

# ***Florida Suicide Prevention Implementation Project: Moving Strategy into Action***

Florida Suicide Prevention Symposium  
September 30, 2008

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<http://www.preventsuicide.fmhi.usf.edu>



Louis de la Parte Florida Mental Health Institute

“Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has.”

Margaret Mead



# Learning Objectives

- Identify the three major goals of Florida's Suicide Prevention Strategy.
- Recognize the eight steps to implement the strategy in Florida's communities.
- Discover techniques, tips, resources, tools, and menus of action steps for adaptation and use by suicide prevention advocates.



# Background

- The Florida Suicide Prevention Strategy 2005-2010 published in 2005.
- Florida state legislature responded.
  - The Statewide Office of Suicide Prevention.
  - The Florida Suicide Prevention Coordinating Council.
  - The Florida Suicide Prevention Implementation Project at FMHI/USF.



# Goals of Florida's Strategy

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.



# Project Mission

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



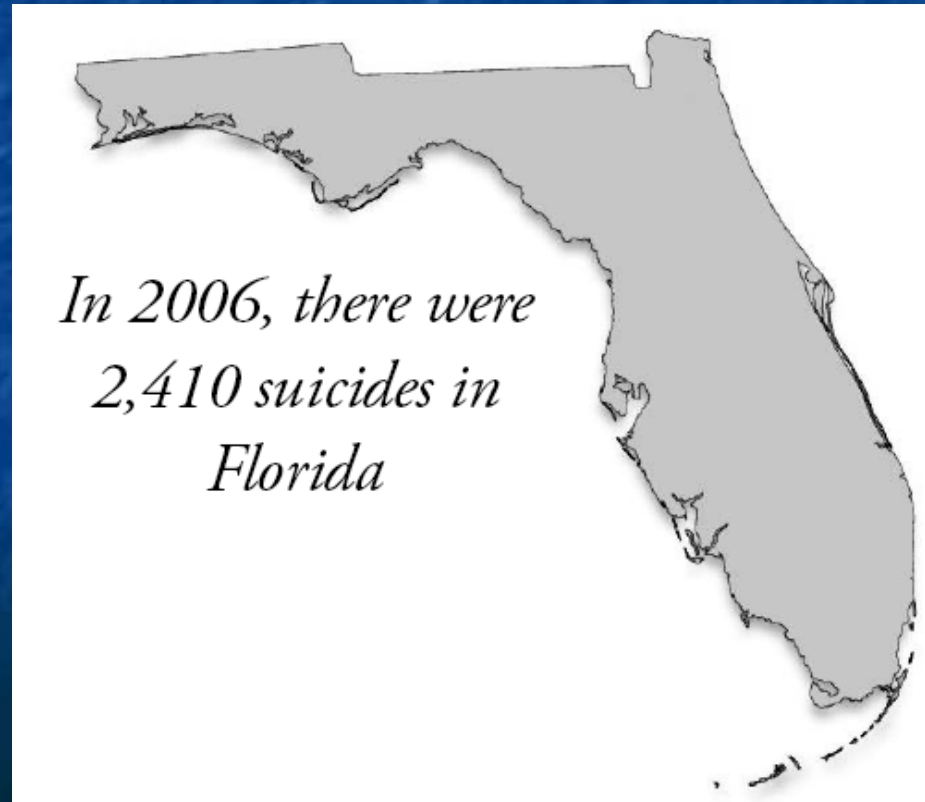
# Initial Challenges

- Florida Statewide Office of Suicide Prevention (SOSP) staffed by 2 people.
- Florida Suicide Prevention Coordinating Council (SPCC) newly formed, large group, with different perspectives of and experiences in prevention.
- Project limited to one year and broad in scope.

# Project Approach

**Statewide  
Implementation**

**Local  
Implementation**





# Statewide: Brainstorming

- SPCC brainstormed & prioritized action steps to move the Strategy into ongoing community actions.
- Concept mapping process produced shared priorities for the newly-formed Council.
- Repackaged action steps for dissemination.

# Statewide: Website

<http://preventsuicide.fmhi.usf.edu>

**USF** UNIVERSITY OF  
SOUTH FLORIDA

## Suicide Stops Here

Florida Suicide Prevention Implementation Project

If you or someone  
you know is  
in crisis, call  
1-800-273-TALK

### Home

Florida Suicide Prevention  
Strategy

Getting Started

Suicide Prevention  
Implementation Guide

Menu of Suicide Prevention  
Actions

Resources

Communities in Action

Project Fact Sheet

Contact Us

Transforming  
Communities and Lives  
2008 Florida Statewide  
Prevention Conference & Suicide  
Prevention Symposium  
September 30 - October 1

**This site is for** individuals, schools, coalitions, task forces, faith-based organizations, employers, health providers, and state and system leaders who are interested in taking action to prevent the tragic loss of life from suicide.

