imagine...

a suicide-safer community
Transforming Communities through Operationalization Collective Impact for Suicide Prevention

September 18, 2017 -- 2017 New York State Suicide Prevention Conference

Trena T. Anastasia, PhD

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Learning Objectives

1. Know what Collective Impact (CI) “is” & “is not”
2. Recognize how CI fits into the Community Transformation Movement
3. Be exposed to the 10 pillars of Suicide-Safe Communities
4. Understand the importance of a comprehensive strategy toward Suicide-Safer communities
5. Learn about an example of CI as it impacted Suicide Prevention (SP)
6. Know the basic premise and design of the CI comparative research project which began in WY
7. Understand some components necessary for operationalizing CI for SP
Presentation Overview

National Recommendations for Communities
What is Collective Impact?
How do we Operationalize it?
Review some components necessary for operationalizing CI for Suicide Prevention
It Takes a Village

No Single Program can change a community
SEVEN KEY ELEMENTS RECOMMENDED BY THE ACTION ALLIANCE FOR COMPREHENSIVE COMMUNITY-BASED SUICIDE PREVENTION:

1. **Unity**— Attainment and maintenance of broad-based momentum around a shared vision

2. **Planning**— Use of a strategic planning process that lays out stakeholder roles and intended outcomes

3. **Integration**— Use of multiple, integrated suicide prevention strategies

4. **Fit**— Alignment of activities with context, culture, and readiness

5. **Communication**— Clear, open, and consistent communication

6. **Data**— Use of surveillance and evaluation data to guide action, assess progress, and make changes

7. **Sustainability**— A focus on long-lasting change 

These elements comprise key considerations that should guide community-based suicide prevention.
KEY ELEMENTS RECOMMENDED BY THE CENTERS for DISEASE CONTROL AND PREVENTION FOR COMPREHENSIVE COMMUNITY-BASED SUICIDE PREVENTION:

1. Strengthen Economic Supports
2. Strengthen Access and Delivery of Suicide Care
3. Create Protective Environments
4. Promote Connectedness
5. Teach Coping and Problem Solving Skills
6. Identify and Support People at Risk
7. Lesson Harms and Prevent Future Risk
8. Sector Involvement
9. Monitoring and Evaluation
10 Pillars of Suicide-Safer Communities

1. Leadership/Steering Committee
2. Community Needs Assessment and Action Plan
3. Mental Health and Wellness Promotion
4. Suicide Prevention Awareness
5. Training
6. Suicide Intervention Services
7. Clinical and Support Services
8. Suicide Bereavement
9. Evaluation and Dissemination
10. Capacity Building and Sustainability

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What is Collective Impact?

It is more than a model
It is more than a theory

It is an OUTCOME…a tipping point
It accompanies effectiveness in a variety of Health and Human Service scenarios
Previously Only Reviewed Retrospectively (as far as we know)
5 Key Items Essential to Understanding CI

1. Pre-conditions/readiness
2. Conditions of implementation
3. Three phases of implementation
4. Backbone organization
5. Initial preparation/capacity building
CI Pre-Conditions

1. Influential champions

2. Adequate financial resources (min of 2-3 years)

3. Urgency for change
   1. Build from recent events
   2. Publish a report highlighting urgency
Five Conditions of Implementation

1. Common Agenda
2. Shared measurement systems
3. Mutually reinforcing activities
4. Continuous Communication
5. Presence of a backbone organization
Three Phases of Implementation

**Phase I: Initiate Action**
- Know the Landscape and Gather Baseline Data
- Engage Key Decision Makers (Stakeholder Group)
- Backbone Organization(s)
- Governance Structure w/Strong Champion(s)

**Phase II: Organize for Impact**
- Common Goals
- Shared Measures
- Align Involved Organizations w/common goals and measures

