

Northeast Florida Children's Mental Health Coalition

Youth Suicide Prevention Strategic and Business Plan

Duval County, Florida

Updated: November 26, 2008



This plan was developed by the Youth Suicide Prevention Committee of the Northeast Florida Children's Mental Health Coalition with the assistance and expertise of Robert I. Paulson, PhD. and Steven Roggenbaum, Louis de la Parte Florida Mental Health Institute/University of South Florida, Florida Suicide Prevention Implementation Project on September 22, 2008.

Introduction

Suicide is the fifth leading cause of death among youth ages 5-14 and the third leading cause of death among adolescents and young adults ages 15-24¹. The teenage suicide rate has tripled over the past two decades. In 2005, Florida ranked 3rd highest in the nation for suicide fatalities with 2,308 deaths². Duval County, Florida is ranked 6th in Florida for the highest number of suicides³. While Florida is the 4th largest state, it is ranked 48th in per capita mental health spending, and Northeast Florida receives the least resources in comparison to other areas of Florida⁴. Ninety percent of all suicides are among people who have an unrecognized mental health disorder.

In 2005, a group of mental health providers convened to develop a blueprint for a comprehensive system of mental health services for children in Duval County. After 18 months of work, the *Northeast Florida Children's Community Mental Health Assessment*, a community-wide assets and needs assessment of children's mental health services, was submitted to the community with 18 policy recommendations. This group of providers, now called the Northeast Florida Children's Mental Health Coalition, has grown over the past 3 years to a group of over 50 organizations, individual stakeholders, mental health advocates, and families that are committed to improve outcomes for children by implementing those policy recommendations and further developing services and programs for children and their families.

In April of 2008, Duval County was identified as a pilot County and began collaborating with the Florida Suicide Prevention Implementation Project at the Louis de la Parte Florida Mental Health Institute at the University of South Florida. This Project provides support and technical assistance to the Coalition and the community to implement goals related to suicide prevention and the Florida Suicide Prevention Strategy. The Coalition agreed that suicide prevention is a critical component of children's mental health services and programs and many suicide prevention strategies are intertwined with the ongoing efforts and activities of the Coalition. To this end, the Youth Suicide Prevention Committee of the Northeast Florida Children's Mental Health Coalition was created and developed this action oriented Strategic and Business plan. It is our vision to eliminate suicide in Duval County and to become a model in the future for other communities.

1. National Center for Health Statistics, 2005.

2. Florida Suicide Prevention Coalition, extracted 9-29-08 from http://www.floridasuicideprevention.org/the_facts.htm

3. Florida Office of Vital Statistics, CHARTS, extracted 9-24-08 from <http://www.floridacharts.com/charts>.

4. Florida Department of Children and Families, 2007.

Northeast Florida Children's Mental Health Coalition Youth Suicide Prevention Committee

Vision

We envision a community that is free of suicide with a system of care that responds to the holistic needs of children and families.



Mission

Our mission is to implement a system of care in which children and families at risk or affected by suicide feel safe, supported, and have access to an adequate array of mental health and suicide prevention, intervention, and postvention resources and services.



Strategic Goals 2008-2009

1. To develop and sustain a suicide prevention, intervention, and postvention system of care.
2. To utilize social marketing techniques to affect attitudes about mental health conditions and behavioral changes related to suicide prevention, intervention, and postvention.
3. To raise awareness and disseminate information about mental wellness and suicide risk factors.
4. To address the special needs of diverse populations related to all aspects of mental wellness, suicide prevention, intervention, and postvention.
5. To identify, develop, and implement a community plan for mental wellness with a focus on suicide prevention, intervention, and postvention programs and services.
6. To implement suicide prevention, intervention, and postvention training.
7. To generate new knowledge and evaluate the Strategic and Business plan and system of care.

GOAL I: TO DEVELOP AND SUSTAIN A SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION SYSTEM OF CARE.

Objective 1. *To define the critical components of a system of care, such that, a model is delineated for this community, as measured by a written document and press release by December 31, 2008.*

Tasks	Audience	Activities	Lead Person	Completion Date
1. Examine existing documents, models, and benchmarks 2. Identify stakeholders 3. Review existing research and evidence base 4. SWOT analysis 5. Assets mapping 6. Define the critical components and linkages 7. Define current capacity of the system 8. Define gaps in capacity 9. Construct the model				

Objective 2. *To identify the assets and resources required to develop and sustain the system of care, such that, a funding plan is developed, as measured by a detailed budget document and resource development strategy by December 31, 2009.*

Tasks	Audience	Activities	Lead Person	Completion Date
1. Identify fiscal agent(s) 2. Identify existing resources 3. Identify gaps in resources 4. Identify potential resources 5. Quantify the resources needed 6. Identify approaches to maximize utilization of current funding streams				

GOAL II: TO UTILIZE SOCIAL MARKETING TECHNIQUES TO AFFECT ATTITUDES ABOUT MENTAL HEALTH CONDITIONS AND BEHAVIORAL CHANGES RELATED TO SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION.

