

# San Diego County Suicide Prevention Council (SPC)

WORKING TOGETHER TO END SUICIDE

MARCH 1, 2018

# Outline

- ▶ Background: What is SPC?
- ▶ SPC Key Outcomes + Accomplishments (2010-2017)
- ▶ SPAP 2017 Update: Overall Concept
- ▶ SPAP 2017 Update: Process
- ▶ SPAP Update: Overview of the Document
- ▶ SPAP Update: Action Steps
- ▶ SPAP Update: Current Progress
- ▶ Questions/Comments

# Suicide Prevention Council: Background

Community Health Improvement Partners (CHIP) whose mission is to advance long-term solutions to priority health needs through collaboration, advocacy and community engagement initiated an unfunded Suicide Prevention Work Team in 1999.

In April 2010, the County of San Diego Health and Human Services Agency (HHS) contracted with CHIP to facilitate a Suicide Prevention Action Plan Committee (SPAPC) whose purpose was to develop a Suicide Prevention Action Plan (SPAP) for San Diego County.

In October 2011, the San Diego County Suicide Prevention Council (SPC) was formed to guide the implementation of the SPAP and ongoing efforts for stigma-reduction associated with mental health and suicide challenges.

In October 2016, the County of San Diego (HHS) contracted once again with CHIP to facilitate the SPAP Update. To date CHIP facilitates the SPC, it's monthly meetings, subcommittees and all related efforts.

# What is the SPC?

The San Diego County Suicide Prevention Council (SPC) is a collaborative community-wide effort.

Our mission is to prevent suicide and its devastating consequences in San Diego County.

Through various efforts, we are reaching out in the community to raise awareness about suicide prevention, empowering every person to be part of the solution.



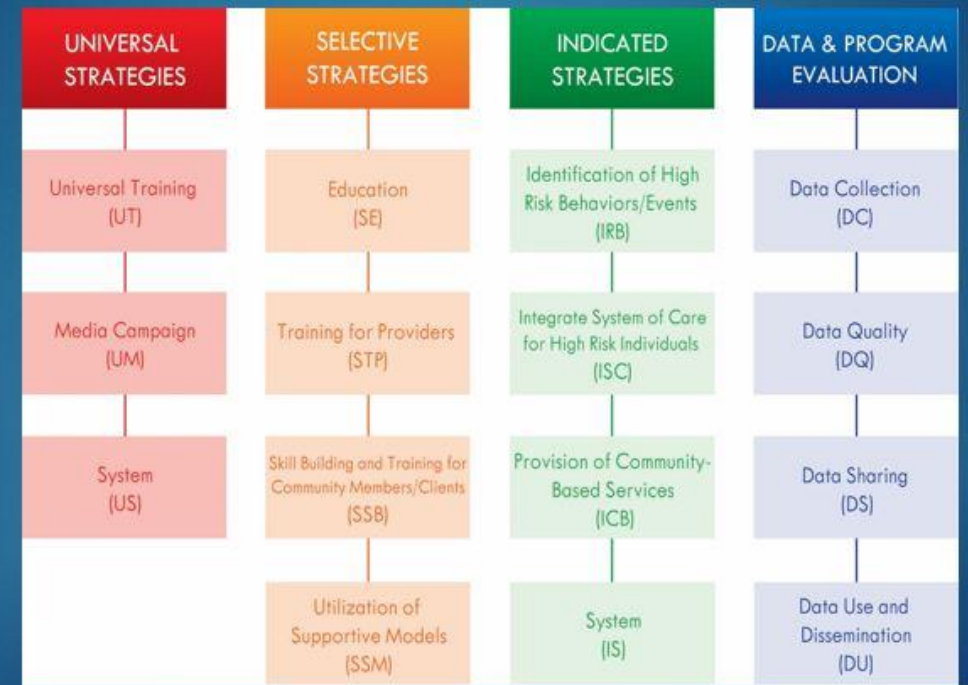
# San Diego County Suicide Prevention Action Plan (SPAP) Update 2018: Overall Concept

# SPAP Update: Overall Concept

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- ✓ Builds Upon Report Infrastructure developed in 2011
- ✓ Informed by Comprehensive and Ongoing Community Engagement
- ✓ Incorporates a Research-Based Strategy Framework
- ✓ Offers a User-Friendly, Modular Design

