County

Individual

(Biology, Knowledge, Attitudes, Skills, Education, Job Satisfaction, Health)

Protective Factors

- Coping and problem solving skills
- Social connectedness
- Reasons for living
- Moral objectives to suicide
- Quality healthcare
- Cultural Beliefs

Risk Factors

- Mental illness
- Substance abuse
- Previous suicide attempt
- Aggression
- Impulsivity
- Exposure to violence
- Adverse Childhood Experiences (trauma)
- Stressful life events (job, finances, illness, loss, conflict)

Relationships

(People who can recognize warning signs and intervene)

Protective Factors

- Connectedness
- Supportive relationships with family, friends and providers

Risk Factors

- High conflict or violent relationships
- Family history of suicide

Community

(Safe and supportive schools, workplaces, and community)

- Continuous care
- Reduced access to lethal means
- Support after suicide
- Reduced stigma about mental illness

Public Policy

(Public and organizational policies, practices and culture)

AB 2246: School Suicide Prevention Policy K7-12

AB 1436: Mental Health Professionals Suicide Prevention Training

Individual, Interpersonal and Community Level Stressors and Supports

Population	Higher Risk	Suicidal	Suicide Attempt	Suicide
Prevent Problems from Happening and Promote Wellness	Identify Problems Early and Connect People to Help	Safe and Compassionate Responses During and After a Crisis		

Suicide Prevention Resource Center (SPRC) Comprehensive Approach to Suicide Prevention

Based on the Suicidal Crisis Path Model developed by Dr. DeQuincy Lezine published in the Fresno Cares Suicide Prevention Strategic Plan.

Engaging the Community

Steering Committee and/or Workgroups (guided by coalition)

- Review your local suicide data
- Identify priority populations
- Gather additional data
- Resource Mapping
- System mapping
- Draft goals and objectives
- Research evidence-based interventions

Community Meetings

- Review data
- Agree on goals and objectives
- Review recommended interventions (suggested to use a set of objective criteria to guide discussion)
- Prepare action plan

Planning Steps

The planning team designed and facilitated the committee process in a manner that the group followed ten planning steps in preparing the plan. It was agreed that the initial phase of plan development would focus on high level recommendations that would be further shaped into an implementation plan once approved. The planning steps are listed below:

1. **Established plan goals**
2. **Identified personal values and guiding principles**
3. **Reviewed local, state and national data on suicide**

4. **Brainstormed needs across the lifespan**
5. **Aligned needs by age to available data, risk populations, and potential strategies**
6. **Identified additional plan strategies beyond those that are age and population-related**

7. **Organized recommendations into five overarching strategies**
8. **Held a public forum for dialogue and input on the committee work**
9. **Incorporated the public input into the plan**
10. **Adopted a finalized plan for Mental Health Board review and Board of Supervisors approval.**

Additional Resource

COMMUNITY TOOL BOX

Criteria for Choosing Promising Practices and Community Interventions

https://ctb.ku.edu/en/table-of-contents/analyze/choose-and-adapt-community-interventions/criteria-for-selectinng/main

Generating Solutions and Making Decisions

https://ctb.ku.edu/en/table-of-contents/analyze/analyze-community-problems-and-solutions/generate-solutions/main

Adapting Community Interventions for Different Cultures and Communities

https://ctb.ku.edu/en/table-of-contents/analyze/choose-and-adapt-community-interventions/criteria-for-selectinng/main

Understanding Risk and Protective Factors: Their Use in Selecting Potential Targets and Promising Strategies for Intervention

https://ctb.ku.edu/en/table-of-contents/analyze/choose-and-adapt-community-interventions/risk-and-protective-factors/main

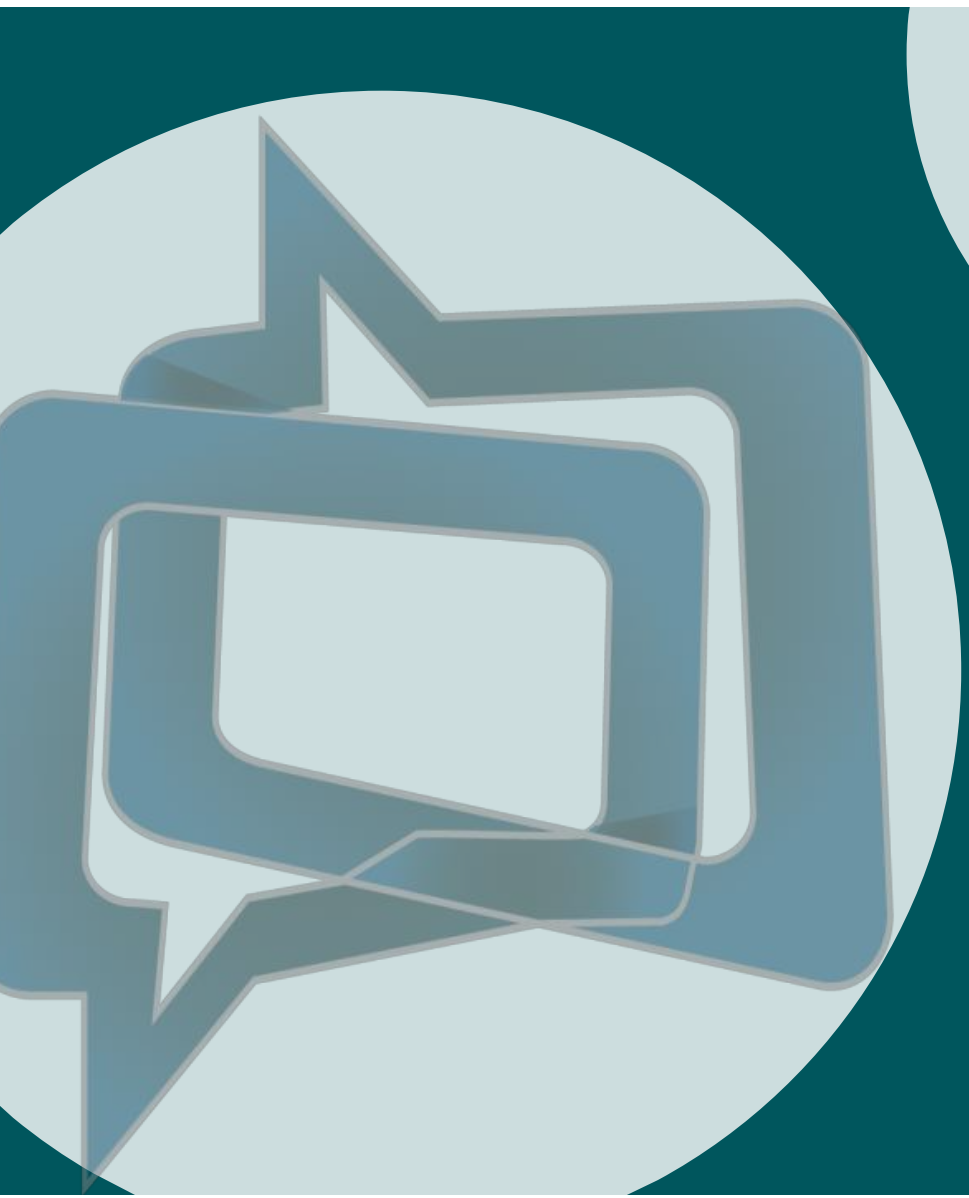
Q&A

Guest Speaker

Carly Memoli

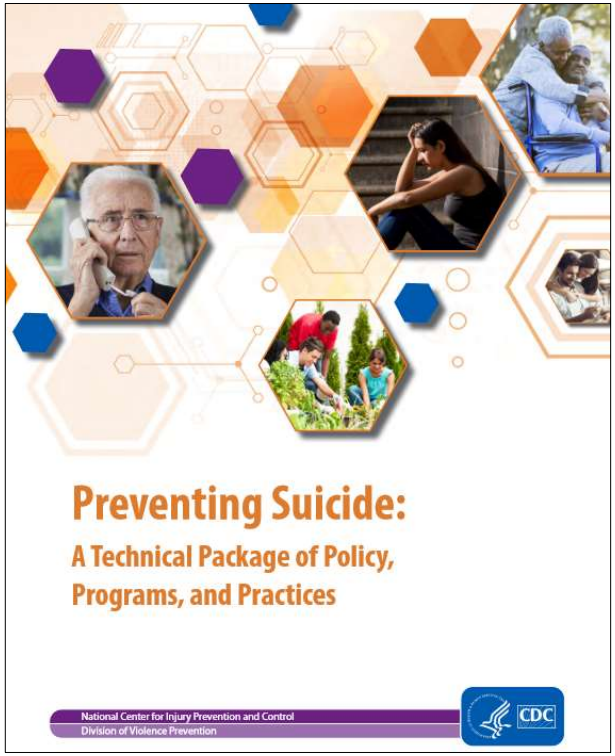
Program Director
Suicide Prevention Service
of the Central Coast

