Planning for Prevention: Practical Tools to Organize Suicide Prevention Efforts in Your Community

Presenters: Adam Chu, Melissa Heinen, Robert J. Letourneau

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Suicide Prevention Resource Center
Promoting a public health approach to suicide prevention

The nation’s only federally supported resource center devoted to advancing the *National Strategy for Suicide Prevention*. 
Planning for Prevention: Practical Tools to Organize Suicide Prevention Efforts in Your Community

SxSW Injury Prevention Network
April 23, 2014

Adam Chu, MPH
Prevention Specialist
Suicide Prevention Resource Center

National Strategy for Suicide Prevention

- 4 strategic directions
- ‘Menu’ of strategies
- Specific state roles

4 Strategic Directions

- Interrelated and interactive—not stand alone areas!

1. Healthy and Empowered Individuals, Families and Communities
2. Clinical and Community Preventive Services
3. Treatment and Support Services
4. Surveillance, Research and Evaluation
Menu of Strategies

✓ 13 Goals and 60 Objectives

✓ Goals and objectives do not focus on specific populations or settings

✓ Flexibility
What is realistically achievable anyway??
Setting Achievable Objectives

Some considerations

- ✓ Timeframe
- ✓ Where are you likely to have the most impact?
- ✓ Where is there support?
- ✓ Can it be measured?
Examining the data

Local

State

National

Gaps?
Stakeholder input

✓ What issues are most important?

✓ Where is there momentum?

✓ Improving readiness
SMART Objectives

- Specific
- Measurable
- Achievable
- Realistic
- Time-specific
Specific State Roles

- Identify a lead state agency to convene public and private stakeholders
- Assess needs and resources
- Develop and implement a comprehensive strategic suicide prevention plan
- Evaluate
Determining where to start

✓ Prioritizing
✓ Building blocks
✓ Write it down
Who will implement your plan?

✓ Get buy-in
✓ Check capacity
✓ Designate responsibility in the plan
✓ Guide others who want to help
✓ Create a work plan
✓ Don’t rely on funding
How’s it going?: Evaluation in the NSSP

Strategic Direction 4:

✓ Goal 11: Improve surveillance systems
✓ Goal 13: Evaluate suicide prevention interventions

Aspects of evaluation

- Impact evaluation
- Process evaluation/monitoring
- Assessing infrastructure changes
- Celebrating success
- Success stories and anecdotes
Evaluating impact/outcomes

- Start with your goals/objectives
- Plan for evaluation as you develop state plans
- Consider existing/potential data sources
Measuring other outcomes

Attempt and ideation data

✓ Hospital records
✓ Health systems
✓ State surveys (YRBS, BRFSS)
✓ National surveys (NSDUH)
Risk and Protective Factor Outcomes

Risk Factors
- ✓ Substance use/abuse
- ✓ Depression/anxiety
- ✓ Access to lethal means

Protective Factors
- ✓ Referrals/access to treatment
- ✓ Calls to crisis lines
- ✓ Social/family connections
Infrastructure outcomes

- Local coalitions
- Legislation
- Surveillance systems
- Policies/procedures
Contact Information

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MINNESOTA
Public Health Approach to Suicide Prevention
MN VERSUS US SUICIDE RATE

Year | Age-adjusted Rate per 100,000 Population
--- | ---
1999 | 9.0
2000 | 8.9
2001 | 9.6
2002 | 9.8
2003 | 9.8
2004 | 10.2
2005 | 10.5
2006 | 10.6
2007 | 10.8
2008 | 11.2
2009 | 11.2
2010 | 12.1
2011 | 12.4

US – 10th
MN – 9th

2010 Leading cause of death ranking
Multi-system approach

MN SUICIDE PREVENTION
MDH’S ROLE IN SUICIDE PREVENTION

- **Budget - <$150,000 annually**
  - Three Community Grants
    - Statewide & local efforts
    - Trainings, coalitions, technical assistance
  - Fund .5 FTE coordinator
    - Coordinate state & local prevention efforts (funded and unfunded efforts)
    - Revise state plan
Subdivision 1. Suicide prevention plan

The commissioner of health shall refine, coordinate, and implement the state's suicide prevention plan using an evidence-based, public health approach for a life span plan focused on awareness and prevention, in collaboration with…

SD 2. Community-based programs

SD 3. Workplace & professional education

SD 4. Collection & reporting suicide data

SD 5. Periodic evaluations: biennial reports
STATE PLAN REVISION: 2013

- **February**
  - Filled 0.5 FTE Suicide Prevention Coordinator position

- **June**
  - Hosted National Strategy Kick-off Event with state agencies staff organized by our regional SAMHSA office