## Development of the SPAP Strategy Organization

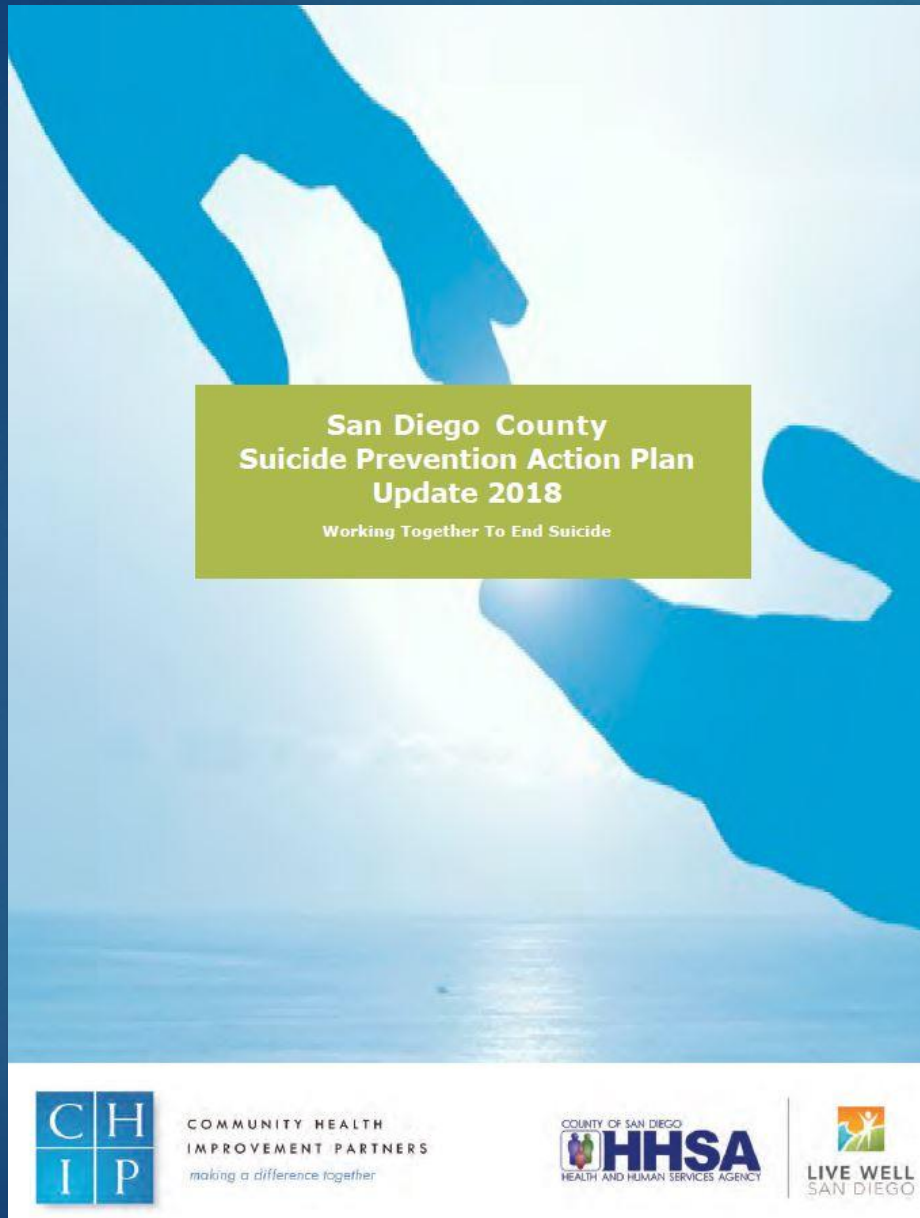


# The Suicide Prevention Action Plan (SPAP) 2017 *Update* Team

- ▶ CHIP Staff:
  - ▶ Dana Richardson, Vice President
  - ▶ Yeni L. Palomino, Director
  - ▶ Lora Cayanan, Program Coordinator
  - ▶ Julius Alejandro, Program Assistant
- ▶ Strategic Consultant: Valerie Nash – Nash + Associates
- ▶ *Initial Evaluation Consultant: Joan Hoffman – Hoffman + Clark Associates*
- ▶ Evaluation Consultant Team: University of California San Diego – Health Services Research Center (HSRC)
  - ▶ Andrew Sarkin, PhD - Director of Evaluation Research
  - ▶ Edith Wilson, PhD - Evaluation Research Associate (Project Manager)
  - ▶ Frances Reyes, MA - Program Evaluation Specialist
  - ▶ Richard Heller, MA - Consumer Advocate

# SPAP 2018 Update

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*Report states - "As reported in the SPC 2016 Annual Report, the suicide rate in our region is the lowest it has been in five years."*





# SPAP 2018 Update – Executive Summary Highlights

- ▶ A Suicide Prevention Action Plan (SPAP) Strategy Framework with Nine Strategies (three each Universal, Selected and Indicated) – AKA “The Wheel”
- ▶ An overall SPAP Update 2018 At-A-Glance identifying each of the 9 Strategies, their Strategic Directions, Suggested Actions and Potential Evaluation Outcomes for all Nine Strategies
- ▶ Community Engagement Results by
  - + Strategy
  - + At-Risk Population
- ▶ Evaluation Framework

San Diego County Suicide Prevention Action Plan Update 2017

### Suicide Prevention Action Plan Update 2017 At-A-Glance

Table 1 provides an “At-A-Glance” overview of the SPAP Update 2017’s Strategy Framework, strategic directions, examples of suggested actions and potential evaluation outcomes.

| Strategy  | Strategic directions  | Examples of suggested actions (listing here is not intended to indicate that these actions are priorities)   | Example potential evaluation outcomes   |
|---|---|--|---|
| <br><b>Integrate &amp; Coordinate Activities</b> | <p><b>1a.</b> Broaden and strengthen a collective impact framework for suicide prevention</p> <p><b>1b.</b> Support advocacy and policy development</p> <p><b>1c.</b> Integrate suicide prevention with other regional efforts</p>  | <ul style="list-style-type: none"> <li>• Conduct outreach to increase the number and diversity of organizations and individuals working with SPC</li> <li>• Encourage collaborative approaches between medical, law enforcement, and education</li> <br/> <li>• Ask SPC to help develop new or enhanced policies and procedures within K-12 schools for suicide prevention and bullying and to support LGBTQ students</li> <li>• Advocate for greater acceptance of peer workers and educate medical and clinical staff on the role of peer workers in hospital and clinic settings</li> <li>• Encourage a call to action within the African American community to support suicide prevention strategies</li> <br/> <li>• Recognize that suicide is a social justice as well as a mental health issue, and make addressing racial and economic inequity part of the solution</li> <li>• Expand transportation services to reduce isolation and support access to services</li> <li>• Support economic and workforce development</li> </ul> | <ul style="list-style-type: none"> <li>✓ Increased participation in SPC</li> <br/> <li>✓ Development of new policies and procedures that align with the SPAP Update 2017</li> <li>✓ Increased collaboration across systems</li> <li>✓ Increased capacity of organizations engaged in suicide prevention</li> <br/> <li>✓ Improved integration of plans and services across sectors</li> </ul>                           |
| <br><b>Media &amp; Communication Campaigns</b>   | <p><b>2a.</b> Expand and enhance stigma reduction and suicide prevention campaigns</p> <p><b>2b.</b> Diversify the types of prevention messages and messengers</p> <p><b>2c.</b> Strengthen SPC’s partnership with media</p> <p><b>2d.</b> Create new communication resources</p> | <ul style="list-style-type: none"> <li>• Promote the “access” aspect of the “access and crisis line” more clearly</li> <li>• Promote and support stigma free social media campaigns</li> <li>• Frame spirituality as a coping mechanism and protective factor</li> <br/> <li>• Facilitate a photo documentation project to counter negative images about the African American community</li> <li>• Develop <i>It’s Up to Us</i> media campaign materials targeted at specific populations</li> <br/> <li>• Work with media outlets, print, TV, radio, online (including Spanish speaking) to conduct trainings on best practices in responsible journalism</li> <li>• Continue to have SPC respond to all reporting of suicides, with praise or information for how to do it better</li> <br/> <li>• Develop guidelines for healthcare professionals in how to support clients in using spirituality as a coping tool</li> <li>• Create and include a SPC School Suicide Prevention Support Toolkit on all school websites</li> </ul>      | <ul style="list-style-type: none"> <li>✓ Improved adherence to principles of responsible reporting</li> <br/> <li>✓ Reduced discrimination and stigma associated with mental illness</li> <li>✓ Increased media reports/stories about effective use of prevention resources</li> <br/> <li>✓ Improved knowledge of media and the role they play in suicide prevention, stigma reduction and health promotion</li> </ul> |

