



Suicide Prevention Coalition Development Key Stakeholder Investment

Agenda for today

1. Introductions
2. Overview of Suicide Prevention in NYS with a focus on using Coalitions to reduce the burden of suicide
3. Context-brief overview of some data
4. LUNCH
5. SWOT & Logic Model
6. What's next-Considerations for building and maintaining a coalition

Brief Introductions

- Name
- Affiliation
- What is your connection to the topic of suicide/why is it important for you to be at the table

Community Matters

Communities play a critical role in suicide prevention. They can provide social support to vulnerable individuals and engage in follow-up care, fight stigma and support those bereaved by suicide.

Preventing Suicide: A Global Imperative,
World Health Organization, 2014

It is important to foster a community that cultivates help-seeking and compassion for others.

CDC Recommendations for a Community Plan

NYS Suicide Prevention Activities

- State plan
- Zero Suicide
- Enhancement of Clinical care
- Work in schools
- Postvention
- Coalitions

What is this thing called Coalition?

A community coalition is a group of individuals representing many organizations who:

- Agree to work together to achieve a common goal.
- A coalition brings professional and grass-roots organizations from multiple sectors together, expands resources, focuses on issues of community concern, and achieves better results than any single group could achieve alone.
- A coalition involves an investment of time and resources, it should not be built if a simpler entity will get the job done or if community support is lacking.
- A coalition may address a time limited issue or establish a more sustained collaboration that helps a community analyze its issues to identify and implement multiple strategies that lead to policy, social and environmental change.

Why Coalitions Form? Coalitions may form to:

- 1) Respond to an opportunity, such as funding.
- 2) Respond to a threat or event such as a disease outbreak.
- 3) To expand an organizations' limited time, expertise, resources, services, media coverage, contact with vulnerable populations or influence. There can be a multiplier effect of sorts, leveraging one agency or persons capacity and expanding it through the work of the coalition

Why develop a Coalition?

Coalitions offer benefits such as opportunities to:

- Exchange knowledge, ideas, and strategies.
- Share risks and responsibility.
- Build community concern and consensus for issues.
- Engage in collective action that builds power
- Improve trust and communication among community sectors.
- Mobilize diverse talents, resources, and strategies.
- Suicide is a public health problem-coalitions can provide a public health approach

Coalitions enable organizations to build capacity and develop interventions that meet their needs, are community-owned, culturally sensitive, and likely to be sustained.

Suicide as a Public Health Problem

- In 1999 US Surgeon General David Satcher issued a landmark report identifying suicide as a major public health issue and saying that it was largely preventable if a more comprehensive approach was taken to the issue. An Executive Summary and full copy of the report can be found at: link:
<http://www.surgeongeneral.gov/library/calltoaction/default.htm>
- Suicide places a significant burden on a population's health
- Presence of known risk factors that are measurable and preventable
- Public desire and interest in addressing suicide
- Public health uses a population approach to improve health on a large scale. A population approach means focusing on prevention approaches that impact groups or populations of people, versus treatment of individuals.
- Second, public health focuses on preventing suicidal behavior before it ever occurs (primary prevention), and addresses a broad range of risk and protective factors.
- Third, public health holds a strong commitment to increasing our understanding of suicide prevention through science, so that we can develop new and better solutions.
- Finally, public health values multi-disciplinary collaboration, which brings together many different perspectives and experience to enrich and strengthen the solutions for the many diverse communities.

Public Health Approach

- Prevention efforts are designed to break chains of events that lead to a negative outcome
- Prevention Focuses on steps to take before a problem occurs or to minimize the impact of the problem
- “ Big picture” perspective
- Comprehensive, committed, long-term
- Population-focused
- Identifies those at higher risk
- Interdisciplinary
- Science-based collective action

Coalition Work aligns with the National Strategy for Suicide Prevention

Strategic Direction 1: Healthy and Empowered Individuals, Families, and Communities

GOAL 1. Integrate and coordinate suicide prevention activities across multiple sectors and settings.

GOAL 3. Increase knowledge of the factors that offer protection from suicidal behaviors and that promote wellness and recovery.

Objective 3.1: Promote effective programs and practices that increase protection from suicide risk.

Basis for SPCNY Coalition Development and Enhancement

SPRC's A Strategic Planning Approach to Suicide Prevention

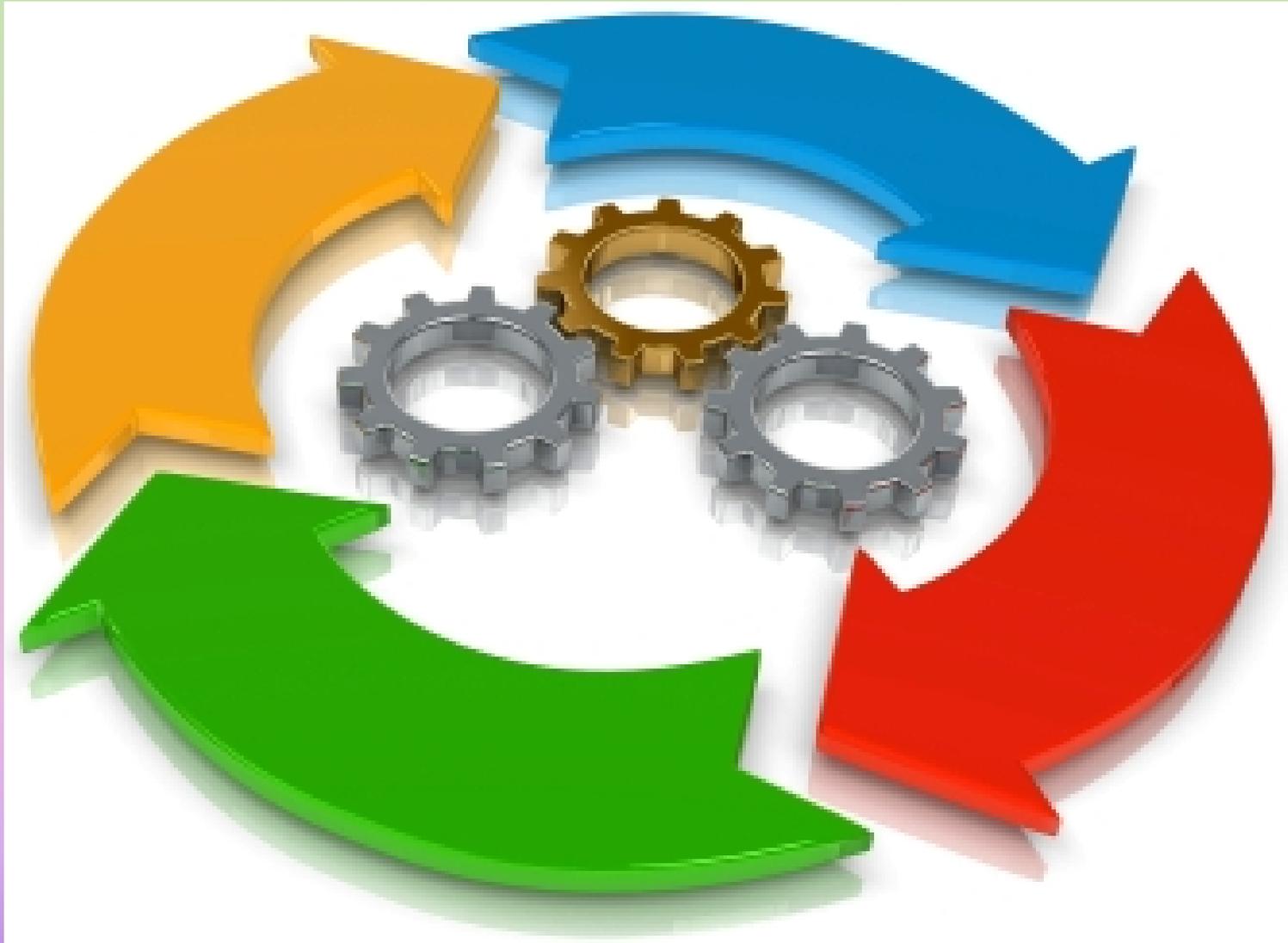
- A Strategic Planning Approach to Suicide Prevention can help identify activities that will be effective in addressing the problem of suicide and assist with prioritizing efforts among the different options.