- **August**
  - Released suicide data brief
  - Hosted joint press event (Minnesota Department of Health & Department of Human Services)
STATE PLAN REVISION: 2013

► September
  ▶ Emailed out stakeholder survey asking respondents to:
    ▶ Prioritize national objectives
    ▶ Identify objectives they want to assist in developing
    ▶ Forward survey to other stakeholders

► October
  ▶ Reviewed survey results and begin forming subcommittees

► December
  ▶ Determined taskforce structure & expectations
Taskforce Committee

- Strategic Direction (SD) 1: Healthy & empowered individuals, families & communities
- SD2: Clinical & community preventive services
- SD3: Treatment & support services
- SD4: Data, research & evaluation

Community Review
STATE PLAN REVISION: 2014

- **April/May**
  - Subcommittees will host their first meeting
- **October**
  - Subcommittees will send taskforce their draft objectives
- **November/December**
  - Taskforce will review draft objectives and suggest changes
  - Subcommittee co-chairs will determine how to address the suggested changes
  - Community members and stakeholders will have an opportunity to review components of the state plan and provide feedback
<table>
<thead>
<tr>
<th>National Strategy goal # and wording:</th>
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<tbody>
<tr>
<td>National Strategy objective # and wording:</td>
</tr>
<tr>
<td>MN state goal # and wording (rewording of National Strategy objective):</td>
</tr>
<tr>
<td>MN state strategy objective # and wording (rewording of National Strategy Objective):</td>
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<tr>
<td>Brief description of objective (refer to the plan for details):</td>
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<tr>
<td>Rationale for objective:</td>
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<tr>
<td>Responsible agency(s):</td>
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<tr>
<td>Status (provide a brief narrative summary of the current status of this objective):</td>
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<tr>
<td>Date of status report submission:</td>
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<tr>
<td>Deadline date for completing this objective write up:</td>
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<tr>
<td>Deadline date for objective as written into the MN state plan:</td>
</tr>
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</table>

**Subcommittee Reporting Detail:**

**Lead Contact Person (Name, Agency and Phone #):**

**Objective Tasks:**

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Agency</th>
<th>Deadline</th>
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STATE PLAN REVISION: 2015 & BEYOND

- Taskforce will finalize the state plan
- The state plan will be released and promoted throughout the state
- MDH will develop and release new RFP
- MDH will fund new suicide prevention efforts – July 1, 2015
- Minnesota will work to secure additional funds to implement state plan
- Volunteers will be asked to assist in ongoing monitoring of the state plan implementation process and evaluate effectiveness
THANK YOU!

- Melissa Heinen, RN, MPH
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  Center for Health Promotion
  Minnesota Department of Health

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  http://www.health.state.mn.us/injury/topic/suicide/
2014 NC Suicide Prevention Plan
Development Process Overview

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The University of North Carolina at Chapel Hill

April 23, 2014
Planning Team Acknowledgements

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  Public Health Program Consultant
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  CDC/CSTE Applied Epi. Fellow
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  CDC/CSTE Applied Epi. Fellow

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Department of Health Behavior

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• Carolyn E. Crump, PhD
  Research Associate Professor
• Rachel Page, MPH,
  Research Associate

NC Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS)
Community Policy Management Section

• Sarah Potter, BSW, MPA
  Policy Development/Prevention and
  Early Intervention Team Lead
Presentation Purposes

• Summarize the process being used to develop a 2014 NC Suicide Prevention Plan

• Describe how the NC Plan will align with the 2012 National Strategy for Suicide Prevention
Suicide Prevention in North Carolina

- NC has **no** centralized efforts or funding to coordinate state-wide suicide prevention
- Injury & Violence Prevention (IVP) Branch in NC Division of Public Health (DPH)
  - State sanctioned entity for IVP
  - In Chronic Disease and Injury Section
  - Guided by 5-year Strategic Plan (2009-2014)
    - Overseen by IVP State Advisory Council (SAC)
    - Includes six Work Teams (including Suicide)
  - Past/current Garrett Lee Smith funding (2008-present)
NC Suicide Prevention Plans & Data Reports

- **NC Youth Suicide Prevention:** *Saving Tomorrow’s Today, 2004*

- **Suicide Prevention & Intervention Plan, 2012**
  - Developed by NC Institute of Medicine for (DMH/DD/SAS)
  - Focuses on role of multiple entities to reduce suicide contemplations, attempts, and deaths:
    - DMH/DD/SAS
    - Division of Medical Assistance
    - Local Managed Entities/Managed Care Organizations (LMEs/MCOs)
    - Contracted providers