Q&A



An Overview of Interventions

Effective suicide prevention

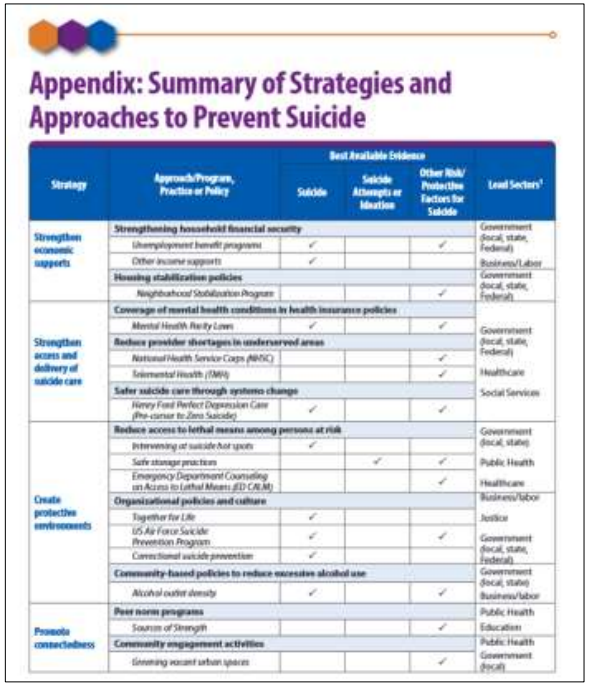


Preventing Suicide

Strategy	Approach
Strengthen economic supports	• Strengthen household financial security • Housing stabilization policies
Strengthen access and delivery of suicide care	• Coverage of mental health conditions in health insurance policies • Reduce provider shortages in underserved areas • Safer suicide care through systems change
Create protective environments	• Reduce access to lethal means among persons at risk of suicide • Organizational policies and culture • Community-based policies to reduce excessive alcohol use
Promote connectedness	• Peer norm programs • Community engagement activities
Teach coping and problem-solving skills	• Social-emotional learning programs • Parenting skill and family relationship programs
Identify and support people at risk	• Gatekeeper training • Crisis intervention • Treatment for people at risk of suicide • Treatment to prevent re-attempts
Lessen harms and prevent future risk	• Postvention • Safe reporting and messaging about suicide

Effective suicide prevention strategies

- Early recognition and treatment of depression
- Cognitive Behavioral Therapy for Suicide Prevention
- Dialectical Behavioral Therapy
- Collaborative Assessment and Management of Suicidality
- Caring Contacts
- Early intervention, e.g. Good Behavior Game, PIER model
- Safety planning
- Suicide prevention hotlines
- Counseling on Access to Lethal Means
- Gatekeeper training



Appendix: Summary of Strategies and Approaches to Prevent Suicide

Strategy	Approach/Program, Practice or Policy	Best Available Evidence: Suicide	Best Available Evidence: Suicide Attempts or Ideation	Best Available Evidence: Other Risk/Protective Factors for Suicide	Lead Sectors[1]
Strengthen economic supports	**Strengthening household financial security**				Government (local, state, Federal)
	Unemployment benefit programs	✓		✓	Business/Labor
	Other income supports	✓			
	Housing stabilization policies				Government (local, state, Federal)
	Neighborhood Stabilization Program			✓	
Strengthen access and delivery of suicide care	**Coverage of mental health conditions in health insurance policies**				Government (local, state, Federal)
	Mental Health Parity Laws	✓		✓	
	Reduce provider shortages in underserved areas				Healthcare
	National Health Service Corps (NHSC)			✓	Social Services
	Telemental Health (TMH)			✓	
	Safer suicide care through systems change				
	Henry Ford Perfect Depression Care (Pre-cursor to Zero Suicide)	✓		✓	
Create protective environments	**Reduce access to lethal means among persons at risk**				Government (local, state)
	Intervening at suicide hot spots	✓			Public Health
	Safe storage practices		✓	✓	Healthcare
	Emergency Department Counseling on Access to Lethal Means (ED CALM)			✓	
	Organizational policies and culture				Business/labor
	Together for Life	✓			Justice
	US Air Force Suicide Prevention Program	✓		✓	Government (local, state, Federal)
	Correctional suicide prevention	✓			
	Community-based policies to reduce excessive alcohol use				Government (local, state)
	Alcohol outlet density	✓		✓	Business/labor
Promote connectedness	**Peer norm programs**				Public Health
	Sources of Strength			✓	Education
	Community engagement activities				Public Health
	Greening vacant urban spaces			✓	Government (local)

U.S. Air Force Suicide Prevention Program

Am J Public Health. 2010 December; 100(12): 2457–2463.
doi: 10.2105/AJPH.2009.159871
PMCID: PMC2978162
PMID: 20466973

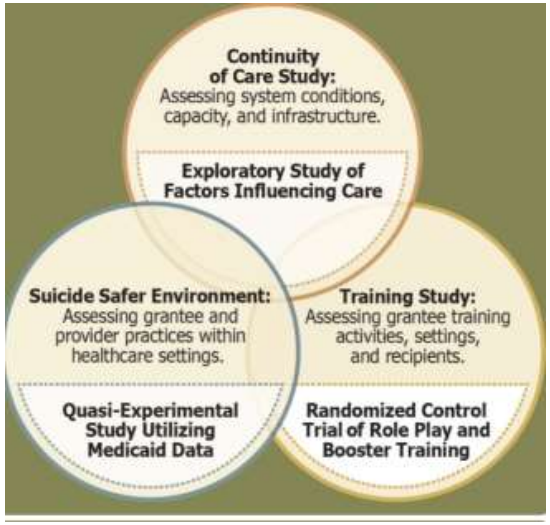
The US Air Force Suicide Prevention Program: Implications for Public Health Policy

Kerry L. Knox, PhD, Steven Pflanz, MD, Gerald W. Talcott, PhD, Rick L. Campise, PhD, Jill E. Lavigne, PhD, Alina Bajorska, MS, Xin Tu, PhD, and Eric D. Caine, MD

"The AFSPP effectively prevented suicides in the US Air Force. The long-term effectiveness of this program depends upon extensive implementation and effective monitoring of implementation. Suicides can be reduced through a multilayered, overlapping approach that encompasses key prevention domains and tracks implementation of program activities."

GARRETT LEE SMITH YOUTH SUICIDE EARLY INTERVENTION AND PREVENTION STRATEGIES NATIONAL OUTCOMES EVALUATION

Fiscal Year 2017
Report to Congress
June 2018



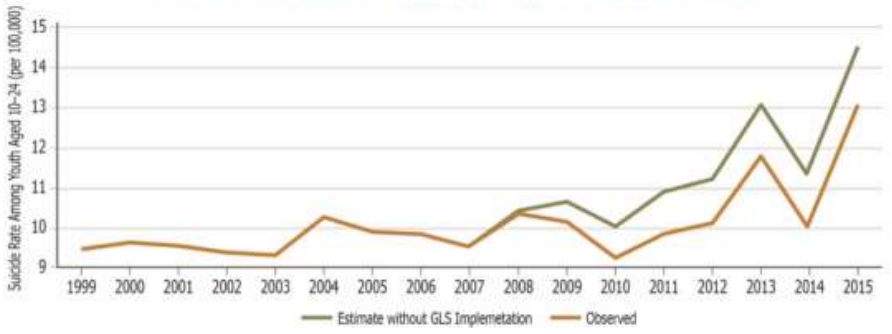
Highlights along the Pathway to Care

State and tribal GLS grantees have identified 60,564 youth as at risk for suicide through trained gatekeepers or screenings.

Nearly all youth identified as at risk for suicide were referred for services (86 percent*; n = 46,803/54,708).

Eighty seven percent* of those referred to mental health services, and for whom data are available, had received services within 3 months of the referral (n = 30,784/35,209).

Exhibit 12. Difference between observed youth suicide rate and estimated rate in absence of the GLS Programs in rural counties



National initiatives based on effective approaches-Workplaces

CONSTRUCTION INDUSTRY ALLIANCE FOR SUICIDE PREVENTION

PRE-ACTION PLAN

The guide is divided into three sections:

Part I is about **UPSTREAM** tactics – What do we need to do to **bolster** protective factors and prevent mental health problems from surfacing in the first place?