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.<sup>1</sup> 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 3 times larger than the national average.<sup>2</sup>

**M**uch of the work of suicide prevention must occur at the community level, where human relationships breathe life into public policy. American communities are also home to scores of faith-based and secular initiatives that help reduce risk factors and promote protective factors associated with many of our most pressing social problems, including suicide.

David Satcher, MD., Ph.D.,  
Surgeon General *The National  
Strategy for Suicide  
Prevention*. 2001

### Within this site, you will find

- A flexible, end-to-end suicide prevention implementation process.
- Resources to assist you at each step of the implementation.
- A menu of suicide prevention activities (options for your community).
- Ideas for initiating and energizing suicide prevention efforts.
- Newsletters, media pieces, and other tools that may be adapted for your community.



# Statewide: Website

- Option: Getting Started
- Description: Brief, quick guide for taking action at the community level.
- Contents:
  - Get Going
  - Take Action
  - Get Results



# Statewide: Website Continued

- Option: Implementation Guide
- Description: Eight step process for implementing and sustaining community change to reduce suicide. Based on recognized best practice.
- Contents:
  - Step purpose & activities
  - Inputs (What you need) & outputs (What results)



# Statewide: Website Continued

- Option: Menu of Suicide Prevention Actions
- Description: Action steps to prevent suicide at the state, local, and individual levels.
- Contents:
  - 125 ideas brainstormed by the SPCC.
  - Report on how the action steps were generated.
  - Information about the concept mapping process.



# Statewide: Website Continued

- Option: Resources
- Description: Resources to assist communities with implementation of the state's Strategy.
- Contents:
  - List of resources (with links) by category
  - Main menu or clickable words.



# Statewide: Website Continued

- Option: Communities in Action
- Description: Toolbox contains products & reports from demonstration sites.
- Contents:
  - Local strategies (i.e., action suggestions)
  - Newsletters, fact sheets, media samples
  - Local reports on suicide prevention

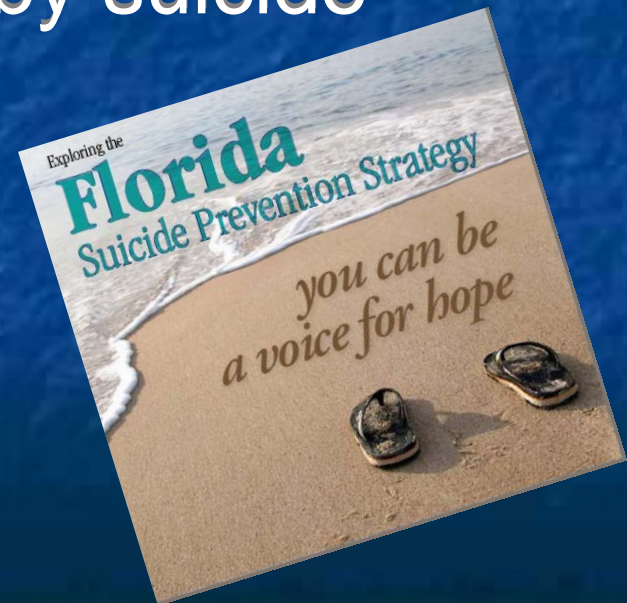


# Statewide: Well Aware Bulletin

- Suicide prevention bulletins for school administrators & policymakers.
- Distributed statewide electronically.
  - <http://www.fldoe.org/commissioner/aware/>
- Coordinated by the SOSF and the Department of Education.
- Created by Pointe de Vue & funded by FMHI/USF & the Beth Foundation.

# Statewide: Strategy Brochure

- Communicates the State's strategy & encourages implementation.
- Project produced 13,000 brochures.
- Distributed across the state by suicide prevention advocates.





# Statewide: Clinician Training

- Free statewide clinical training.
- Based on established core competencies for effectively assessing & managing suicide risk.
- Training was hosted collaboratively by the Project, the SOSF, and the American Association of Suicidology.



# Step 1: Problem Identification

- Purpose: Identify suicide related problem areas to be explored.
- Activities:
  - Select geographic or problem areas.
  - Identify community stakeholders.
  - Define a plan to approach stakeholders.

# Step 2: Exploration & Engagement

- Purpose: Assess match between problems and resources to make go/no-go decision.
- Activities:
  - Hold initial meetings.
  - Identify resources (e.g., grants, organizations, volunteers, facilities, other participants).
  - Explore integration/coordination with other coalitions.



# Step 3: Community Planning

- Purpose: Identify and prepare to implement suicide prevention actions.
- Activities:
  - Explore, select and prioritize action steps (e.g., brainstorm, check out best and evidence-based practices, our website and Florida's Toolkit and Resource Guide).
  - Define the community's goals (e.g., reduce suicide rate of males aged 15-24 by 30%).

# Step 4: Initial Implementation

- Purpose: Put selected action steps, initiatives and programs into action.
- Activities:
  - Create action plan (i.e., people, facilities, funds, materials, dates, responsibilities).
  - Implement and monitor the action plan.
  - Remove roadblocks (e.g., identify peoples' incentives).