Implementation of the Public Health, Community-Based Prevention Model

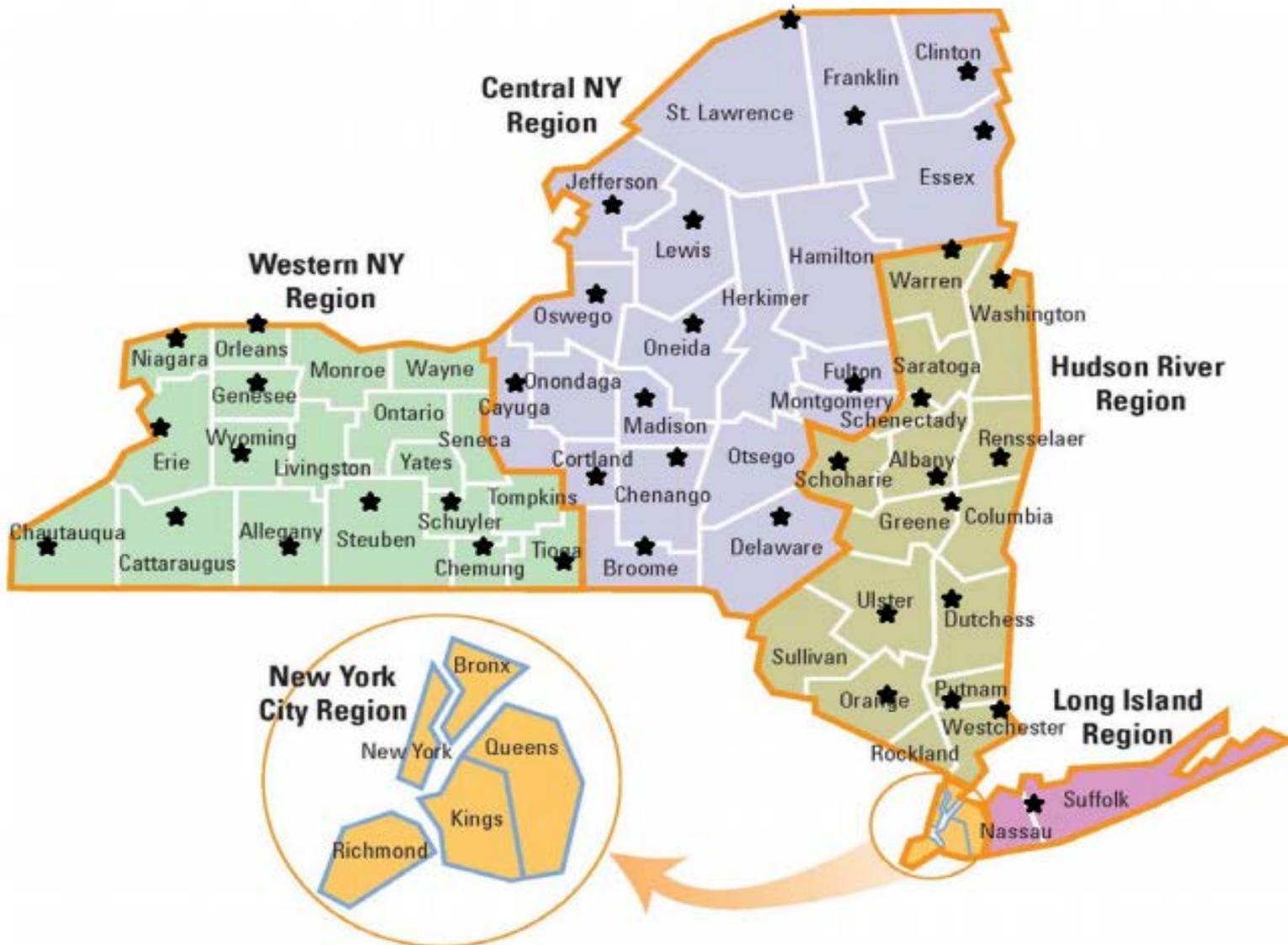
JD Hawkins “Communities That Care,” a comprehensive strategy for activating communities to leverage prevention science to plan, implement, and evaluate prevention programs.

- Use data to identify populations with elevated risk and protective factors
- Identify researched, effective prevention interventions to reduce those specific risks and enhance protection
- Implement at multiple levels within the community
 - Structure funding
 - Stakeholder involvement
- Mobilize the community
 - Training and education
 - Sustained technical assistance
- Evaluation and Continual Improvement

Commitment to a Dynamic Process



Part of something bigger





Lets move from the clouds down to earth; time for an example





Olivia B. Retallack, MA
Coordinator
Suicide Prevention Coalition of Erie County

Our Journey....

2012

The Garrett Lee Smith Grant

Crisis Services

Lead Agency for Erie County in Suicide Prevention

First Meeting – May 2012

*Competent and Caring Communities for Youth Suicide Prevention of
Erie County*



First Year Goals

The Basics

- Mission Statement ... what are we going to accomplish and what will offer to our community?
- Logo
- Committee Development and Plans
- Awareness Event



Putting the Pieces Together

Committees

Exec, Planning and Outreach, School, Training

Strategic Plan – public health focus

➤ Driven by our mission statement:

➤ Education and Awareness

➤ Data Driven

➤ In alignment with New York State Plan and National Strategy

➤ Short Term, Intermediate, Long Term Goals

➤ Intervention – Evaluation - Assessment

School Committee

Data: High rates of suicide among teens. (Youth Behavior Risk Survey, Erie County Data, Nat'l data)

Goals:

Short term goals:
Complete 2 full cycles of Lifeline's 2015-2016 school year.

