SOUTH BY SOUTHWEST
INJURY PREVENTION NETWORK

CSN Children's Safety Network
National Injury and Violence Prevention Resource Center

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

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

Audio will stream through your computer speakers at 2 PM. If you can't listen through your computer, please call: 866-835-7973

Meeting Orientation

- If you are having any technical problems joining the webinar please contact the Adobe Connect at **1-800-416-7640**.
- Type any additional questions into the Q&A box to the left of the slides.
- This webinar will be recorded and archived and a copy of this session will be sent out to all registrants after the meeting.

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*.

EDC Learning transforms lives.

Substance Abuse and Mental Health Services Administration SAMHSA www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

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

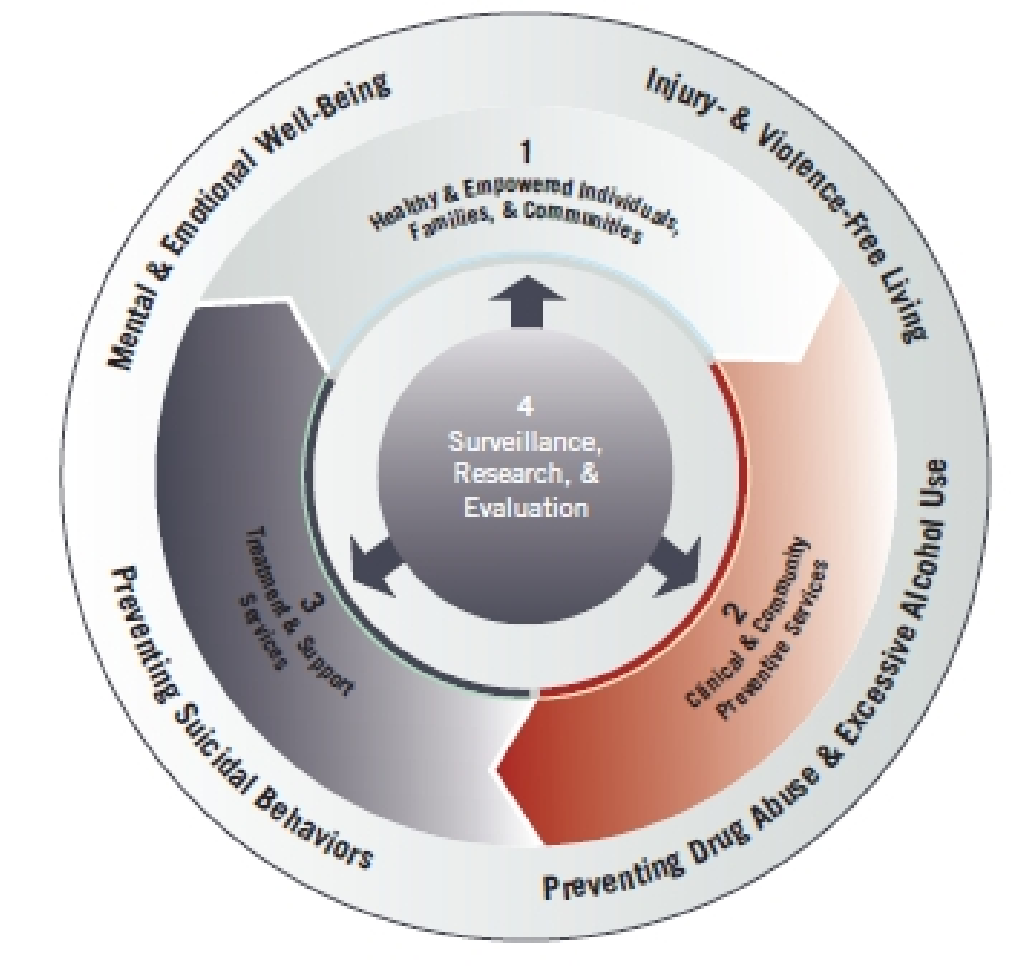
SxSW Injury Prevention Network
April 23, 2014

Adam Chu, MPH
Prevention Specialist
Suicide Prevention Resource Center

SPRC

Image: HHS Office of the Surgeon General and National Action Alliance for Suicide Prevention. *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*. Washington, DC: HHS, 2012.

National Strategy for Suicide Prevention



- ✓ 4 strategic directions
- ✓ 'Menu' of strategies
- ✓ Specific state roles

SPRC

Image: HHS Office of the Surgeon General and National Action Alliance for Suicide Prevention. *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*. Washington, DC: HHS, 2012.

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

SPRC

Menu of Strategies

- ✓ 13 Goals and 60 Objectives
- ✓ Goals and objectives do not focus on specific populations or settings
- ✓ Flexibility

SPRC

What is realistically achievable anyway??

