

## GOALS AND OBJECTIVES

The Tuscola County Suicide Prevention Plan addresses the problem of suicide with an integrated and coordinated community approach to suicide prevention across the lifespan. All segments of the community must be educated about the need for suicide prevention activities in order to increase awareness, reduce stigma, and stimulate behavior change. When it comes to suicide prevention, awareness alone will not be sufficient in and of itself to achieve the plan's goals and objectives. For example, many lives have been saved due to passage of the seatbelt law here in Michigan. However, if drivers did not take the time to "click it," then the no real behavior change would have occurred. Similarly, our plan will be aimed at educating members of our community about the importance of identifying signs and symptoms of depression as well as warnings signs of suicide to promote early intervention and ultimately prevent the loss of life due to suicide. However, as Jennifer White, Ed.D. pointed out in a feature article for the Suicide Information and Education Centre in Alberta, Canada in August 2002, "*we must challenge people to consider the unique and creative ways they can behave differently after learning about suicide prevention, i.e. reaching out to someone who they are concerned about, enrolling in a training workshop on crisis intervention, participating as member of a community group devoted to enhancing services to youth and families*"<sup>10</sup>."

The plan's overarching goal (Goal #1) is to reduce the incidence of suicide attempts and deaths across the lifespan. As seen in the Michigan Suicide Prevention Plan, members of the Tuscola County Suicide Prevention Coalition agree that our overall goal can best be accomplished through "*increased awareness, implementation of best clinical and prevention practices, and advancement and dissemination of knowledge about suicide and effective methods for prevention*"<sup>11</sup>." The members are very much aware that ongoing research and evaluation of suicide prevention programs will continue to increase our knowledge base and skills resulting in a refinement of the goals and objectives to follow.

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### Goal #1

#### Reduce the Incidence of Suicide Attempts and Deaths Across the Lifespan

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**Objective 1.1** Reduce the number of suicide attempts among Tuscola County populations utilizing evidenced-based practices focused on the unique needs of the community.

DATA SOURCE: *Emergency services reporting systems.*

**Objective 1.2** Reduce suicide deaths among Tuscola County populations utilizing evidenced-based practices focused on the unique needs of the community.

DATA SOURCE: *Michigan Department of Community Health vital records*

**AWARENESS**

*Broaden the Public Awareness  
of Suicide and its Risk Factors*

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**Goal #2**

**Develop Broad Based Support for Suicide Prevention**

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**Objective 2.1** Identify key stakeholders within the local community with which to share the Tuscola County Suicide Prevention Plan and solicit support.

DATA SOURCE: *Documentation of dissemination of the Plan to key stakeholders identified by the TCSPC.*

**Objective 2.2** Provide direction for schools, medical professionals, social service agencies, faith-based community, philanthropic organizations, law enforcement, information and referral help lines and others in implementation of the Plan's goals and objectives.

DATA SOURCE: *Documentation of contacts with the above groups.*

**Objective 2.3** Ensure sustainability and ongoing commitment to suicide prevention and access to the necessary resources.

DATA SOURCE: *Effectiveness in obtaining buy-in, cash or in-kind support for suicide prevention in the local community.*

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**Goal #3**

**Promote Awareness and Reduce Stigma**

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**Objective 3.1** The TCSPC, in partnership with MDCH and the Michigan SPAC, will develop a state-wide campaign promoting awareness that suicide is a preventable public health problem that reaches all citizens in Michigan.

DATA SOURCE: *Publicly available comprehensive state plan.*

**3.1.2** The TCSPC will develop community education plan and materials tailored to the local community to fill gaps specific to those at risk not addressed in the state-wide campaign.

DATA SOURCE: *Evidence of plan and locally available community education materials.*

**Objective 3.2** The TCSPC will help to promote and support workshops and symposiums to educate the local community about suicide prevention.

DATA SOURCE: *Dissemination of promotional brochures or flyers to interested parties in the local community.*

**Objective 3.3** The TCSPC, in partnership with MDCH and the Michigan SPAC, will assist with educating the media on their critical role in suicide prevention, including mental health and substance abuse conditions, and collaborate to ensure responsible media practices in the coverage of these topics. Use of the nationally recognized *Reporting on Suicide: Recommendations for the Media* (U.S. Centers for Disease Control and Prevention) will be encouraged.