Intermediate goals: Create master list of schools trained and contact person identified. Develop Poster campaign?

Long Term Goals:
More trainers and Postvention Inservice Day

AWARENESS

Poster
Campaign?

EDUCATION

Lifeline
Trilogy

Plan an evaluation

Pre and Post Tests? Readiness Survey?

**Implement the interventions, evaluate,
and improve.**

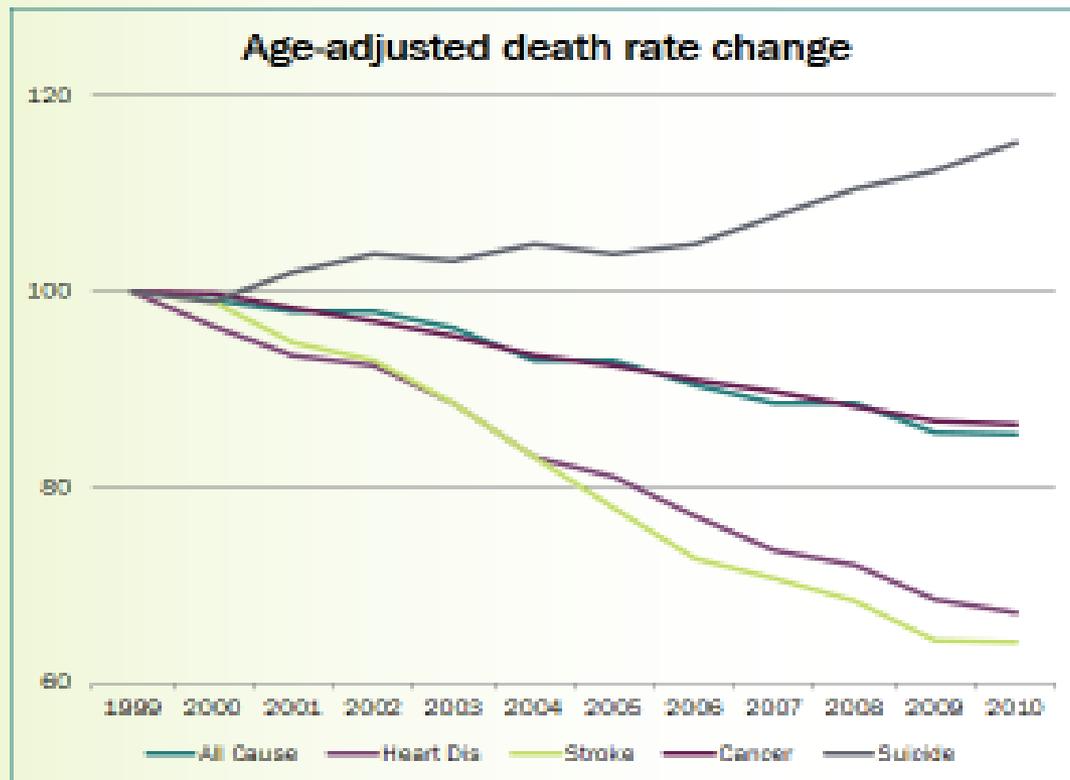
Context-The impact of Suicide in NYS and in your community

IMPORTANT TO REMEMBER:

- BEHIND THE DATA ARE INDIVIDUALS WHO HAVE BEEN IMPACTED BY SUICIDE-EITHER LOSS OR ATTEMPT SURVIVORS

Change in age-adjusted death rate

Comparison to rate in 1999

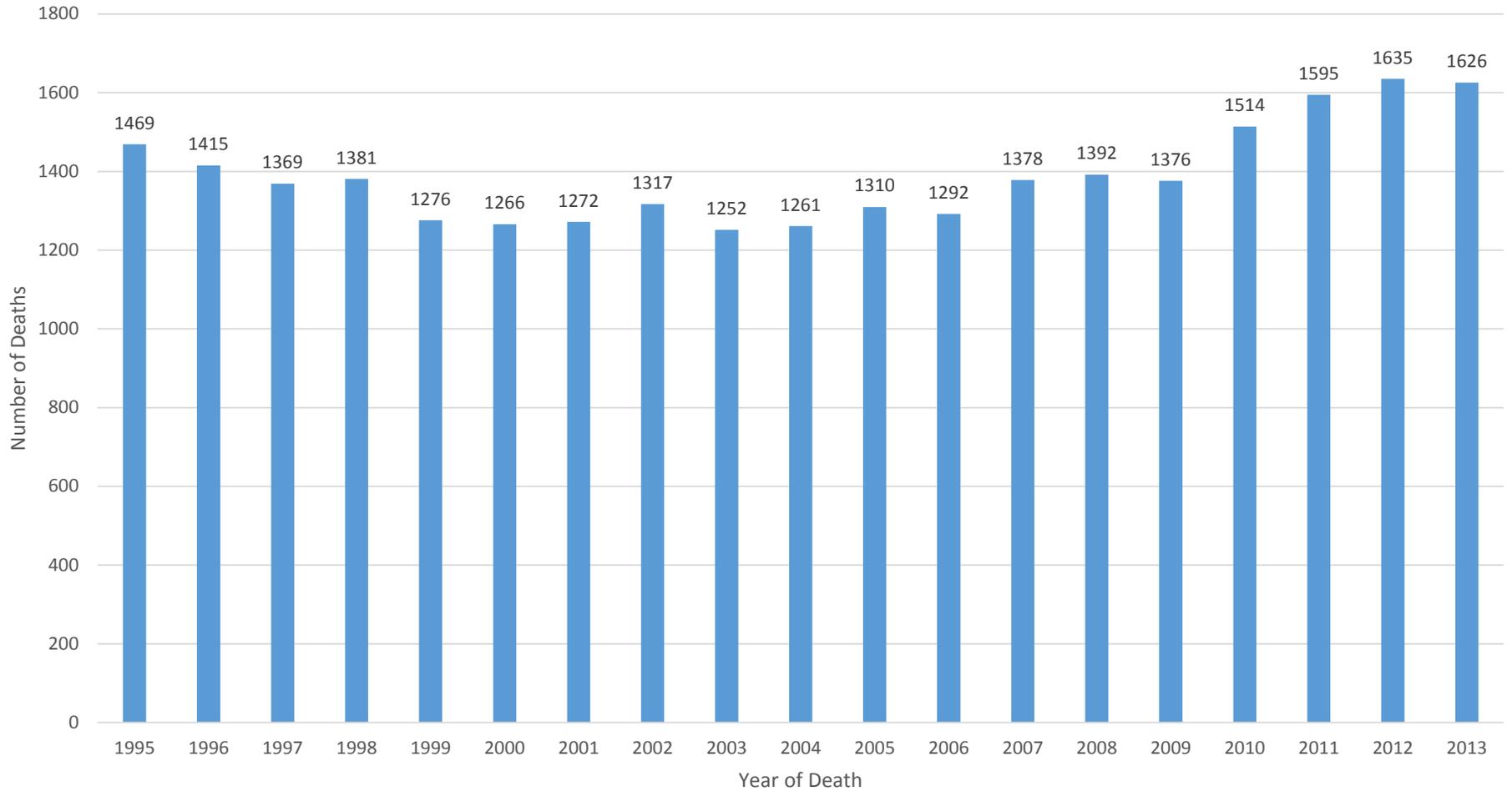


Economic impact

- Suicide results in an estimated \$51 billion in combined medical and work loss costs
For each suicide prevented, savings = \$1,182,559 in medical costs (\$3,875 per) and lost productivity (\$1,178,684 per).
- One in 14 employees will suffer from depression at some point. This = over 200 million lost workdays, and \$44 billion annually in absenteeism, lost productivity and direct treatment costs.
- Organizations that demonstrate care for their workplace community by developing wellness programs improve employee morale and retention while keeping costs down.

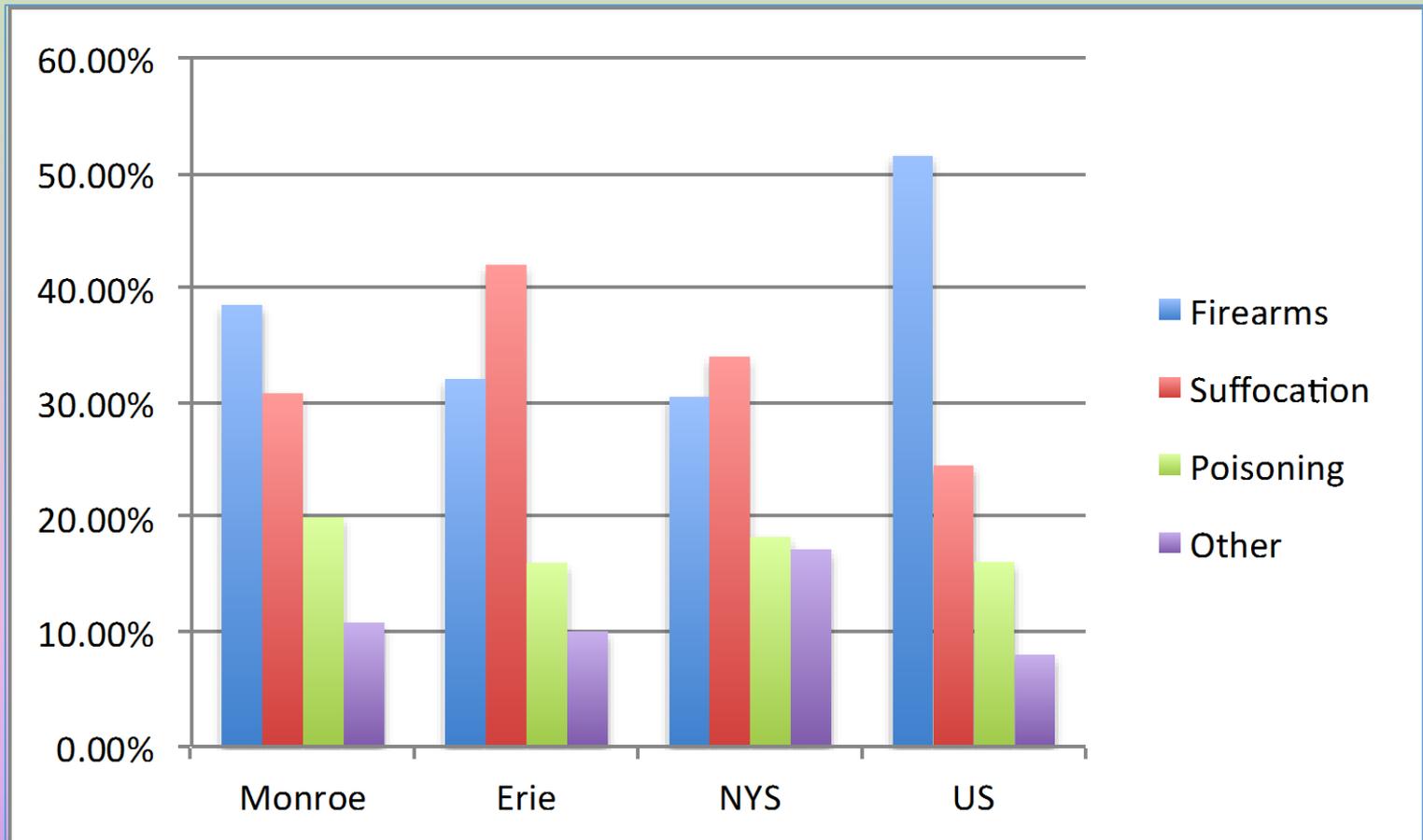
1700 Too Many

Number of Suicides, NYS, by Year



Suicide by Means

*NYS Suicide Means % Based on Average Annual Frequency
2008-2012 - NYS DOH Vital Statistics*



Public MH System Service Patterns: Proximal to Suicide

Service Utilization Prior to Completed Suicide for Individuals in OMH Licensed Programs (n=201*) (1/1/12 – 11/12/14)

Days Prior to Incident	Psychiatric ER Visit	%	Medical ER visit	%	Psychiatric Hospitalization	%	Medical Hospitalization	%	Outpatient**	%
30 Days prior	10	5%	13	6%	9	4%	29	14%	99	49%
90 Days prior	22	11%	26	13%	34	17%	45	22%	122	61%
180 Days prior	34	17%	40	20%	51	25%	62	31%	136	68%

* The sample was derived by matching an extract of NIMRS data which included all completed suicide events from 1.1.12 through 11.11.14 to Medicaid Claims data. The original NIMRS extract included 569 individuals who were reported as completing suicide. Medicaid Id's were found for 294 individuals. Individuals were disqualified from the analytic cohort if they were in inpatient services (n=19) or if they were found to be eligible for Medicaid for less than 80% of the 180 days prior to the suicide attempt or completed suicide (n=74) resulting in a qualifying analytic sample of 201.