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# SPAP 2018 Update: Community Engagement

## Community Engagement Overview

This section describes the results of the community engagement process in terms of numbers and characteristics of participants based upon attendance records and completed surveys.

The purpose of community engagement strategies was to gather information on community strengths, needs, priorities and ideas that were used to guide the SPAP Update 2017. Community engagement strategies consisted of focus groups, an online survey and key informant interviews.

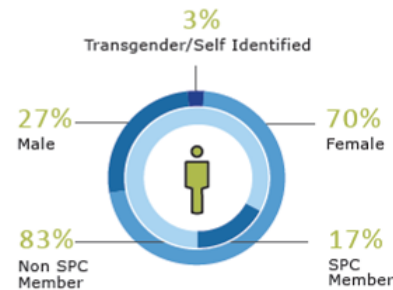
256 Focus Group + 417 Online Survey

Community engagement process and protocols were informed and approved by representatives of the SPC and target populations. Focus groups were coordinated in partnership with numerous host organizations, who leveraged their status as trusted brokers and service providers. Behavioral health professionals trained in suicide prevention assessment and response and in trauma informed care were available at all meetings with representatives of at risk populations. Attendance and participation was voluntary.

673 Total Participants

### 22 Focus Groups Were Conducted With:

### Participant Profile



### SPC Subcommittees and Members

- Assessment & Evaluation
- Faith Organization Outreach
- Higher Education
- Schools Collaborative
- Media & Communication
- General Members

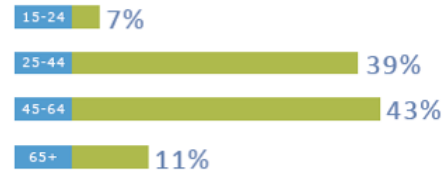
### Professionals working with at-risk populations

- Healthcare Providers
- K-12 Educators and Counselors
- Senior Service Providers

### Representatives of At-Risk Populations

- African American Community
- Formerly Incarcerated Men
- LGBTQ Youth
- Gay, Bisexual & Transgender Latino Men
- Native American Communities
- Refugees
- Survivors of Suicide Loss and Individuals with Lived Experience
- Transition Age Youth
- Veterans



