

Goal #1: Enhance collaborations to promote a suicide-free community: This goal reflects the need for the SPC members to form strong community collaborations in order to coordinate efforts to address priorities and implement needed suicide prevention, education, and awareness projects.

Objectives	Activities	2011	2012	2013	2014	Lead Partner(s)	Additional Partner(s)	SPAP Objectives Addressed	Evaluation / Evidence	Status	Notes
1.1 Increase the number of tools available to SPC members to disseminate information about suicide prevention and the SPC to other community groups and coalitions.	1.1a Create a SPC brochure to use in recruitment efforts		X			CHIP		US1, ICS1	Posted on CHIP website.	Complete	SPC Flyer created in lieu of brochure, per County request. SPC brochures will be printed at the completion of contract for use in sustaining SPC.
	1.1b Create an " elevator pitch " for suicide prevention and the SPC	X				CHIP		US1	Posted on CHIP website.	Complete	
	1.1c Create educational pamphlets to be disseminated to the general population about the warning signs of suicide and effective help-seeking		X			AdEase	CHIP, OptumHealth	UT1	Disseminated at events, SPC meeting, etc.	Complete	
	1.1d Brand the SPC ; create a logo, banners, posters, other outreach materials for promotion of efforts at events		X			CHIP	AdEase	US1, ICS1	Used in: Media Guidelines; It's Up to Us Suicide Prevention Brochure	Pending	County requested the SPC not be branded; rather, the tagline "developed in partnership with the San Diego County Suicide Prevention Council" be added to all materials.
1.2 Increase the number, variety, and diversity of individuals and organizations represented by SPC members to include representatives from multiple sectors and high risk populations.	1.2a Identify current stakeholder groups/organizations participating in the SPC		X			CHIP		US1, ICS1	Spreadsheet detailing participating stakeholder groups and individuals	Complete	The original activity was completed but this activity over is an ongoing task as SPC members change annually.
	1.2b Identify stakeholders not currently participating in the SPC who should be involved		X	X	X	CHIP		US1, ICS1	As noted in meeting minutes	Ongoing	
	1.2c Invite stakeholders identified in 1.2b to participate in the SPC		X	X	X	CHIP		US1, ICS1	As noted in meeting minutes and sign-in sheets	Ongoing	
1.3 Increase buy-in and commitment among high-level stakeholders (ensure the right people and decision-makers)	1.3a Develop a charter or interagency agreement to ensure partnerships and a shared vision among stakeholders	X				CHIP		US1, ICS1	Posted on CHIP website.	Complete	Recommended that SPC develop the charter & County sign it; Use SPAP to create high level buy in
	1.3b Hold an annual meeting of SPC stakeholders to reconfirm the charter and to gather feedback on what works and what doesn't work			X	X	CHIP	CoSD	US1, ICS1	Outreach is done and sign-in sheets are available.	Complete	
	1.3c Provide community presentations to stakeholder groups on the work of the SPC and the recommendations in the SPAP	X	X	X	X	CHIP		US1, ICS1	15 community presentations made in 2011, 7 presentations in 2012 as of 4/30 to a total of >650 community partners; stakeholder groups & outcomes tracked by CHIP (SPC Activities.xls). Additionally meetings have been done since and tracking is kept in the SPC monthly progress reports.	Ongoing	

1.4	Increase opportunities for appropriate referrals for individuals demonstrating signs of suicidal behavior	1.4a	Form a San Diego County Help Line Collaborative to share information about resources and best practices	X	X	X	X	OptumHealth, CHIP		UT2, SSM1, ICS1	First meeting held in 2011; meeting quarterly through 2012. All minutes posted on website.	Ongoing	Since the first meeting the collaborative has met 6 times and has decided to rotate presentations amongst each other to have better understanding and connections with the other help lines and resources they offer. After some contract changes staff reduction have cause the collaborative to be on hiatus.
		1.4b	Develop a decision tree and suicide prevention resource list		X			2-1-1, OptumHealth	Help Lines, CHIP	UT2, SE1	SPAP website has the file under the Help Line Collaborative	Complete	Through the Help Line Collaborative, a decision tree is being developed of local help/warm/crisis line information. UPDATE: A training was held at 2-1-1 after completion in late 2012. A list was created with contact information but it was decided by the collaborative that it would be more helpful to additionally present on each others programs/services and use the list created as a resources/handout instead of creating a decision tree which didn't seem as helpful after further exploration on the topic.
		1.4c	Hold a training for stakeholders on how to use the decision tree developed in 1.4b, and support each agency in the use of the decision tree			X		2-1-1, OptumHealth	Help Lines, CHIP	UT2, SE1, ISC1	Meeting Minutes reflects this cross training being completed.	Complete	UPDATE: Resource list has been completed by Help Line Collaborative members now; training for the list didn't seem to be the best use instead it was decided they would use it as a resource tool to share with their staff at their respective Help Lines and that presentations from the other HelpLines to their staff would be better instead of a training on the list. The list will be disseminated to all as a resources and easy sheet to guide you through the Help Lines in San Diego County. Presentations were completed by Fall 2014.

