

California Suicide Prevention Network Best Practices Project

What is the Best Practices Project?

The Suicide Prevention Initiative is one of the Prevention and Early Intervention Initiatives implemented by the California Mental Health Services Authority (CalMHSA) through funding from the Mental Health Services Act (Prop 63). Didi Hirsch Mental Health Services established the California Suicide Prevention Network (CSPN) in collaboration with ten crisis centers and one of the goals of CSPN is to help build local capacity in suicide prevention and encourage widespread adoption of best practices programs, interventions, curricula and protocols. CSPN will provide technical assistance to each Regional Suicide Prevention Task Force to help develop a best practice in suicide prevention to submit to the Suicide Prevention Resource Center's Best Practices Registry (SPRC's BPR). At the end of the project, 6 best practices (one per region) will be developed and submitted.¹ These best practices will be customized to meet local needs and to ultimately help reduce suicide in California.

What is a best practice?

SPRC Best Practice Registry (<http://www.sprc.org/bpr>) consists of three sections: Section I Evidence-Based Programs, Section II Expert/Consensus Statements, and Section III Adherence to Standards. The best practices developed by each region will be submitted to Section III which includes suicide prevention programs and practices whose content has been reviewed for accuracy, likelihood of meeting the objectives of the National Strategy for Suicide Prevention, and adherence to program design standards. Inclusion in Section III does not mean that the practice has undergone evaluation and demonstrated effectiveness. Programs that have undergone rigorous evaluation are listed under Section I.

¹ The scope of this project does not include the implementation of best practices that will be developed and submitted to SPRC.

How will the best practices be identified?

The identification of Best Practices first involves a comprehensive needs assessment to gather data from multiple sources to help identify priority populations, promising local practices that will meet the needs of priority populations, gaps and resources in each region. The data gathered from the following methods will inform the region's decision on what Best Practices they want to focus on:

- **Demographic information sheet/survey** – This survey was distributed to regional Task Force members to gather information about unmet needs of the populations that providers are currently serving, un-served/underserved populations, and barriers to services.
- **Stakeholder discussions at the task force meetings** – At most task force meetings, members engaged in small group discussions to identify un-served/underserved populations and the unmet needs of these populations. Questions such as “What groups or populations do you feel are un-served and underserved?” and “What makes that group a priority for suicide prevention?” were discussed.
- **Suicide rates for each county** – Suicide death rates (per 100,000) for each county were collected from the CA Department of Public Health Epicenter website (<http://epicenter.cdph.ca.gov/>). Rates by age, gender, and race/ethnicity are available.
- **Summary of programs in the SPRC's BPR** – A summary of programs currently in the Section III of the BPR will provide information on what types of programs are currently in the Registry as well as gaps so that regions can minimize duplication when choosing a focus for their Best Practices.
- **Existing community assessments** – We are working with the Suicide Prevention Task Force regional coordinators and task force members to identify existing community assessments that focus on suicide prevention.

- **Key informant interviews** – Key informants are those who are knowledgeable about suicide prevention efforts in their region and able to speak about existing local practices, service/resource gaps, needs, barriers, and priority populations. With the assistance of the regional coordinators, 4 to 5 key informants per region were identified. The interviews will provide richer data on needs and resources within the region and local practices that may be candidates for Best Practices.
- **Conference calls with county liaisons from each region** – It is anticipated that once the suggestions for the Best Practices is narrowed down to 3 practices based on the needs assessment data, conference calls with the county liaisons will be scheduled. One conference call will be scheduled for each region to obtain final input from all the counties before the final selection is made.

All data gathered through the above methods will take into consideration multiple perspectives and will be inclusive of all stakeholders. The findings from the needs assessment will be presented to each Regional Planning Committee to first identify priority populations for the region and then, to identify the top 3 practices that address the needs of these priority populations.

Who will be involved in identifying the best practices?

A number of stakeholders will be involved in the process of identifying and developing the Best Practice for their region.

- **Regional Planning Committee** - This committee of stakeholders will review the needs assessment data to identify priority populations for their region. Then, they will determine the top 3 practices that address the needs of these priority populations. It is anticipated that each region will have 1 to 2 meetings.
- **County Liaisons** – In addition to the methods described in the needs assessment, county liaisons will also have an opportunity to provide their final input once the top 3 practices are identified by the Regional Planning Committee.
- **Best Practice Workgroup** – Once the final practice for the Best Practices is chosen, the Best Practice Workgroup will be responsible for developing the materials associated with the Best Practice and preparing them for submission to the SPRC's BPR. The time commitment for the Workgroup will be approximately 3 to 4 hours per month. There will be both in-person and teleconference meetings.

For more information about the Best Practices Project, please contact your Suicide Prevention Task Force Regional Coordinator or Stephanie Lino, Best Practices Facilitator, at slino@didihirsch.org.

What is the timeline?

Below is the latest version of the timeline for the development of best practices (updated 3/8/2013). This timeline is in draft form and subject to change.

Timeline	Meeting	Task
September 2012	N/A	• Continue with needs assessment • Regional leads form and coordinate the regional planning committee meeting
December 2012- February 2013	Regional Planning Committee Meeting	• Present information on what's in the BPR and the needs assessment data to choose the top 3 practices for Best Practices • Determine criteria for choosing top 3 practices
April 2013- May 2013	County Liaisons Conference Calls	• Present 3 practices and obtain input from County Liaisons
May 2013	N/A	• Finalize selection of Best Practice • Regional leads to recruit workgroup members • Schedule first Best Practices (BP) workgroup meeting
May 2013– December 2013	BP Workgroup Meetings	• Plan components of the BP • Work on BP development
January 2014	N/A	• Submit to BPR • Revise and re-submit based on pre-review of application (if needed)
March 2014	BP Workgroup Meeting	• Revise and re-submit based on expert review of application (if needed)
June 2014	BP Workgroup Meeting	• Debrief and celebration