

Florida Suicide Prevention Implementation Project: Final Report

July 2007 through September 2008

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About This Document

This report presents the mission, activities, and impact of the Florida Suicide Prevention Implementation Project, funded by an allocation from the Florida State Legislature for the 2007-2008 fiscal year. This report also presents the project's recommendations for continued implementation of the state's suicide prevention strategy. Questions regarding this document may be addressed to Stephen Roggenbaum (roggenbaum@fmhi.usf.edu) or Robert Paulson (rpaulson@fmhi.usf.edu) at the Department of Child and Family Studies, Louis de la Parte Florida Mental Health Institute, University of South Florida, 13301 Bruce B. Downs Blvd., Tampa, Florida, 33612.

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I. Executive Summary

To address the serious public health issue of suicide, the Florida Office of Drug Control developed the *Florida Suicide Prevention Strategy 2005-2010*. The Strategy offers a framework to reduce the rate of suicide in the state by 30% by 2010. The strategy also identified ten objectives for accomplishing the goal.

The Florida Legislature, recognizing that suicide prevention is a multifaceted issue that requires a complex set of solutions at the federal, state, community and individual levels, took action in 2007 by passing legislation to authorize the formation of the Florida Office of Suicide Prevention and the Florida Suicide Prevention Coordinating Council. The legislature also allocated funds to the Louis de la Parte Florida Mental Health Institute at the University of South Florida (FMHI/USF) to facilitate implementation of the state's strategy. The funds were in effect from July 2007 through June 2008 and were subsequently extended, at no additional cost, until September 2008.

Upon receipt of the funds, FMHI/USF established the Florida Suicide Prevention Implementation Project. On August 29, 2007, the Project presented its self-developed mission, major goals, and plan of approach to the Florida Office of Suicide Prevention and the Florida Suicide Prevention Coordinating Council. The Project's mission was to work cooperatively with the Statewide Office of Suicide Prevention (SOSP) and the Suicide Prevention Coordinating Council (SPCC) to develop an implementation process and plan to enhance the capacity of the State and of local communities to convert the *Florida Suicide Prevention Strategy* into concrete actions. The Project set two major goals to accomplish its mission within the brief project period:

1. To develop an action plan consisting of a framework, menu of options and strategies for mobilizing state and local resources to implement the Florida Suicide Prevention Strategy.
2. To work closely with several communities in cooperation with the Statewide Office of Suicide Prevention (SOSP) to assist them to assess their current capacity and to

organize major stakeholders in setting priorities and action steps to begin or enhance implementation of the state strategy on a local level.

The Project was conducted in three phases, with activities at both the state and local levels. In collaboration with state and local groups, the Project conducted, produced and/or funded a variety of activities and products to facilitate implementation of the state's Strategy.

- Funded distribution of the Well Aware Bulletin for Education Administrators.
- Facilitated state and local groups to develop shared priorities for action (State Level – 125 actions, Pasco County – 108 actions)
- Developed the *Suicide Stops Here* Website to encourage local implementation of the Strategy. Site contains an implementation guide, links to numerous resources and tools, and action ideas.
- Mobilized suicide prevention task forces in Duval and Pasco County, two pilot or demonstration sites selected by the Suicide Prevention Coordinating Council. In the process, developed tools such as fact sheets, newsletters, and statistical summaries that may be used by other communities.
- Presented at conferences to communicate the state's Strategy and local implementation.
- Sponsored clinical training for mental health professionals from across the state.
- Produced and mass distributed the Suicide Prevention Strategy Brochure to communicate the state's Strategy and inspire action.

The momentum achieved during the project period demonstrates that appropriate technical support is a necessary factor for expeditious implementation of the state's suicide prevention strategy. Experience teaches us that implementation is not guaranteed simply because something is the right thing to do. Community mobilization is a complex and difficult process which is aided, in great part, by technical support such as that provided by FMHI. State offices and councils also benefit from technical support when coordinating and planning suicide prevention activities. Ultimately, the cumulative efforts of many local communities throughout Florida will save lives by reducing the number of suicides in our state.