	<p>1.4d Form a Collaborative of San Diego County school districts to provide suicide prevention resources and outreach</p>		X				SDUSD (SPEAK), CHIP	SD County school districts, SDCOE	UT2, SE1, SSM1	<p>First meeting held 4/26/2011 with ~35 attendees; minutes posted to CHIP website.</p>	<p>In Progress</p>	<p>The School Collaborative will continue to meet bi-monthly; SDCOE is partnering on this effort and will help to disseminate information and collaborative products through SD County schools. UPDATE: A second meeting was held in September 2012 and it had a lower attendance this caused the chairs to consider what the goals of the subcommittee would be and how to get some continued interest in the school collaborative. Changes to PEI contracts for one of the chairs of the collaborative created a slow moving progress to continue to convene this subcommittee. CHIP staff reconnected to SDCOE and was able to regain some interest in co-hosting GLSEN trainings and some new ideas of what the school collaborative could do to help the schools and get more participation for example by extending outreach to the many school districts in the County and offering trainings/events/programs that can help them with their suicide prevention efforts. 2 GLSEN trainings have been set for September and October 2013.</p>
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Goal #2: Conduct assessment to identify gaps in suicide prevention services and supports: This goal address recommendations to continually track, assess, and report on suicides, suicidal behaviors, and suicide prevention efforts in San Diego County.

Objectives		Activities	2011	2012	2013	2014	Lead Partner(s)	Additional Partner(s)	SPAP Objectives Addressed	Evaluation / Evidence	Status	Notes
2.1	Track suicide prevention efforts conducted by the SPC	2.1a Create an inventory of SPC activities and outreach	X	X	X	X	CHIP		US1, ICS1	SPC Activities and Outreach tracked by CHIP (SPC Activities.xls)	Complete	Minimum data set to include activity description, partners, community target population, annual numbers served (outcome, process), cost/resources consumed, any policy change as a result. UPDATE: Updated tracking for 2012 presentation at Annual Stakeholder meeting in June 2013. Noticed there might be two ways of tracking need more information if it still accurate to track cost/resources consumed (since that doesn't seem to have been tracked in the past). County requested not to continue asking for activities since it was challenging to get complete activities from partners.
		2.1b Develop a report card of the SPC work goals to use in tracking and evaluating activities annually		X	X	X	CHIP		US1, ICS1	SPAP website has the reports created.	Complete	
		2.1c Identify a SPC assessment subcommittee		X			TBD		US1, ICS1, DU1, DU2	SPAP website has information on this subcommittee	Complete	
		2.1d Identify gaps in outreach efforts based on 2.1a/b			X	X	CHIP		US1, ICS1		Ongoing	
2.2	Conduct annual assessment on suicide in SD County	2.2a Annually track suicide and suicidal behavior in age groups and other target populations		X	X	X	CoSD EMS, OptumHealth	CHIP, UCSD	SE1, IRB1, DU1, DU2	SPAP Website has past suicide data reports.	Ongoing	Working with Joshua Smith the County Epidemiologist for access to the information. He shares most current data for suicide in San Diego County at the Annual Stakeholders Meeting.
		2.2b Prioritize and develop a workable calendar for continual assessment(s)		X			CHIP	OptumHealth, CoSD EMS, UCSD	US1, ICS1, DU1, DU2		Pending	We add events to the SPC website calendar newly added but not clear about the details of this activity.
		2.2c Consider conducting additional surveillance or tracking of suicidal behavior measures			X	X	TBD	OptumHealth, CoSD EMS, UCSD	IRB1, DC1, DC2		Pending	We have looked into an assessment tool for suicide risk that could help but not sure if this is what this activity speaks to.
2.3	Identify high risk groups that do not currently have suicide risk assessment and referral procedures	2.3a Assess current procedures used by primary care providers, ED MDs and other ED staff, first responders (EMT, paramedic, firefighters), and community based providers to identify suicide risk factors in high risk groups or populations		X			CHIP	ED physicians, SDCMS, Police chiefs, PERT, OptumHealth, ADS	IRB1, DC1, DC2, DS1	KII conducted through May/June with first responders; additional work needed.	Complete	Including high risk & target populations identified in SPAP, substance abusers, women (perinatal); Currently working with first responder groups to assess current procedures; working in partnership with the It's Up to Us Physician's Campaign to assess procedures used by FQHCs. UPDATE: Also working with Pharmacists from UCSD and gathering information that way as well. Need to continue to expand this piece. Additionally