### Age Range



# SPAP 2018 Update: At-A-Glance

## Suicide Prevention Action Plan Update 2017 At-A-Glance

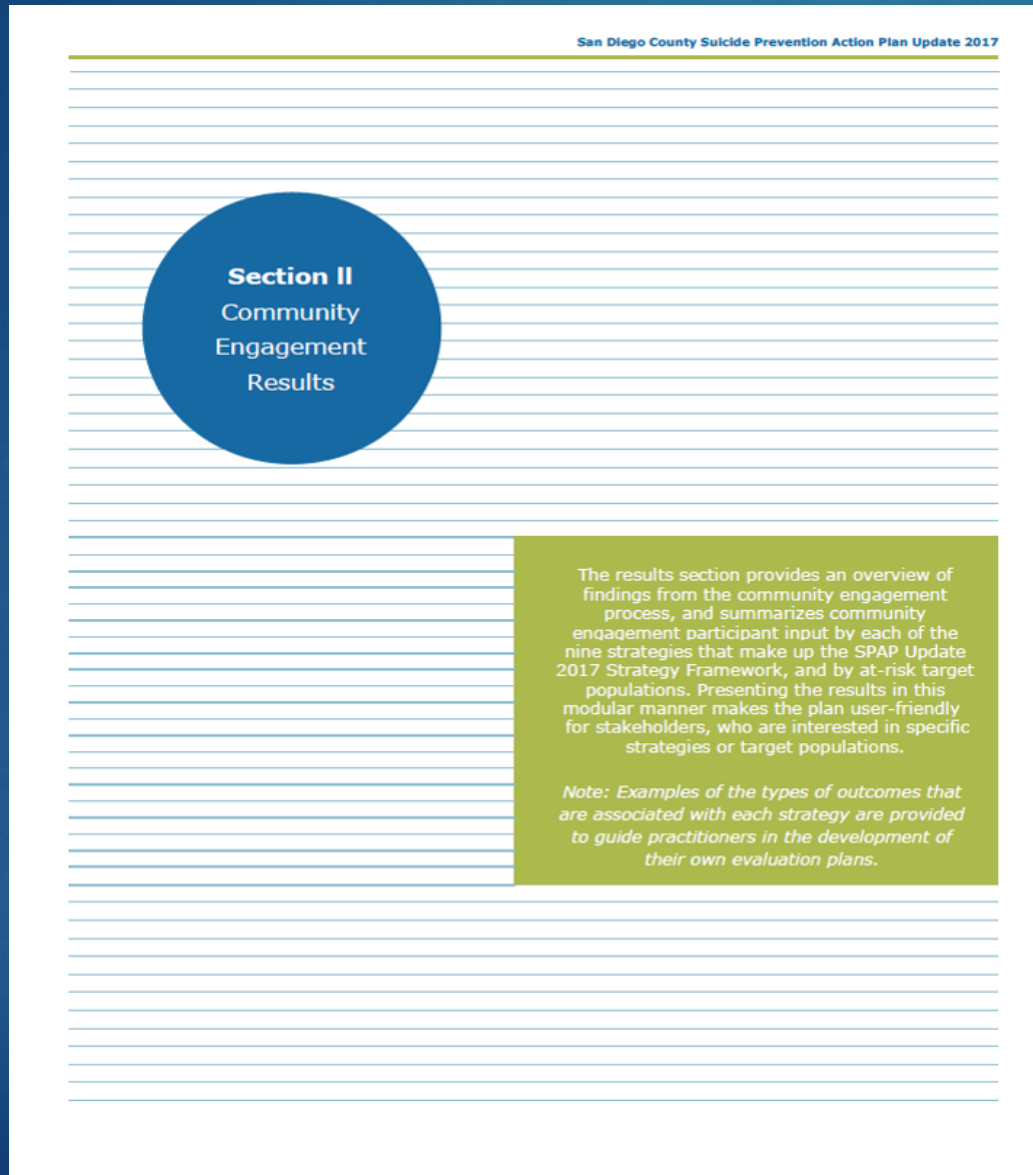
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|  <p><b>Integrate &amp; Coordinate Activities</b></p> | <p><b>1a.</b> Broaden and strengthen a collective impact framework for suicide prevention</p> <p><b>1b.</b> Support advocacy and policy development</p> <p><b>1c.</b> Integrate suicide prevention with other regional efforts</p>  | <ul style="list-style-type: none"> <li>Conduct outreach to increase the number and diversity of organizations and individuals working with SPC</li> <li>Encourage collaborative approaches between medical, law enforcement, and education</li> <li>Ask SPC to help develop new or enhanced policies and procedures within K-12 schools for suicide prevention and bullying and to support LGBTQ students</li> <li>Advocate for greater acceptance of peer workers and educate medical and clinical staff on the role of peer workers in hospital and clinic settings</li> <li>Encourage a call to action within the African American community to support suicide prevention strategies</li> <li>Recognize that suicide is a social justice as well as a mental health issue, and make addressing racial and economic inequity part of the solution</li> <li>Expand transportation services to reduce isolation and support access to services</li> <li>Support economic and workforce development</li> </ul> | <ul style="list-style-type: none"> <li>✓ Increased participation in SPC</li> <li>✓ Development of new policies and procedures that align with the SPAP Update 2017</li> <li>✓ Increased collaboration across systems</li> <li>✓ Increased capacity of organizations engaged in suicide prevention</li> <li>✓ Improved integration of plans and services across sectors</li> </ul>                           |
|  <p><b>Media &amp; Communication Campaigns</b></p>   | <p><b>2a.</b> Expand and enhance stigma reduction and suicide prevention campaigns</p> <p><b>2b.</b> Diversify the types of prevention messages and messengers</p> <p><b>2c.</b> Strengthen SPC's partnership with media</p> <p><b>2d.</b> Create new communication resources</p> | <ul style="list-style-type: none"> <li>Promote the "access" aspect of the "access and crisis line" more clearly</li> <li>Promote and support stigma free social media campaigns</li> <li>Frame spirituality as a coping mechanism and protective factor</li> <li>Facilitate a photo documentation project to counter negative images about the African American community</li> <li>Develop <i>It's Up to Us</i> media campaign materials targeted at specific populations</li> <li>Work with media outlets, print, TV, radio, online (including Spanish speaking) to conduct trainings on best practices in responsible journalism</li> <li>Continue to have SPC respond to all reporting of suicides, with praise or information for how to do it better</li> <li>Develop guidelines for healthcare professionals in how to support clients in using spirituality as a coping tool</li> <li>Create and include a SPC School Suicide Prevention Support Toolkit on all school websites</li> </ul>              | <ul style="list-style-type: none"> <li>✓ Improved adherence to principles of responsible reporting</li> <li>✓ Reduced discrimination and stigma associated with mental illness</li> <li>✓ Increased media reports/stories about effective use of prevention resources</li> <li>✓ Improved knowledge of media and the role they play in suicide prevention, stigma reduction and health promotion</li> </ul> |



# SPAP 2018 Update: Section II – Community Engagement Results

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- ▶ Community Engagement Results by
  - + Strategy
  - + At-Risk Population



# SPAP 2018 Update: Section II – Community Engagement Results by Strategy

## Results By Strategy

## Definition

|   |  |  |
|---|--|--|
|    | <b>Integrate &amp; Coordinate Activities</b>   | Integrate and coordinate suicide prevention programs and policies across a broad range of organizations and programs, and in multiple sectors and settings at state, tribal, and local levels  |
|    | <b>Media &amp; Communication Campaigns</b>     | Implement research-informed communication methods designed to prevent suicide by changing knowledge, attitudes, and behaviors. Promote the safety of online content related to suicide, and responsible media reporting and accurate portrayals of suicide and mental health illnesses |
|    | <b>Outreach for Coping &amp; Connectedness</b> | Promote effective programs and practices that prevent suicidal behaviors and support wellness and recovery by increasing social engagement, imparting knowledge of risk and protective factors, and teaching coping and problem-solving skills   |
|    | <b>Community Programming</b>                   | Develop, implement, and monitor community-based programs and education that promote wellness and prevent suicide and related behaviors at a community level  |
|    | <b>Means Reduction</b>                         | Promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk   |
|   | <b>Frontline &amp; Gatekeeper Training</b>     | Provide training to community groups on the prevention of suicide, and to clinical services providers on the recognition, assessment, and management of at-risk behaviors  |
|  | <b>Healthcare Coordination &amp; Capacity</b>  | Promote suicide prevention as a core component of healthcare services to increase access to assessment, intervention and care, and to create continuity across the spectrum of emergency, inpatient, primary care, and mental health and substance abuse services                      |
|  | <b>Clinical Assessment &amp; Treatment</b>     | Promote and implement professional practices for assessing and treating those identified as being at risk for suicidal behaviors   |
|  | <b>Postvention Services</b>                    | Provide postvention services to lessen harm, prevent future risk, and to care for and support those affected by suicide deaths and attempts  |

Of all comments in each group, what % were for this strategy

|     |  |
|-----|--|
| 65% | Media & Communication SPC                      |
| 50% | Assessment & Evaluation SPC                    |
| 45% | Faith Organization Outreach SPC                |
| 24% | Formerly Incarcerated Men                      |
| 22% | Survivors of Suicide Loss/<br>Lived Experience |