SPRC

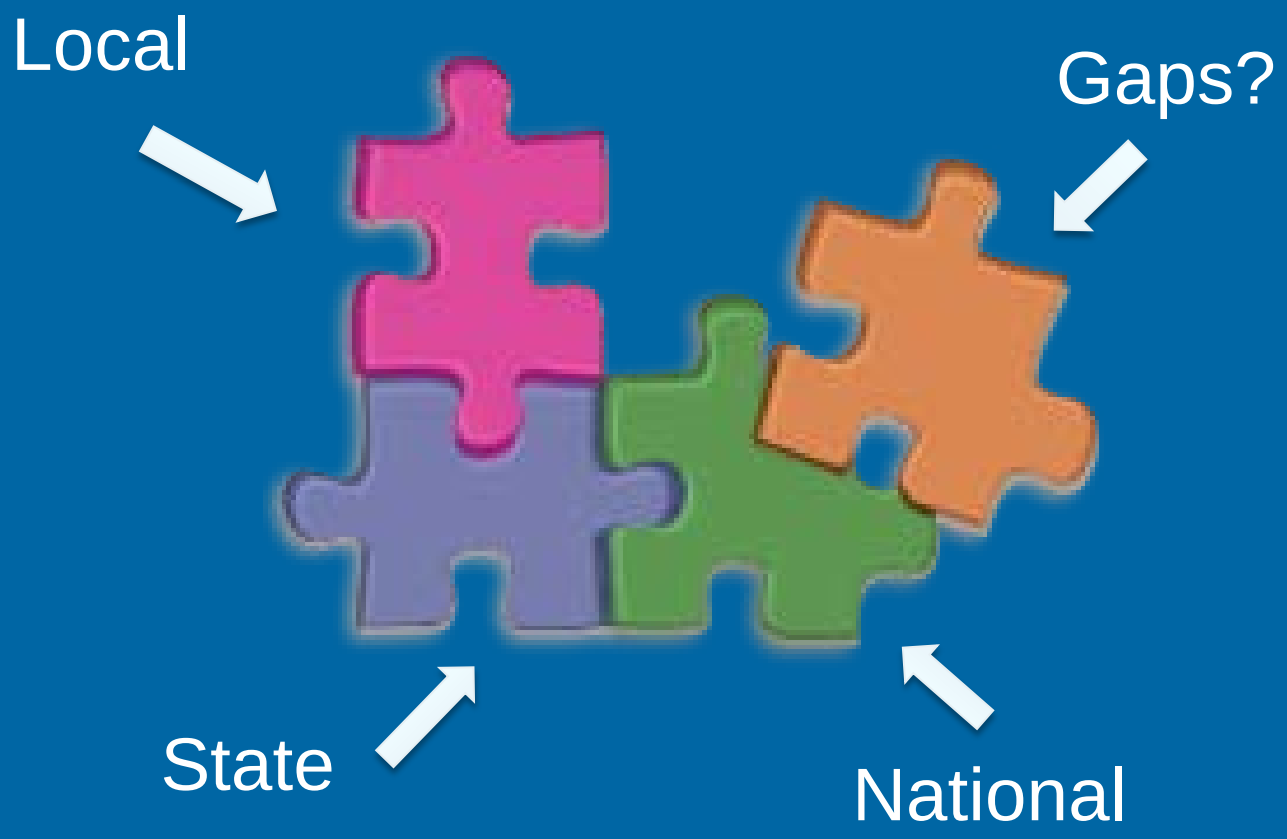
Setting Achievable Objectives

Some considerations

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

SPRC

Examining the data



SPRC

Stakeholder input

- ✓ What issues are most important?
- ✓ Where is there momentum?
- ✓ Improving readiness

Image: © iStockphoto.com

SPRC

SMART Objectives

- ✓ Specific
- ✓ Measurable
- ✓ Achievable
- ✓ Realistic
- ✓ Time-specific

SPRC

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

SPRC

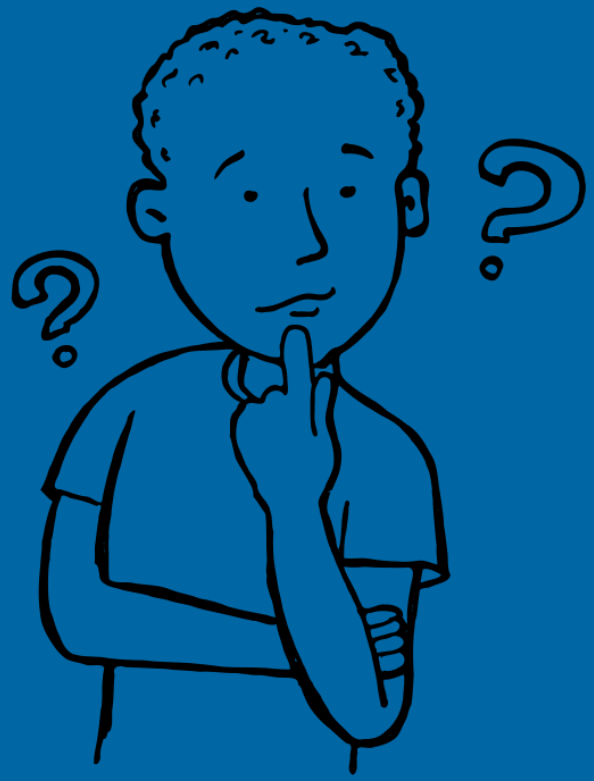
Determining where to start

- ✓ Prioritizing
- ✓ Building blocks
- ✓ Write it down

SPRC

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

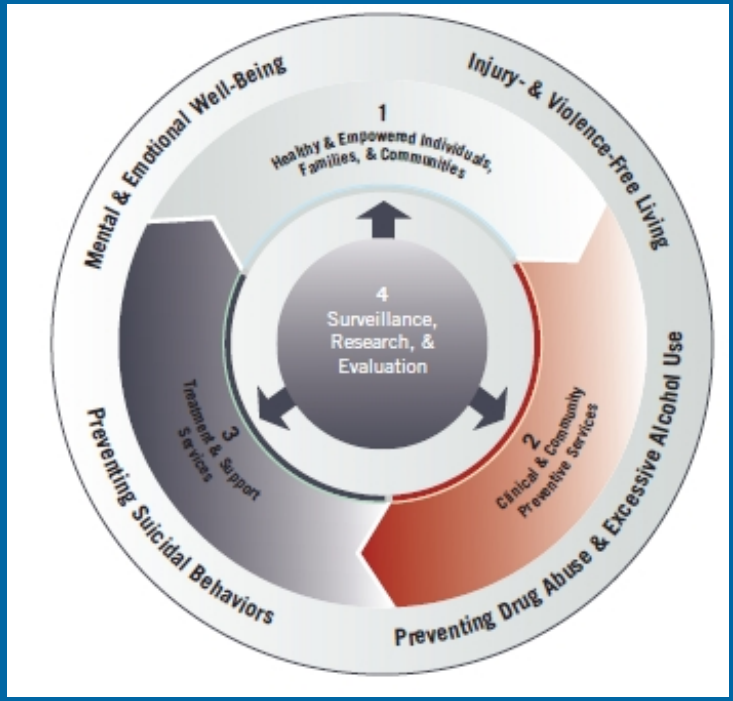


SPRC

How's it going?: Evaluation in the NSSP

Strategic Direction 4:

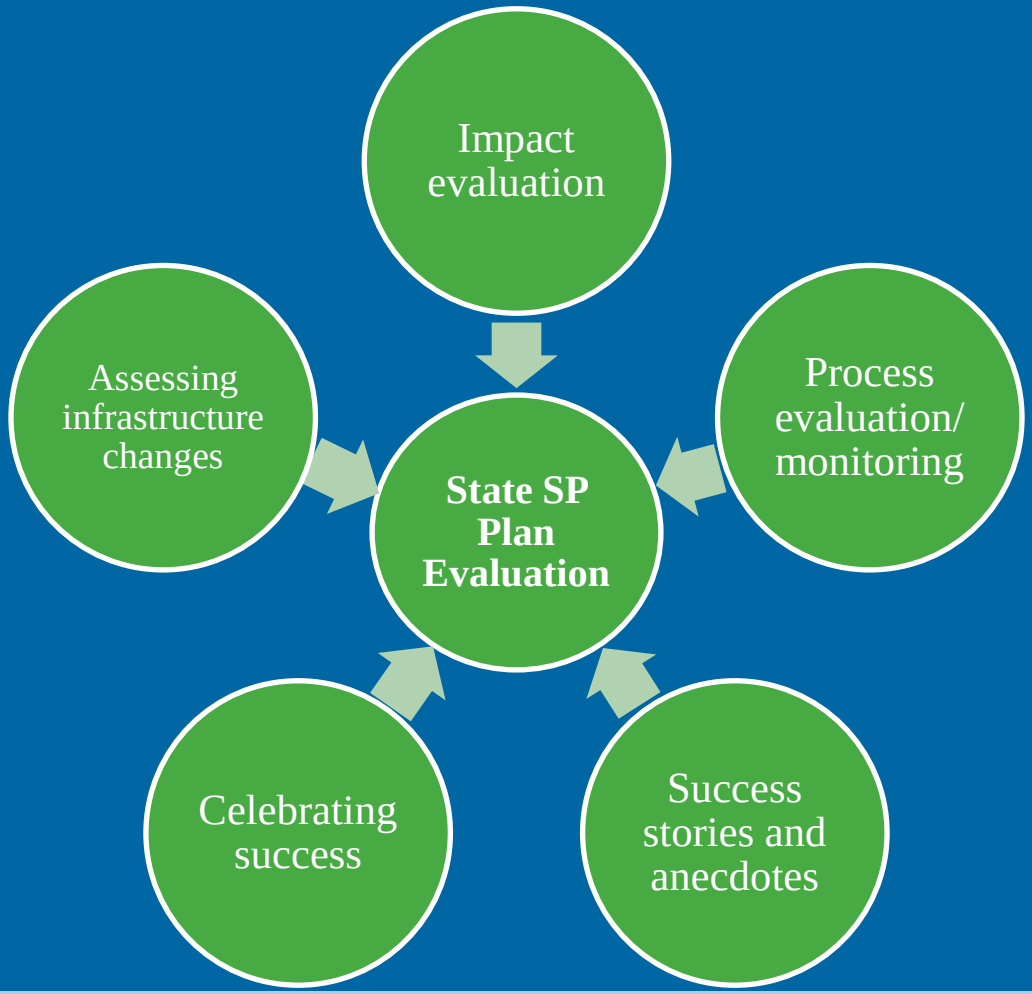
- ✓ Goal 11: Improve surveillance systems
- ✓ Goal 13: Evaluate suicide prevention interventions



SPRC

Image: HHS Office of the Surgeon General and National Action Alliance for Suicide Prevention. *2012 National Strategy for Suicide Prevention: Goals and Objectives for Action*. Washington, DC: HHS, 2012.

Aspects of evaluation



SPRC

Evaluating impact/outcomes

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

SPRC

Measuring other outcomes

Attempt and ideation data

- ✓ Hospital records
- ✓ Health systems
- ✓ State surveys (YRBS, BRFSS)
- ✓ National surveys (NSDUH)

SPRC

Risk and Protective Factor Outcomes

Risk Factors

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

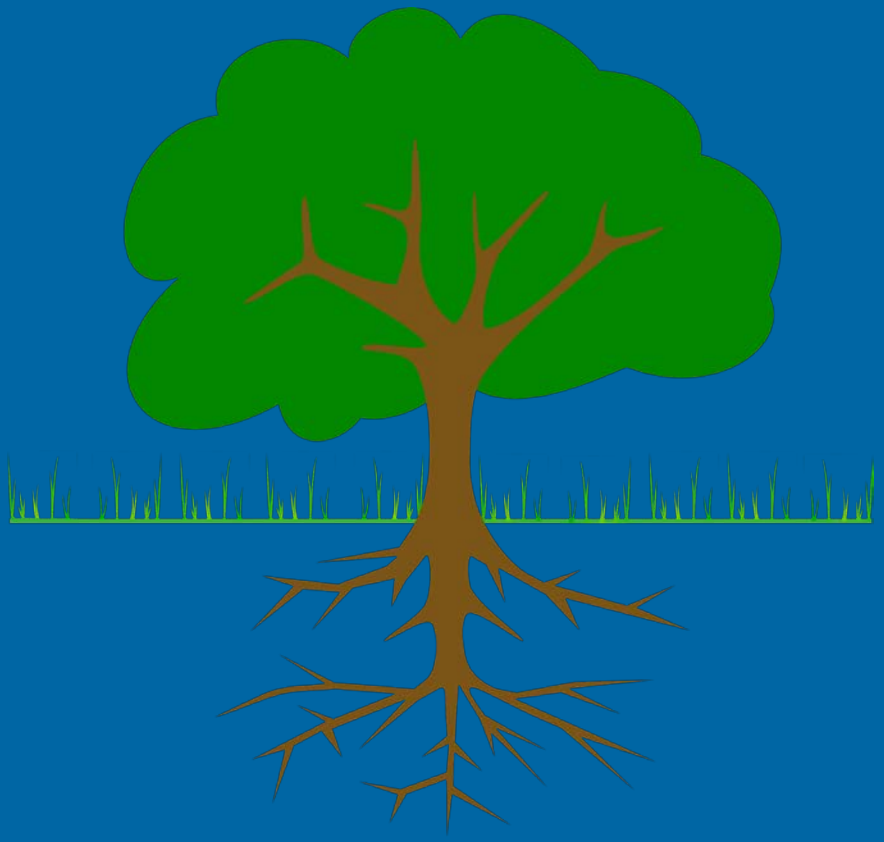
Protective Factors

- ✓ Referrals/access to treatment
- ✓ Calls to crisis lines
- ✓ Social/family connections

SPRC

Infrastructure outcomes

- ✓ Local coalitions
- ✓ Legislation
- ✓ Surveillance systems
- ✓ Policies/procedures