		2.3b	Identify gaps in suicide risk assessment procedures for high risk groups or populations			X		TBD	ED physicians, SDCMS, Police chiefs, PERT, OptumHealth, ADS	IRB1, IRB2, DC1, DC2, DS1		Complete	Brought Medical Provider Roundtable to look at Suicide Risk Assessment's being used in the County and looked at C-SSRS as a good potential tool to use Countywide.
2.4	Track suicide prevention resources available throughout San Diego County	2.4a	Map results of 2.1a using GIS by HHSA Region			X		CoSD, 211		US1, ICS1, DU1, DU2		Pending	Q: What's GIS? Is this something we do with HHSA? Need more information/guidance to complete.
		2.4b	Map results of 1.4b using GIS by HHSA Region			X		CoSD, 211		US1, ICS1		Pending	Q: What's GIS? Is this something we do with HHSA? Need more information/guidance to complete.
		2.4c	Identify gaps in suicide prevention resources and outreach efforts				X	TBD	OptumHealth	US1		In Progress	UPDATE: Will be working with Optum Health and Training Subcommittee to assure we are filling gaps in this arena. We also started promoting more QPR in the South and Central Region of San Diego County.

Goal #3: Disseminate vital information on the signs of suicide and effective help-seeking: This goal addresses recommendations to increase awareness and provide education to members of the general population and within priority populations about how they can help to prevent suicide.

Objectives		Activities	2011	2012	2013	2014	Lead Partner(s)	Additional Partner(s)	SPAP Objectives Addressed	Evaluation / Evidence	Status	Notes	
3.1	Increase the number of "first contacts" (teachers, clergy, police, etc..) who are knowledgeable about the warning signs of suicide and available suicide prevention resources	3.1a Offer Gatekeeper Trainings to the general public (i.e., QPR)	X	X	X	X	CoSD, OptumHealth, CHIP		UT1, SSM1	732 people trained in QPR in 2011; QPR TT held 1/19/2012 - 40 local trainers committed to training 50 people each; 1/1-4/30/2012, nearly 1500 additional people trained in QPR.	Ongoing	40 local trainers committed to training 50 people each by 6/30/12. UPDATE: QPR Refresher was done in February 2012 and 15 trainers attended. As of June 2016 over 10,398 people have been trained in QPR in San Diego County.	
		3.1b Provide suicide prevention trainings to law enforcement and other first responders (EMTs, ED staff, firefighters), primary care physicians, and other medical providers			X	X	TBD	Hospitals, EMT/Paramedics, OptumHealth, PERT, CHIP, AdEase, CoSD	STP1, ISC1		Ongoing	First Responder Training was created and has partnered with PERT and offered the trainings to other First Responders countywide.	
		3.1c Provide suicide prevention trainings to other targets as identified in the SPAP		X	X	X	TBD	OptumHealth, CHIP	SE1	As described in (SPC Activities.xls)	Ongoing	We have created trainings for Pharmacists we have targeted school staff with GLSEN trainings, ASIST trainings and looked at high-risk groups in Native American community of El Campo.	
3.2	Increase the availability of suicide prevention, intervention, and postvention materials	3.2a Identify opportunities to fund production of educational pamphlets to be disseminated to the general population about the warning signs of suicide and effective help-seeking (see 1.1c)		X		X	CHIP	CoSD, AdEase	UT2, US1		Complete	AdEase completing suicide prevention brochures in May 2012, for dissemination by early June.	
		3.2b Make educational pamphlets, materials, etc.. Available on a publicly available website (i.e., CHIP, www.Up2SD.org)		X			CHIP, CoSD		UT1	Posted at www.up2sd.org	Complete		
		3.2c Identify opportunities to reach the greatest number of people and highest need populations (i.e., large corporations)		X			CHIP		UT1, SE1		In Progress		
		3.2d Disseminate educational pamphlets (1.1c, 3.2a) to primary care offices, schools, and other public locations to be widely disseminated to the public (3.2c).		X	X	X	TBD		UT1, SE1		Complete	Some dissemination was done initially but more can be done.	
		3.2e Develop a first responder/medical provider tool kit for suicide prevention				X		CHIP	PERT, ED Physicians, SDCMS, Police, OptumHealth	US2, STP1, ISC1, IRB2		Complete	Developed and used in the First Responder Trainings.
		3.2f Include suicide prevention information in Help Connection	X					CHIP		UT1	ACL number posted throughout; suicide warning signs posted throughout.	Complete	Anticipated publication: May 2012

