Learning Collaborative

Strategic Planning for Suicide Prevention

Learning Module 4: Putting Planning into Action

Interventions

Setting Goals, Engaging the Community, & Selecting

Know the Signs >> Find the Words >> Reach Out
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.
Anara Guard has worked in suicide 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 SAFETY's suicide prevention grants and oversaw technical assistance.

Jana Sczersputowski applies her public health background to deliver community-driven and effective programs with a focus on knowledge translation and capacity building for suicide prevention. She is passionate about public health education and works closely with community leaders to ensure that suicide prevention efforts are tailored to the specific needs of the community.

Rosio Pedroso has over 20 years of research and evaluation experience focusing on 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, a member of the American Association of Suicidology’s Communication team, supports local agencies in their communications and media relations related to suicide. He is specialized in suicide prevention strategies for youth and law enforcement and primary care settings.

Sandra Black, MSW has worked in suicide prevention in California since 2007. Until 2011 she managed the California Strategic Plan on Suicide Prevention, which included completion and implementation of 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 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 4: Putting Planning into Action:
• Tuesday, March 12th 10:30am-12pm

Webinar 5: Evaluating and sustaining your efforts
• Tuesday April 16 10:30am-12pm

NEW DATE

NEW DATE

Please register for Poll Everything
https://www.poll everywhere.com/register?p=7zg65t-15t5u=czcgl9

Strategy Planning Learning Collaborative Overview

Action:
Webinar 4: Putting Planning Into
Steps of Strategic Planning

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

- **Step 1**: Describe the Problem
- **Step 2**: Choose Long Term Goals
- **Step 3**: Identify Risk Factor and Protective Factors
- **Step 4**: Develop or Select Interventions
- **Step 5**: Plan the Implementation
- **Step 6**: Evaluate, Improve, and Revise
Develop Your Goals and Objectives
Why Should You Create Goals and Objectives?

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.

Having benchmarks to show progress.
Behavioral Objectives

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

Process Objectives

- Ability to discuss suicide with someone I care about.

Community Level Objectives

- Use 2016 suicide data of 44 total suicide deaths as a baseline, the goal is to reduce suicide deaths in Solano County by 20% 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.
- 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.

Specific

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

Measurable

- 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.

Challenging

- 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.

Timed

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

Relevant

- 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.

Achievable

- 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.
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.

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.

Suicide Prevention Strategy Plan

Solano County
**Activities/Strategies**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Goal 2: Implement Community Education</th>
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</thead>
</table>

**Tulare County**

Depression screening, including suicide.

Increase in referrals made by medical providers in response to

- Delivery training to medical providers via medical society meetings.
- Analyze feedback from medical providers, and develop curriculum
  - Scoring for depression including questions regarding suicide.
  - Providers who will include as part of medical providers in providing feedback as to importance of medical society meetings to begin to survey and engage.

**Kings County**

What does success look like?

- Increase the number of medical providers who will screen patients for depression by 50%.
- Increase the number of medical providers who will screen patients for depression.
- Increase the number of medical providers who will screen patients for depression and develop curriculum.
- Attend medical society meetings to begin to survey and engage.

**Context**

- Awareness and information campaign and public.
San Mateo County Child Death Review Team (CDRT)
San Mateo County Psychological Autopsies

Organizations and Programs Addressing Suicide:

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

Future Recommended Activities for Strategy 4:

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

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

BUILD local capacity to evaluate suicide prevention programs.

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

Desired Outcomes for Strategy 4:

Improve Suicide Prevention Program Effectiveness and Accountability

STRATEGY 4:
Know the Signs Baseline Data

Figure B: Knowledge, Efficacy and Action Items: Disagreement-Definite.

If a friend or family member is feeling suicidal, I can call for help.

Figure C: Suicide Prevention Resource Items.