**Phase III: Sustain Action & Impact**
- Prioritize and pursue actions in a coordinated way
- Systematically collect data
- Put processes in place that enable active learning and course corrections as progress is tracked
<table>
<thead>
<tr>
<th>Components for Success</th>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III Sustain Action and Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance and Infrastructure</td>
<td>Identify champions and form cross-sector group</td>
<td>Create infrastructure (backbone and processes)</td>
<td>Facilitate and refine</td>
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<tr>
<td>Strategic Planning</td>
<td>Map the landscape and use data to make case</td>
<td>Create common agenda (goals and strategy)</td>
<td>Support implementation (alignment to goals and strategies)</td>
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<tr>
<td>Community Involvement</td>
<td>Facilitate community outreach</td>
<td>Engage community and build public will</td>
<td>Continue engagement and conduct advocacy</td>
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<tr>
<td>Evaluation and Improvement</td>
<td>Analyze baseline data to identify key issues and gaps</td>
<td>Establish shared metrics (indicators, measurement, and approach)</td>
<td>Collect, track, and report progress (process to learn and improve)</td>
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</tbody>
</table>

6 Essential Functions of a Backbone Organization

1. Provide strategic direction
2. Facilitate dialogue between Key Stakeholder Group members
3. Manage data collection & analysis
4. Handle communications
5. Coordinate community outreach
6. Mobilize funding
<table>
<thead>
<tr>
<th>Types of Backbones</th>
<th>Description</th>
<th>Examples</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funder-Based</strong></td>
<td>One funder initiates CI strategy as planner, financier, and convener</td>
<td>Calgary Homeless Foundation</td>
<td>◆ Ability to secure start-up funding and recurring resources</td>
<td>◆ Lack of broad buy-in if CI effort seen as driven by one funder</td>
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<tr>
<td></td>
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<td>◆ Ability to bring others to the table and leverage other funders</td>
<td>◆ Lack of perceived neutrality</td>
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<tr>
<td><strong>New Nonprofit</strong></td>
<td>New entity is created, often by private funding, to serve as backbone</td>
<td>Community Center for Education Results</td>
<td>◆ Perceived neutrality as facilitator and convener</td>
<td>◆ Lack of sustainable funding stream and potential questions about funding priorities</td>
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<td></td>
<td></td>
<td></td>
<td>◆ Potential lack of baggage</td>
<td>◆ Potential competition with local nonprofits</td>
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<td></td>
<td></td>
<td></td>
<td>◆ Clarity of focus</td>
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<tr>
<td><strong>Existing Nonprofit</strong></td>
<td>Established nonprofit takes the lead in coordinating CI strategy</td>
<td>Opportunity Chicago</td>
<td>◆ Credibility, clear ownership, and strong understanding of issue</td>
<td>◆ Potential &quot;baggage&quot; and lack of perceived neutrality</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>◆ Existing infrastructure in place if properly resourced</td>
<td>◆ Lack of attention if poorly funded</td>
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<tr>
<td><strong>Government</strong></td>
<td>Government entity, either at local or state level, drives CI effort</td>
<td>Shape Up Somerville</td>
<td>◆ Public sector &quot;seal of approval&quot;</td>
<td>◆ Bureaucracy may slow progress</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>◆ Existing infrastructure in place if properly resourced</td>
<td>◆ Public funding may not be dependable</td>
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<tr>
<td><strong>Shared Across Multiple Organizations</strong></td>
<td>Numerous organizations take ownership of CI wins</td>
<td>Magnolia Place</td>
<td>◆ Lower resource requirements if shared across multiple organizations</td>
<td>◆ Lack of clear accountability with multiple voices at the table</td>
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<td></td>
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<td>◆ Broad buy-in, expertise</td>
<td>◆ Coordination challenges, leading to potential inefficiencies</td>
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<tr>
<td><strong>Steering Committee Driven</strong></td>
<td>Senior-level committee with ultimate decision-making power</td>
<td>Memphis Fast Forward</td>
<td>◆ Broad buy-in from senior leaders across public, private, and nonprofit sectors</td>
<td>◆ Lack of clear accountability with multiple voices</td>
</tr>
</tbody>
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How to Begin?

1. ID Backbone Organization

2. Secure Key Decision Makers (high-level) and garner stakeholder commitment
   - At a minimum…include recognized community cheerleader for the cause and representation from schools, law enforcement, mental health, hospital, SP coalition if one exists, and large employers. Media is also very helpful.