Examples of actions and approaches suggested by stakeholders

### Expand and Enhance Stigma Reduction and Suicide Prevention Campaigns

- Promote the "access" aspect of the "Access and Crisis Line" more clearly
- Promote and support stigma free social media campaigns

### Diversify the Types of Prevention Messages and Messengers

- Engage champions targeting specific populations
- Develop the *It's Up to Us* media campaign materials targeted at specific populations

# SPAP 2018 Update: Section II – Community Engagement Results by Strategy – Integrate & Coordinate Activities (Example)



## Integrate & Coordinate Activities

**Integrate and coordinate suicide prevention programs and policies across a broad range of organizations and programs, and in multiple sectors and settings at state, tribal and local levels.**

### Overview

Several groups, as well as individual survey respondents, recognized the value of integration and coordination across sectors as a strategy that will prevent and reduce suicides in San Diego County. This strategy was discussed by fourteen of the focus group populations, including three of the Suicide Prevention Council (SPC) subcommittees. This is also one of the strategies where suggestions were fewer, but arose from lengthier discussions about system-wide challenges as opposed to the needs of individual community members or at-risk populations.

*"There has to be a thorough examination of the interrelation of culture, society and suicidal ideation and behaviors. The clinical perspective is limited in addressing this public health problem. Relegating suicide prevention to the hands of doctors, psychiatrists, psychologists, nurses, etc. will never fully address this issue. Furthermore, in my opinion, the so firmly established link between mental illness and suicide must be broken up: not all people who struggle with mental illness "attempt" or "complete" suicide and not all people who "attempt" or "complete" suicide struggle with mental illness."*

### Survey Participant Quote

*"Everybody should be trauma-informed. Community services should build a better network with better ties. Resources/services should be easily apparent, available and accessible. Collaborative approaches between medical, law enforcement and education areas in the community for early onset reporting is vital."*

### Survey Participant Quote

### What percentage of focus group comments were related to this strategy?

|     |   |
|-----|---|
| 25% | K-12 Providers                              |
| 22% | African American Community                  |
| 18% | Media & Communication SPC                   |
| 13% | General Membership SPC                      |
| 12% | LGBTQ Youth                                 |
| 10% | Native American Communities                 |
| 10% | Formerly Incarcerated Men                   |
| 8%  | Schools Collaborative SPC                   |
| 7%  | Gay, Bisexual, & Transgender Latino Men     |
| 7%  | Survey Participants                         |
| 5%  | Assessment & Evaluation SPC                 |
| 4%  | Senior Service Providers                    |
| 3%  | Transition Age Youth                        |
| 3%  | Survivors of Suicide Loss/ Lived Experience |



Total percentage of comments that focused on Integrate & Coordinate Activities



### Examples of actions and approaches suggested by stakeholders are:

#### Broaden and Strengthen a Collective Impact Framework for Suicide Prevention

- Conduct outreach to increase the number and diversity of organizations and individuals working with SPC
- Encourage collaborative approaches between medical, law enforcement and education in support of early onset reporting
- Work with local service clubs, Optimist, Rotary etc. in support of suicide prevention

#### Support Advocacy and Policy Development

- Ask SPC to help develop new or enhanced policies and procedures within K-12 schools for suicide prevention and bullying, and to support LGBTQ students
- Advocate for greater acceptance of peer workers and educate medical and clinical staff on the role of peer workers in hospital and clinic settings

#### Integrate Suicide Prevention with Other Regional Efforts

- Leverage the community engagement activities of *Live Well San Diego* and County of San Diego HHSA, Behavioral Health Services to support suicide prevention
- Expand transportation services to reduce isolation and support access to services and health promotion activities
- Support economic and workforce development



### The types of outcomes associated with this strategy are:

1. **Development of policies and procedures**
2. **Increased collaboration across systems**
3. **Increased capacity of organizations (i.e. percent of staff trained and trauma informed)**
4. **Improved integration of plans and services across sectors**



# SPAP 2018 Update: Section II – Community Engagement Results by Strategy – Outreach for Coping & Connectedness (Example)



## Outreach for Coping & Connectedness

**Promote effective programs and practices that prevent suicidal behaviors and promote wellness and recovery by increasing social engagement, imparting knowledge of risk and protective factors, and teaching coping and problem-solving skills.**

**Overview**

The strategy of outreach for coping and connectedness was offered as the top priority by participants within eleven of the community focus groups, including those attended by LGBTQ youth and Gay, Bisexual and Transgender Latino men, TAY, veterans, refugees, staff working with seniors, and with the SPC Schools Collaborative. Stories of isolation, loss and loneliness were shared within many of the focus groups, and prompted discussions of strategies that could help to prevent or mitigate these problems.

*"Develop trusting relationships with people so they are more likely to share if they are having thoughts of suicide, and avoid big overreactions as that can stop the conversation. We can support someone in being safe and ensuring that they get the level of support they need without it feeling quite so 'criminal'. Also, open conversations with people regarding the "why" (Why does/did this feel like an option? What do you need/want? or, What are you trying to stop/avoid or change?) which is different for everyone. So, I guess training on developing connections and compassion, etc."*

**Survey Participant Quote**

*"Information for families who are experiencing fear of suicide by a loved one. I have spoken to friends who didn't know how to approach the subject or where to find help other than the hotline."*

**Survey Participant Quote**

50% LGBTQ youth

46% Schools Collaborative SPC

43% Gay, Bisexual, & Transgender Latino Men

38% Veterans

38% Transition Age Youth

38% Refugees

34% Formerly Incarcerated Men

33% Senior Service Providers

26% Native American Communities

20% General Membership SPC

19% African American Community

17% Survivors of Suicide Loss/Lived Experience

15% Survey Participants

13% Healthcare Providers

10% K-12 Providers

9% Faith Organization Outreach SPC

**What percentage of focus group comments were related to this strategy?**


**23%**  
Overall

Total percentage of comments that focused on Outreach for Coping & Connectedness

**Examples of actions and approaches suggested by stakeholders are:**

**Build Coping and Problem-Solving Skills as a First-Line of Defense**

- Teach people to recognize that isolation is a risky behavior and teach them how to reach out. Also, encourage people to not assume that someone is okay just because they are being social
- Use evidence-based social emotional curriculum at the elementary school level to build coping skills