If a friend or family member is feeling suicidal, I would want to talk to them about it.
By June 2025, 100% of districts will answer “yes” to these questions:

- Protocols for helping students at risk: 87.8%
- Staff education and training: 80%
- Parent education and training: 46%
- Student education and engagement: 67%
- Have offered a suicide prevention event for parents: 44%
- Have offered some type of suicide prevention training to all staff in the last 12 months: 44%
- Provided suicide prevention training to individuals identified to conduct suicide risk assessments: 67%
- Have a section addressing suicide prevention as part of their crisis intervention plan and/or School Safety Plan: 80%

Based on partial responses, survey still open.
Developing Objectives and Strategies worksheet

https://ctb.ku.edu/en/table-0
Identify Risk and Protective Factors
<table>
<thead>
<tr>
<th><strong>Individuals</strong></th>
<th><strong>Risk Factor:</strong></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Easy availability of lethal means; unsafety of public places; suicide: stigma associated with help-seeking and</td>
</tr>
<tr>
<td></td>
<td>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</td>
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<tr>
<th><strong>Society</strong></th>
<th><strong>Risk Factor:</strong></th>
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<tbody>
<tr>
<td></td>
<td>Few supportive relationships; barriers to health and behavioral health care</td>
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<tr>
<td></td>
<td>Behavioral health issues; support after suicide; restrictions on access to lethal means</td>
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</tbody>
</table>

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<tr>
<th><strong>Community</strong></th>
<th><strong>Risk Factor:</strong></th>
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<tr>
<td></td>
<td>High conflict or violent relationships; family history of lost or someone to suicide; isolation and lack of social support;</td>
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<tr>
<td></td>
<td>Limited access to health and mental health care providers;</td>
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<tr>
<th><strong>Relationships</strong></th>
<th><strong>Risk Factor:</strong></th>
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<tbody>
<tr>
<td>Genetic and biological determinants;</td>
<td>Aggression; impulsivity; hopelessness; certain health conditions; trauma; exposure to violence (victimization and perpetration)</td>
</tr>
<tr>
<td>History of depression and other mental illness; substance abuse; previous suicide attempts; personality traits;</td>
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</table>
Engaging the Community
Review your local suicide data

• Identify priority populations

• Gather additional data

• Resource mapping

• System mapping

• Research evidence-based interventions

• Draft goals and objectives

• Agree on goals and objectives

Steering Committee and/or Work Groups

( guided by coalition)

Community Meetings

• Review action plan

• Prepare the plan

• Develop the plan

• Review the plan

• Agree on goals and objectives

• Agree on goals and objectives

• Review data

• Review data

• Review data

• Review data
Additional Resource

Criteria for Choosing Promising Practices and Community Interventions


Understanding Risk and Protective Factors: Their Use in Selecting Potential Communities


Adapting Community Interventions for Different Cultures and Communities


Generating Solutions and Making Decisions

Q&A
Carly Memoli
Program Director
Suicide Prevention Service of the Central Coast
An Overview of Interventions
**Effective suicide prevention**

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Approach</th>
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<tbody>
<tr>
<td>- Future risk factors, harms, and prevention&lt;br&gt;- People at risk&lt;br&gt;- Keep people and support networks connected&lt;br&gt;- Teach coping and problem-solving skills&lt;br&gt;- Prevent programmatic activities&lt;br&gt;- Peer programs&lt;br&gt;- Community engagement activities&lt;br&gt;- Organizational policies and culture&lt;br&gt;- Facilitate access to local mental health services&lt;br&gt;- Prevent provider shortages in underserved areas&lt;br&gt;- Strengthen access and delivery of suicide care&lt;br&gt;- Strengthen economic supports&lt;br&gt;- Housing stabilization policies&lt;br&gt;- Strengthen financial security&lt;br&gt;- Safe reporting and messaging about suicide&lt;br&gt;- Treatment to prevent re-attempts&lt;br&gt;- Treatment for people at risk of suicide&lt;br&gt;- Crisis intervention&lt;br&gt;- Caregiver training</td>
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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
- Safety planning
- Suicide prevention hotlines
- Early intervention, e.g., Good Behavior Game, PIER model
- Counseling on access to lethal Means
- Gatekeeper training
- Counseling on access to lethal Means
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 domains and tracks implementation of program activities. Suicides can be reduced through a multilayered, overlapping approach that encompasses key prevention domains.
June 2018
Report to Congress
Fiscal Year 2017

