San Diego Suicide Prevention Action Planning Committee
Proposed Planning Process

**Overview:** This document provides a proposed action plan structure and planning process to guide the six month action planning period in 2011.

**Organization of the Action Plan**
We proposed organizing the action plan by the spectrum of interventions proposed by the Institute for Medicine and highlighted in the California Strategic Plan on Suicide Prevention\(^1\). This spectrum of interventions includes all areas of intervention for mental health disorders. The suicide prevention action planning process will focus on the three elements of prevention: Universal, Selective and Indicated.

![Mental Health Intervention Spectrum Diagram](MentalHealthDiagram.png)

The key aspects of the three components of prevention with relation to suicide prevention are defined below.\(^2\) These terms will be used as Focus Areas to guide group discussions during the action planning process.

- **Universal** strategies are targeted to the general public or a whole population group. Designed to influence everyone, they reduce suicide risk by strengthening protective factors like community support and social skills, removing barriers to care, enhancing knowledge of what to do to help suicidal individuals, and increase access to help. Interventions might include public education campaigns, “suicide awareness” programs, means restriction, education programs for the media on reporting practices related to suicide, and crisis response plans and teams.

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\(^1\) Mrazek and Haggerty (1994) and Commonwealth of Australia (2000)
• **Selective** strategies focus on at-risk groups that have a greater probability of becoming suicidal and aim to prevent the onset of suicidal behaviors among specific subpopulations. This level of prevention includes screening programs, gatekeeper training for “frontline” adult caregivers and peer “natural helpers,” support and skill building groups for at-risk groups in the population, and enhanced accessible crisis services and referral sources.

• **Indicated** strategies target high-risk individuals that exhibit early signs of suicide potential. Programs are designed and delivered in groups or individually to reduce risk factors and increase protective factors. At this level, programs include skill-building support groups, case management for individual high-risk individuals, and referral sources for crisis intervention and treatment.

Using these definitions, we developed the following matrix for mapping out planning meetings and ultimately the plan itself. Within each Focus Area are four Domains that address emerging approaches to prevention. The planning process may identify other focus areas or domains to break out, such as Population-Specific Interventions. The chart on page 2 shows how each domain is organized within each Focus Area.
Draft Framework for Action Planning Process

<table>
<thead>
<tr>
<th>Domain</th>
<th>Prevention Focus Areas</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach</td>
<td>Universal</td>
<td>Selective</td>
<td>Indicated</td>
</tr>
<tr>
<td>Direct Service</td>
<td>Ex: Universal screenings</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Client level services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizations</td>
<td>Ex: Training for the whole county</td>
<td></td>
<td></td>
</tr>
<tr>
<td>System</td>
<td>Ex: Crisis lines, 211</td>
<td></td>
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</tr>
</tbody>
</table>

Proposed Process
Each month will address a focus area via multiple meetings:

1. SPAPC Meeting: framing the issues, identifying key areas of concern, etc.
2. Subcommittee #1: addresses considerations regarding Outreach and Direct Services domains within the focus area
3. Subcommittee #2: addresses considerations regarding Organizations and Systems domains with the focus area.

Subcommittee meetings will address details related to the following four components: 1) suggested focus area actions; 2) cultural considerations, 3) service considerations (services are defined as those services addressed in the forum’s 2nd breakout), and 4) promising/best practices.

The below calendar identifies an outline of meetings. All meetings would be open and widely advertised to the public. The agenda and results of each meeting would be posted to the web portal to facilitate transparency in planning and invite additional community responses. Comments from the public via the portal would be documented and taken into consideration in the crafting of the plan.

Draft Calendar of topics and meetings
<table>
<thead>
<tr>
<th>Month</th>
<th>Activities</th>
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</thead>
</table>
| January   | • SPAPC Meeting: review action plan structure  
|           | • Suicide Prevention Forum                      |
| February  | **Universal**  
|           | • SPAPC Meeting  
|           | • Outreach/direct services subcommittee (2/14 @ CHIP)  
<p>|           | • Organizations/Systems subcommittee (2/28 @ CHIP)  |</p>
<table>
<thead>
<tr>
<th>Month</th>
<th>Activities</th>
</tr>
</thead>
</table>
| March | **Selective**  
- SPAPC Meeting  
- Outreach/direct services subcommittee (3/14 @ CHIP)  
- Organizations/Systems subcommittee (3/28 @ CHIP) |
| April | **Indicated**  
- SPAPC Meeting  
- Outreach/direct services subcommittee (4/11 @ CHIP)  
- Organizations/Systems subcommittee (4/25 @ CHIP)  
**End of Month: Community strategic planning session to review emerging plan/cross-threading and additions** |
| May   | Review of Draft Action Items  
- SPAPC Meeting  
- Outreach/direct services subcommittee: review plans across Focus Areas  
- Organizations/Systems subcommittee: review plans across Focus Areas |
| June  |  
- SPAPC Meeting  
- Final Action Plan Delivered to County |