**Establish Peer Support Networks for At-Risk Populations**

- Help people who are struggling with things like depression to find a "battle buddy", someone they trust and can reach out to
- Link parents to experienced people to help them navigate a situation with their own children
- Establish peer connections and peer navigation services for different populations including veterans, TAY, LGBTQ, and formerly incarcerated individuals

**Develop Strong Social Networks and Connections to Reduce Isolation**


- Assume that everyone needs help—create a universal culture of caring
- Focus outreach services on men, especially men who are dealing with loss of self, guilt, and shame
- Support culturally affirming social activities and gatherings

**Allow for Innovative Ideas and Approaches**

- Advocate for less strict rules around companion animals
- Have volunteers make unsolicited calls to make sure that people who are on an at-risk list (i.e. just released from prison or treatment center) are okay

**The types of outcomes associated with this strategy are:**

- Increased availability of resources and services that build resiliency and protective factors within vulnerable populations
- Improved knowledge or skill relating to coping or problem solving
- Reduced bullying and discrimination within K-12 schools
- Improved connectedness to friends, family, and community



# SPAP 2018 Update: Section II – Community Engagement Results by At-Risk Population

## Overview of At-Risk Population Focus Groups

In developing the Suicide Prevention Action Plan Update 2017, SPC and planning consultant Nash & Associates committed to a broad and inclusive process in which representatives who bring different experiences and perspectives are heard, especially:

- Representatives of at-risk populations, including individuals with personal experience of suicide
- Professionals and para-professionals from multiple sectors

In year 1, of the twenty-two focus groups conducted, fourteen were with at-risk populations. Separate focus groups were conducted in different areas of the county for Native American Communities, Veterans, and LGBTQ-Youth. The results from focus groups with Survivors of Suicide Loss and Individuals with Experience of Suicide Loss were merged.

### Future Planning and Evaluation Activities:

1. Collect and analyze information from additional community stakeholders, as needed
2. Facilitate a series of planning sessions with community stakeholders to develop an implementation plan that is aligned with the SPAP Update 2017's Strategy Framework
3. Create Risk and Protective Factor Profiles for at-risk populations using data collected during the focus groups and other sources
4. Map program resources, capacity, and gaps in service provision
5. Conduct Outcomes Mapping that will inform development of indicators that will measure the success of the SPAP Update 2017





-  Native American Communities
-  Veterans
-  Transition Age Youth
-  LGBTQ Youth
-  Formerly Incarcerated Men
-  Seniors
-  Survivors of Suicide Loss
-  Individuals with Experience of Suicide Attempt
-  Gay, Bisexual, and Transgender Latino Men
-  Refugees
-  African American Community

## Participant's personal experience of suicide

60% YES

40% NO

- 53%  I am a survivor of suicide loss
- 13%  I am a suicide attempt survivor
- 40%  I have experienced thoughts of suicide
- 53%  I have supported a friend/family member experiencing thoughts of suicide

## Suggestions for actions

### Community Programming

- Develop volunteer or community service opportunities for veterans to feel that they are contributing and provide a sense of purpose
- Offer pre-counseling workshops at Stand Down to normalize counseling as an option
- Increase access to community support programs that address mental health needs

### Outreach for Coping and Connectedness

- Support peer connections and peer navigation services
- Provide education on mental illness and impact of PTSD, traumatic brain injury, and depression
- Use a learning model that is familiar to military 'see one, show one, do one'
- Train veterans and family members on warning signs and resources
- Build social emotional coping skills that teach veterans how to deal with isolation and loss



# SPAP 2018 Update: Section II – Community Engagement Results by At-Risk Population (Example)

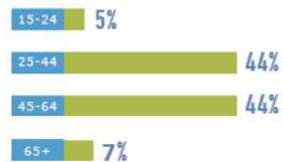
## Native American Communities

Two focus groups were conducted for Native American communities and were facilitated with the assistance of the Indian Health Council and the Southern Indian Health Council. In total, thirty-eight individuals participated. Participants represented different sectors of the Native American community and personnel of the community organizations.

### Participant Profile



### Age Range



Native American Communities suggested actions that aligned with seven of the nine strategies in the SPAP Update 2017 Strategy Framework. The strategy with the most suggestions was Outreach for Coping & Connectedness, followed by Frontline & Gatekeeper Training. Combined, these two strategies accounted for forty-seven percent of the total comments.

### Personal experience of suicide? Of those who responded:

67% YES

33% NO

- 31% ● I am a survivor of suicide loss
- 8% ● I am a suicide attempt survivor
- 26% ● I have experienced thoughts of suicide
- 36% ● I have supported a friend/family member experiencing thoughts of suicide



### Examples of actions and approaches suggested by stakeholders are:

#### Community Programming

- Provide education in multiple community settings such as churches, schools, and fire stations
- Involve elders in prevention programs
- Use more culturally specific/traditional remedies (regular sweat lodges)
- Coordinate "Stitch to Wellness" and other craft groups with therapists to talk with members
- Host college/career counseling for youth to provide hope for the future

#### Integrate and Coordinate Activities

- Conduct a suicide prevention focus group with Tribal Leaders and families at a community gathering
- Expand transportation services and bring families to cultural events and health promotion activities
- Develop an action plan with Tribal Leaders

#### Outreach for Coping and Connectedness

- Use non-traditional settings for interventions
- Provide more opportunities for fellowship and healthy social events with food
- Educate the community about suicide prevention
- Offer prevention activities and education for youth to strengthen protective factors
- Let families know they can get help for someone who is suicidal
- Have honest conversations, talk about stigma, and resources at a community gathering

#### Media and Communication Campaigns

- Develop an app targeting the Native American community with resources
- Ensure that customs and traditions are taken into consideration with any media campaign
- Create a Native American specific helpline and/or an elder helpline staffed by elders