EVALUATION
STRATEGIES NATIONAL OUTCOMES
EARLY INTERVENTION AND PREVENTION
GARRETT SMITH YOUTH SUCIDE

Highlights along the Pathway to Care

Eighth Sevan percent of those referred to mental health services, and no whom percent, n = 46,805/347080.
Nearly all youth identified as at risk for suicide were referred for services (6).
Through various gkdeexperts or screenings.
National initiatives based on effective approaches—Workplaces
National initiatives – Social Media

#BeThe1To

BE THE ONE TO SAVE A LIFE.

YOU CAN DO SOMETHING TO PREVENT SUICIDE.

JOIN THE MOVEMENT ➤

JOIN THE MOVEMENT
EVENTS
STORIES
ABOUT
RESOURCES

DOWNLOAD KIT ➤

CREATED BY: NATIONAL SUICIDE PREVENTION LIFELINE
Social Marketing Can Also Be Effective

Know the Signs is a statewide suicide prevention 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. The website for more information is suicideprevention.org.
Means Matter
Examples from around the world...

1. Firearms in the home
   - United States

2. Packaging medications
   - United Kingdom

3. Bridge barriers
   - Australia, Washington DC, Switzerland, New Zealand, Canada

4. Changing from coal gas to natural gas
   - Sri Lanka, parts of Asia and the Pacific Islands

5. Availability of highly lethal pesticides
Partner with Pharmacists
Reducing access to lethal means for those at high risk

- Counseling on Access to Lethal Means
- Gun Shop Project
  - https://www.hsph.harvard.edu/means-matter/gun-shop-project/
  - CA-specific GSP materials
    - https://emmresourcecenter.org/resources/prevention/gun-shop-activity
- AFSP-NSCF Suicide Prevention Toolkit
- Gun Violence Restraining Orders
  - https://speakforsafety.org
Ask your at-risk patients about firearms
Counsel them on safe firearm behaviors
Arrange to stop firearm violence
Means Reduction in Health Care Settings

Take Further Action When Imminent Hazard Is Present

- Resources on Firearms Laws
- Resources for Patients
- Slides for Presentations
- Resources for Providers
- Educational Materials

Research Program
Violence Prevention
UCDavis

What You Can Do
SPRC Promising Practice Interventions
National Action Alliance for Suicide Prevention

Making Health Care Suicide Safe for People with Suicide Risk: Recommended Standard Care

Prevention Suicide Alliance for Action National
Figure I.1

Procedure: How to Address Suicidal Thoughts and Behaviors

1. Gather Information
   - Risk Factors?
   - Warning Signs?

2. Yes: Risk Factors
   - Education/Training
   - Risk Reduction Strategies

3. No: Warning Signs
   - Supervision/Consultation

4. Yes: Supervision/Consultation
   - Immediate Action

5. No: Supervision/Consultation
   - Regular Consultation

6. Yes: Immediate Action
   - Take Action as Appropriate

7. No: Immediate Action
   - Continue to Monitor and Evaluate

8. Current Risk?
   - Yes: Supervision/Consultation
   - No: Regular Consultation

9. Yes: Supervision/Consultation
   - Take Action as Appropriate

10. No: Supervision/Consultation
    - Extend Action as Appropriate
Efforts to raise awareness have worked. 94% of Americans think suicide is preventable.

Source: https://afsp.org/harrispoll
Choose interventions as part of a comprehensive approach.

Pay attention to outcomes and evidence.

Assess relevance and practical fit.

Start with a needs assessment.

Avoid "picking from a list".
Funded by counties through the voter-approved Mental Health Services Act (Prop. 63).