Part II covers **MIDSTREAM** tactics – How do we **identify** employees who may be facing overwhelming life challenges or who are in the early stages of a mental health or substance abuse problem?

Part III suggests **DOWNSTREAM** tactics – What do we need to do to **respond** effectively when mental health or suicide crises occur?

CFMA CONSTRUCTION FINANCIAL MANAGEMENT ASSOCIATION

National initiatives Health Care Settings

Evidence-Based Psychological Treatments
David Jobes

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The evidence-based treatments available for care.

Aligning evidence-based programs with Indigenous ways of life.

ZERO Suicide
IN HEALTH AND BEHAVIORAL HEALTH CARE

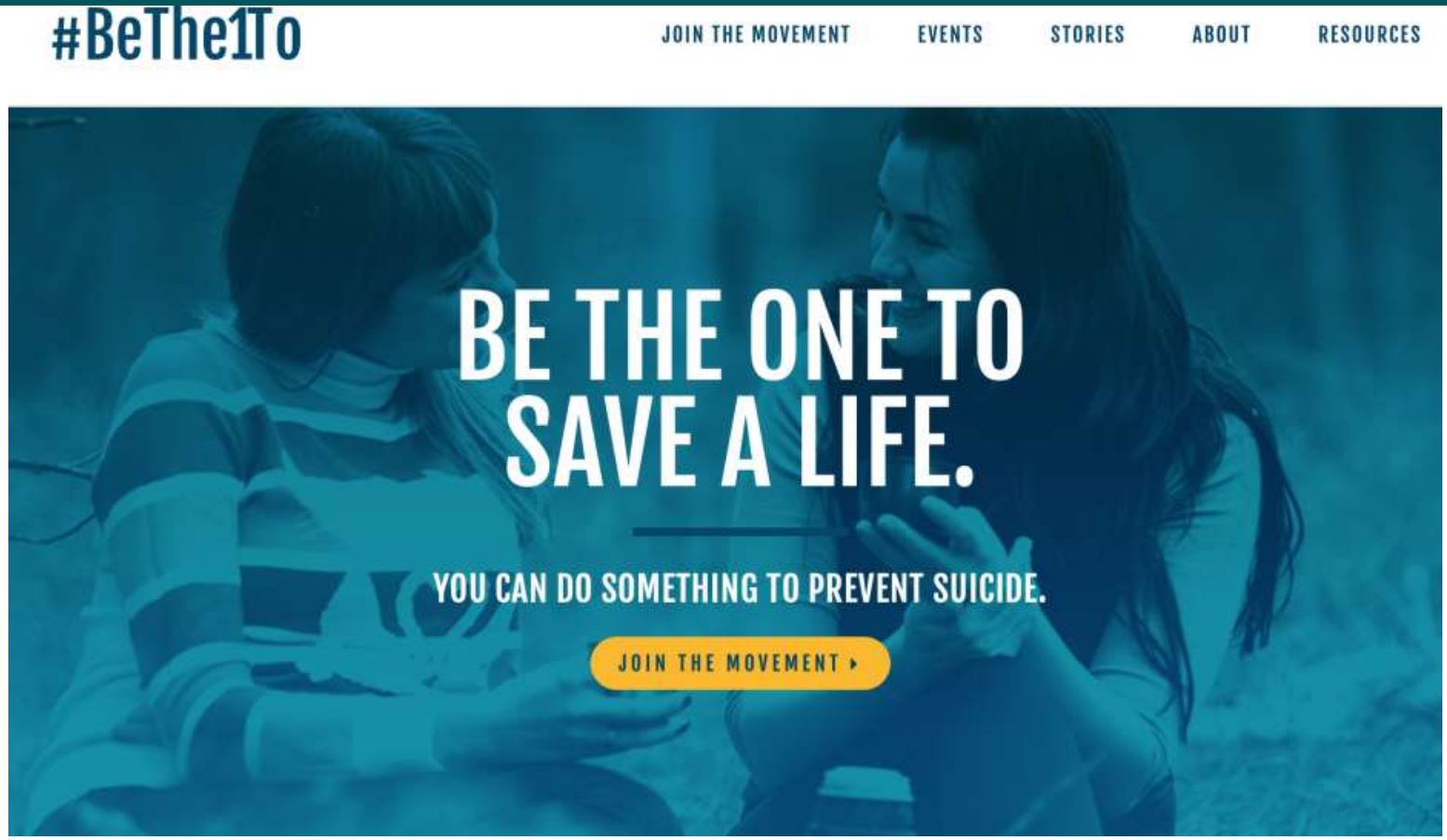
Safety Planning and Means Reduction in Large Health Care Organizations.

National initiatives – Social Media

DOWNLOAD KIT

CREATED BY: NATIONAL SUICIDE PREVENTION LIFELINE

#BeThe1To



Social Marketing Can Also Be Effective

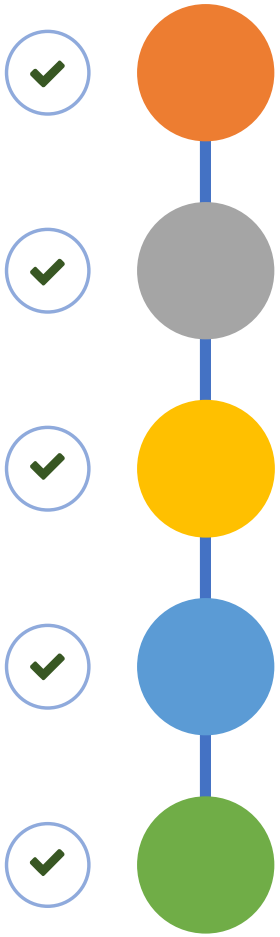
Know the Signs is a statewide suicide prevention social marketing campaign with the overarching goal to increase Californians' capacity to prevent suicide by encouraging individuals to know the signs, find the words to talk to someone they are concerned
about, and to reach out to resources.

KNOW THE SIGNS

suicide**is**preventable.org
elsuicidio**es**prevenible.org

Means Matter

Examples from around the world…



Availability of highly lethal pesticides
Sri Lanka, parts of Asia and the Pacific Islands

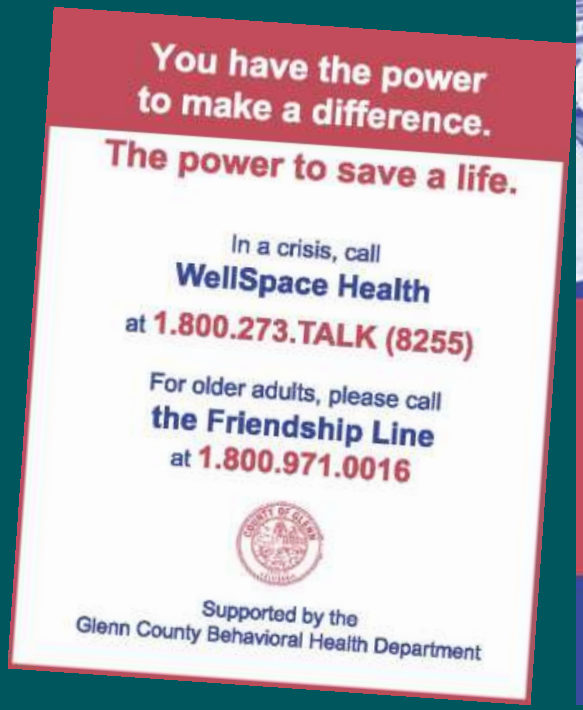
Changing from coal gas to natural gas
United Kingdom

