

Strategic Plan 2017-2020

Franklin County Suicide Prevention Coalition

Franklin County, NY

March 2017

Acknowledgements

This document was developed by a work group of the Suicide Prevention Coalition with technical guidance provided by Franklin County Public Health. Many professionals from Franklin County dedicated their time and expertise to create this strategic plan for the future of the Coalition. A special thank you to everyone for their assistance. A list of work group members is located in Appendix A.

(draft) Message from the Chair

Thank you to all staff who helped to develop and who will be doing much work to implement the plan. This Strategic Plan provides a guide for Franklin County Suicide Prevention Coalition to help residents access the services and supports they need. The department's mission statement provides the motivation for what we do every day: To promote information and action so people can live happier and healthier lives.

Much work remains to sustain the effective programs that are currently in place and continue to develop a culture of continuous quality improvement. While this plan does not detail each individual strategy that will be used, it does focus our work. We look forward to building on our successes over the coming years.

(signed...)

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Executive Summary

The Franklin County Suicide Prevention Coalition developed a Strategic Plan in order to guide and improve overall organizational performance. The planning process helped to build consensus on what key issues and priorities are and how to address them. It also built commitment to and capacity for implementing the strategies. The strategic planning group consisted of participants from Franklin County Community Services, Franklin County Public Health, and Not-For-Profit Organizations Community Connections of Malone, and Lakeside House of Saranac Lake. The National Association of County and City Health Officials (NACCHO) Guide: Developing a Local Health Department Strategic Plan (2010) was used as a template for the planning process. The modules in the guide are as follows:

- Module I: Exploring Strategic Planning for Local Health Departments
- Module II: Laying the Groundwork for Strategic Planning
- Module III: Developing Mission, Vision and Values
- Module IV: Compiling Relevant Information: Environmental Scan
- Module V: Analyzing Results and Selecting Strategic Priorities
- Module VI: Developing the Strategic Plan and Implementation Plan
- Module VII: Implementing, Monitoring and Revising as Needed

The initial meeting of the planning group was held in July of 2016, and addressed Module I: Exploring Strategic Planning. The “Assessing Readiness of the LHD for Strategic Planning” chart was completed, addressing “Past Experiences” (what contributed to past planning success, what contributed to failures), and “Current Reality” (what is in place to support successful planning, and what is missing and needed for successful planning). An agenda was agreed on for the rest of the planning process, and was initially slated for completion in December 2016. However, following the modules was more time-consuming than initially anticipated, and the agenda was later extended through March of 2017.

The second planning group meeting was held in September of 2016. Module II: Laying the Groundwork for Strategic Planning was completed. A stakeholder analysis was conducted and a list of stakeholders was compiled by relative interest and influence. Four categories were

identified: Latents (high influence, low interest), Promoters (high influence, high interest), Apathetics (low influence, low interest), and Defenders (low influence, high interest). The key stakeholders were then engaged through an invitation to a strategic planning meeting for October to learn about the planning process and provide input on the direction that the Suicide Prevention Coalition should be taking. The September meeting also consisted of the planning group identifying formal and informal mandates. The October 2016 meeting addressed Module III: Developing a Mission Vision, and Values. A group of Stakeholders who responded to the invitation (Appendix B) attended the meeting, during which the Mission, Vision, and Core Values of the Suicide Prevention Coalition were analyzed and revised.

In November of 2016 Module IV: Compiling Relevant Information was undertaken. Data needs were identified, including how to collect data sources and who would be responsible to collect data. Group members were assigned to compile specific data sets, analyze, and report out at the subsequent meeting. The next meeting was held in January of 2017. During this meeting, Module V: Analyzing Results and Selecting Strategic Priorities was addressed. The planning group reviewed data, and based on the findings a Strengths, Weaknesses, Opportunities, and Challenges (SWOC) Analysis was drafted. The SWOC analysis helped to clarify and delineate strategic priorities, and four priority areas with tentative goals were drafted. The February 2017 meeting focused on Module VI: Developing the strategic plan and implementation plan. The New York State Suicide Prevention Plan strategic priorities were reviewed and compared to the draft priorities identified in the January meeting. Based on this, the Franklin County Suicide Prevention Coalition revised their priorities into three main focus areas, each with a corresponding goal and objective. Using the "Action Planning Worksheet" template helped to ensure the goals identified were specific, measurable, attainable, realistic, and time-oriented.