II. Background

We lose thousands of Floridians every year to suicide. In 2005 Florida ranked 3rd highest in the nation for number of suicide fatalities. Florida had the 18th highest suicide rate in the nation.¹ In 2006, nearly twice as many people died from suicide as from homicide. Suicide was the 3rd leading cause of death among young people ages 15-24. Suicide was the 2nd leading cause of death for young adults ages 25-34. Although the elderly comprise only 12.4% of the U.S. population, they account for nearly 16% of all suicides, at a rate three times larger than the national average.²

To address this serious public health issue, the Florida Office of Drug Control developed the *Florida Suicide Prevention Strategy 2005-2010*. The Strategy offers a framework to reduce the rate of suicide in the state and sets three broad goals:

1. Decrease the incidence of suicide in Florida by one third by the end of 2010.
2. Decrease the incidence of teen suicide in Florida by one third by the end of 2010.
3. Decrease the incidence of elder suicide in Florida by one third by the end of 2010.

The strategy also identified 10 objectives:

1. Raise awareness and disseminate information about the risk factors and warning signs associated with suicide.
2. Overcome the reluctance to talk about suicide as a major debilitating social phenomenon.
3. Debunk myths about suicide that lead to greater risk of suicide or hinder its prevention.
4. Implement prevention, intervention, and treatment activities that are effective in prevention of suicide and suicide attempts.
5. Expand accessibility to substance abuse and mental health treatment.
6. Mitigate risk among potential suicides by reducing access to lethal means.
7. Provide training to gatekeepers and first responders on intervention skills in threatening situations.

8. Implement screening systems to help identify those at risk for suicide.
9. Support research for improved prevention and treatment modalities.
10. Develop broad-based support for suicide prevention.

The Florida Legislature, recognizing that suicide prevention is a multifaceted issue that requires a complex set of solutions at the federal, state, community and individual levels, took action in 2007 by passing legislation to authorize the formation of the Florida Office of Suicide Prevention and the Florida Suicide Prevention Coordinating Council. The legislature also allocated funds to the Louis de la Parte Florida Mental Health Institute at the University of South Florida (FMHI/USF) to facilitate implementation of the state's strategy. The funds were in effect from July 2007 through June 2008 and were subsequently extended, at no additional cost, until September 2008.

¹ CDC/NCHS

² Florida Vital Statistics Annual Report, 2006, Florida Department of Health

III. Project Overview

Upon receipt of funds from the Florida Legislature, FMHI/USF established the Florida Suicide Prevention Implementation Project. The Project began by researching the status of implementation planning in other states. Some states had developed strategies and planned actions at varying levels of detail, however, no state was found to have a cohesive, detailed, multi-level implementation plan. On August 29, 2007, the Project presented its self-developed mission, major goals, and plan of approach to the Florida Office of Suicide Prevention and the Florida Suicide Prevention Coordinating Council.

a. Mission

The mission of the Florida Suicide Prevention Implementation Project is to work cooperatively with the Statewide Office of Suicide Prevention (SOSP) and the Suicide Prevention Coordinating Council (SPCC) to develop an implementation process and plan to enhance the capacity of the State and of local communities to convert the *Florida Suicide Prevention Strategy* into concrete actions.

b. Major Goals

The Project identified two major goals to be accomplished during the project period and a third goal to be accomplished in the succeeding six years, if funding were available.

3. To develop an action plan consisting of a framework, menu of options and strategies for mobilizing state and local resources to implement the Florida Suicide Prevention Strategy.
4. To work closely with several communities in cooperation with the Statewide Office of Suicide Prevention (SOSP) to assist them to assess their current capacity and to organize major stakeholders in setting priorities and action steps to begin or enhance implementation of the state strategy on a local level.
5. It is expected that for each of the next six years the SOSP and SPCC will identify one or two of the ten main objectives in the Florida Suicide Prevention Strategy for statewide focus. Working closely with the SOSP, the Project would utilize information gleaned from other state's successes and challenges in their own

implementation initiatives to inform logical selection of targeted prevention objective(s) and to assemble a best practice of statewide implementation efforts.

c. Plan of Approach

The project was conducted in three phases. Following is a brief description of activities within each phase. Specific accomplishments are presented in Section IV of this report.