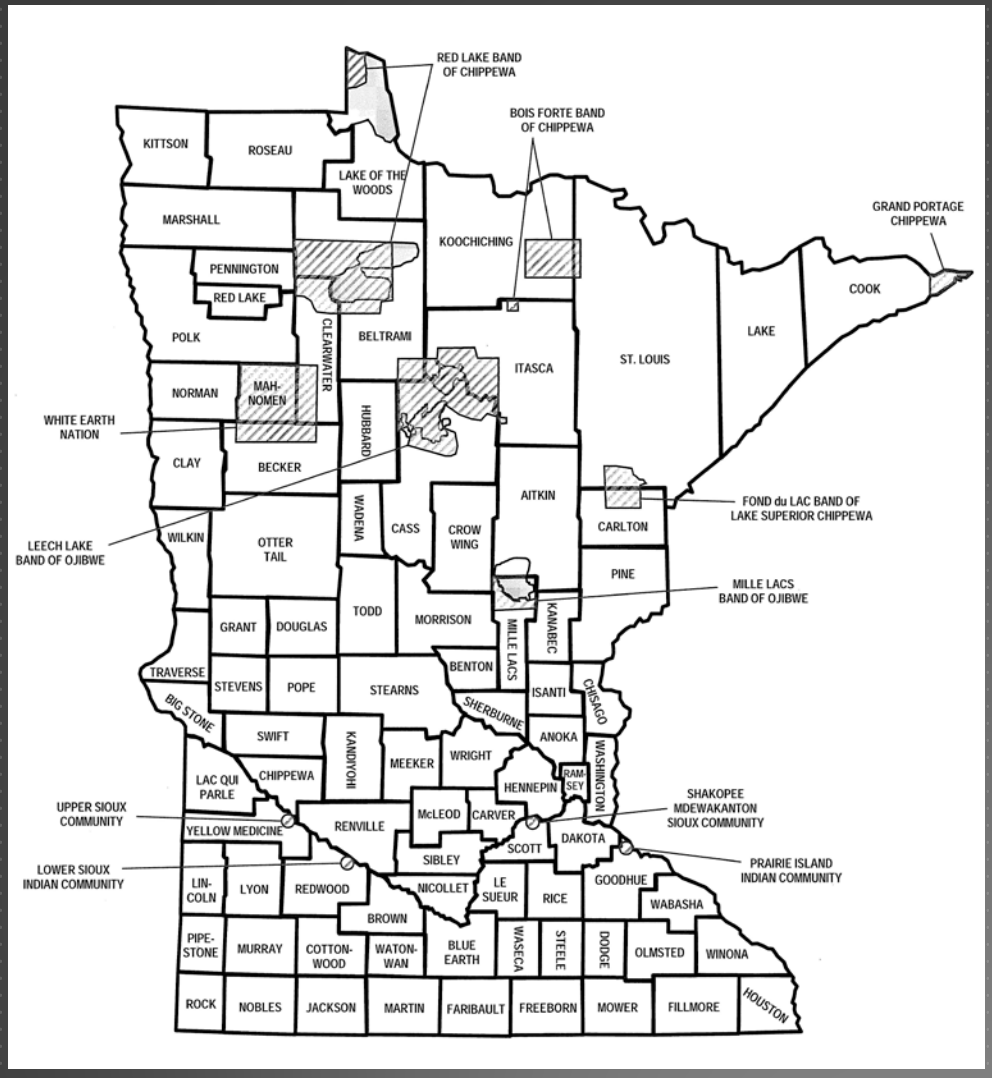
SPRC

Contact Information

Adam Chu, MPH
Prevention Specialist
achu@edc.org
617-618-2947

EDC Headquarters
43 Foundry Avenue
Waltham, MA 02453
www.sprc.org