** Includes mental health clinic, CDT, PROS, ACT

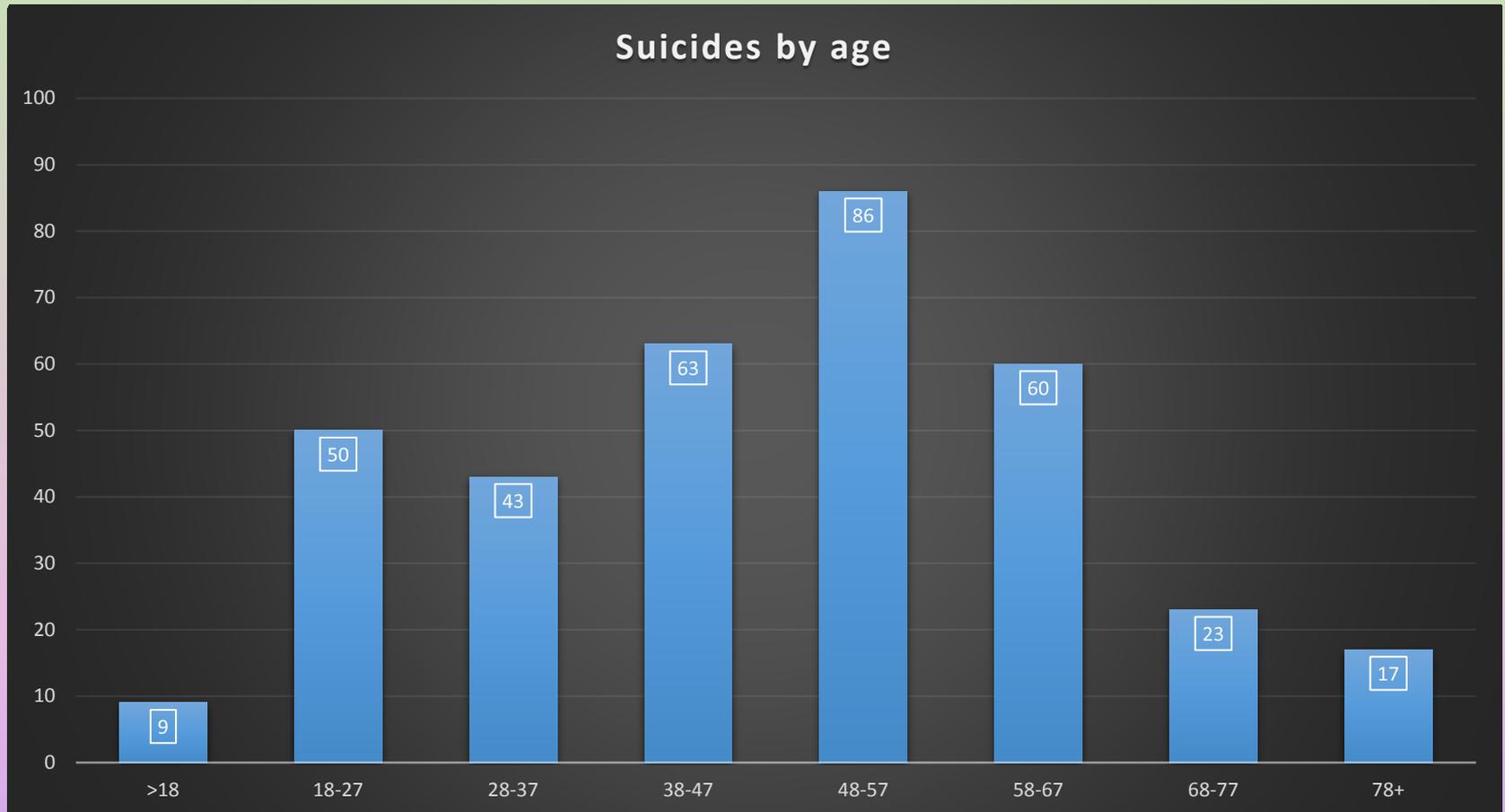
Data Sources: NIMRS (Data Extracted 11.13.14); Medicaid (Match Conducted 2.3.15)

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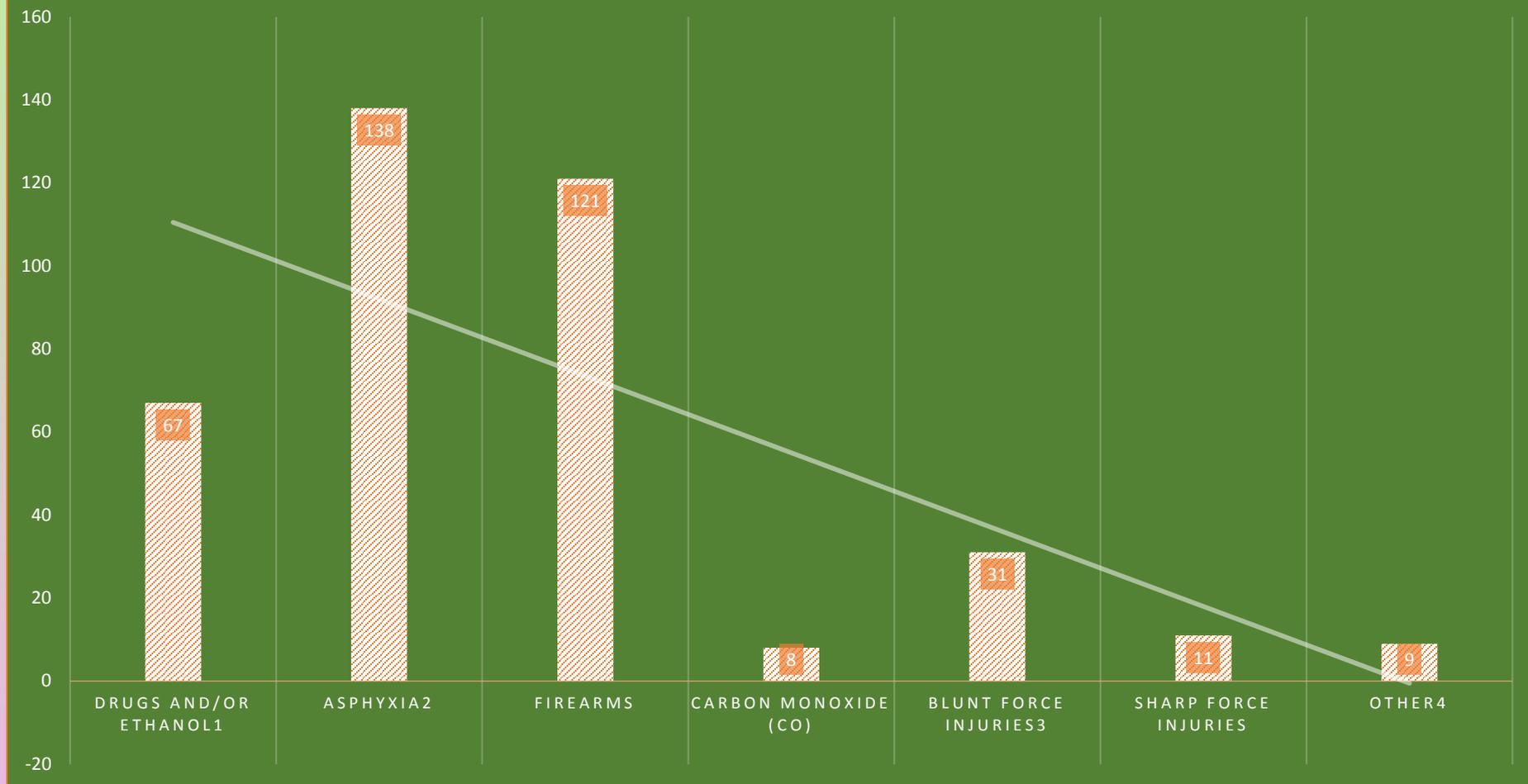