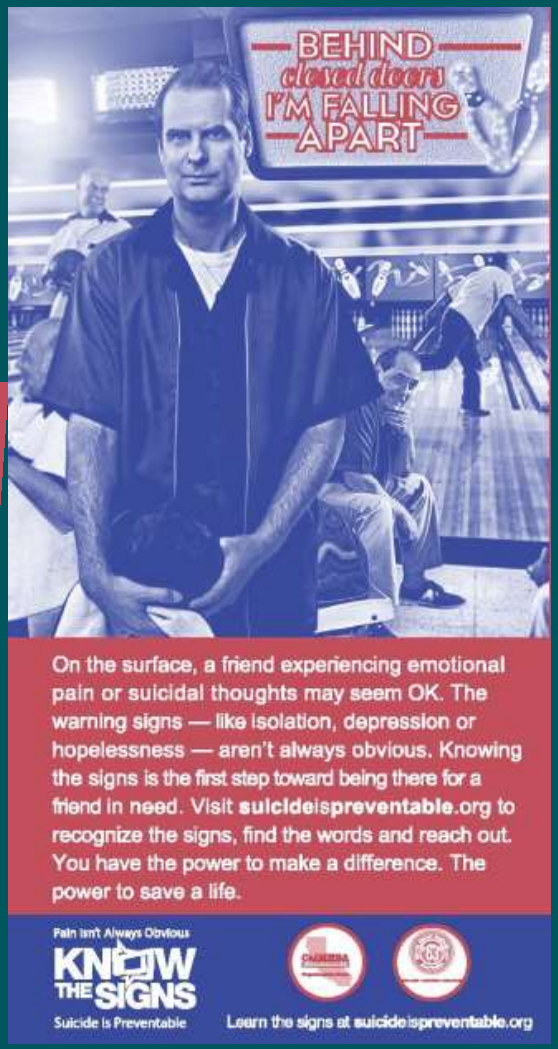
Bridge barriers
Australia, Washington DC, Switzerland, New Zealand, Canada

Packaging medications
United Kingdom

Firearms in the home
United States

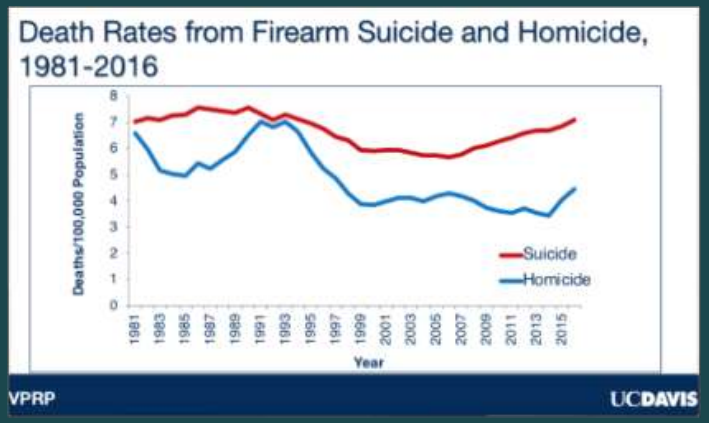
Partner with Pharmacists

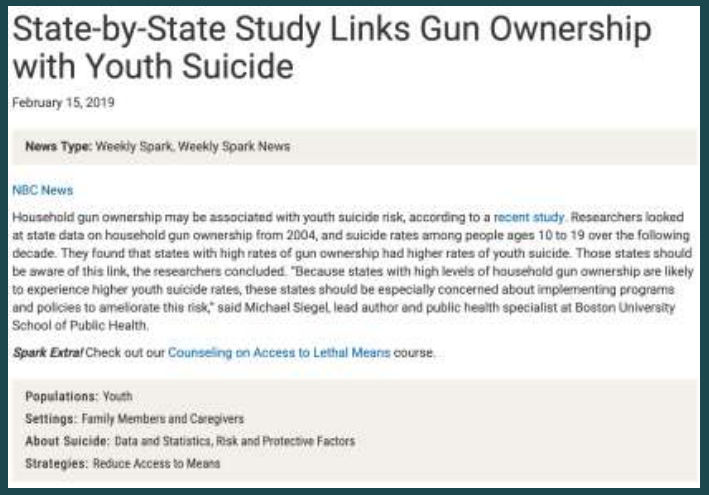




Reducing access to lethal means for those at high risk

- Counseling on Access to Lethal Means https://training.sprc.org/enrol/index.php?id=20
- Gun Shop Project- https://www.hsph.harvard.edu/means-matter/gun-shop-project/
  - CA-specific GSP materials - https://emmresourcecenter.org/resources/suicide-prevention-gun-shop-activity
- AFSP-NSSF Suicide Prevention Toolkit https://www.nssf.org/safety/suicide-prevention-toolkit/
- Gun Violence Restraining Orders - https://speakforsafety.org





State-by-State Study Links Gun Ownership with Youth Suicide

February 15, 2019

News Type: Weekly Spark, Weekly Spark News

NBC News

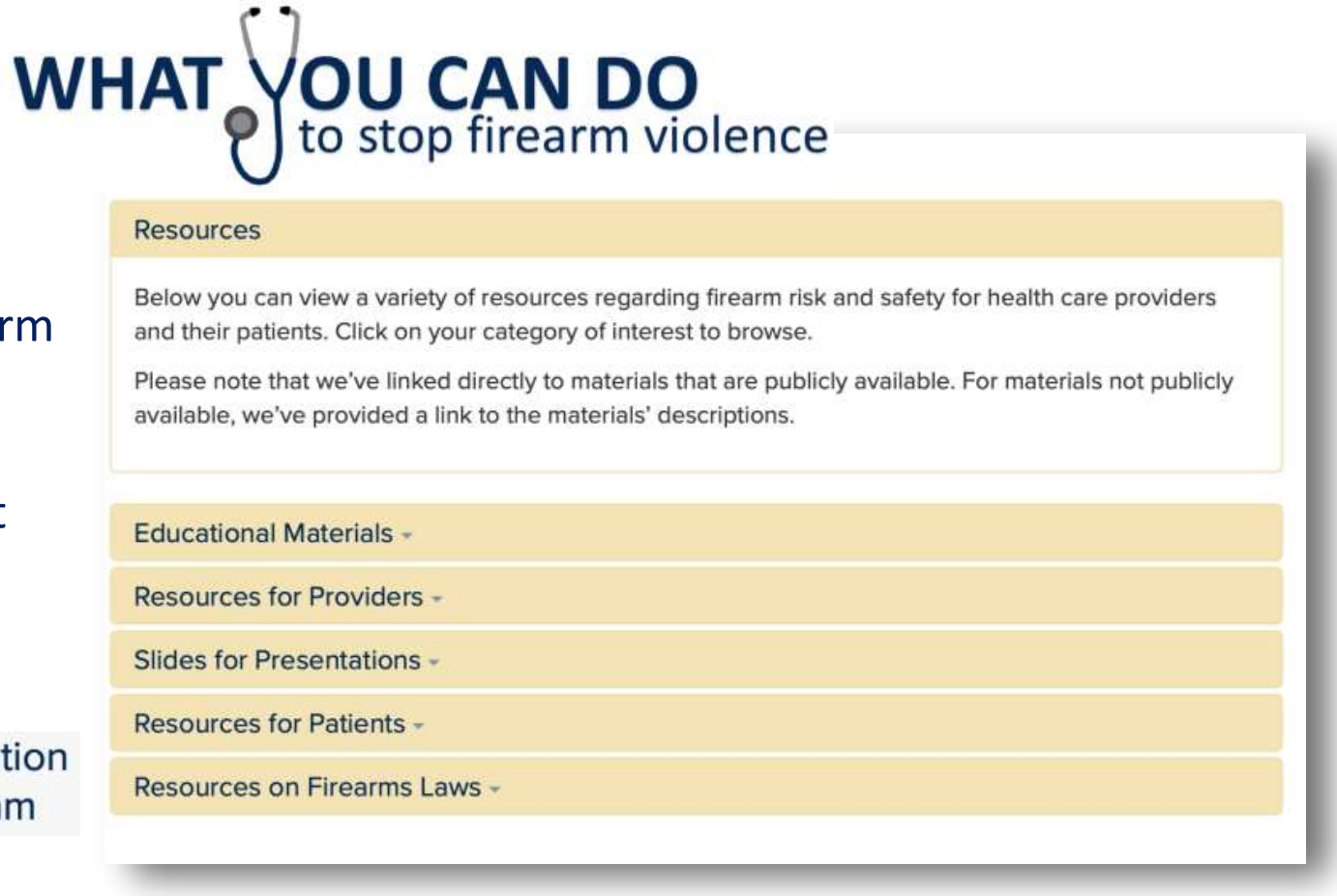
Household gun ownership may be associated with youth suicide risk, according to a recent study. Researchers looked at state data on household gun ownership from 2004, and suicide rates among people ages 10 to 19 over the following decade. They found that states with high rates of gun ownership had higher rates of youth suicide. Those states should be aware of this link, the researchers concluded. "Because states with high levels of household gun ownership are likely to experience higher youth suicide rates, these states should be especially concerned about implementing programs and policies to ameliorate this risk," said Michael Siegel, lead author and public health specialist at Boston University School of Public Health.

