The second meeting of the Organizations and Systems Sub-Committee was held on March 28, 2011. Approximately twenty participants participated in discussion related to the top four selective strategies prioritized during the March 14th subcommittee meeting. These strategies were 1) research and data, 2) education, 3) skill building and community training, and 4) supportive models. Participants were grouped into in breakout sessions made up of 3-4 group members, assigned one of aforementioned strategies and asked to discuss what needs to happen at the system and organizational level to implement this suicide prevention strategy? Following the group discussion, participants were asked to present back to the larger group. This document contains the raw notes from the breakout sessions.

This document includes:
1. Raw notes from the breakout groups

**RESEARCH AND DATA**

*Further Detail of Strategy*
- Data of at risk groups (non-fatal data)
  - Demographics
  - Region
  - Time
- We have data reported from
  - EMS and Medical Examiner (local)
  - SPRC (National)
  - YRBS/CHKS
- Local expertise: we have A. Smith EMS
  - Need expansion to non-fatal (Eg. College age or elderly)
    - Research study or surveillance
  - Need personnel/time/money → IRB
- Access and Crisis Line
- Need input from Human Resources
  - What is legal and appropriate?
  - What is policy?

*What needs to happen at the system and organizational level to implement this suicide prevention strategy?*
- Mental Health Services Use Database Registry- similar to EMS
  - Hospital DDS
  - Hospital Agreements
  - MOUs – BAA
  - De-identified data
- Common data
  - Elements (universal mandated)
- Report cards
- Regular reporting of outcome assessments mandated for programs
Selective Suicide Prevention Strategies
March 28, 2011
Sub-Committee Notes

What additional changes need to be made at the system or organizational level to successfully implement any selective interventions and reduce suicide rates?

- Buy in from hospitals, Mental Health, County, CHIP
- Buy in from
  - Businesses (EAP)
  - Schools (college – counseling services)

EDUCATION

What needs to happen at the system and organizational level to implement this suicide prevention strategy?

- Safe Start 0 -5 years
  - Attachment Disorders
- NO wrong door
  - Collaborative effort
  - All age groups
- Early Chikdhood
  - Elementary school
  - Identify – Educate – Treat
- Reduce stigma
  - Employees
  - Students
  - Military
  - Corporate world

What additional changes need to be made at the system or organizational level to successfully implement any selective interventions and reduce suicide rates?

- Legal issues regarding placement
  - Adoption – foster care system
- Treatment/Program availability
- Countywide
- All Providers
  - Medical – para
  - Social Services
  - Fire/Police Department
  - PERT
  - First Responders
  - Hot Lines
SKILL BUILDING and COMMUNITY TRAINING

What needs to happen at the system and organizational level to implement this suicide prevention strategy?

- Get County administrators on board
- Get all other public leaders and administrators
- Produce standardized training for
  - Trainers
  - 1st Responders
  - Clients
- Integrate into new employee/volunteer training
- Training by
  - DVD/Video producing
  - Public Figure Testimony
  - Volunteers in field
  - Trainers in public libraries, Faith bases, etc.
- Use public media to educate
  - Movie theater, gas station
  - Use alternative advertisement (upbeat, positive)
- Use DVD/video to educate
- Integrate into new employee training and allow volunteer participation for current employees
- Make available for other employees
- Encourage zero tolerance for suicide
  - “Everyone is responsible”
- ID key organizations that are in contact with clients
  - (Postal workers, Meals on Wheels, faith community, unemployment office, etc.)
    - they each ID champion for train the trainer
- Uniform training provided by the county (i.e. hit some key points) for trainers
- Purchase public media
  - KPBS
  - Movie theater
  - Gas station
- Identify Champions within the organization
  - Public speaker
  - De-stigmatize
  - Train other employees
- Create positions to support the initiative
  - Volunteer
  - Paid
  - Possible tax break
- Use public figures who overcame Mental Illness
- More physical presence in public places to inform about Mental Illness (RICA, NAMI)
  - Grocery, theater, library
Supportive Models

Further Detail of Strategy
- Surveys “Do You ?’s”
- Posting material everywhere
  - Desperate individuals frequent

What needs to happen at the system and organizational level to implement this suicide prevention strategy?
- Leadership
- Endorsement of supportive model
- Suicide prevention training and info plan in all county/government contacts
- HR/hiring/firing agents provides long term/FMLA/stress leaves, etc.
- Surveys with “Do you…?”
- Posting material everywhere
- Previous training and info throughout employment (hire – to – term)
- Sports clinics
- High visibilities sector
- It’s okay to say “it”
- NRA/firearm safety classes
- Motorcycle shops (previous suicide by bike)
- Group Relevant Training (Exec’s, professionals, dentist, terminal ill providers, etc.
  - We don’t know they don’t, but we need to know that they do
- Desperation establishments (pawn shops, cash and go_)
- Sports clinics ➔ Educate to children/parents
- High visibility sectors
  - Cheer/models/sports/entertainment