3. ID Issues and Associated SP Factors

4. Select Proven Interventions to address factors

5. Secure and support a central coordinating council

6. Develop working groups to address:
   - Education and Training
   - Awareness and Recognition of the Need
   - Policies and Norms
   - Treatment and Screening
   - Other?
Gather Data and ID SP Factors

1. Complete a formal needs assessment.

2. Identify existing local and secondary data which inform SP risk and protective factors.

3. Sort the data by the 23 recognized Risk and Protective Factors (R&P) to aid in data informed decision making.

4. Look for gaps in data. Which R&P Factors have very few data points? How can you garner more? Do the missing (or lack of access to) data also help paint of picture of influential community factors.

5. Compile data for the 24\textsuperscript{th} Factor: Community Conditions (Events, Capacity and Readiness)
Data Collection Tools and Secondary Data Sources Used

- **SP-CAN**: Suicide Prevention Community Assessment of Need
- **CRSP**: Continuum of Readiness for Suicide Prevention (evaluation tool)
- **Mental Health Stigma and Awareness Survey**
- **Social Network Analysis**
- **Other local data**... hospital, clinic, school and law enforcement data not included in the SP-CAN were also shared among the stakeholders which informed strategic planning, but were not used as baselines in the comparison study due to a lack of comparative data in the control community.
Continuum of Readiness for Suicide Prevention (CRSP)

<table>
<thead>
<tr>
<th>Coalition Member Continuum of Readiness (MEMBER CR)</th>
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<tr>
<th>Coalition Continuum of Readiness</th>
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<td>Coalition Member</td>
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<td>------------------</td>
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Prepared by: Theresa Wynn, M.D., with input from Teresa Humphries, M.D., Ph.D.
Steps to Securing a Key Stakeholder Group

1. In WY the backbone organization representative facilitated the first few sessions.

2. The stakeholder group was then encouraged to elect a decision making body to establish a more sustainable, community driven model.

3. Chair and officers were elected prior to the strategic planning session.
Information Provided to the Stakeholder Group (A manual is born)

1. Overview of Suicide Prevention
   - Acronyms and Abbreviations
   - Suicide: Risk & Protective Factors
   - Logic Model of Comprehensive SP plan
   - Indices of programs from the SP Programs and Practices Guide

2. Collective Impact
   - CI for SP Comparative Research Logic Model
   - CI Background Presentation Slides
   - Overview of Collective Impact
   - Sample Ethnography of CI and Suicide

3. Community data ...
Develop Working Groups: Create buy-in & share the work

We encouraged someone to take the lead on implementation in each of the 6 strategic categories outlined in the planning session.

(To maintain momentum, it is helpful if the outside facilitator seeks leadership volunteers during the planning session.)
Example: Comprehensive Suicide Prevention Model

**Purpose:** Design and implement a comprehensive, effective, replicable, and financially sustainable community suicide prevention model.

**Activities:**
- Strategy A: Learn about suicide prevention
  - Service on coalition
  - Educate constituents
  - Assist with anti-access selection
  - Assist with policy changes
  - Advocates for implementation fidelity

**Research and Evaluation:**
- Fidelity measures for each of the strategies:
  - Number, time, results

**Outcomes:**
- Increase coalition capacity
- Increase suicide individual quality of life
- Increase in suicides calls
- Decrease suicide attempts and demonstrated self-harm of attempts
- Decrease suicide deaths
- Decrease costs associated with:
  - Treatment
  - Ambulances
  - Deaths
- Decrease perceived stigma around:
  - Help seeking
  - Referral of self and others to MH care
  - Talking about suicide ideation

**Measurement Tools:**
- Coalition continues to measure:
  - FC-BIT client measures: BAI, BDI, SMS, PLAID and Family functioning
  - Life and suicide local crisis line call volume
  - Emergency Department admittance
  - YRBS
  - NPS
  - FEMA
  - Hospital records
  - NSI admissions
  - Commare reports
  - Vital records
  - Hospital admittance, client history, transportation, links to work, safe and care-giver
  - Emergency Dept. admittance
  - Dr. Stephens and other tracks, economic model of suicide impact

**Outputs:**
- Fidelity to EBP guidelines
- Treatment
- Ambulances
- Deaths
- Perceived stigma around:
  - Help seeking
  - Referral of self and others to MH care
  - Talking about suicide ideation

**Example:** Comprehensive Suicide Prevention Model developed by Dr. Trena T. Anastasia

**Inputs:**
- Use "systematic approach" as foundation.
- Review research on suicide prevention programs EBP, best and promising practices.
- Identify community-focused, evidence-based, or plan capacity building in prior to implementation.
- Identify a community-focused.