Spark Extra! Check out our Counseling on Access to Lethal Means course.

Populations: Youth
Settings: Family Members and Caregivers
About Suicide: Data and Statistics, Risk and Protective Factors
Strategies: Reduce Access to Means

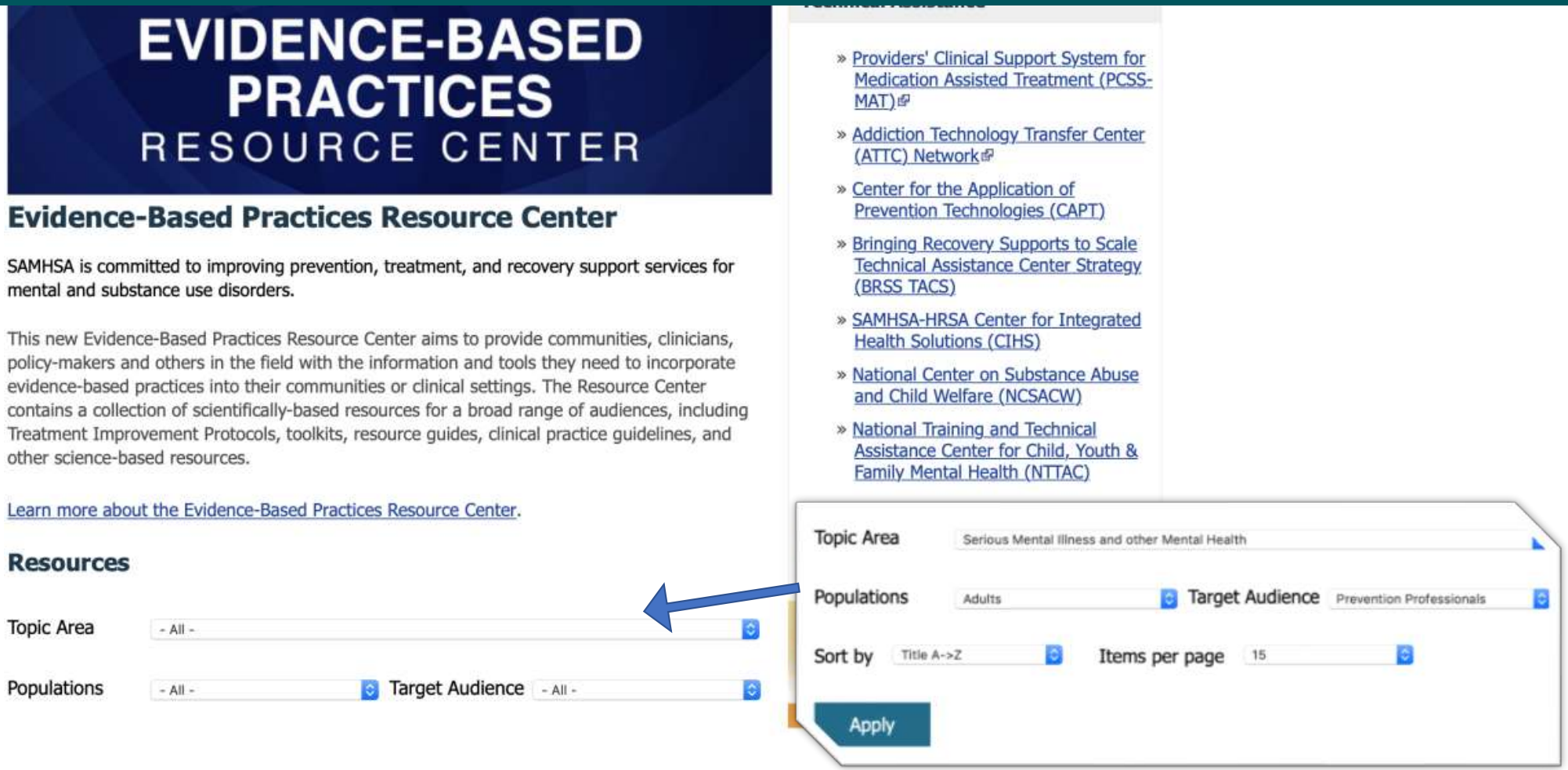
Means Reduction in Health Care Settings

- Ask your at-risk patients about firearms
- Counsel them on safe firearm behaviors
- Take further action when imminent hazard is present