Phase I – Data Gathering Phase (July through October 2007)

The Project began by gathering information at the national and state level to identify implementation plans and actions that might be appropriate for meeting the Project's goals. Some states had developed documents containing strategies for suicide prevention and some next steps. No state was found to have a separate and complete plan for implementing a suicide prevention strategy. Although the Statewide Office of Suicide Prevention (SOSP) had a task plan developed by a state task force and coalition, there was a need to identify actions that were important to the current members of the newly-formed SPCC.

To establish shared priorities, the Project conducted research-based brainstorming with the SOSP, the newly-formed SPCC, and other key stakeholders in September and October of 2007. This activity produced 125 ideas for moving the Strategy into ongoing community actions or initiatives. The Project also partnered with the SOSP on statewide awareness activities by partially funding the *Well Aware Campaign*, a series of suicide prevention bulletins for school administrators and policymakers who influence education.

Phase II – Implementation Plan Phase (November 2007 through January 2008)

In Phase II, the Project applied a research technique involving scientifically-based statistical procedures to analyze the 125 ideas and develop a menu of suicide prevention activities at the federal, state, local, and individual level. The menu represented the shared priorities of the SOSP, the SPCC and other stakeholders. On November 5, 2008, the Project presented its recommendations for implementation to the SOSP and the SPCC. In addition, the

Project assisted the SOSp with developing and printing the SOSp's annual report to the legislature.

In this Phase, the Project created the first version of a suicide prevention implementation website. The purpose of this website was to provide communities with resources and tools to start or energize their local suicide prevention efforts.

In preparation for Phase III, the SPCC selected two counties, Duval and Pasco, to be pilot or demonstration sites for implementation. These selections represented one county perceived to be most ready for implementation and one county perceived to be less ready for implementation. The perceptions of the SPCC regarding readiness were found, in actuality, to be reversed, with the county appearing less ready actually having a number of prevention initiatives completed or in progress.

Phase III – Community Mobilization Demonstration Phase (January – September 2008)

In Phase III, the Project identified and worked with key stakeholders in each of Pasco and Duval Counties to raise local awareness, stimulate interest, and establish or expand local suicide prevention efforts. The Project contacted numerous key stakeholders in each community and made great strides in moving these communities to action.

Pasco County had an existing suicide prevention task force called Pasco Aware with a number of prevention initiatives completed and in progress. However, the membership was dwindling and interest appeared to have waned. The Project succeeded in expanding the membership to include a broader segment of the community, including survivors. The Project also facilitated the identification of 108 brainstormed ideas for energizing Pasco's suicide prevention efforts.

JCCI Forward, a coalition in Duval County, had published a report on suicide in the county and assigned a small task force which had, at the time, no planned suicide prevention activities. After numerous contacts with local leaders, the Project found a local champion willing to lead the formation of a community suicide prevention task force. Once formed, this task force quickly developed a prevention plan and took action to implement the plan.

Meanwhile, the Project continued to work with the SOSPP on state-level activities including development and statewide distribution of the *Florida Suicide Prevention Strategy Brochure* to communicate the state's Strategy and to encourage implementation of the Strategy at the local level. In collaboration with the SOSPP and the American Association of Suicidology (AAS), the project hosted clinical training in recognizing and responding to suicide risk. Thirty-four clinicians and mental health professionals from across the state attended the training.

The suicide prevention implementation website underwent major enhancements including the addition of an extensive list of suicide prevention resources and tools developed by and for the demonstration sites.

The following section describes the Project's accomplishments during all phases.

IV. Accomplishments

The Project conducted, produced and/or funded a variety of activities and products to facilitate implementation of the state’s Strategy statewide and in local communities. Table 1 contains a list of these activities and products, their primary purpose, and an indicator of their *primary* area of impact. All statewide activities would have some impact on local implementation.