(*) Please note that the data for 2015 and 2016 may be incomplete as some cases are not yet finalized.

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SUICIDES BY MEANS



Notes:

1 – Drugs and/or Ethanol includes prescription medications, illegal drugs, and alcohol.

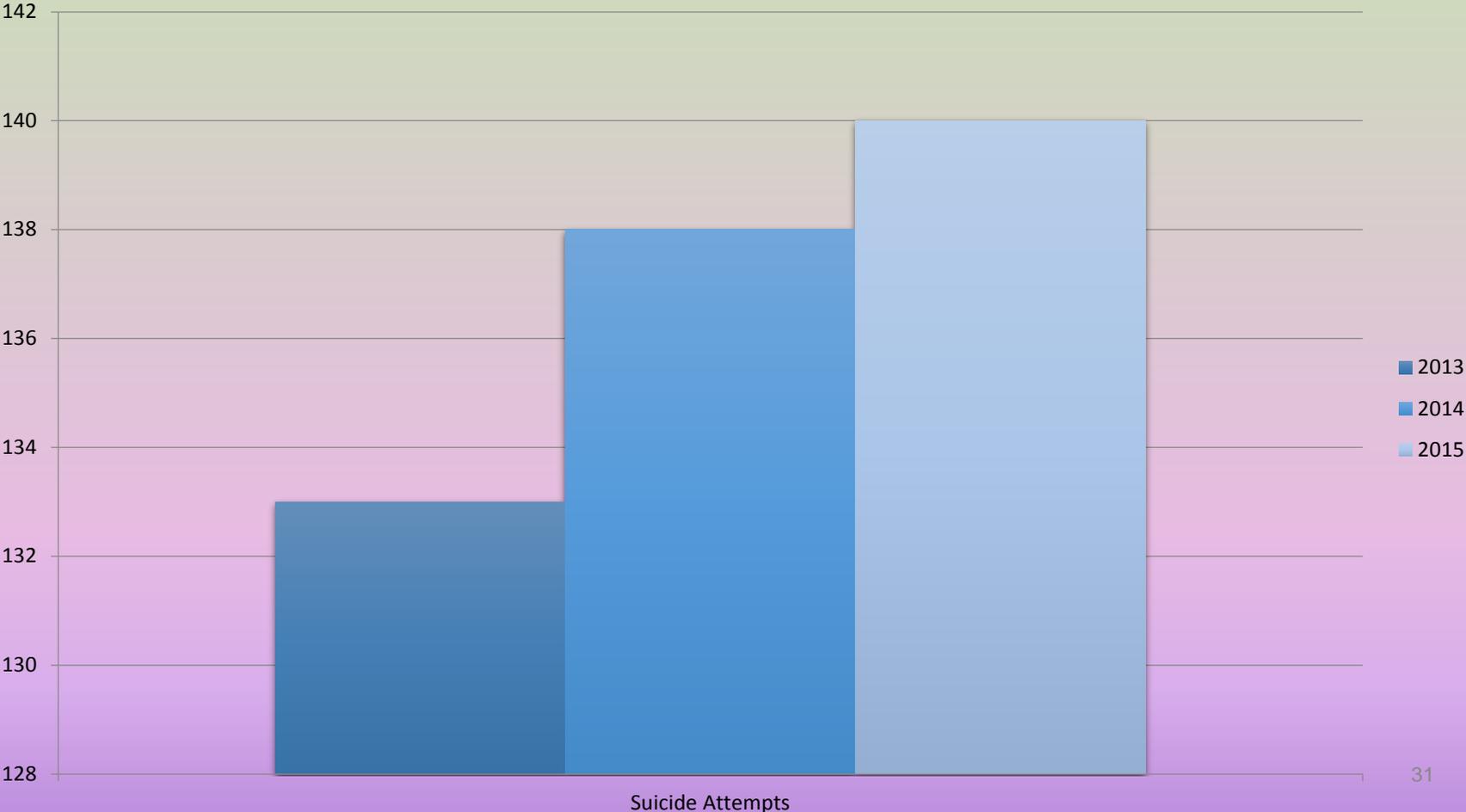
2 – Asphyxia includes hanging, plastic bags over head, etc.

3 – Blunt force injuries from falls from elevated heights, motor vehicle collisions, trains, etc.