Note: Update after March meeting: The Draft Strategic Plan will be presented to the entire Suicide Prevention Coalition Group at their regular meeting in March of 2017. The group will be asked to provide feedback on the proposed Mission, Vision, Values as well as Strategic Priorities, Goals, and Objectives. Module VII: Implementing, Monitoring, and Revising as Needed will be the responsibility of the co-chairs of the steering committee, with the Action Plan to be used as a guide for deadlines and benchmarks. Results will be communicated to the SPC as they are completed on a monthly basis at regular meetings.

Mission

Save lives and bring hope to those affected by suicide.

Vision

A community with zero suicides where all individuals have the knowledge of and access to services and supports so that another life will not be lost.

Values

Community—A united approach to challenges where services are rendered in the same quality throughout the county.

Collaboration—Communicating and combining resources through listening and responding to needs.

Professionalism—Providing support in a way that is honest, confidential, and respectful of all while upholding integrity.

SWOC (Strengths, Weaknesses, Opportunities, Challenges) Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> ● Collaboration ● Broad Mix of Supports (schools, legislators, hospitals, clergy, law enforcement, emergency services, etc.) ● Financial Support (Betty Little) ● Dedication to goal/Passion ● Citizens care about cause ● State-driven supports (DSRIP, PHIP, Prevention Agenda) ● Cadre of trainers ● Established in 2012—known in community ● Public awareness opportunities well-distributed ● Student involvement and awareness (Chateaugay) ● Veterans Involvement (Veterans Coalition) ● Confidence (“We know we’re awesome”), feel capable, efficacious ● Strong buy-in from county legislators ● Partnership with Akwesasne 	<ul style="list-style-type: none"> ● Securing consistent engagement/volunteering to do sub-committee work ● Ability to write for and secure additional grant funding ● Meeting structure does not maintain engagement (suggestion to add training portion to monthly meetings) ● Difficult to reach people working in the field for education and training ● Publicity/outreach
Opportunities	Challenges
<ul style="list-style-type: none"> ● Use Students to carry out tasks/projects (NCCC, Paul Smiths) ● Grow training cohort and share across north country (including hosting additional QPR training) ● Technology, communicating and engaging via web and media 	<ul style="list-style-type: none"> ● Stigma surrounding suicide/mental emotional behavioral health ● Rural area—transportation , social isolation challenges (suggestion to focus efforts on mobile crisis team, police should be able to activate)

<ul style="list-style-type: none"> ● Collaboration with for-profit sector ● Educate New Legislators ● Development of post-vention plan that will allow for consistent response to suicide throughout county school districts ● Work more closely with county coroner to identify instances of suicide ● Work with local police departments ● Work with local colleges/connect with campus liaison ● Engage with southern end of county (webex/video conferencing) 	<ul style="list-style-type: none"> ● Police response time to MEB calls is long—perception that issues are not a priority for State Troopers (suggestions to explore reasons for this—do law enforcement officers need additional training to increase their comfort level with responding to calls?) ● Training Schedule through OMS does not give adequate notice of training conformation ● Assigning person to regularly write and send out press releases ● Geographic split b/t North and South
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Summary of Strategic Priorities and Goals

Strategic Priority: Increase Communication and Outreach to Community

Goal: Create a Communication and Outreach Strategy

Objective: Use message map to clarify message and how to tell story

Strategic Priority: Use Lifespan Prevention Approach to Train Community in Suicide Prevention