Table 1:
Florida Suicide Prevention Implementation Project
Activities and Products

Activities and Products	Purpose	Primary Impact	
		Statewide	Local
Well Aware Bulletin	Educate educators on warning signs and reduce stigma of suicide in Florida’s schools.	★	
Prioritized Ideas for Action	Inspire action through lists of shared priority actions.	★	★
<i>Suicide Stops Here</i> Website	Provide resources, tools, and an implementation guide to Florida’s communities.		★
Vitalization of Community Prevention	Facilitate implementation of the state’s Strategy in two pilot communities. Enable other communities to learn from the pilot sites’ experiences.		★
Posters and Presentations	Communicate the state’s Strategy and the experiences of the pilot communities for the purpose of stirring action in other communities.	★	
Clinical Training for Mental Health Professionals	Train clinicians so they may share the core concepts with colleagues and co-workers.	★	
Suicide Prevention Strategy Brochure	Communicate the state’s Suicide Prevention Strategy and inspire people to take action.	★	

- **Well Aware Bulletin**

The Well Aware Bulletin (see Appendix A), developed by Pointe de Vue (Wisconsin) in collaboration with the SOSF and the Florida Department of Education, and funded by FMHI/USF and the Beth Foundation, is distributed in both hard copy and electronically to school administrators (e.g., superintendents, principals). The bulletin resulted from effective collaboration between the project, the SOSF and the Department of Education. Its purpose was to raise awareness of suicide prevention in educational settings. The project funded the distribution of the first three issues.

- **Prioritized Ideas for Action**

Using an automated research technique, the Project enabled the SPCC and the SOSF to identify and prioritize 125 ideas for moving the state's Strategy into ongoing community actions. These ideas may be used by local communities to implement or accelerate suicide prevention efforts. (See Appendix C for a report of this effort.)

Using the same technique, the Project enabled Pasco Aware to identify and prioritize 108 ideas for energizing the task force's suicide prevention activities. (See Appendix E for a report of this effort.) Pasco Aware used the 125 ideas identified by the state groups to stimulate ideas for local implementation. Duval County's task force used the ideas generated by the state groups and Pasco Aware to jump-start their implementation planning.

These activities demonstrate the project's vision of communities learning from each other and using the experiences of other communities to accelerate their own efforts. The ideas generated by the SPCC and Pasco Aware are available to other communities on the project's website.

- **Suicide Stops Here Website**

The Project's website is intended to stimulate individuals, providers, educators, employers, faith-based groups, and state and local leaders to take action to prevent suicide. The site contains and links to a variety of resources to facilitate implementation at both the

state and local level. (See Appendix D for a summary of website contents.) Among the site's contents are the state's Strategy, tips for getting started, an eight-step implementation guide, ideas for action, links to related resources, and samples of reports, tools and media pieces developed by or for communities. The project's website may be accessed at <http://preventsuicide.fmhi.usf.edu>.

- **Vitalization of Community Prevention**

The Project was successful in vitalizing suicide prevention activities in the two pilot or demonstration sites selected by the SOSF and the SPCC. The Project found that being from outside of the county proved to be both an advantage and a disadvantage. On the plus side, the Project could take on activities, such as broadening and encouraging task force participation, that task force members had limited time to do. Local leaders seemed willing to share sometimes blunt opinions about their communities with "outsiders". Every local leader contacted by the Project agreed that suicide prevention was an important thing to do but few had time to add it to their list of responsibilities. One challenge arose when a local leader perceived the Project as "parachuting in". This resistance evaporated when the project's mission and role were clarified. Following is a summary of the project's contributions to each county.

Pasco County

One Project team member had been a member of Pasco Aware, the county's suicide prevention task force, for over a year. This proved to be an advantage in gaining quick acceptance for the project's involvement. The Project began by meeting with key stakeholders including representatives from Education, Farm Workers, The Harbor, SEDNET, National Alliance on Mental Illness (NAMI), Florida Substance Abuse Response Guide (SARG), and Eckerd Youth Alternatives. The purpose of these contacts was to gather information on the perceptions of Pasco's suicide prevention actions, solicit ideas for future actions, and broaden task force membership to include different segments of the community.

The number and diversity of Pasco Aware's membership increased as a direct result of the Project's efforts.