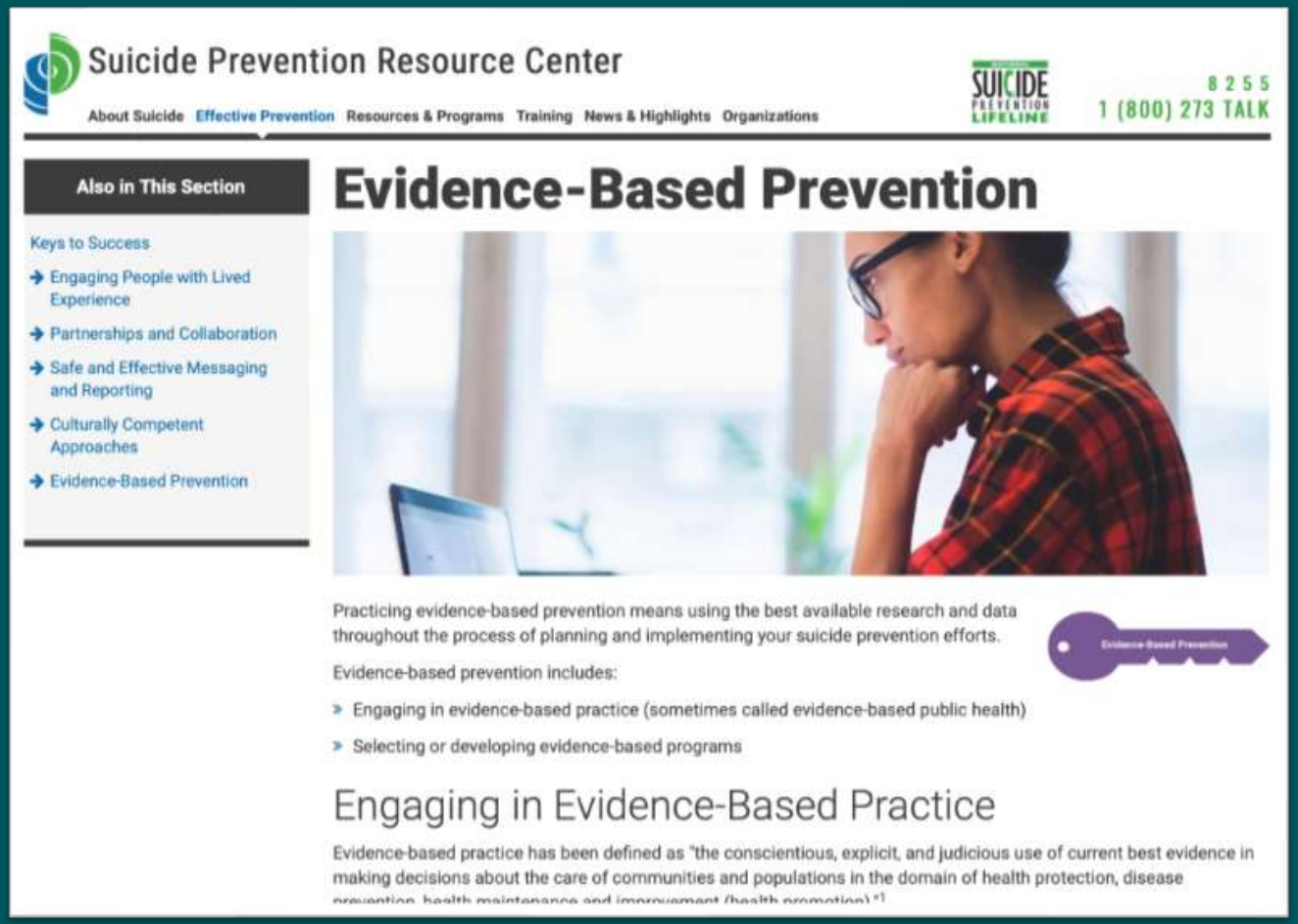


UC DAVIS HEALTH | Violence Prevention Research Program

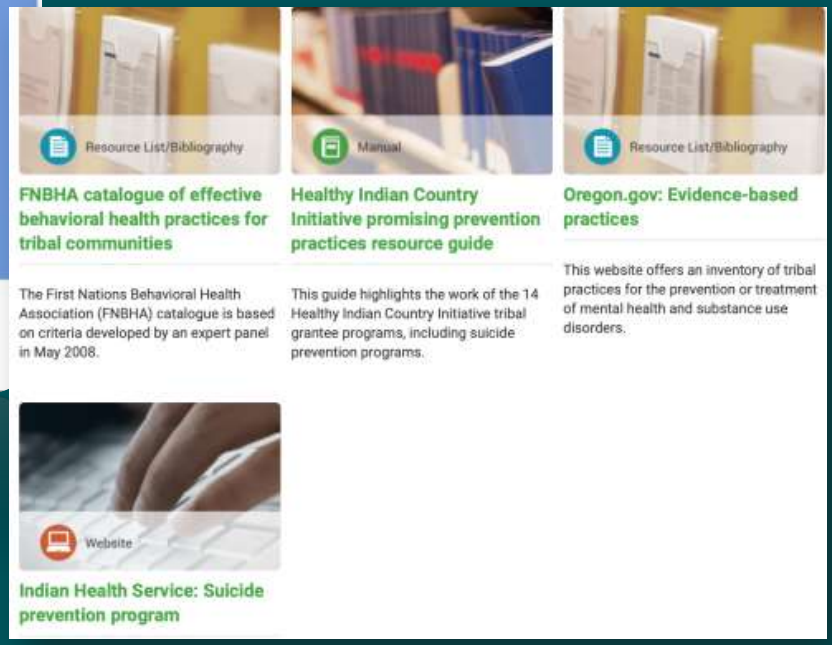
SA EBP Resource Center



Suicide Prevention Resource Center

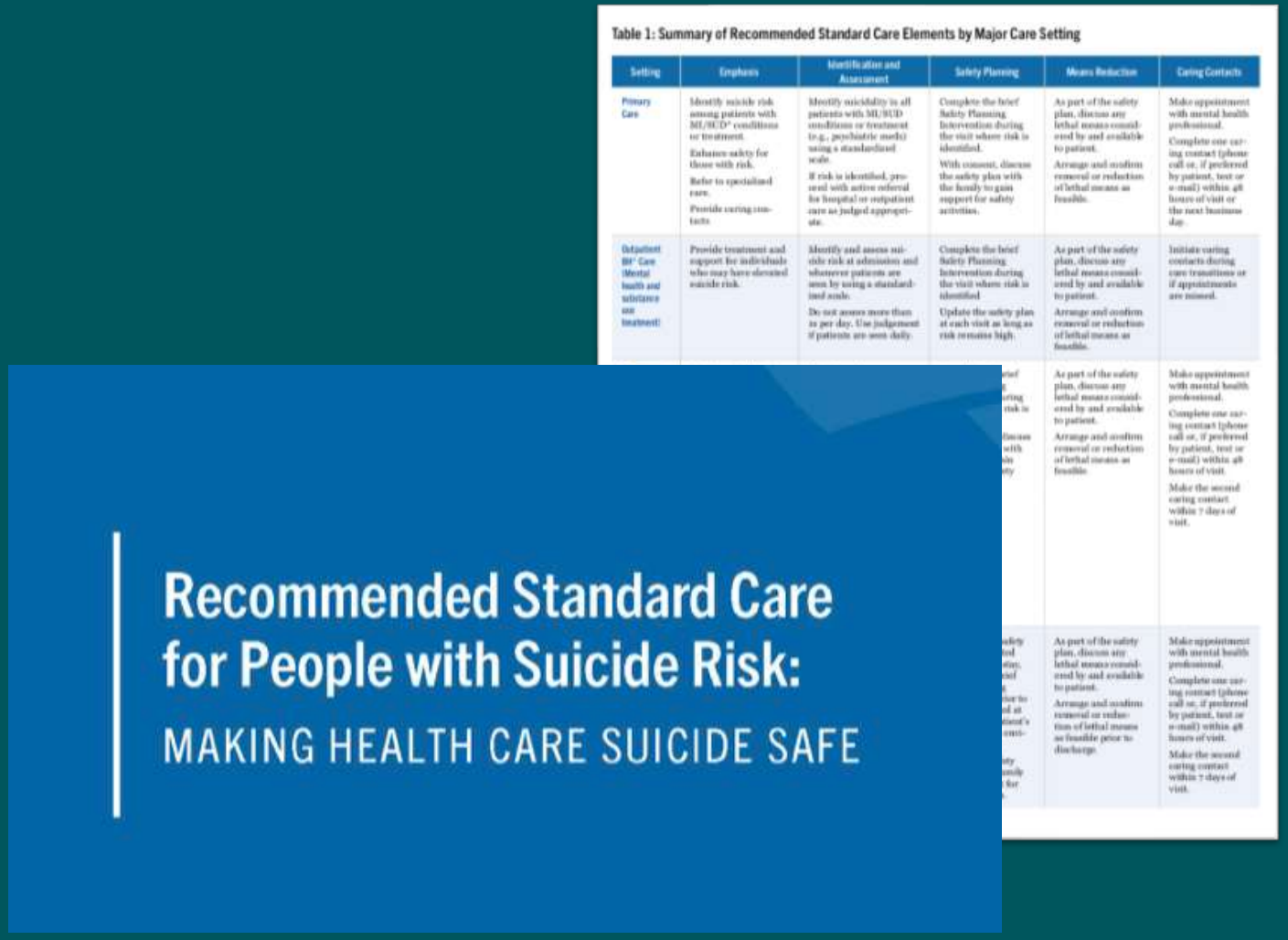


SPRC Promising Practice Interventions



National Action Alliance for Suicide Prevention

ACTION ALLIANCE



Addressing Suicidal Thoughts And Behaviors in Substance Abuse Treatment

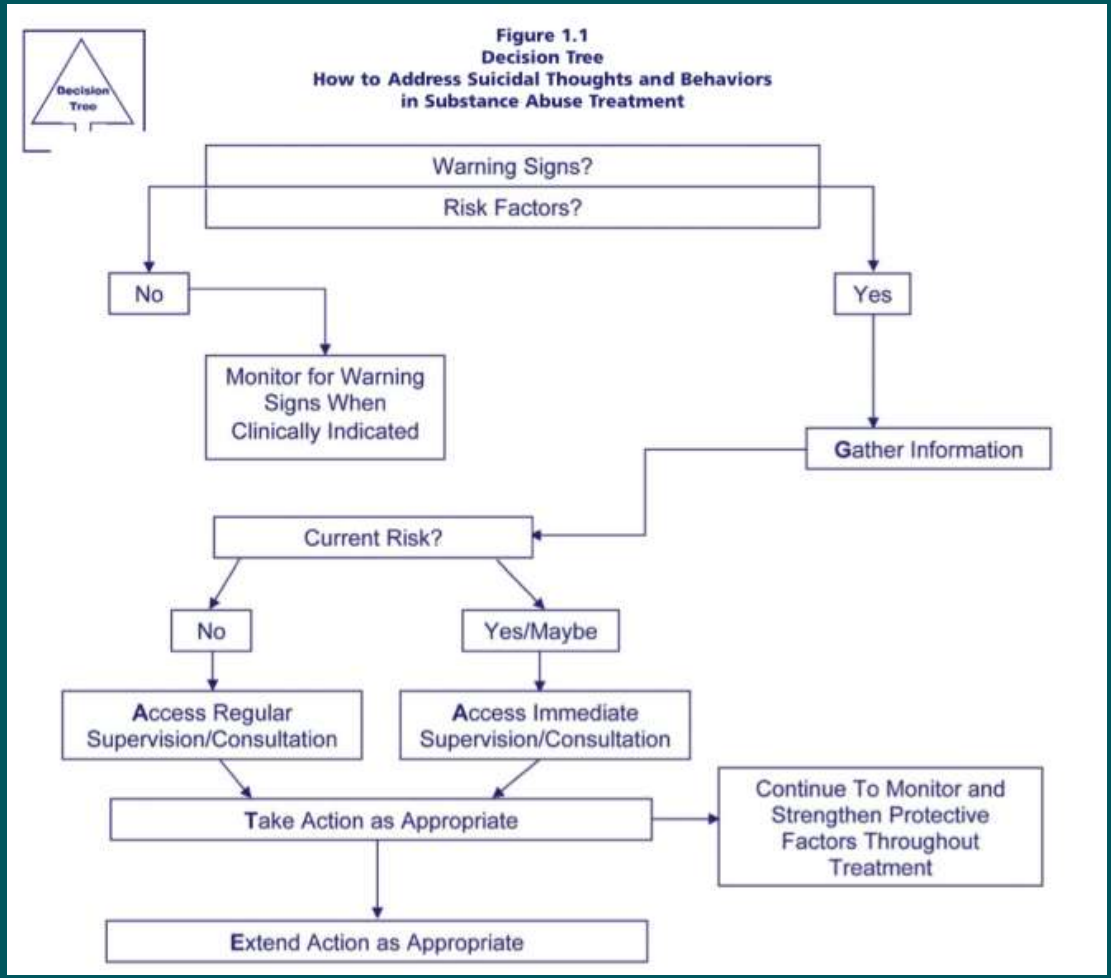
A Treatment Improvement Protocol

TIP 50

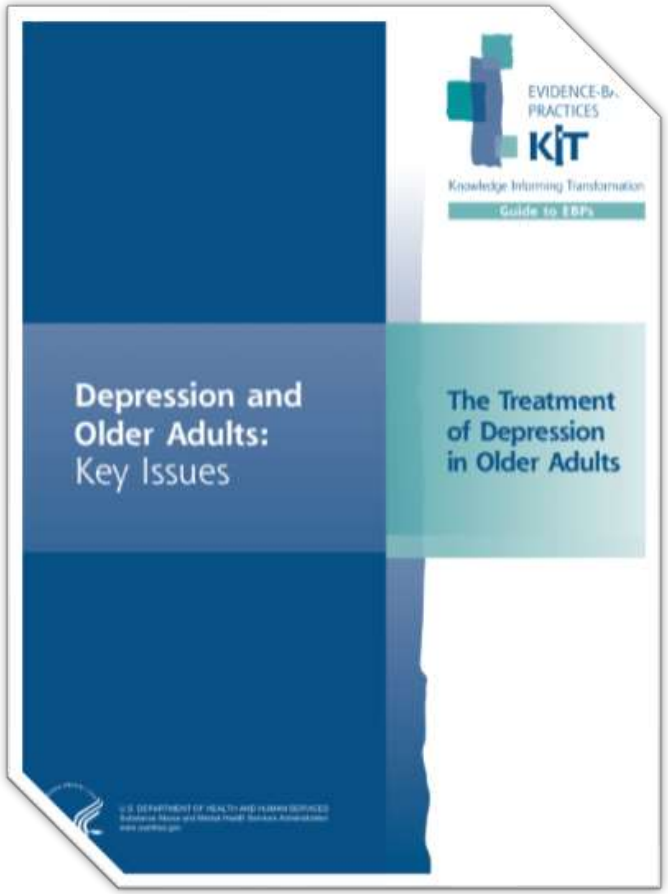
Substance Abuse and Mental Health Services Administration

SAMHSA

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



SAMHSA Resources – Older Adults