- **NC Data Reports:** *The Burden of Suicide in NC, 2008; 2013*
Preliminary Steps (Fall 2013)

• Established *Guiding Principles* for Plan Development Process

• Conducted detailed review of plans:
  ▫ 2012 NSSP
  ▫ 2012 NC IOM’s plan for the DMH/DD/SAS
  ▫ 2013 NC Burden of Suicide Data Report
  ▫ Other State Plans (TN, MI, OK, AK, ME)
    • Created succinct summaries
    • Identified overlap/differences in purposes
    • Identified complementary objectives/strategies
Guiding Principles for 2014 NC Plan

1. Address all age groups

2. Create a ‘state plan’ not a plan for the state IVP Branch

3. Align with the 2012 National Strategy for Suicide Prevention to provide overall direction (strategic directions/goals)

4. Focus on objectives and examples of what stakeholders can do (versus measurable indicators) What Can I/You/We Do?

5. Complement the 2012 NC Division of Mental Health’s Suicide Prevention & Intervention Plan

6. Use process as a motivator to build partnerships among a wide range of stakeholder groups
## Plan Review Results – Alignment with NSSP

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Strategic Direction 1: Healthy and Empowered Individuals, Families, and Communities</strong></td>
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<tr>
<td>Goal 1: Integrate and coordinate suicide prevention activities across multiple sectors and settings.</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Goal 2: Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>Goal 3: Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery.</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Goal 4: Promote responsible media reporting of suicide, accurate portrayals of suicide and mental illnesses in the entertainment industry, and the safety of online content related to suicide.</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Strategic Direction 2: Clinical and Community Preventive Services</strong></td>
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<tr>
<td>Goal 5: Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors.</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Goal 6: Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Goal 7: Provide training to community and clinical service providers on the prevention of suicide and related behaviors.</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Strategic Direction 3: Treatment and Support Services</strong></td>
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<tr>
<td>Goal 8: Promote suicide prevention as a core component of health care services.</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Goal 9: Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Goal 10: Provide care and support to individuals affected by suicide deaths and attempts to promote healing and implement community strategies to help prevent further suicides.</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Strategic Direction 4: Surveillance, Research and Evaluation</strong></td>
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<tr>
<td>Goal 11: Increase the timeliness and usefulness of national surveillance systems relevant to suicide prevention and improve the ability to collect, analyze, and use this information for action.</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Goal 12: Promote and support research on suicide prevention.</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Goal 13: Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings.</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Other non-NSSP aligned objectives (e.g., wording of the Goa/Obk/ did not easily align with NSSP Goals)</strong></td>
<td>X</td>
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<td>X</td>
</tr>
</tbody>
</table>
Preliminary Steps (Winter 2014)

• Desired process to emphasize networking and communication
  
  *Who is doing what in NC to prevent suicide?*

• Outlined a plan development process
  - Form two input groups: Working/Consulting
    - Key difference is attendance at in-person meetings
  - Conduct two in-person meetings (April/June)
  - Develop outline of NC plan’s contents
2014 NC Suicide Prevention Plan Contents

1. Introduction

2. What is the 2014 NC Suicide Prevention Plan and how was it developed?

3. How can you use the 2014 NC Suicide Prevention Plan?

4. What Does the Problem of Suicide Look Like in NC?

5. What Direction Should NC Be Heading (SDs/Goals)?

6. What Can We (Stakeholders) Do to Address Suicide in NC (Objectives/Examples)

7. Where can I go to learn more about suicide prevention?

8. Who has endorsed or supports this plan?
Outreach to Stakeholders (Winter 2014)

- Adapted stakeholder group categories from *2012 NSSP* and developed master stakeholder list
  - 238 Total (164 original, 119 Referred)

|---------------------------------------------|------------------------------------------|-------------------------------------------|--------------------------|---------------------------------------------|

- Sent invitations
  - Replied: (n=177, 63%)  Non-responsive: (n=106, 37%)
  - Respondents self-selected into two groups or declined:
    - Working Group (n=92, 52%)
    - Consulting Group (n=66, 37%)
    - *Declined to participate* (n=19, 11%)
Outreach to Stakeholders (Winter 2014)

- Developed on-line survey for Working and Consulting Groups
  - Provide information to inform first working group meeting
  - Assess alignment of NC efforts with the 2012 NSSP