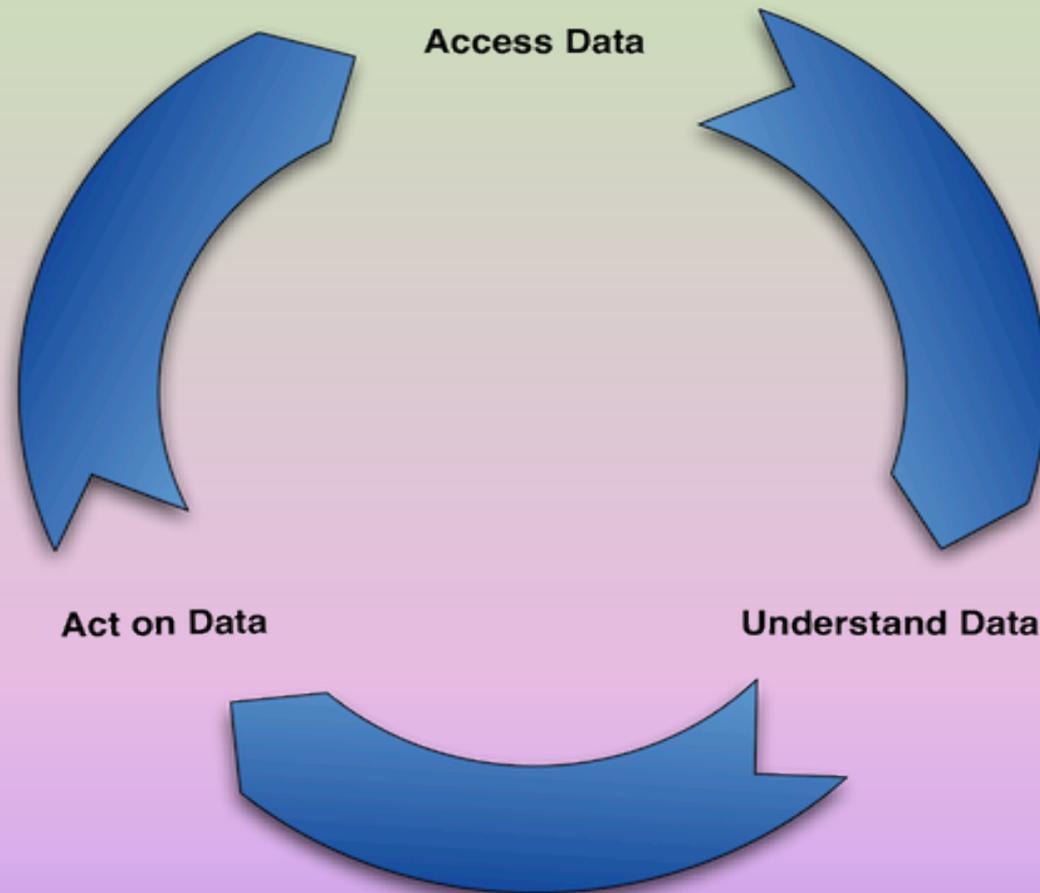
4 – Other includes means not otherwise specified including self-immolation and drowning.

New York State Incident Management and Reporting System (NIMRS) Data, 2013-2015 Monroe County

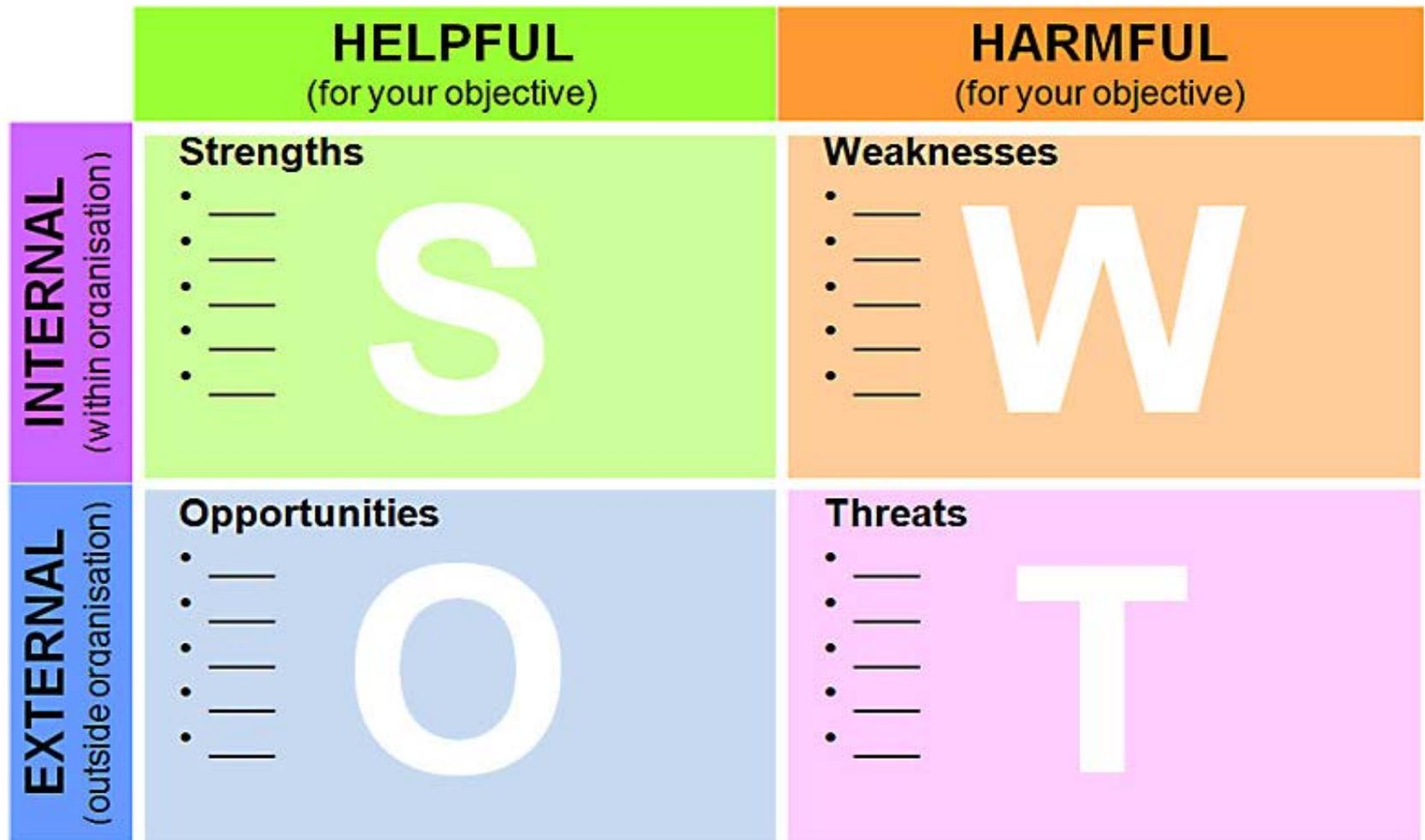
	Reported Suicide Attempts		
	2013	2014	2015
Total	133	138	140