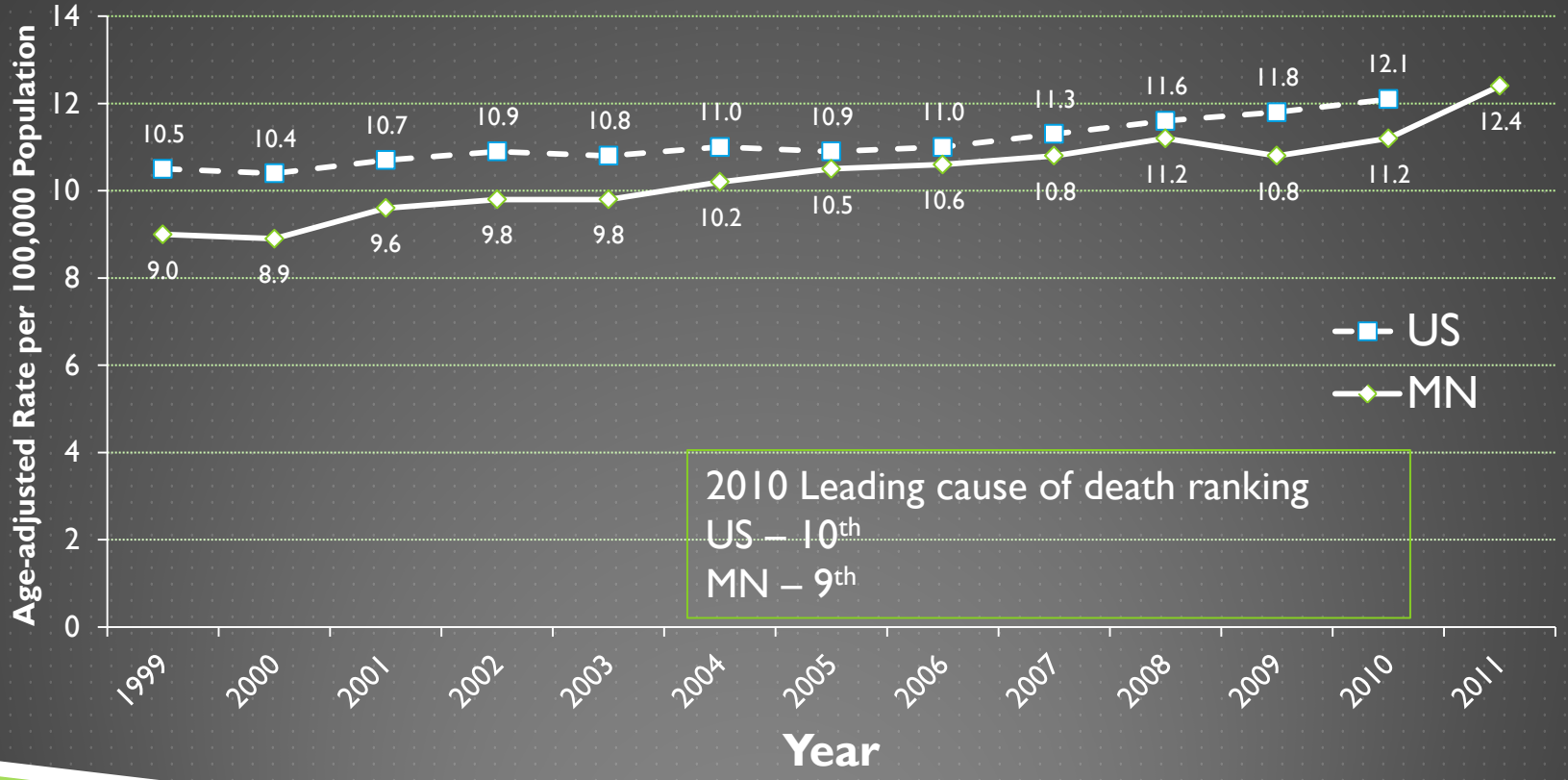
www.sprc.org



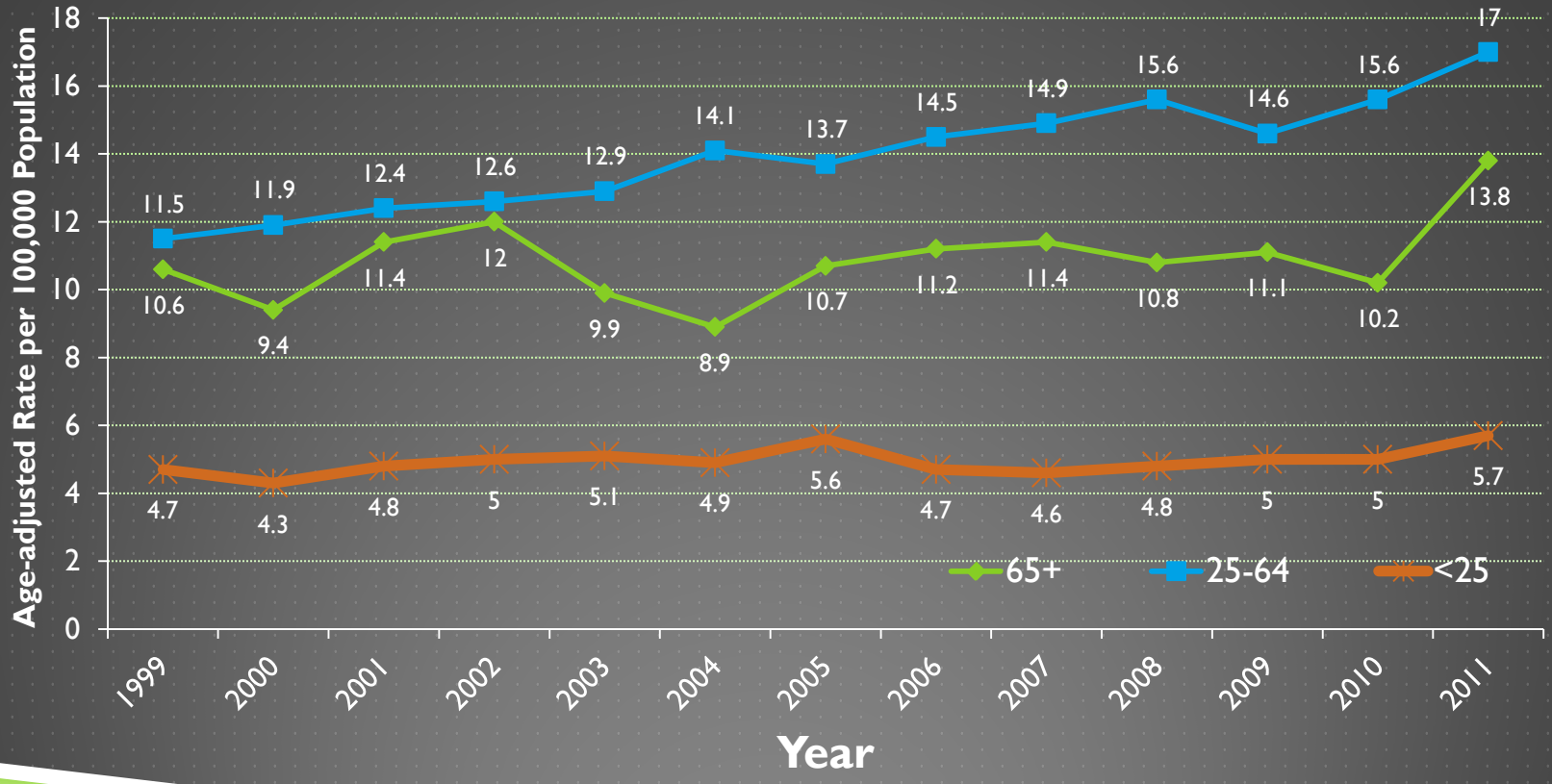
MINNESOTA

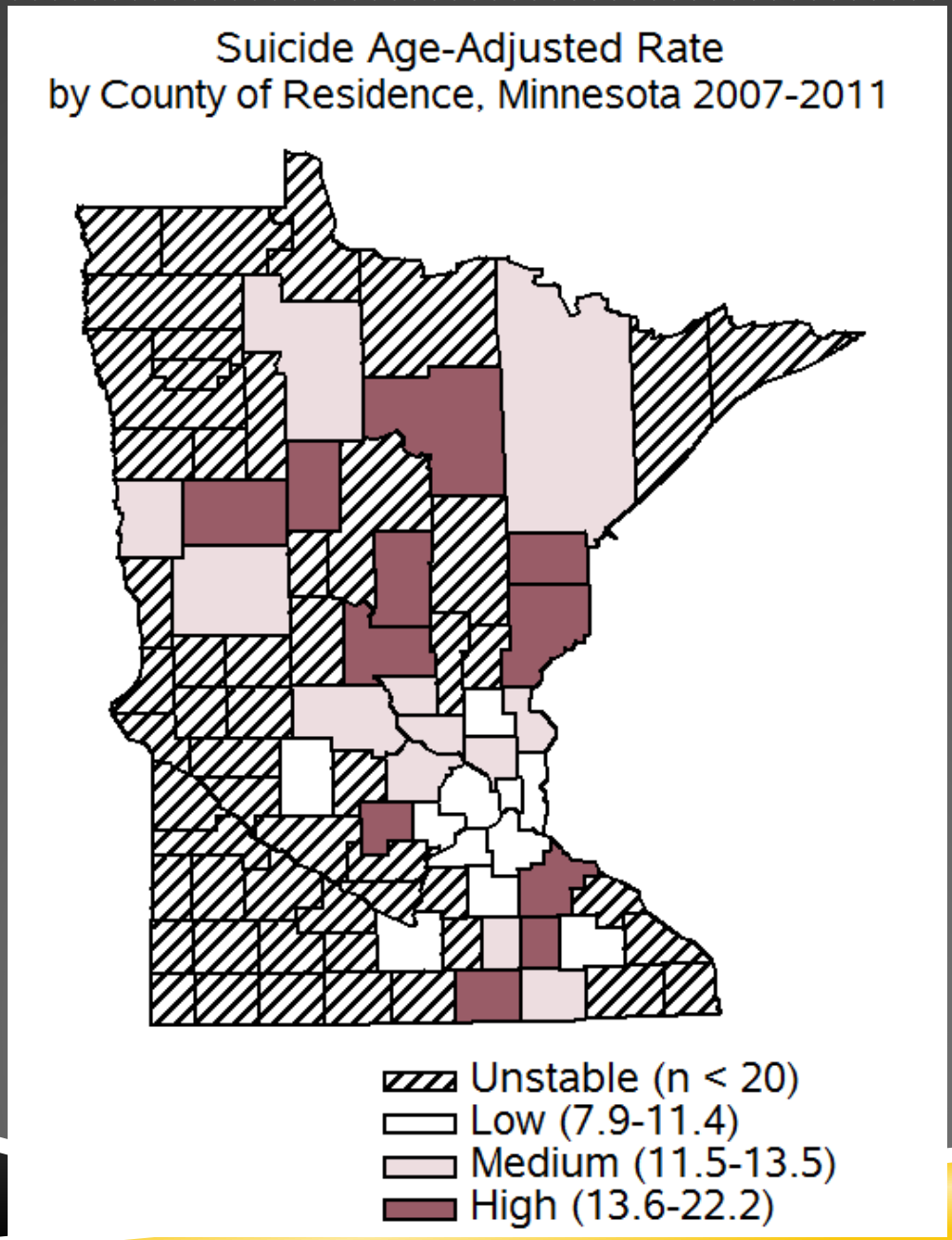
Public Health Approach to Suicide Prevention