The Project facilitated Pasco Aware to identify and prioritize 108 ideas for action. The Project also developed a number of tools to facilitate implementation and communication. The Pasco Aware Fact Sheet (see Appendix G for Issue 1) may be used to quickly communicate the task force's mission and activities to new members and county leaders. The Pasco Aware Newsletter (see Appendix F) will be distributed in both hard copy and electronically to community leaders. The Pasco Gatekeeper newsletter (see Appendix G for Issue 1) will be sent electronically to people who have received gatekeeper training in order to address the finding that retention of information and confidence to intervene declined over time. Pasco Summary Statistics (see Appendix J) is a powerful tool for communication, education, and advocacy.

Duval County

Prior to the Project's involvement, JCCI Forward, a Duval County initiative to address community issues, studied youth suicide and issued a report of its findings and recommendations. Although the JCCI committee had agreed on short and long-term goals relating to youth suicide, the Project found little implementation activity.

The Project met with key stakeholders including representatives from the courts, the Department of Children and Families, Mental Health America, SARG, SEDNET, and the Partnership for Child Health. Project members made two trips to Jacksonville to meet with stakeholders and to present to the Child Mental Health Task Force and the Adult Mental Health Task Force. There were also a series of telephone conference calls and meetings which resulted in the creation of a suicide prevention committee of the joint mental health task force. The Project participated in a day long strategic planning meeting with the task force which created a vision and mission statement, strategic objectives and most of the 1st year business plan which will be completed shortly. The Project also developed the Duval County Summary Statistics (see Appendix K).

- **Posters and Presentations**

The Project manned a booth at the 2008 Suicide Prevention Day at the Capitol and at the 2008 Symposium for Suicide Prevention. The Project also presented the project’s activities and products at the 2008 Symposium for Suicide Prevention. (See Appendix L for the Suicide Stops Here poster.)

During the Symposium, and with approval of the Pasco Aware Task Force, the project created and presented a poster (see Appendix I) about this task force’s activities to encourage communities of learning and sharing.

- **Clinical Training for Mental Health Professionals**

In collaboration with Florida's Office of Suicide Prevention and the American Association of Suicidology (AAS), the Project hosted suicide prevention training of 34 health professionals from across the state. *Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians* is an interactive training based on established core competencies that mental health professionals need in order to effectively assess and manage suicide risk. Training participants came from across the state and intervene with clients of all age groups. Tables 2 and 3 show the demographics of the participants and the age groups of their clients.

Table 2: RRSR Participant Demographics

Profession	Number
Professional Counselor	12
Psychologist	1
Nurse	1
Social Worker	13
Clinical supervisor	1
Student	1
Mental Health Counselor	1
Other	4

Table 3: RRSR Participants Clients

Age Group	Number of Participants Serving This Age Group
Children (0-9 years old)	11
Youth (10-14 years old)	19
Adolescents (15-19 years old)	20
Adults (20-64 years old)	21
Seniors (65+ years old)	7

The workshop successfully increased participants' competency in suicide risk and assessment. When asked to rate their knowledge and skills in assessing clients at risk of suicide *before* participating in the course, participants responded with an average of 5.8, approximately mid-point on a 10-point scale. After participating in the training, participants strongly agreed that they had increased their overall level of competency in the assessment of clients at risk for suicide (average = 3.77 out of 4). Average ratings for specific competencies ranged between 8.52 and 9.13 on a 10-point scale. Following are a few of the comments from participants' evaluations:

- *"Thanks, I needed this."*
- *"Not enough emphasis is placed on this program in the graduate training programs. I would offer it [this workshop] to new counselors prior to field work and then again after a few years of clinical practice."*
- *"I have acronyms/ways to document to help me evaluate client needs."*
- *"Very informative and useful."*

Every participant evaluation reported that they would recommend this workshop to other clinicians including, for example, social workers, primary care, psychiatrists, psychologists, licensed mental health professionals, and anyone with direct client contact.

After the success of the RRSR workshop, the SOSF hosted a similar workshop in Orlando in September 2008. Assessing and Managing Suicide Risk is a one-day workshop

teaching the same core concepts as the RRSR workshop. To stimulate enrollment, the project provided scholarships to 10 clinicians to attend this training.