DATA SOURCE: *Documentation of dissemination of media guidelines.*

## **INTERVENTION**

*Enhance Services and Programs, Both  
Population Based and Clinical Care*

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### **Goal #4**

#### **Develop and Implement Community-Based Suicide Prevention Programs**

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**Objective 4.1** Within two years, coordinate implementation of policies by the State Board of Education that encourage coordinated, evidenced-based suicide prevention and response policies and programs in public and private education settings.

**Objective 4.2** Within two years, implement guidelines for evidenced-based suicide prevention programming disseminated by the Michigan Departments of Education and Community Health in public and private education settings. The guidelines will be address objectives and resources for:

- Encourage the teaching of suicide prevention as a component of the comprehensive health education curriculum within the Michigan Model as promulgated by the Michigan Department of Education.
- Measures that decrease risk factors and enhance protective factors.
- Identification of students at-risk for suicide, including gatekeeper training for staff, students, and parents, screening, and peer support.
- Administrative issues, including policies and procedures, program support and maintenance, broad based diversity training, crisis response teams, evaluation of programs, duty, responsibility and liability.
- Intervention strategies, involving school-community partnerships which facilitate referrals, 24 hour crisis response, and student re-entry support following a crisis.
- Responding to a death by suicide, including the needs of the school community and working with the media – recommend using the CDC Guidelines for containment of suicide clusters and Guidelines for Media Coverage of Suicide.
- Family and community partnerships.

*DATA SOURCE: Publicly available, comprehensive guidelines for evidenced-based suicide prevention programming in schools. Documented evidence of school-based suicide prevention policies and procedures. Documented evidence of gatekeeper training for staff, students, and parents.*

**Objective 4.3** Within 18 months, the TCSPC, in collaboration with community stakeholders, will develop services for survivors of suicide and promote utilization of these services.

*DATA SOURCE: Evidence of program brochure and guidelines with record of provision of survivor services in addressing immediate aftermath of suicide. Evidence of program brochure for area SOS supports groups.*

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**Goal #5**  
**Develop Efforts to Reduce Access to Lethal Means and Methods of Suicide**

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**Objective 5.1** Within two years, the TCSPC, working in collaboration with the appropriate community stakeholders, will increase of the proportion of primary care physicians, health departments, law enforcement agencies, emergency medical technicians, and other health and safety officials who routinely assess for the presence of lethal means (including firearms, drugs, and poisons) in the home and educate about actions to reduce associated risks.

DATA SOURCE: *Establish baseline data for at least one category of health provider enabling an evaluation of outcomes for this group(s) within two years.*

**Objective 5.2** Within two years, the TCSPC, working in collaboration with MDCH and the Michigan Suicide Prevention Advisory Council (Michigan MASP) will ensure that at least 50% of the households in Tuscola County are exposed to public information campaigns designed to reduce the accessibility of lethal means, including firearms, in the home.

DATA SOURCE: *Penetration records pertaining to statewide and local public information campaigns, CMHSP bi-annual newsletter articles, and educational brochures.*

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**Goal #6**  
**Improve the Recognition of and Response to High Risk Individuals within Communities**

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**Objective 6.1** Utilize membership of the TCSPC to identify the number of “gatekeepers” in Tuscola County who would require training to recognize at-risk individuals and intervene.

**6.1.1** Within one year, identify an evidenced-based gatekeeper program with which to train prospective gatekeepers.

DATA SOURCE: *Research evidence supporting efficacy of program model.*

**6.1.2** Within two years, expand the number of trained gatekeepers.

DATA SOURCE: *TCSPC reports about available gatekeepers in Tuscola County.*

As defined in the National Strategy for Suicide Prevention (NSSP), key gatekeepers are those people who regularly come into contact with individuals or families in distress. They are professionals and others who must be trained to recognize behavioral patterns and other factors that place individuals at risk for suicide and be equipped with effective strategies to intervene before the behaviors and early signs of risk evolve further. Key gatekeepers include, but are certainly not limited to:

- Teachers and school staff
- School health personnel
- Clergy and others in faith-based organizations
- Law enforcement officers
- Correctional personnel
- Workplace supervisors
- Natural community helpers
- Hospice and nursing home volunteers
- Bridge Tenders
- Mental health and substance abuse treatment providers
- Emergency health care personnel
- Individuals and groups working with gay, lesbian, bi-sexual, and transgender populations
- Central Dispatch personnel
- Persons working with isolated senior citizens
- Funeral directors
- Victims advocates and service providers
- Primary health care providers

**Objective 6.2** Within two years, the TCSPC will distribute guidelines for suicide risk screening to primary care settings, emergency departments, mental health and substance abuse setting, senior programs, and the local jail.

