
ADAMHS Board of Tuscarawas and Carroll Counties
1260 Monroe Street NW
Suite 27N
New Philadelphia, Ohio 44663

Suicide Coalition of Tuscarawas and Carroll Counties

Vision Formulation Transcription



Vision Formulation Transcription

May 14, 2009

Suicide Coalition
Carroll-Tuscarawas Counties

Who are we as a coalition?

Age		Gender		Marital Status		Has anyone you know died by suicide?			
>69	0	Female	10	Single	1	Yes	12	Other	6
60-69	9	Male	9	Married/	14		Acquaintance	3	
50-59	4			Partnered			Close friend	7	
40-49	6			Separated/	1		Family	4	
30-39	1			Divorced					
20-29	0			Widow/er	1				
<20	0								

Affiliation				Have you been a helper to a person at risk of suicide?			
				How many times?		In what role?	
Clergy	0	Administrator	6	>20	5	Professionally	8
Nurse	0	Youth worker	0	6-20	3	Personally	8
Psychologist	0	Educator	3	2-5	4		
Physician	0	Police	1	1	2		
Counselor	1	Volunteer	1				
Social Worker	5	Other	3				

Build and center the team.

- (1) Everyone brings something to the table exercise.
- (2) When goals are clear, roles don't matter.
- (3) Fun is important. (People who can't laugh aren't with you for the long run).

What are the important facts regarding suicide that will impact our plan?

- Need to reduce stigma surrounding suicide
- Educate and address stigma
- Stigma
- Youth impulsivity
- Preventable
- Economic impact
- Don't want to be a burden to my family with worries
- Emerging population
- Hopelessness/helplessness
- Universally inclusive
- It affects the entire population
- Requires long term interventions

What are the important facts regarding suicide in our region?

- Carroll County is significantly above the state average for suicide rates
- Tuscarawas suicides are all male
- Lots of guns
- We choose to be insular
- Diagnosis in our population (Alcohol dependency and depression most frequent dx in Tuscarawas and Carroll Counties)
- Normalized in some families
- Lack of formal investigation of suicides
- Dual diagnosis
- Particular economic situation
- School's willingness to receive assistance
- Transient population

What best practices are we aware of?

- Foster grandparents
- "Are you OK?" call
- Bullying programs
- Teen Screen for Youth Depression
- Mail Program – Sending letters to people reduced suicide rates
- Youth Assets (survey tool)
- Meal on Wheels
- Finding what makes life meaningful (connections, pets, etc)
- Relationships
- Work to educate parents
- DBT – Dialectical Behavior Therapy (Marsha Linehan)
- MD doing depression screen for elderly
- Dedicated suicide prevention line
- Availability of 24-hour crisis services
- Access to services
- Gatekeeper training
- Air Force best practice (Gatekeeper training)
- Advance certification of CSU
- Adult Mentor (Mentors for all ages)
- Important of mentor
- Peer support groups
- Peer support (peer review SOS)
- Student support services
- It is OK to get help

What actions might be called for?

- Make mental wellness a positive (when within normal coping mechanisms)
- More brain research
- Education/Awareness
- Community awareness and interventions

Who are potential allies in our suicide prevention work?

- Medical community (2)
- Employers/EAP/HR departments (4)
- First responders – fire departments, EMT, paramedics (2)
- Law enforcement
- Survivors
- Faith-based community/ministers (3)

Educational systems – public schools, colleges, private schools, all (3)
 Elected officials
 Crisis service providers
 Dog pound/Humane society
 Hairdressers
 Funders
 General public
 End of life caregivers (2)
 Senior center program staff (3)
 Media
 Bartenders
 Administrators of agencies
 Congressmen/Senators
 Unemployment offices
 AARP
 Social service providers
 Farm bureau
 Nursing home staff (2)
 Social security staff
 Department Job and Family Services staff
 AA/NA
 Popular websites
 Pharmacists
 Civic groups/Service organizations - Rotary, Lion's, Kiwanis (2)
 Attorneys/Judges/Parole officers
 4-H leaders
 Amish population
 VA staff
 Counselors
 Meals on wheels
 Emergency department staff
 Neighbors

How will we know we have succeeded?

Someone tells someone they did not act of suicidal thoughts
 I will not have known a successful suicide
 Reduction in suicides
 Increase in SOS group
 Carroll County has an active survivors support group
 An impact of prevention and awareness efforts on Tuscarawas and Carroll Counties
 Suicide rates lower in each age group
 Reduced suicide numbers and required professional training
 Reduce the suicide rate of 16.2/100,000 to 8/100,000 in Carroll County
 Carroll County suicide rates decrease
 When suicide doesn't occur and help for those surviving exists
 There are more open conversations
 The topic of suicide will be openly discussed without stigma
 Our community has a general understanding of suicide and preventing behaviors
 People will talk freely about suicide
 When conversations and publicity are freely talked about
 The community will openly discuss suicide and its prevention
 The general public will know risk factors for suicide and be able to verbalize questions to discuss suicide.

If schools actively participate regularly in the program
If we have been able to make a significant connection with most all of our allies in the next 3-5 years we will have been successful
School personnel will have received awareness training
Establish peer youth education/support
Awareness increase within community
Extensive training – Gatekeeper training
That people who are experiencing suicidal thoughts will know where to go to get help
Community id demonstrative open interventions regarding the issue of “suicide”
When there is hope and we all “know” how to live

Who are our target audiences?