3.3	Increase the variety of events, information channels, and venues where suicide prevention information and materials are provided	3.3a	Identify SPC members to host suicide prevention tables at health fairs and other community events.		X	X	X	TBD		US1, UT2	CAHM, NAMI Walk	Ongoing	We are stables at specific events related to SP and MH like NAMI Walk, Out of the Darkness Walk, Save A Life Walk , CAHM Forum, and others as they become calendared.
		3.3b	Identify events, information channels, and venues where suicide prevention information and materials can be disseminated		X	X	X	TBD		US1, UT2		Ongoing	UPDATE: We have identified these areas and taken materials to events, meetings also had tables at key events.
3.4	Increase the number of trained SPC speakers on suicide prevention	3.4a	Conduct a train the trainer workshop to increase the number of trained speakers on suicide prevention		X			CHIP	CoSD, QPR Institute	UT1, SE1	QPR TT held 1/19/2012 - 40 local trainers; Evaluation: QPR Gatekeeper Certification Training Evaluation Summary_1-19-12.docx	Complete	Held an initial T4T in 2011 and then another one in 2015 to refresh our pool of trainers.
		3.4b	Create & maintain a speakers bureau of trained speakers on suicide prevention		X			CHIP, OptumHealth		UT1, SE1		In Progress	Need additional suggestions from SPC for topic area experts. This is informal at the time and could use more formalization.
		3.4c	Recruit speakers from high risk populations to participate in the speakers bureau		X			TBD	OptumHealth	UT1, SE1		Ongoing	Once recruited we asked them to meet with our media chair to review safe messaging in suicide prevention.
3.5	Increase the use of media (television, radio, newspapers, newsletters, etc..) to publicize about suicide prevention and available resources.	3.5a	Create a brief written statement on suicide prevention to provide associations, such as AARP, to disseminate in their publications		X			TBD		UT2, US1	Posted on CHIP website.	Complete	
		3.5b	Utilize mass media to advertise suicide prevention events and activities		X	X	X	AdEase		UM1, UM2, UM3	www.Up2SD.org	Ongoing	UPDATE: We are working with CTN, 10NEWS, EIC to utilize mass media but can definitely use more ideas on how to bolster this. Seems like the media committee can help the other subcommittee look for key media opportunities for the events SPC is having.
		3.5c	Obtain more media coverage at events related to suicide prevention		X	X	X	CoSD	AdEase	UM1, UM2, UM3		Ongoing	We provide press advisory's ask for media coverage and now do an annual suicide prevention press conference to get some media coverage that is positive for the suicide prevention efforts.
		3.5d	Identify a local, well-known person who has been affected by suicide to champion the suicide prevention message		X			OptumHealth	AdEase	UM1		Complete	Champions were found with Supervisor Ron Roberts and also Supervisor Dave Roberts and retired news anchor Carol LeBeau. However due to political changes these supervisors are no longer available and we do need to find new champions.

Goal #4: Provide resources to those affected by suicide and suicidal behavior. This goal addresses recommendations to provide resources to individuals who have had a previous suicide attempt, and to the families and friends of individuals who have attempted or died by suicide.