**Strategies:**
- A. Develop collaborative relationships across the community.
- B. Provide training to providers and gatekeepers.
- C. Ensure access to care & implement specialized treatment.
- D. Provide education and awareness.
- E. Implement protocols.
- F. Address policy and procedures.

**Populations of focus:**
- City Council members ( besonders)
- County Commission members
- Key community representatives (first responders, mental health, school personnel, families, etc.)
- Mental Health leadership, Family Association, Superintendents, suicide survivors of loss.

**Primary care providers, Mental Health professionals, Emergency department staff, Key community members, etc.**

**Example:** Comprehensive Suicide Prevention Model developed by Dr. Trena T. Anastasia

**SP Plan:**
- Partnership: Wyoming Department of Health, University of Wyoming Department of Psychology.

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Select Proven Interventions: Strategic Planning

1. Educate the Stakeholder group about risk and protective factors and the critical components of a comprehensive SP plan

2. Train Stakeholder group members in Suicide Intervention/First Aid

3. Provide the Stakeholder group with data in advance of the planning session. *(WY held three prior meetings to educate the stakeholder group about SP and their local data.)*

4. Be prepared at the planning session to provide data about SP programs and practices. *SPRC has links to these. WY used the Suicide Prevention Programs and Practices Review (SP3R.)*

5. Hire an outside SP expert to facilitate the Strategic Planning Process

6. Allow the Stakeholder group to make strategic decisions. *Community ownership of the effort is critical to CI.*
ID Resources and Plan Strategically

1. ClassroomMentalHealth.org
2. Community Coalitions
3. Community Prevention Professionals
4. Sources of Strength
5. ASIST Trained community members
6. Suicide To Hope trained clinicians
7. % of Community Trained in awareness and referral
8. Post-vention protocols and resources
9. Etc…
# Strategies Selected in WY

## Campbell County Outline of Strategic Initiatives Toward Collective Impact for Suicide Prevention

<table>
<thead>
<tr>
<th>Strategy A – Develop Collaborative Relationships Across the Community</th>
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<tbody>
<tr>
<td>Continue supporting local coalitions and SP Champions</td>
</tr>
<tr>
<td>Provide SHG training to key stakeholders</td>
</tr>
<tr>
<td>Issue a training schedule – for:</td>
</tr>
<tr>
<td>+ SHG members</td>
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<tr>
<td>+ Media</td>
</tr>
<tr>
<td>+ Public Schools</td>
</tr>
<tr>
<td>+ MMA/Community Practice</td>
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<table>
<thead>
<tr>
<th>Strategy B – Provide Training to Providers and gatekeepers</th>
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</thead>
<tbody>
<tr>
<td>1. Train – 100% of local employers</td>
</tr>
<tr>
<td>2. City Staff + QMR</td>
</tr>
<tr>
<td>3. Hospital QMR</td>
</tr>
<tr>
<td>4. SHG Train</td>
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<thead>
<tr>
<th>Strategy C – Ensure Access to Care and Implement Specialized Treatment</th>
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</thead>
<tbody>
<tr>
<td>NOTE: 1-4 occur in order as stated</td>
</tr>
<tr>
<td>1. Create a registry of trained staff</td>
</tr>
<tr>
<td>2. Complete a Needs Assessment of treatment providers</td>
</tr>
<tr>
<td>3. Market treatment services</td>
</tr>
<tr>
<td>4. Show safe messaging guidelines</td>
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<table>
<thead>
<tr>
<th>Strategy D – Provide Education and Awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TN Media Partner</td>
</tr>
<tr>
<td>2. Develop a template for press releases</td>
</tr>
<tr>
<td>3. Market to students</td>
</tr>
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<td>4. Show safe messaging guidelines</td>
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<table>
<thead>
<tr>
<th>Strategy E – Implement Postvention Best Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop a policy template</td>
</tr>
<tr>
<td>2. Develop a template for press releases</td>
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<tr>
<th>Strategy F – Address Policy and Procedures</th>
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QUESTIONS?

Dr. Trena T. Anastasia
LivingWorks Education
Masonville, Colorado

trena@livingworks.net
(970) 690-7797 cell
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