- **Florida Suicide Prevention Strategy Brochure**

Designed for mass distribution, the *Florida Suicide Prevention Strategy Brochure* (see Appendix B) raises awareness of the state's Strategy and encourages action. The Project funded the creation and distribution of 13,000 brochures across Florida. The distribution strategy was to blanket the state of Florida. The Project gave brochures to many people and organizations including Pasco Aware, Duval Children's Mental Health Task Force, the Suicide Prevention Coordinating Council, the Statewide Office of Suicide Prevention, and advocates and clinicians throughout the state. They distributed or left brochures at various locations in their community. Following is a partial list of locations receiving the brochure.

- DJJ office staff and lobbies
- Cub Scout families
- Sunrise Domestic Violence & Sexual Assault Center lobbies
- School social workers
- Teachers
- Churches and religious organizations
- Community Colleges
- County social service organizations
- City mayors and commissioners
- Workers at a telecommunications and a commercial realty company
- Public libraries
- Florida Counseling Association's Convention in November 2008 (planned)
- Hospitals
- Fire departments
- Park Place Behavioral Health

- Lifepath Hospice
- Funeral Parlors and cemeteries
- Police stations
- Senior care residences
- Board of the STAR Project for Suicide Awareness and Survivor Support
- Doctor's offices

According to the volunteer distributors, the Strategy brochure is an effective way to reduce stigma, encourage action, and educate Florida's citizens on suicide prevention. The strong demand for the brochure demonstrates the value of simple, concise, and accessible suicide prevention information.

V. Lessons Learned

There were a number of lessons learned from the experiences in the two pilot sites.

- **Community readiness is not as easy to assess as first thought.** The original assumption about which county was ready and which was not as ready turned out to be the opposite. In the future more time needs to be spent in engaging community leadership in conversation about past and current activities and their interest and need for technical assistance.
- **In communities where there is not an existing relationship, a process for engaging the community and gaining trust needs to be implemented.** Otherwise, there is a danger that there will be a defensive reaction to “outside” community experts “parachuting in” without clear agreements of the roles of two groups. It is important that the community feel it has the ownership of the process and is in control of the suicide prevention activities.
- **While any community mobilization effort should have a plan for how to approach the community, it needs to be very responsive and flexible to community input and reactions at every phase.** Figuring out “on the fly” how to best serve as a catalyst for energizing the community usually cannot be anticipated in advance
- **In most cases, suicide prevention activities seem to be limited to dedicated individuals with some direct contact and interest in suicide prevention.** Consequently, the coalitions and meetings usually consisted of people with a great interest in suicide prevention. A major need is to expand the coalitions to include the larger community, such as business, government and the faith community.
- **One of the biggest barriers to expanding membership and to sustaining ongoing progress is the time limitations of coalition members who are already very busy**

and overburdened. A small amount of resources to pay a local community person to help staff the coalition on a part time basis (e.g. a half day a week) could make a considerable difference in maintaining continual progress and expanding the coalition membership.

- **Coordinating the suicide prevention activities with substance abuse prevention coalitions, mental health coalitions etc. is essential to prevent duplication of efforts so as to maintain the energy and commitment of the membership and to maximize the outcomes of all of these efforts.** Most coalition members have overlapping membership with multiple committees and task forces so it is important that coalition work not be just another meeting.

- **The composition of the Project team was a key factor in the Project's success.** During years of experience in suicide prevention, community mobilization, and mental health research, the Project directors had developed relationships and knowledge which were used to facilitate the project's activities with minimal ramp-up time. The Project coordinator's experience in project management, quality improvement, and process re-engineering proved useful in developing implementation tools and resources.

VI. Recommendations

The momentum achieved during the project period demonstrates that appropriate technical support is a necessary factor for expeditious implementation of the state's suicide prevention strategy. Experience teaches us that implementation is not guaranteed simply because something is the right thing to do. Community mobilization is a complex and difficult process which is aided, in great part, by technical support such as that provided by FMHI. State offices and councils also benefit from technical support when coordinating and planning suicide prevention activities. Ultimately, the cumulative efforts of many local communities throughout Florida will save lives by reducing the number of suicides in our state.

VII. References

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