Objective 1. *To develop a social marketing campaign, such that, all the elements, resources, stakeholders, and components have been identified and incorporated into the plan and resources for their implementation have been secured, as measured by a written plan including financial underwriting, by July 1, 2009.*

Tasks	Audience	Activities	Lead Person	Completion Date
1. Educate ourselves to current social marketing techniques 2. Identify existing initiatives and linkages occurring in the community 3. Identify a brand and unified approach 4. Pool and collaborate resources 5. Identify behavioral changes and subpopulation that we want to target 6. Identify resources such as colleges and other sources of technical assistance 7. Write the plan				

Objective 2. *To implement a social marketing campaign, such that, behavioral changes in target populations are effected, as measured by quantifiable indicators, by December 31, 2009.*

Tasks	Audience	Activities	Lead Person	Completion Date
To be determined by the development of the campaign plan.				

GOAL III: TO RAISE AWARENESS AND DISSEMINATE INFORMATION ABOUT MENTAL WELLNESS AND SUICIDE RISK FACTORS.

Objective 1. *To create a plan to increase public awareness, such that, target populations, messages and media are identified, as measured by a list of target audiences with specific content and mechanisms for delivery, by April 1, 2009.*

Tasks	Audience	Activities	Lead Person	Completion Date
1. Identify populations 2. Identify messages 3. Identify media 4. Create plan				

Objective 2. *To implement the communication plan, such that, messages are disseminated to target populations and ____% of the targeted community have received and understand the messages, as measured by the quantity of messages delivered, the number of media outlets engaged, and consumer surveys, by May 1, 2009 through September 30, 2009.*

Tasks	Audience	Activities	Lead Person	Completion Date
1. Implement the plan 2. Evaluate the plan				

GOAL IV: TO ADDRESS THE SPECIAL NEEDS OF DIVERSE POPULATIONS RELATED TO ALL ASPECTS OF MENTAL WELLNESS, SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION.

Objective 1: *To identify and respond to the needs of subsets of the general population that are marginalized and/or at higher risk for suicide, such that, interventions are culturally effective and individualized, as measured by the inclusion of culturally competent and age appropriate strategies and approaches to all activities, by December 31, 2009.*

Tasks	Audience	Activities	Lead Person	Completion Date
1. Focus groups 2. Identify and engage stakeholders 3. Translation strategies				

GOAL V: TO IDENTIFY, DEVELOP, AND IMPLEMENT A COMMUNITY PLAN FOR MENTAL WELLNESS WITH A FOCUS ON SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION PROGRAMS AND SERVICES.

Objective 1. *To utilize the asset map and information obtained from population sources to identify and respond to the gaps in programs and services, such that, a continuum of effective services will be ensured for a to-be-defined increased number of children, as measured by, data collected from service providers, by December 31, 2009.*

Tasks	Audience	Activities	Lead Person	Completion Date
1. Identify gaps 2. Identify number of current recipients and project percentage of increase based on the identified gaps 3. Identify stakeholders, data sources				

Objective 2. *To identify and secure the financial and other resources required to implement the incremental increases in programs and services identified in Objective 1, such that, service expansions are financially supported, as measured by, percentage increases over baseline adjusted for inflation, by December 31, 2009.*

Tasks	Audience	Activities	Lead Person	Completion Date

GOAL VI: TO IMPLEMENT SUICIDE PREVENTION, INTERVENTION, AND POSTVENTION TRAINING.

Objective 1: *To identify the target audiences to receive training, such that, a training plan consisting of target audiences, training strategies and curricula are established, as measured by a written training plan, by December 31, 2008.*

Tasks	Audience	Activities	Lead Person	Completion Date
1. Identify existing training resources 2. Link funding to adherence to training				

Objective 2: *To develop training teams and resources to implement coordinated training to identified target audiences, such that, individuals and teams are prepared/certified to deliver specific training modules, web-based resources are identified and disseminated, and all other available resources are made accessible, as measured by numbers of individuals trained, satisfaction level greater than 75%, list of web-based and other resources, and an annual training calendar, by December 31, 2009.*

Tasks	Audience	Activities	Lead Person	Completion Date
1. List web-based resources 2. Link to CEU's				

GOAL VII: TO GENERATE NEW KNOWLEDGE AND EVALUATE THE STRATEGIC AND BUSINESS PLAN AND SYSTEM OF CARE.

Objective 1. *To develop and implement a comprehensive program evaluation, such that, progress on the implementation of the annual business plan is assessed and recommendations for corrective actions are completed on a quarterly basis, as measured by, quarterly reports to the Children's Mental Health Coalition and quarterly revisions to the business plan, by April 1, 2009.*

Tasks	Audience	Activities	Lead Person	Completion Date

Objective 2. *To develop the evaluation strategy for the system of care, such that, the elements and methods of the evaluation are developed and the capacity to implement the evaluation is established, as measured by, a written evaluation plan including data elements and secured resources, by December 31, 2009.*

Tasks	Audience	Activities	Lead Person	Completion Date