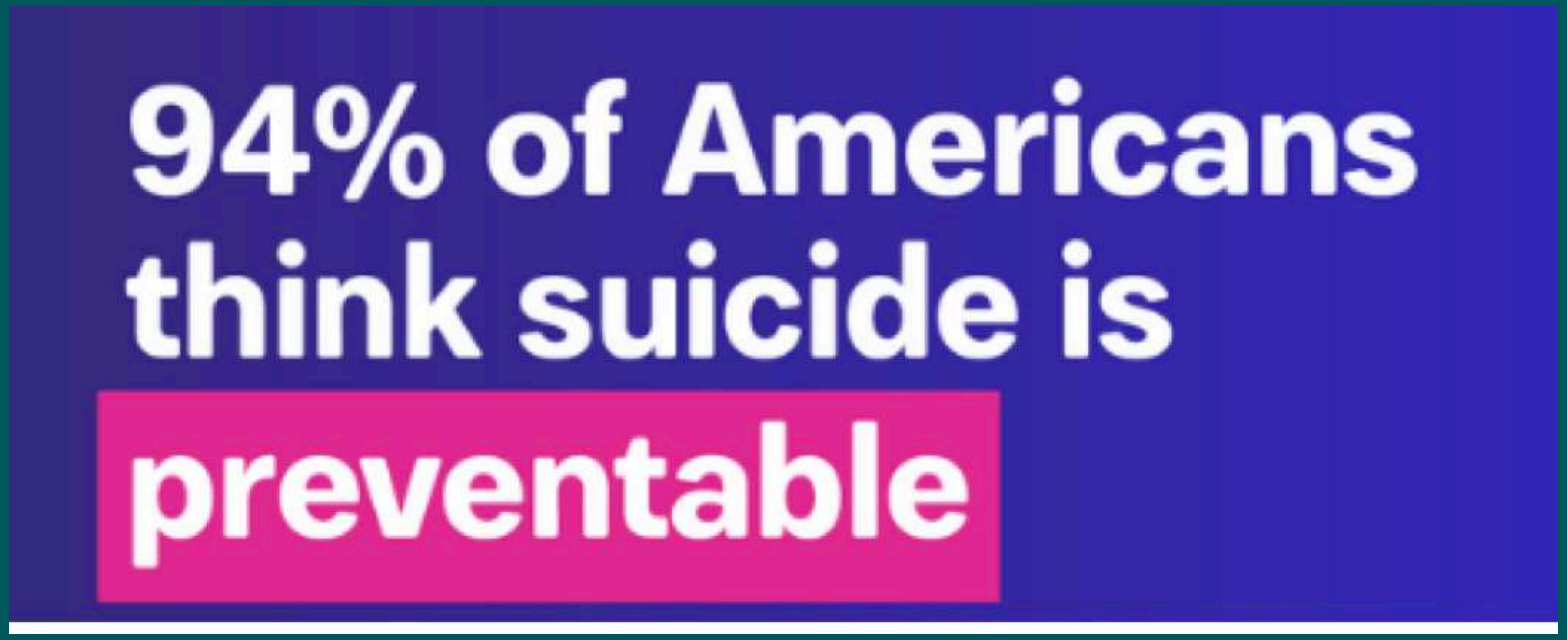


Prevalence of depression		
	Minor depression, dysthymia, or depressive symptoms	Major depression
Community	Up to 26%	Up to 5%
Primary care	10%	6.5%
Hospital inpatient care	23%	11.5%
Home health care	8%	Up to 16%
Nursing homes	Up to 35%	Up to 15%

EBPs for depression in older adults

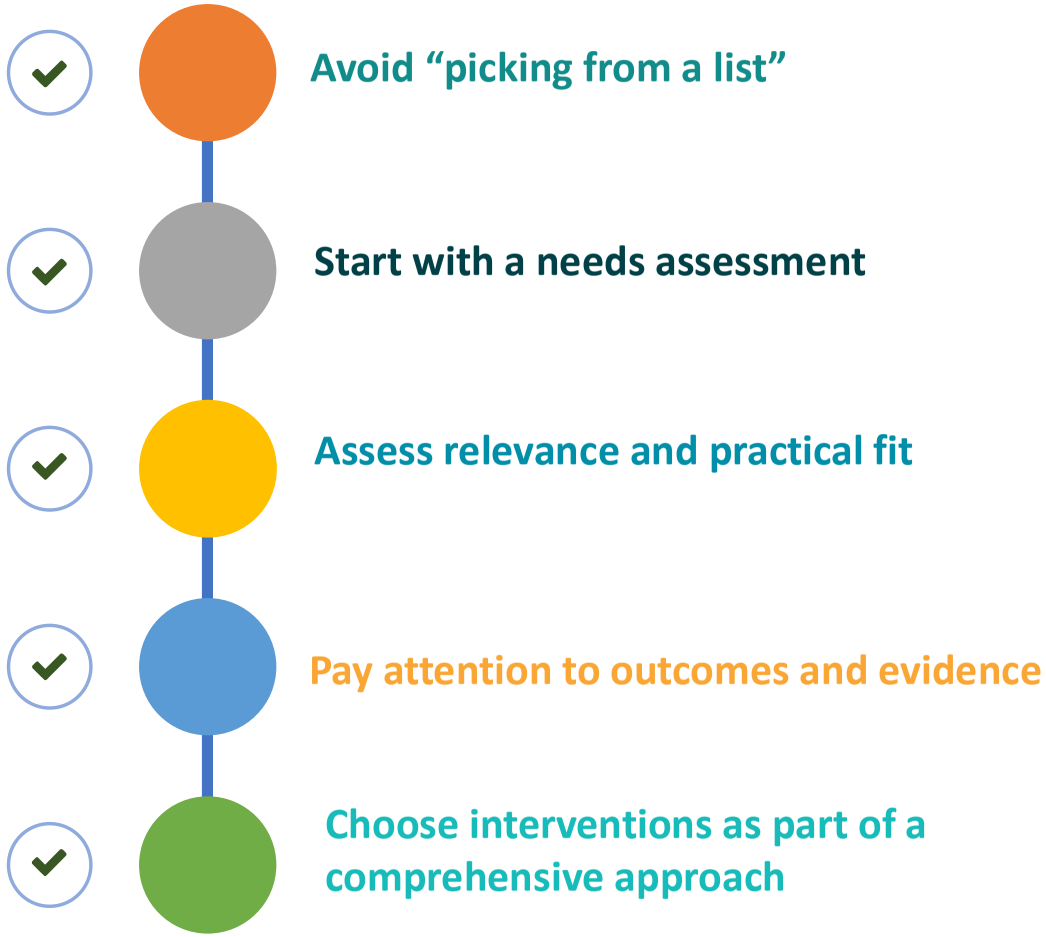
- Psychotherapy interventions
  - Cognitive behavioral therapy
  - Behavioral therapy
  - Problem-solving treatment
  - Interpersonal psychotherapy
  - Reminiscence therapy
  - Cognitive bibliotherapy
- Antidepressant medications
- Multidisciplinary geriatric mental health outreach services
- Collaborative and integrated mental and physical health care