<table>
<thead>
<tr>
<th>Component</th>
<th>Scale/Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stakeholder Group Membership (primary)</td>
<td>Select one of 11 groups</td>
</tr>
<tr>
<td>2. Degree to which NC ‘as a whole’ addresses NSSP Goal</td>
<td>0=note at all, 7=completely</td>
</tr>
<tr>
<td>3. Degree to which organization addresses NSSP Goal</td>
<td>0=note at all, 7=completely</td>
</tr>
<tr>
<td>4. Prioritization of NSSP Goals for use in NC</td>
<td>Select minimum of 4, maximum of 7</td>
</tr>
<tr>
<td>5. Level of professional expertise with strategic directions</td>
<td>0=Novice, 7= Expert</td>
</tr>
<tr>
<td>6. Geographical areas served by organization</td>
<td>City, County, Region, State, Natl., Other</td>
</tr>
<tr>
<td>7. Current work focus (using Continuum of Care model)</td>
<td>1-Prevention; 2-Early Intervention Screening, 3-Crisis Services, 4- Treatment; 5-Recovery; 6-Post-vention; 7-Broad-based</td>
</tr>
</tbody>
</table>

- Administered Survey with both groups:
  - *Working Group* (n=73, RR=83%)
  - *Consulting Group* (n=51, RR=81%)
  - *Total* (n=124, RR=82%)
Stakeholder Group Online Survey Results

Average Response for NSSP Goals that should be prioritized in the Plan (n=33 to 81)

Figure 1. 2012 NSSP Prioritized Goals
Stakeholder Group Online Survey Results

Average response for degree to which stakeholders believe NC ‘as a whole’ and their organization is addressing NSSP Strategic Directions (n=113).

<table>
<thead>
<tr>
<th>Degree Addressing NSSP</th>
<th>NC ‘as a whole’</th>
<th>Organizations</th>
</tr>
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<tbody>
<tr>
<td>1: Healthy and Empowered Individuals, Families, &amp; Communities</td>
<td>4.5</td>
<td>4.5</td>
</tr>
<tr>
<td>2: Clinical &amp; Community Preventive Services</td>
<td>4.6</td>
<td>4.5</td>
</tr>
<tr>
<td>3: Treatment &amp; Support Services</td>
<td>4.6</td>
<td>4.7</td>
</tr>
<tr>
<td>4: Surveillance, Research &amp; Evaluation</td>
<td>4.7</td>
<td>3.6</td>
</tr>
</tbody>
</table>
Purpose #1: Build shared understanding of suicide prevention in NC
- Welcome, Review of Agenda, and Introductions/Networking
- Overview of Plan Development Process/Progress to Date
- Stakeholder Group Networking Activity
- Overview of the Burden of Suicide in NC
- Overview of Past/Present State-wide Efforts to Prevent Suicide
- Keynote address about Preventing Suicide in NC

Purpose #2: Provide opportunities for networking within/among stakeholder groups

Purpose #3: Conduct small group work (organized by Strategic Directions) to begin to develop plan content:
- Which/how NSSP Objectives ‘fit’ with NC efforts to prevent suicide
- Examples of stakeholder group roles/opportunities to address NSSP Objectives
Summary of NC Alignment with 2012 NSSP

NSSP Strategic Directions (n=4), Goals (n=13), Objectives (N=TBD), Stakeholder Groups (n=10)

Stakeholder Mtg. #1

Large Group Sessions
- Networking
- Summary of Burden Data
- Summary of State-wide prevention efforts
- Call to Action (keynote)
- Review of 2012 NSSP alignment assessment

Breakout session # 1
In small groups by stakeholder groups:
- How will this group benefit from having a state plan?
- Who is missing from this group/How should we try to get them involved?

Stakeholder Mtg. #2

Part 1: Prioritize what we have identified we want to do (objectives and examples):
- **Stakeholder Groups** will review objectives for which they have been identified as having a role (to clarify identify additional examples).
- **Strategic Direction Groups** will prioritize objectives (using the Socio-Ecologic Model or Frieden’s Health Impact Model) to identify objectives that: are *most feasible* in short-term (2 yrs); and/or have the greatest potential for *public health impact*.

2014 NC Suicide Prevention Plan

1. Introduction
2. What is the 2014 NC Suicide Prevention Plan and How was it developed?
3. How Can You Use the 2014 NC Suicide Prevention Plan?
4. What Does the Problem of Suicide Look Like in NC?
5. What Direction Should NC Be Heading (SDs/Goals)?
6. What Can We (Stakeholders) Do to Address Suicide in NC (Objectives/Examples)?
7. Where Can I Go to Learn More about Suicide Prevention?
8. Who has Endorsed or Supports this Plan?
Contact Information

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QUESTIONS?