#### Frontline and Gatekeepers

- First responders need to be aware of resources available within the community rather than taking people out of the community for treatment
- Increase QPR training and refreshers and train all tribal leaders in QPR
- Host a Mental Health First Aid training for community and professionals
- Have trained fire fighters be first responders for a friendlier approach
- Educate providers and first responders in culturally competent care

#### Healthcare Coordination and Capacity

- Ensure easier access to services and address barriers like transportation
- Have more than one Prevention and Early Intervention (PEI) family preservation case manager
- Create a Native American Crisis House for adults and youth as a culturally appropriate alternative to hospitalization
- Develop a protocol that providers at hospitals and institutions contact a Native American organization when dealing with someone from the community
- Develop quicker response time to persons in crisis in the community

#### Postvention Services

- Offer Survivors of Suicide Loss groups
- Provide crisis aftercare facilities that are culturally relevant
- Connect people to tribal services after an emergency response

# SPAP 2018 Update: Section II – Community Engagement Results by Strategy

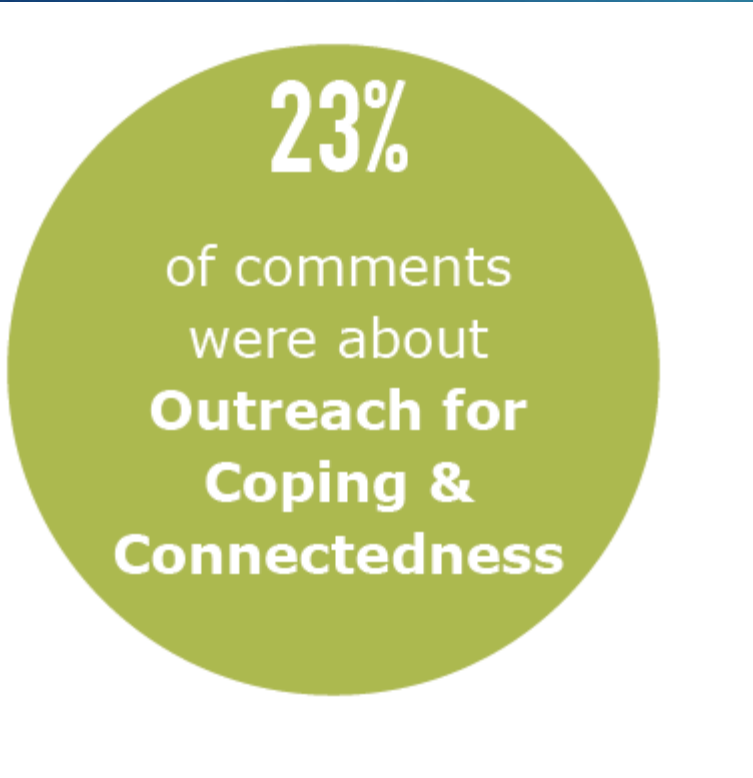
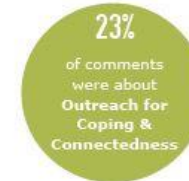
The intent of organizing Section II of the Plan to provide the Community Engagement results by strategy and at-risk population allows partners who are interested in a specific strategy and/or a specific target population to pull out these “modules” and use the information to inform their own planning processes + action steps.

Note: Examples of the types of outcomes that are associated with each strategy are provided to guide practitioners in the development of their own evaluation plans.

# Appendix A – Community Engagement Comments, Focus Groups + Online Surveys

## Appendix A Community Engagement Comments

The following chart shows the percentage of comments sorted by the nine strategies that make up the SPAP Update 2017 Framework, by the focus group populations, and by survey participants. A high percentage does not necessarily mean that the strategy should be considered a priority. The percentage reflects the number of suggestions of actions provided for a specific strategy in proportion to the total number of suggestions overall. For example if a total of 40 comments were collected during the SPC Assessment & Evaluation Subcommittee focus group, 20 of which were coded as relating to Media and Communications, then a percentage of 50 would be noted.



| SPC Strategy                    | CAT       | CC         | CP         | DRE       | FG         | HCC       | ICA       | MC         | MR        | PS        | Grand Total |
|---------------------------------|-----------|------------|------------|-----------|------------|-----------|-----------|------------|-----------|-----------|-------------|
| Assessment & Evaluation SPC     | 5%        | 0%         | 0%         | 20%       | 10%        | 5%        | 5%        | 50%        | 0%        | 5%        | 100%        |
| African American Community      | 9%        | 19%        | 26%        | 0%        | 6%         | 3%        | 22%       | 15%        | 0%        | 0%        | 100%        |
| Healthcare Providers            | 38%       | 13%        | 0%         | 0%        | 0%         | 38%       | 0%        | 0%         | 0%        | 13%       | 100%        |
| Faith Organization Outreach SPC | 0%        | 9%         | 36%        | 0%        | 9%         | 0%        | 0%        | 45%        | 0%        | 0%        | 100%        |
| Higher Education SPC            | 0%        | 0%         | 20%        | 10%       | 30%        | 20%       | 0%        | 20%        | 0%        | 0%        | 100%        |
| K-12 Providers                  | 0%        | 10%        | 30%        | 0%        | 15%        | 0%        | 25%       | 15%        | 0%        | 5%        | 100%        |
| GBT Latino Men                  | 7%        | 43%        | 4%         | 0%        | 14%        | 14%       | 7%        | 11%        | 0%        | 0%        | 100%        |
| Media and Communication SPC     | 0%        | 0%         | 6%         | 0%        | 12%        | 0%        | 18%       | 65%        | 0%        | 0%        | 100%        |
| Native American Community       | 0%        | 26%        | 11%        | 5%        | 21%        | 10%       | 10%       | 8%         | 0%        | 8%        | 100%        |
| Refugees                        | 6%        | 38%        | 13%        | 0%        | 25%        | 0%        | 0%        | 13%        | 6%        | 0%        | 100%        |
| Formerly Incarcerated Men       | 10%       | 34%        | 17%        | 0%        | 3%         | 0%        | 10%       | 24%        | 0%        | 0%        | 100%        |
| School SPC                      | 8%        | 46%        | 15%        | 0%        | 15%        | 8%        | 8%        | 0%         | 0%        | 0%        | 100%        |
| Schools Collaborative SPC       | 13%       | 33%        | 25%        | 0%        | 0%         | 13%       | 4%        | 13%        | 0%        | 0%        | 100%        |
| General Membership SPC          | 0%        | 20%        | 13%        | 0%        | 20%        | 7%        | 13%       | 20%        | 0%        | 7%        | 100%        |
| Survey Participants             | 3%        | 15%        | 9%         | 1%        | 48%        | 4%        | 5%        | 9%         | 3%        | 3%        | 100%        |
| Transition Age Youth            | 8%        | 38%        | 16%        | 3%        | 5%         | 16%       | 3%        | 11%        | 0%        | 0%        | 100%        |
| Veterans                        | 14%       | 38%        | 7%         | 0%        | 10%        | 0%        | 7%        | 14%        | 7%        | 3%        | 100%        |
| Survivors of Suicide Loss/LE    | 3%        | 17%        | 6%         | 0%        | 8%         | 11%       | 3%        | 22%        | 0%        | 31%       | 100%        |
| LGBTQ Youth                     | 8%        | 50%        | 12%        | 0%        | 4%         | 0%        | 12%       | 12%        | 0%        | 4%        | 100%        |
| <b>Grand Total</b>              | <b>6%</b> | <b>23%</b> | <b>13%</b> | <b>2%</b> | <b>20%</b> | <b>6%</b> | <b>9%</b> | <b>15%</b> | <b>1%</b> | <b>5%</b> | <b>100%</b> |