Children and Youth

Youth (2)

Teens

Excluded/isolated teens

Young children

Elderly

Seniors

Elderly

Elderly who are alone

Widows/widowed

Persons with Mental illness and Addictions

Alcohol and drug use population

Mental health care recipients

People w/mental illness

People with drug and alcohol issues

Displaced Workers

Under employed

Unemployed

Baby Boomers 44-65

Veterans and Active Military

Adult males

White males of all ages

Groups struggling with resiliency

Gays, Lesbians, Transvestites

Chronically Ill

Suicide Survivors

Newly Separated/Divorced

Those who have lost a loved one

What is our vision for our work?

"The communities of Tuscarawas and Carroll Counties will provide sufficient resources (programs) for the prevention of suicide."

What additional information do we need to formulate our plan?

- Effective communication pathways
- Information on suicide attempt numbers
- More info re: connection between economy and suicide
- Local trends
- Should the effort be the same between counties
- Correlation between mental health and suicide
- Best Practices in similar communities
- Better statistics
- Data on deaths in Carroll County
- Psychological autopsies in Tuscarawas and Carroll counties
- Assess current, local intervention and prevention efforts
- Liability issue – Can “vision” provide resources and be held accountable if someone suicides?

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Targets and Goals



Targets and Goals Transcription

June 16, 2009

Suicide Coalition

Carroll-Tuscarawas Counties

SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats)

Strengths

- Diversity in the professional group
- Good representation from each county
- Diversity of group
- Beginning broad-based partnership
- Large group
- Professional and volunteer
- Non-professionals represented in the group
- Creative energy
- Good facilitator
- Competency in broad spectrum
- Coalition is learning together as this plan is put in to place
- ADAMS Board as a main funding piece
- Shared passion
- Active, caring participants
- High level of commitment
- We're here to better the community
- Everyone is taking ownership in developing this plan
- Everyone has a story, motivation

Weaknesses

- Will momentum decrease when the facilitator leaves town?
- Without quantitative/qualitative data analysis
- Competing agendas
- Geographic cohesiveness
- Implementation timetable
- Urgency from plan to practice
- Lack of involvement from key elected/funding decision makers
- Lacking key people (elderly population, school admin, medical professionals)
- Lack of time
- Time constraints – participants' energy divided
- Sustaining media attention
- Continued need for funding
- Community taking ownership
- Complexity of suicide – continued need for knowledge and experience

Opportunities

- Churches
- Community advocacy efforts
- Focus on wellness approach
- Media attention on media
- High unemployment rates

Threats

Money
Rural county – no media outlets
Mental illness stigma
Apathy
Competing agendas (eg addiction, child abuse)
Appalachian culture (pull yourself up by your own bootstraps)
Does community see suicide as a problem?

What must we do extremely well if we are to achieve our vision? (Critical Success Factors)

Equipping service providers
Wayfinding for general public/referrals
Support system with individuals with disabilities
Provide leadership within county collaborative

Engage the community – communication of information
Targeted communication
Needs to be a grass roots process with general population awareness
Community communication and awareness (first responder and schools)
Make aware of resources and where to find them

Intervention and prevention models – what will work here?
Identify community resources
Assessment inventory of both counties
How do we tie this into action steps to reach target groups?

Effective use of existing funding
Funding – Grants?

Strategic Plan

"The communities of Tuscarawas and Carroll Counties will provide sufficient resources (programs) for the prevention of suicide."

- 1. Strategic Target #1 – We will increase community awareness of suicide as a major public health issue in which everyone has a role.**
 - 1.1. By June 2010, we will explore existing resources or, if necessary, create an awareness survey for utilization in schools to gather data to be used in public awareness.
 - 1.2. By June 2010, we will introduce a suicide risk assessment program for schools.
 - 1.3. By June 2010, we will create a need and awareness with school counselors and superintendents to assist with implementation.

(It is possible that other target groups need to be explored and goals set)

- 2. Strategic Target #2 – We will identify existing and needed community resources using best practice models (for both Carroll and Tuscarawas Counties)**
 - 2.1. By June 2010, we will identify best practice models that are effective in areas that correlate to Tuscarawas and Carroll Counties.
 - 2.2. By June 2010, we will [develop a needs and resource assessment](#).
 - 2.3. By June 2010, we will implement the needs and resource assessment.
 - 2.4. By June 2010, we will review the data results from the needs and resource assessment.
 - 2.5. By June 2010, we will [align the best practices](#) with available resources bridging both Tuscarawas and Carroll Counties.

- 3. Strategic Target #3 – We will optimize existing funding and develop new sources of funding.**
 - 3.1. By December 2009, we will have identified/incorporated existing services/funding-in a coalition toward the prevention of suicide.
 - 3.2. By December 2009 we will have identified additional funding sources.
 - 3.3. By June 2010, we will have completed a cost analysis for the implementation of the plan.
 - 3.4. By June 2010, we will explore the possibility of non-profit status.

- 4. Strategic Target #4 – We will equip people for all the roles in which we ask them to serve.**
 - 4.1. By June 2010, we will [ID necessary roles](#) for the success of the Suicide Prevention Coalition.
 - 4.2. By June 2010, we will establish a training team to ID target groups to train, [training curriculum, training resources](#), and create a training schedule.
 - 4.3. By June 2010, we will increase awareness and ease of use of entry points to prevent and intervene in self-injurious and suicidal behaviors.