DATA SOURCE: *Publicly available copies of materials and distribution lists.*

**Objective 6.3** Within one year, the local Community Mental Health Services Program (CMHSP) will implement suicide prevention training for all direct service personnel. The local CMHSP will also adopt policies and practices for suicide prevention/intervention including identification, intervention, discharge, and outcome evaluation.

DATA SOURCE: *Record of training sessions and percentages of direct service personnel who participated; documentation of policies and procedures.*

**Objective 6.4** Within 18 months, the TCSPC, working in collaboration the local CMHSP, emergency department, and area inpatient psychiatric units, will develop and disseminate psycho-educational materials on mental health and suicide prevention to consumers (particularly for consumers subject to discharge for an inpatient mental health unit) and their families.

DATA SOURCE: *Evidence of family psycho-educational materials and evidence of dissemination through the consumer's hospital-based treatment team meeting.*

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**Goal #7**  
**Expand and Encourage Utilization of**  
**Evidenced-based Approaches to Treatment**

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**Objective 7.1** In collaboration with the Michigan Department of Community Health Office of Suicide Prevention, Michigan Suicide Prevention Advisory Council, and the National Suicide Prevention Resource Center, the local CMHSP will disseminate best practice guidelines for emergency departments and inpatient facilities that help ensure engagement in follow-up care upon a suicidal patient's discharge.

DATA SOURCE: *Provision of best practice documents and records of dissemination.*

**Objective 7.2** Within 18 months, the local CMHSP, in collaboration with MDCH and MACMHB, will implement quality of care/utilization management guidelines for effective response to suicidal risk or behavior. Standards promulgated by the CMHSP's respective accrediting body, e.g., Joint Commission on Accreditation of Hospitals and Organizations, will also be utilized.

DATA SOURCE: *Identification and implementation of guidelines promulgated by MDCH, MACMHB, and accrediting bodies.*

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**Goal #8**  
**Improve Access to and Community Linkages With**  
**Mental Health and Substance Abuse Services**

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**Objective 8.1** The local CMHSP, in collaboration with MDCH, will identify and disseminate model programs that address co-occurring disorders of mental health and substance abuse, as this combination of disorders significantly increases suicide risk.

DATA SOURCE: *Publicly available document describing program model; record of dissemination.*

**Objective 8.2** The local CMHSP, in collaboration with the Michigan Association of Community Mental Health Boards (MACMHB), will support policies and/or legislation that provide coverage for evaluation and treatment of mental illnesses and substance abuse that is equal to coverage associated with other physical health care conditions.

DATA SOURCE: *Policy and/or legislative outcomes in MACMHBs Friday Fax.*

## **METHODOLOGY**

*Advance the Knowledge of Suicide  
and Best Practices for Prevention*

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### **Goal #9**

#### **Improve and Expand Reporting Systems**

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- Objective 9.1** Annually, on an alternating basis, fact sheets related to the results of the Michigan Youth Risk Behavior Survey (Michigan YRBS) and the Michigan Profile for Healthy Youth (MiPHY) most pertinent to depression and suicide, by age, gender, race, and ethnicity will be disseminated among all community stakeholders in printed format and on-line.

*DATA SOURCE: Report of YRBS and MiPHY results and records of dissemination.*

- Objective 9.2** Within 18 months, the TCSPC, working in collaboration with the local CMHSP and the local emergency department, will develop a methodology for collection of reporting data on suicide and suicide attempts, by age, gender, race, and ethnicity.

*DATA SOURCE: Methodological system and associated protocols as well as local reporting reports.*

- Objective 9.3** The results of the reporting activities described above will be used to inform, plan, and evaluate local suicide prevention activities.

*DATA SOURCE: Copies of written plans and evaluation reports.*