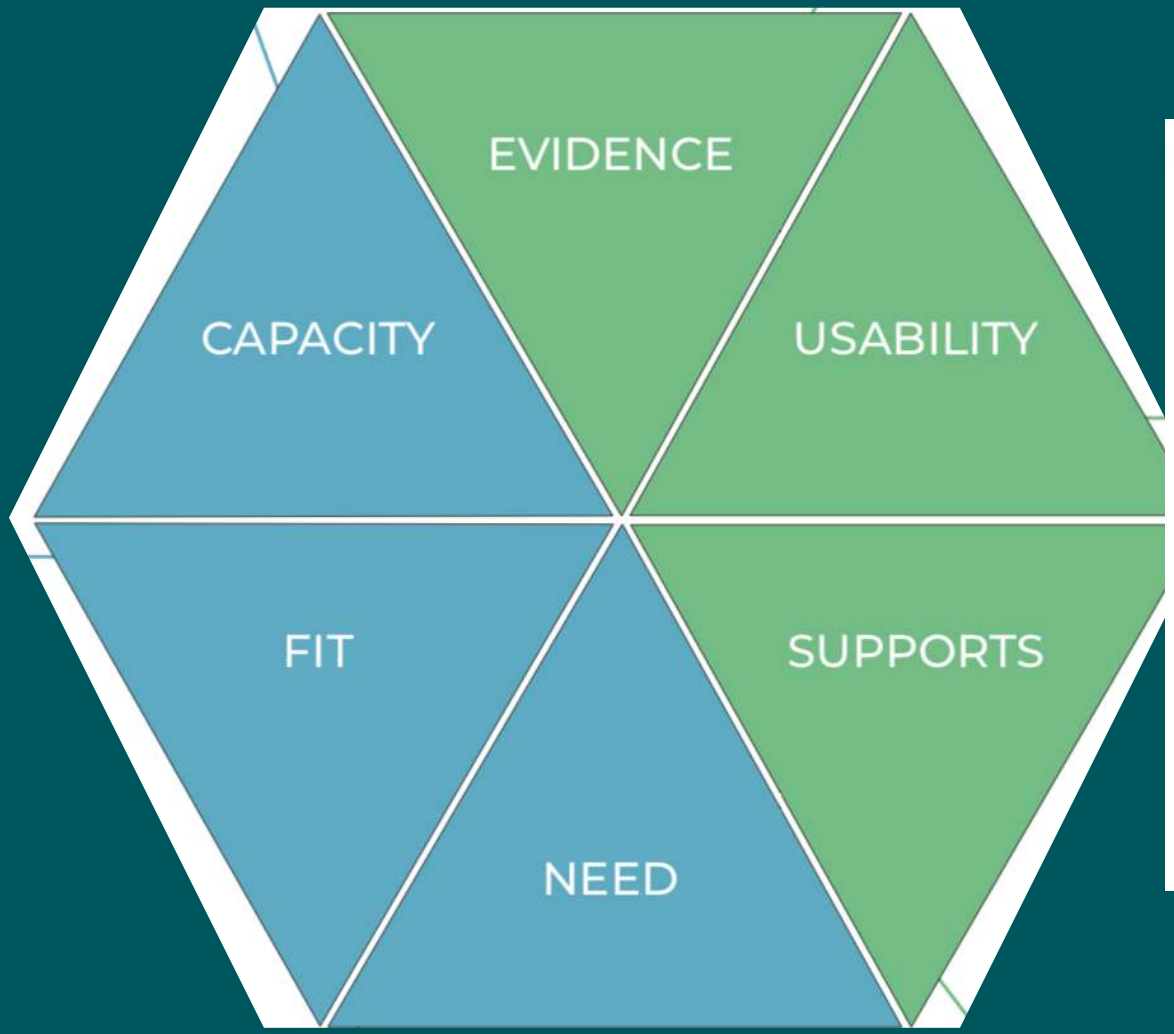
Efforts to raise awareness have worked

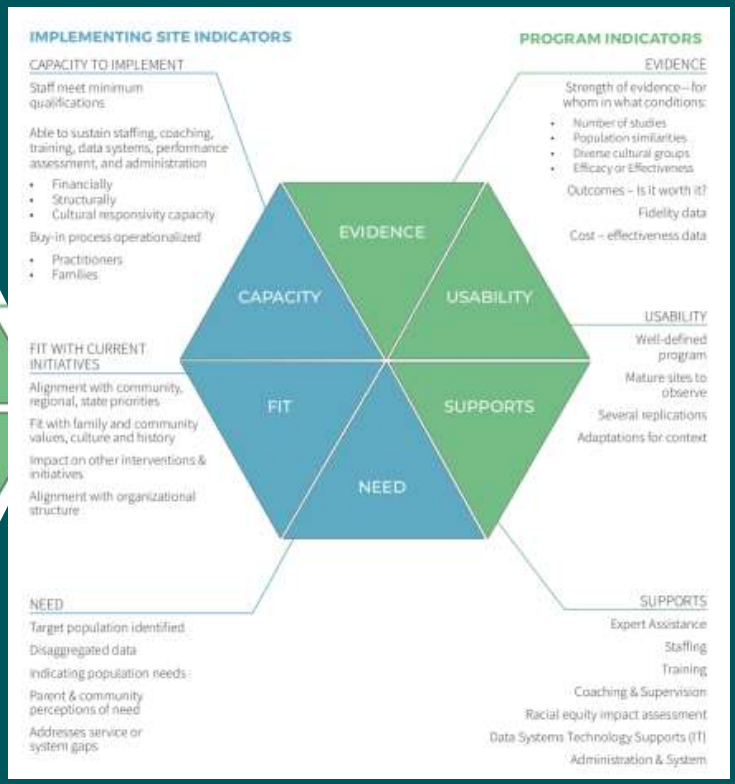


Source: https://afsp.org/harrispoll

Considerations




EVIDENCE
CAPACITY
USABILITY
FIT
SUPPORTS
NEED


IMPLEMENTING SITE INDICATORS
PROGRAM INDICATORS
CAPACITY TO IMPLEMENT
Staff meet minimum qualifications
Able to sustain staffing, coaching, training, data systems, performance assessment, and administration
• Financially
• Structurally
• Cultural responsivity capacity
Buy-in process operationalized
• Practitioners
• Families
FIT WITH CURRENT INITIATIVES
Alignment with community, regional, state priorities
Fit with family and community values, culture and history
Impact on other interventions & initiatives
Alignment with organizational structure
NEED
Target population identified
Disaggregated data indicating population needs
Parent & community perceptions of need
Addresses service or system gaps
EVIDENCE
Strength of evidence—for whom in what conditions:
• Number of studies
• Population similarities
• Diverse cultural groups
• Efficacy or Effectiveness
Outcomes – Is it worth it?
Fidelity data
Cost – effectiveness data
USABILITY
Well-defined program
Mature sites to observe
Several replications
Adaptations for context
SUPPORTS
Expert Assistance
Staffing
Training
Coaching & Supervision
Racial equity impact assessment
Data Systems Technology Supports (IT)
Administration & System
EVIDENCE
CAPACITY
USABILITY
FIT
SUPPORTS
NEED

Q&A

Funded by counties through the voter-approved Mental Health Services Act (Prop. 63).