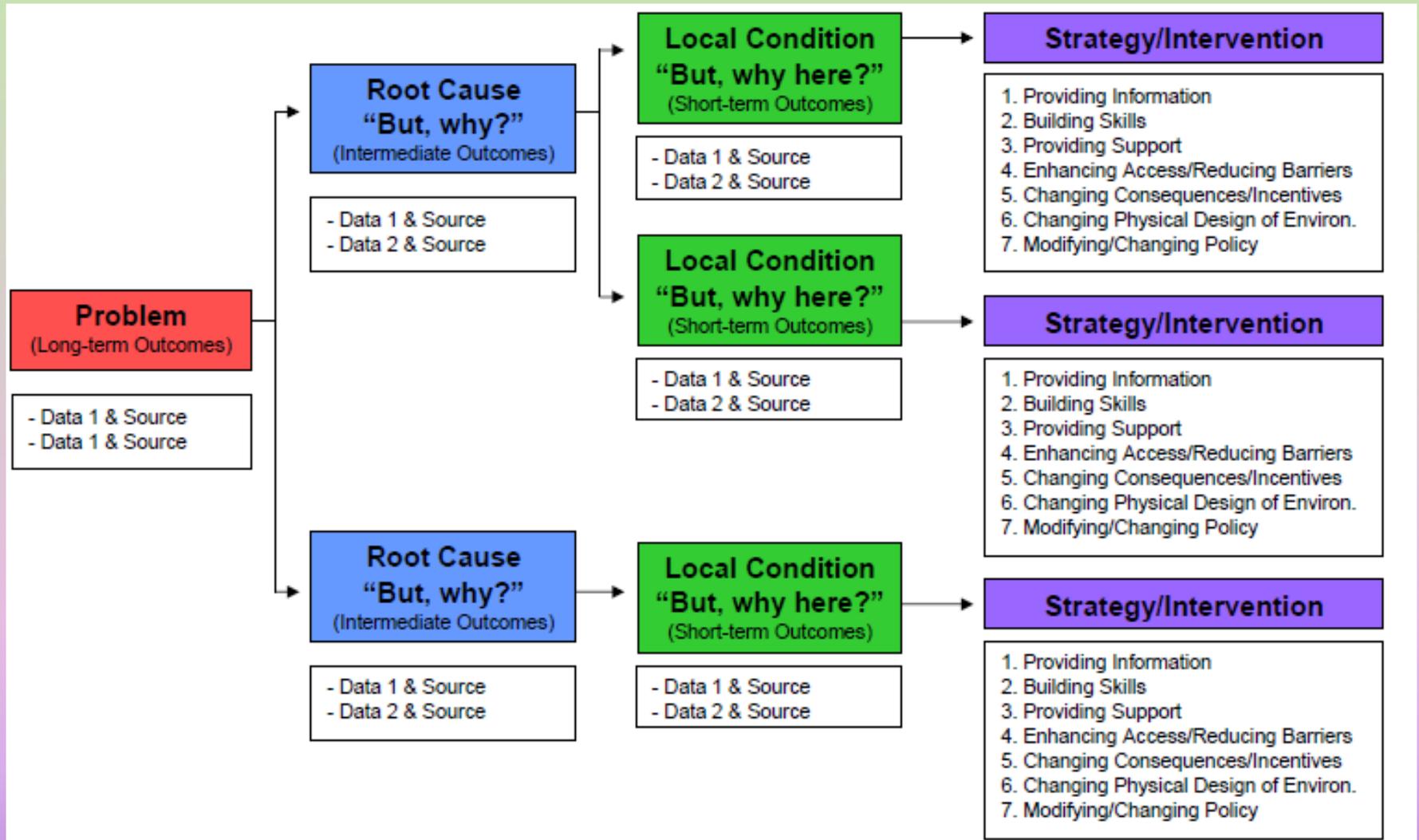
As you move forward with the Coalition Development Process in relation to Data, important to be asking the question?
What is ***Actionable*** data that we have at our disposal



SWOT in relation to developing a suicide prevention coalition in our community

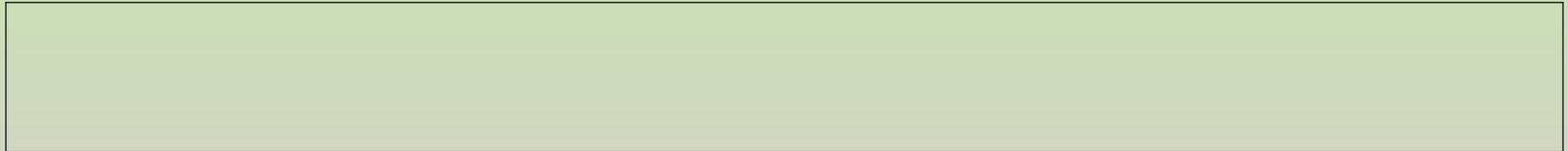


Theory of Change LOGIC MODEL



Theory of Change Example

LOGIC MODEL



Problem Statement			Interventions/Strategies
Problem	But Why	But Why Here	
The suicide rate in County is ...	Stigma	Lack of education programs	Use Suicide TALK to help educate the community

What's Next

Inventory Time; What is happening/has happened in our County in relation to suicide prevention efforts?

- Previous/ongoing coalition efforts
- Zero Suicide efforts by clinics as part of PSYCKES effort?
- Suicide walk—AFSP?
- Status of gatekeeper training, MH First Aid
- Youth/school/campus efforts

Next Steps and Considerations for Future Planning & Development

1. **Next meeting date within 4-5 weeks.** The first mtg agenda should include things such as;
 - Have a discussion to identify potential (or agreed upon) **lead agency** and individual **leaders/champions** who are in a position to continue the work required to further develop the coalition. As part of the discussion consider such things as; does this person & agency have the capacity, is there alignment with agency mission, an ability to dedicate resources to initiative etc. For example, in some Counties the Rural Health Network takes the lead, in other Counties Public Health or the LGU does. This question speaks to both early development as well as long term sustainability
 - Future meeting logistics such as; frequency (recognizing that mtgs may need to be more frequent at the beginning but could eventually be reduced), location, time, development and dissemination of agendas and mtg notes, what structure will the coalition take (Formal/Roberts Rules of Order VS informal)
 - Who is missing from the table? How will you work to identify who are the other key stakeholders and who will invite them to the table. Key considerations is having loss and attempt survivors represented.
 - Begin thinking about what other actionable data does the community have that you can begin to collect and who will be responsible for collecting it
 - **Beginning** discussions on possible workgroups (this may change as strategic planning occurs)
 - Setting next mtg date and agenda topics

Next Steps and Considerations for Future Planning & Development

2. After first coalition meeting, work with staff from SPCNY to determine what needs to be in place/accomplished before formally entering into the Coalition Academy *modules*;
 - A strategic Planning Approach to Suicide Prevention
 - Mission & Vision statement Development
 - Sustaining your coalition efforts
 - Development of a community postvention response team to meet local needs
 - Designing a community training needs strategy

Next Steps and Considerations for Future Planning & Development

3. Are there already a number of coalitions, taskforces, initiatives etc. at work in the County? What agencies are already closely aligned with suicide prevention/intervention/postvention. Discussions need to be had as to how does your County accommodate one more coalition or taskforce? Are there natural opportunities, initiatives or infrastructure to integrate a suicide prevention coalition into without diluting either effort?



4. As you identify people to do outreach to you will want to know the answer to this question-think ***Elevator Speech*** (this will also be fleshed out more once you participate in Mission & Vision Module)
5. How will the effort strive to be inclusive for all parts of the County (geography)

Fill in the Blank

“The gift I can provide my community in helping to prevent suicide is.....?”