# Step 5: Full Operation

- Purpose: Ensure that initiatives and programs continue to operate as expected, with proficiency and skill, and with required support.
- Activities:
  - Evaluate the operation.
  - Address the issues.



# Step 6: Evaluation

- Purpose: Ensure that implemented actions meet the outcome goals set by the local coalition or task force.
- Activities:
  - Collect data (see “Resources/Statistics” on website).
  - Compare outcomes to expected (e.g., expected 30% reduction in suicide rate; achieved a 15% reduction).
  - Apply for recognition as a best-practice (see “Resources/Evidence-Based” on website).



# Step 7: Innovation

- Purpose: Refine and expand practices relating to treatment and implementation.
- Activities:
  - Identify candidates for innovation.
  - Advocate for, plan and implement innovations.
  - Share innovations with other communities.

# Step 8: Sustainability

- Purpose: Ensure long-term survival of suicide prevention actions, initiatives, and programs.
- Actions:
  - Advocate, advocate, advocate.
  - Partner with other advocacy groups.
  - Expand local advocacy and partnerships to federal, state levels.



# Pilot Site Selection

- The SPCC selected two counties as demonstration sites.
- Purpose: Implement the strategy at a local level, learn what is most effective, develop processes and tools to share, create a learning community.



# Pilot Sites as Case Studies

- County B is at the initial implementation stage & county A has begun the full operation stage.
- These two pilot sites as examples of how implementation process works.



# County A: Problem Identification

- Pilot Context:
  - Existing suicide prevention task force.
  - Had conducted gatekeeper trainings & suicide prevention awareness activities.
  - Small core group involved.
  - Task force attendance inconsistent.



# County A: Problem Identification

- Needed to expand participation in task force to include other segments of the community.
- Needed to reassess the operation of the task force and develop strategies for enhancing community participation and its activities.



# County A: Exploration & Engagement

- Revitalize the task force & determine new directions.
- Met with individuals from other sectors in the community.
- Invited individuals to the planning session.



# County A: Community Planning

- Task force brainstormed & prioritized 108 actions (See “Communities in Action” on website).
- Meeting attended by a number of individuals who had never or rarely attended the task force meetings before.
- Selected ideas to implement (e.g., awareness, guest speakers, newsletter).
- Planning conducted by volunteers with interest in action or access to resources needed to implement the action.



# County A: Initial Implementation

- Gatekeeper training.
- Media campaign (newsletters, OpEd, billboards, posters, Task Force Fact Sheet).
- Open meetings with guest speakers.
- Task force newsletter.
- Attended Florida and local Substance Abuse Prevention meetings.



# County A: Full Operation

- Gatekeeper training participants' knowledge and confidence diminished over time.
- Solutions: Newsletter e-mailed monthly to training participants, meetings for trainers, a formal learning assessment (grant requested).



# County A: Full Operation

- County A created a newsletter to communicate the issues, its mission, and activities.
- A Summary of County Suicide Statistics helped coalition determine sub-groups most vulnerable.



# County B: Problem Identification

## ■ Pilot Context:

- A county-wide task force studied problem of youth suicide and issued a report of its findings and recommendations.
- A number of grants were submitted targeting children's mental health including suicide prevention.

# County B: Problem Identification

- A very small informal group met on a semi-regular basis to discuss possible actions to implement the study group report with no clear structure or mandate.
- No single individual leader identified to move the effort along or to champion a suicide prevention strategy.



# County B : Exploration & Engagement

- A key stakeholder in County B agreed to champion a suicide prevention coalition.
- Meetings of both adult and children's mental health task forces to introduce the task force and solicit their interest in promoting suicide prevention.
- Conversations held with community leaders from a variety of sectors to learn about their interest in suicide prevention.



# County B: Community Planning

- Key leaders determined to use a joint meeting of the two mental health task forces to discuss suicide prevention as a priority.
- County B requested information on evidence-based practices and participation in planning.



# County B: Initial Implementation

- Joint committee determined that youth suicide prevention was a top priority for the community.
- A subsequent group of key individuals from a wide variety of community interests met to create a suicide prevention task force.



# County B: Initial Implementation

- Coalition recruited members and local clinicians to attend the Suicide Prevention Symposium and clinical training, aided by project scholarships.
- Project continues to respond to requests for information around suicide prevention strategies and evidenced-based practices.



# What We Learned

- Passion about suicide prevention was plentiful in the demonstration sites.
- Lack of available time for already overloaded volunteers and professionals was a roadblock for community participation.
- Coalition participation and progress improved with targeted assistance.
- Coalitions need to identify and consider the incentives of their key stakeholders in order to obtain/retain participation.



# What Will You Do?

*“It is not enough to be compassionate.  
You must act.”*

Dalai Lama

“The Path to Tranquility: Daily Wisdom”