MN VERSUS US SUICIDE RATE



MN SUICIDE RATE BY AGE




Suicide Age-Adjusted Rate
by County of Residence, Minnesota 2007-2011
Unstable (n < 20)
Low (7.9-11.4)
Medium (11.5-13.5)
High (13.6-22.2)

Multi-system apporach

MN SUICIDE PREVENTION

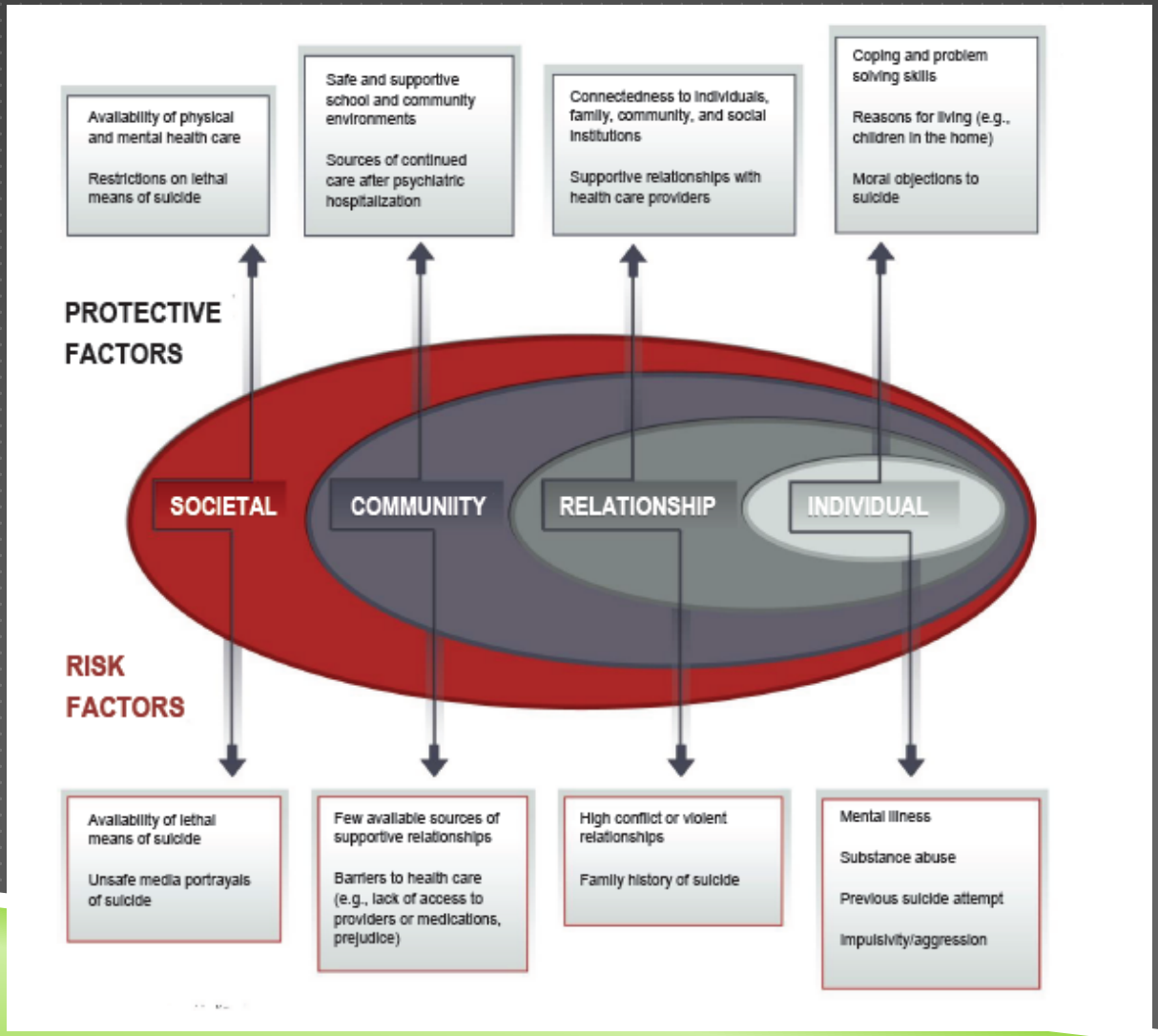
MDH'S ROLE IN SUICIDE PREVENTION

- 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

MN STATE STATUTE 145.56

- 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 EXPECTATIONS



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

National Strategy goal # and wording:
National Strategy objective # and wording:
MN state goal # and wording (rewording of National Strategy objective):
MN state strategy objective # and wording (rewording of National Strategy Objective):
Brief description of objective (refer to the plan for details):
Rationale for objective:
Responsible agency(s):
Status (provide a brief narrative summary of the current status of this objective):
Date of status report submission:
Deadline date for completing this objective write up:
Deadline date for objective as written into the MN state plan:

Subcommittee Reporting Detail:		
Lead Contact Person (Name, Agency and Phone #):		
Objective Tasks:		
Task	Responsible Agency	Deadline

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
  Suicide Prevention Coordinator
  Injury & Violence Prevention Unit
  Health Promotion & Chronic Disease
  Center for Health Promotion
  Minnesota Department of Health

  651-201-5640
  Melissa.Heinen@state.mn.us
  http://www.health.state.mn.us/injury/topic/suicide/

2014 NC Suicide Prevention Plan Development Process Overview

Robert J. Letourneau, MPH
Department of Health Behavior
Gillings School of Global Public Health
The University of North Carolina at Chapel Hill

April 23, 2014

Planning Team Acknowledgements

NC Division of Public Health (DHP)
Chronic Disease & Injury Section (CDI)
Injury & Violence Prevention Branch (IVP)

- **Alan Dellapenna**, MPH
  Branch Head
- **Jane Miller**, MPH
  Public Health Program Consultant
- **Margaret Vaughn**, MPH/CPH
  Public Health Program Consultant
- **Anna Austin**, MPH
  CDC/CSTE Applied Epi. Fellow
- **Kathleen Creppage**, MPH
  CDC/CSTE Applied Epi. Fellow

UNC Chapel Hill
Gillings School of Global Public Health
Department of Health Behavior

- **Robert J. Letourneau**, MPH
  Research Associate
- **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

North Carolina Injury & Violence PREVENTION Branch

NCPH North Carolina Public Health

NC Department of Health and Human Services

UNC GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH

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

2012 NSSP Goals	NC DMH Suicide Plan (2012)	NC Burden Report (2013)	Recently Updated State Plans				
			TN (2013)	MI (2005)	OH (2013)	AK (2012)	ME (2012)
Strategic Direction 1: Healthy and Empowered Individuals, Families, and Communities							
Goal 1: Integrate and coordinate suicide prevention activities across multiple sectors and settings.	X	X	X	X	X	X	X
Goal 2: Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes, and behaviors.			X			X	
Goal 3: Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery.	X		X				
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.			X	X	X		X
Strategic Direction 2: Clinical and Community Preventive Services							
Goal 5: Develop, implement, and monitor effective programs that promote wellness and prevent suicide and related behaviors.	X	X	X	X			X
Goal 6: Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.		X	X	X			
Goal 7: Provide training to community and clinical service providers on the prevention of suicide and related behaviors.			X	X		X	
Strategic Direction 3: Treatment and Support Services							
Goal 8: Promote suicide prevention as a core component of health care services.	X		X				X
Goal 9: Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.	X	X	X	X	X		X
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.	X		X	X		X	
Strategic Direction 4: Surveillance, Research and Evaluation							
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.		X	X	X		X	
Goal 12: Promote and support research on suicide prevention.			X	X			
Goal 13: Evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings.			X		X		
Other non-NSSP aligned objectives *(e.g., wording of the Goa/Obk/ did not easily align with NSSP Goals)*	X			X	X	X	

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)

1. Health Care Systems, Insurers, Clinician s	2. Nonprofit, Community Faith-based Orgs	3. Govt. Agency/ Dept (Federal/State/Local)	4. American Indian Tribes	5. College or University (student involvement)
6. Primary or Secondary Schools	7. Military	8. Business, Employer or Professional Association	9. Individual, Family or Concerned Citizen	10. Research Organization (incl. universities)

- 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*

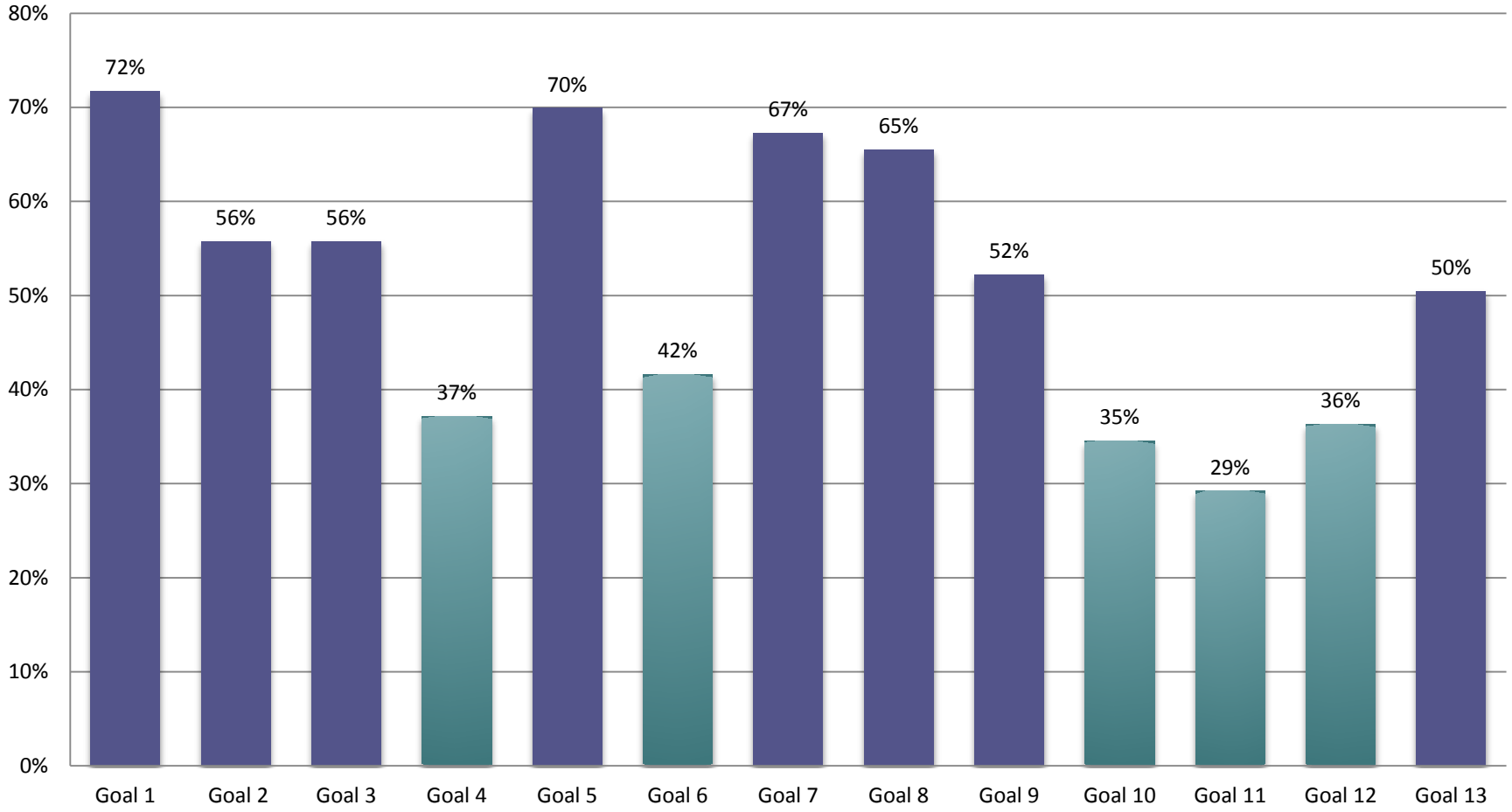
Component	Scale/Response
1. Stakeholder Group Membership (primary)	Select one of 11 groups
2. Degree to which NC 'as a whole' addresses NSSP Goal	0=note at all, 7=completely
3. Degree to which organization addresses NSSP Goal	0=note at all, 7=completely
4. Prioritization of NSSP Goals for use in NC	Select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