Goal: Develop a cadre of trainers

Objective: Identify a list of trainings that are most beneficial and funding sources for educating trainers

Strategic Priority: Use Data Informed Suicide Prevention Interventions

Goal: Establish a plan to collect and analyze data from a variety of resources

Objective: Identify potential data sources and develop MOU for quarterly reporting

Action Plan

Strategic Priority: Increase Communication and Outreach to Community				
Goal: Create a Communication and Outreach Strategy				
Objective: Use message map to clarify message and how to tell story				
Program Activities Interventions	Person/Group Responsible	Timeline	Process Indicator (tasks completed)	Outcome Indicator (impact, benefits, changes)
Develop work group to serve as “Speakers Bureau;” to work on outreach plan to attend organizational events throughout the county and promote suicide awareness	Suicide Prevention Coalition	October	Work group members list; outreach plan	Increase responsiveness to needs of community and maximize opportunities to promote awareness
Work group to stock articles for newspaper/radio press releases	Work Group	November	Articles written	Communications readily available when needed for distribution to the community
Identify Target Audiences including	Work Group	December	List of target audiences	Messaging can be tailored to specific

socially isolated populations and key groups for stigma reduction				groups to improve communication outcomes.
Assign work group to complete message map to identify key messages.	Work Group		Completed message map	Consistent messages communicated by all SPC members.

Action Plan

Strategic Priority: Use Lifespan Prevention Approach to Train Community in Suicide Prevention				
Goal: Develop a cadre of trainers				
Objective: Identify a list of trainings that are most beneficial and funding sources for educating trainers				
Program Activities Interventions	Person/Group Responsible	Timeline	Process Indicator (tasks completed)	Outcome Indicator (impact, benefits, changes)
Develop list of potential curricula	Suzanne and Lee	April	List	Basis for planning trainings
Develop list of potential trainers and recruit trainers	Suzanne and Lee	May	List	Ability to be responsive to opportunities as they arise

Monitor potential funding sources	SPC- to share with group when identified	At monthly meetings	Monthly agenda item	People are trained as funding is available
Access and schedule trainings	Lee	Monthly updated on opportunities starting in August	List of trainings provided (both train-the-trainer and community based)	Easy to access and plan trainings for county.

Action Plan

Strategic Priority: Use Data Informed Suicide Prevention Interventions				
Goal: Establish a plan to collect and analyze data from a variety of resources				
Objective: Identify potential data sources and develop MOU for quarterly reporting				
Program Activities Interventions	Person/Group Responsible	Timeline	Process Indicator (tasks completed)	Outcome Indicator (impact, benefits, changes)
Develop list of data and partners	Suzanne	April	List	Broader understanding of partner roles in suicide trends
Outreach to Partners to Establish MOU	Suzanne	May	Number of MOUs signed (MOU to include updating agency with county wide data trends)	Engaged collaborators/ stakeholders
Create database to compile information from different agencies	Suzanne/Angie	April	Spreadsheet	Single source for data analysis

Assign person to update, analyze, and report on suicide trends	Angie	May	Completed quarterly spreadsheets (due month after calendar year quarter)	SPC Coalition can analyze local trends

Appendix A: Work Group Members

***Suzanne—could you please add names/qualifications/titles?

Lee Rivers, Peter Wood, Angie Martin, Abp. Roger Willingham, Suzanne Lavigne

Kathleen Farrell Strack, MS, RN
 Director of Public Health

Patricia McGillicuddy, BSN, RN
 Supervising Community Health Nurse

Erin Streiff, MS, RN
 Public Health Program Coordinator

Appendix B: Stakeholders

Abp. Roger Willingham
St. Stephen's Orthodox Mission and NFMA

Becky Preve, Director
Franklin County Office for the Aging/CARES

Kayla Johnson
Franklin County Office for the Aging/CARES

Ricky Provost, Director
Franklin County Emergency Services

Kevin Mulverhill, Sheriff
Franklin County Sheriff's Department

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