The highest rated strategy is highlighted for each of the groups

- CAT Clinical Assessment & Treatment
- CC Outreach for Coping & Connectedness
- CP Community Programming
- DRE Data, Research & Evaluation
- FG Frontline & Gatekeeper Training
- HCC Healthcare Coordination & Capacity
- ICA Integrate & Coordinate Activities
- MC Media & Communication Campaigns
- MR Means Reduction
- PS Postvention Services



# SPAP Update: Strategy Implementation Planning Process

*Conduct planning sessions with broad stakeholder involvement for 3 strategies each fiscal year*

FY 2017/18 - Integrate & Coordinate Activities

## Universal

- Media & Communication Campaigns
- Outreach for Coping & Connectedness

FY 2018/19 - Community Programming

## Selective

- Frontline & Gatekeeper Training
- Means Reduction

FY 2019/20 - Healthcare Coordination & Capacity

## Indicated

- Clinical Assessment & Treatment
- Postvention Services





# Strategy Implementation Planning Process

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## **Build upon on the SPAP Update completed in Year One**

- ✓ Strategic Directions will form the basis for the creation of Implementation plans
- ✓ Actions will be reviewed, refined and prioritized

## **Provide an opportunity for further community outreach and engagement**

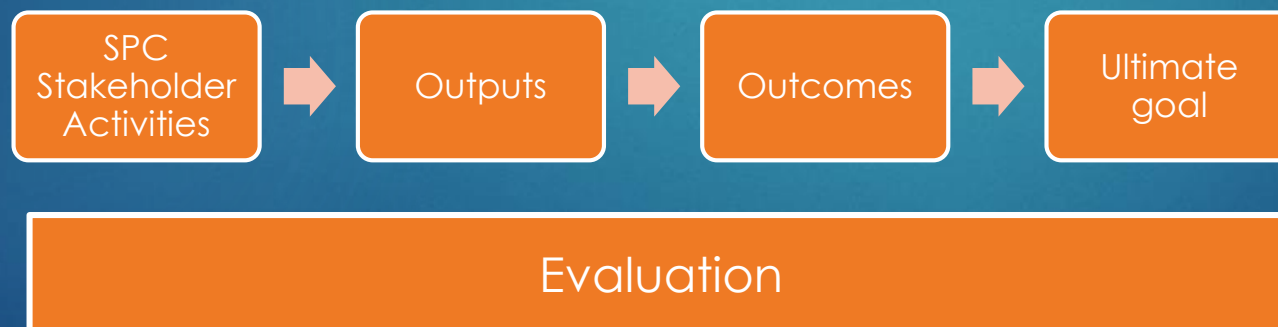
- ✓ Timelines and lead partners will be added for priority actions

## **Acquire feedback for Evaluation Implementation Plan**

- ✓ During Implementation Meetings, gather key information to inform the evaluation implementation plan.

# SPAP Update: Evaluation Plan Process

- Evaluation Strategy: Building a flexible evaluation framework
  - The evaluation plan will be a “living document” as its content is driven by the SPC stakeholders’ current and future activities and their commitment to support the SPAP.
  - UC San Diego will create logic models for each of the nine strategies. These logic models will focus on processes and outcomes, including how these are related to the ultimate goal of reducing suicide.



# SPAP Update: Evaluation Plan Process (cont.)

## Stakeholder Engagement for Evaluation Plan

- Leverage SPC's *Strategy-specific Implementation Meetings* to acquire feedback on outcomes and outcome indicators from SPC stakeholders
- Conduct Expert interviews to gather information about SPAP activities, any current and potential future evaluations related to these activities
- Solicit input from SPC Assessment & Evaluation subcommittee (ongoing)

## Next Steps

- Prioritizing feasible outcome indicators and measures
- Implementing selected evaluations for the three Universal Strategies
- Additional evaluation activities will include review of epidemiological data + GIS Mapping of suicide locations, collection of baseline metrics, resource mapping, and creation of community risk factors profile



# SPAP Update: Current Progress

## Implementation + Evaluation Planning Meetings (Completed)

- Media & Communication Strategy Implementation Meeting
  - January 22, 2018 with 25 Attendees
- Integrate & Coordinate Activities Strategy Implementation Meeting
  - January 25, 2018 with 30 Attendees

## Implementation + Evaluation Planning Meetings Scheduled

- Outreach for Coping & Connectedness Implementation Meeting
  - March 15, 2018; 4pm-7pm at the Jacobs Center (404 Euclid Ave, SD 92114)



# Questions/ Comments

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