- 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

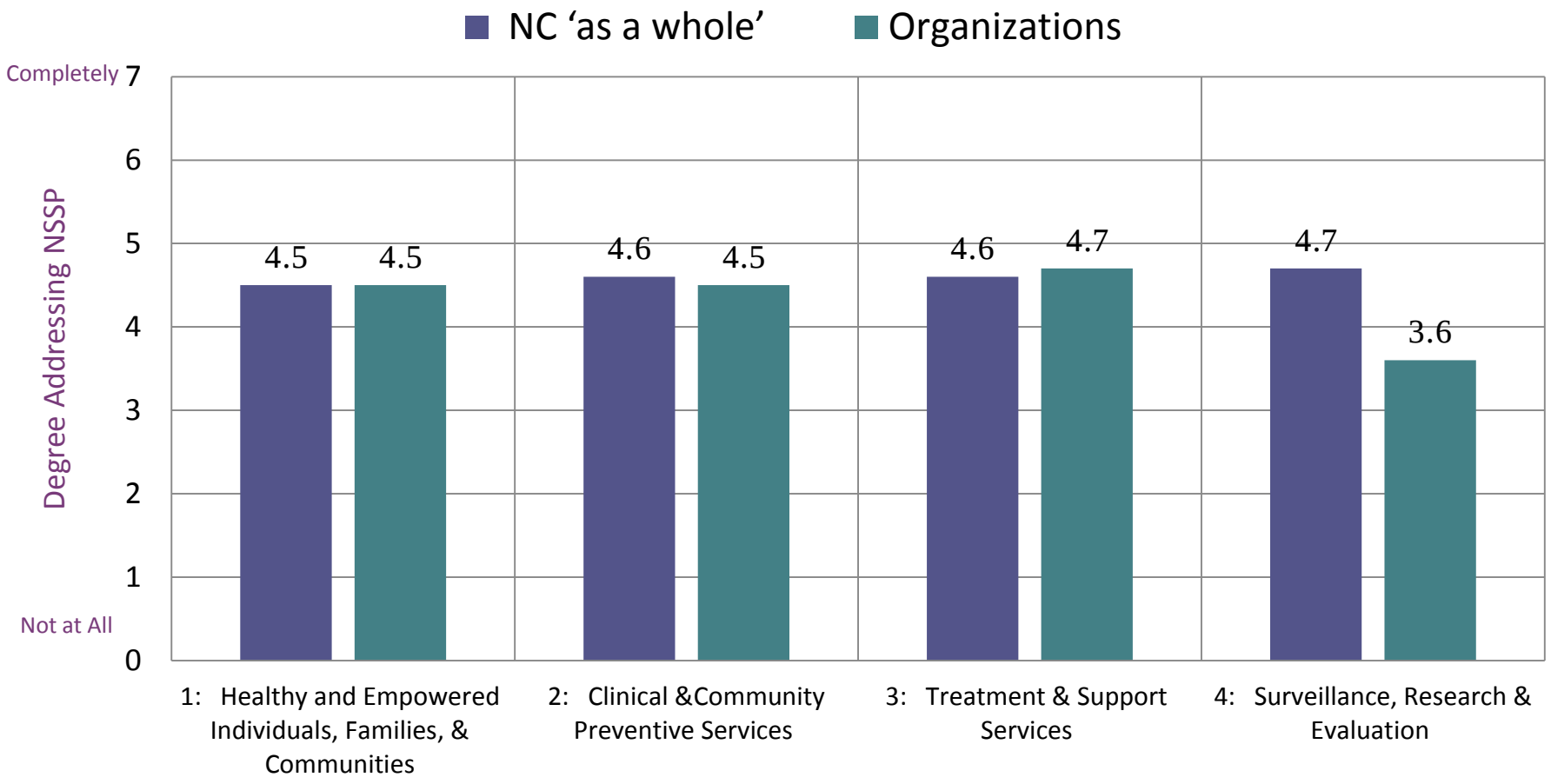
Average Response for NSSP Goals that should be prioritized in the Plan (n=33 to 81)

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).



Working Group Meeting #1 – April 30, 2014

- **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 Invitation
NSSP guided list of stakeholder group representatives sent a detailed invitation to participate in plan development process (snowball-method also employed).
Two groups formed:
Working Group
Consulting Group

Stakeholder Input
Assessed alignment with 2012 NSSP (via online survey) with Working and Consulting Group members
Conducted focus group with Youth Advisory Council members

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?

Breakout session # 2
In small groups by strategic direction expertise (mixture of stakeholder group members):
- Identify NSSP **objectives** that align with NC efforts
- Identify **examples** of stakeholder groups' opportunities to address NSSP objectives

Working and Consulting Group Review and Feedback on Meeting #1 Results

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*

Part 2: Describe next steps to develop state plan (e.g., editing of written document, endorsements, communication when completed)

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

- **Robert J. Letourneau, MPH**
  Phone: 919-966-3920
  Robert_Letourneau@unc.edu
  UNC Department of Health Behavior/Gillings School of Global Public Health

- **Alan Dellapenna, MPH**
  Phone: 919-707-5441
  alan.dellapenna@dhhs.nc.gov
  Injury and Violence Prevention Branch
  N.C. Department of Health and Human Services
  www.injuryfreenc.ncdhhs.gov

QUESTIONS?