Objectives		Activities	2011	2012	2013	2014	Lead Partner(s)	Additional Partner(s)	SPAP Objectives Addressed	Evaluation / Evidence		Notes
4.1	Increase the number of physicians and other community service providers who are knowledgeable about suicide prevention, intervention, and postvention resources.	4.1a Train first responders in available resources for those affected by suicide and suicidal behavior (see 3.1b)			X		TBD	ED Physicians, SDCMS, Police Chiefs group, PERT, CHIP, OptumHealth	STP1, STP2, IRB2, ISC1		Complete	
		4.1b Provide resources and training to physicians and other community based providers			X	X	TBD	ED Physicians, SDCMS, Police Chiefs group, PERT, CHIP, OptumHealth	UT1, US2, STP1, ISC1		Ongoing	
		4.1c Consider opportunities to engage physicians and other community based providers in achieving SPAP goals			X	X	TBD	ED Physicians, SDCMS, Police Chiefs group, PERT, CHIP, OptumHealth	UT1, US2, STP1, ISC1		In Progress	
4.2	Increase the availability of current resources to those affected by suicide and suicidal behavior.	4.2a Develop informational pamphlets for those affected by suicide and suicidal behavior, to include local resources			X		SOSL	OptumHealth, CHIP	UT1, SE1	Posted on CHIP website.	Complete	
		4.2b Make informational pamphlets, materials, etc.. available on a publicly available website (i.e., CHIP, www.Up2SD.org)			X		CHIP, AdEase, CoSD		UT1, SE1		Complete	
4.3	Increase knowledge of available resources (prevention, intervention, and postvention) among those affected by suicide and suicidal behavior.	4.3a Distribute informational pamphlets on suicide prevention resources (see 4.2a)			X	X	SOSL, CHIP		UT1, SE1		Ongoing	We bring them to all events we table and provide opportunities for sharing materials at SPC meetings and share the It's Up to Us
		4.3b Send out reminders to SPC members to promote and distribute educational information and on-line resources		X	X	X	CHIP		US1	Media guidelines distributed frequently when high profile suicides in the news.	Ongoing	

Goal #5: Advance policies and practices that contribute to the prevention of suicide: This goal addresses recommendations to encourage policy change and positive practices within organizations, government, and other institutions to influence suicide prevention.

Objectives		Activities	2011	2012	2013	2014	Lead Partner(s)	Additional Partner(s)	SPAP Objectives Addressed	Evaluation / Evidence		Notes	
5.1	Promote the use of the San Diego County Suicide Prevention Action Plan as a document to guide countywide suicide prevention efforts	5.1a	Develop a standard presentation to use in promoting the SPAP	X				CHIP		US1	Posted on CHIP website.	Complete	
		5.1b	Identify members of the SPC to present the final SPAP to community groups and organizations		X			CHIP		US1	Held Training to give the SPC Presentation at January SPC Meeting	Complete	
		5.1c	Promote the release of the SPAP in the media	X				CoSD	AdEase	US1	Press Release by CoSD October 2011	Complete	
		5.1d	Present the final SPAP to community groups and organizations	X	X			CHIP		US1	Documented in (SPC Activites.xls) - 15 presentations made in 2011	Ongoing	
5.2	Promote best practice training in suicide prevention	5.2a	Make recommendations to organizations about suicide prevention best practices		X	X	X	OptumHealth		US1		Ongoing	
		5.2b	Develop a suicide prevention " best practice " log			X		OptumHealth	CHIP	US1		In Progress	UPDATE: We have started some of these conversations at the subcommittee level and seems like we might be able to create a Promising Practices log out of it.
5.3	Support local, state, and national advocacy efforts to improve suicide prevention	5.3a	Support follow-up and support procedures of suicide attempts (i.e., warm hand off protocol from hospitals to mental health agencies; hospital follows up after discharge; intensive case management post hospitalization for Medi-Cal clients who survived suicide attempts)		X	X	X	OptumHealth		US3, ISC2, ISC3, ICS2, DS1		Pending	Q: Need more guidance and information to complete.
		5.3b	Create calendar of activities identifying local, state, and national suicide prevention weeks, mental health months, survivors of suicide loss day, etc..		X			TBD		US1	Posted at CHIP website	Complete	Ongoing effort that we are maintaining on the new website.
		5.3c	Write letters of support for positive plans and policies			X	X	TBD		US3, ICS2, DC1, DS1		Complete	SPC reviews opportunities and writes letter of support as appropriate.
		5.3d	Support advocacy efforts to provide reimbursement to providers conducting suicide risk assessments		X	X	X	TBD		US3, ICS2, ISC3, DS1		Pending	UPDATE: Need more information/guidance
		5.4a	Form a media subcommittee of the SPC	X				CHIP		UM1, UM2, UM3	Meeting Minutes on CHIP website	Complete	

5.4	Impact responsible reporting on suicide in the media	5.4b	Provide local resources and education to the media about responsible reporting on suicide		X	X	X	CHIP, SDSPJ	AdEase, OptumHealth, Yellow Ribbon, Scripps, CoSD, SPRC	UM2	Meeting Minutes and webcast on CHIP website	Complete	
		5.4c	Work with the SPRC to further develop local guidelines and procedures for working with the media			X		CHIP, SDSPJ	AdEase, OptumHealth, Yellow Ribbon, Scripps, CoSD, SPRC	UM1, UM2, UM3	on CHIP website and distributed to media during events and disseminated via email	Complete	