

**DRAFT**

**Kentucky Suicide Prevention Committee or Council or Group  
Strategic Planning Retreat  
November 3-4, 2004**

**I. SWOT Analysis**

Small groups were instructed to share ideas based on their pre-work assignments. The group at large then completed a SWOT Analysis.

*Following the completion of the SWOT Analysis, the group was asked to identify the “top 10” most critical ideas within each category.*

*The \* represents voting, through a dotting exercise, by the group.*

**A. Strengths**

**What are the internal strengths of the KSPC/G?**

- Appropriate regular meetings
- Caring participants
- Collaboration of state agencies \*
- Connection Resources Network, community and state level \*
- Creative stakeholders
- Dedicated core group
- Empowers and supports community efforts \*
- Energy
- Flexibility
- Fulltime position
- Group diversity \*
- Hard data resources \*
- Ideas, talent, knowledge, skills \*
- Leadership \*
- Members are able to share (vulnerability)
- New and energized members
- Open door of group accessibility
- Passion for the issue
- Patience and tenacity
- Personal and professional influence
- Personal connections
- QPR training \*
- Significant accomplishments
- Some government support - Affiliation with HB 843
- Some structure
- Stakeholder commitment
- Survivors as part of group \*
- University involvement \*

- Utilize available resource

## **B. Weaknesses**

### **What are the internal weaknesses of the KSPC/G?**

- Absence of state recognized strategic plan \*
- Burn out, burn out, burn out
- Committee structure and process \*
- Geographical distance of members \*
- Group strategic plan \*
- Information (overload and disjointed) \*
- Lack of authority to set policy \*
- Lack of direction from steering committee
- Lack of marketing strategy
- Lack of power to increase resources
- Lack of sharing of information between committees \*
- Limited resources (time, energy, and money) \*
- Need better prioritization and implementation \*
- Need to expand reach – stakeholders \*
- Not enough survivors, especially statewide
- Not representative of the KY population (ethnic, age, race etc.) \*
- People who come and go
- Time contrasts of members
- Too much talk not enough action
- Un-reconciled different agendas
- Waiting for stakeholders and decision makers to come to us

## **C. Opportunities**

### **What are the emerging trends and/or new opportunities available to KSPC/G?**

- AFSP college initiatives
- Alternative healing methods (i.e. yoga, massage, touch)
- Blessed strategic plan
- Breaking taboos/stigma is more common
- Cabinet reorganization open to new ideas
- Collaboration among state agencies
- Community based prevention model \*
- Conference planning opportunity
- Court system is addressing divorce issues
- Distance training network
- Drug companies acknowledgement of suicide risk with meds
- Educate Media \*

- Evidence based practices \*
- Fair Insurance regulations – mental health gets the same
- Formation of local coalition \*
- Four more years of self help, develop local initiatives
- Government emphasis on prevention to save dollars
- Group can make formal recommendations to HB 843 Commission since we are government mandated
- Improved surveillance
- Increased education about suicide
- Increased focus on mending the “safety net”
- Large number of QPR trained individuals \*
- Media’s willingness to programming (KET)
- More mental health graduates
- New secretary/co-chair of HSB 843
- New tax for department (Rx – evidence based treatment)
- Opportunity to reach schools through KCID (Mike Wafford) \*
- Organized mental health system \*
- PH local community assessments
- President’s (new) Freedom Commission Report priorities
- Public Health Report on suicide
- QPR evaluation plan
- Recruit well known survivors
- Smith Grant money – potential grant funding \*
- SPRC (resource center) identifies best practice
- Suicide Prevention Action Network (SPAN) affiliate \*
- Transformation of the new mental health system
- University collaboration \*
- Using legislative government process for change and resources \*

#### **D. Threats**

##### **What are the threats or barriers for KSPC/G?**

- Being at mercy for bureaucracy
- Belief that suicide is a small problem
- Belief that suicide is not preventable \*
- Cost of health care and medications \*
- Current National Administration
- Discrimination based on depression history
- Economy
- Fear of law suits limits intervention
- Health care system is broken – adds stress to mental health system
- Lack of community and/or personal buy-in and support \*
- Lack of consistent mental health access and resources \*
- Lack of parental awareness of warning signs \*

- Lack of political will – state and local level \*
- Lack of resources to meet needs (after awareness) \*
- Lack of time and technology for evaluation purposes \*
- Lack of funding, both suicide prevention and mental health \*
- Medical training (chemotherapy only)
- Misunderstanding between kids, suicide and psychotherapist \*
- Narrow minded theology
- NRA
- Restrictions on staff time
- Stigma \*

### **Vision Statement Activity**

*The group was asked to identify key elements that would describe the perfect state for the KY Suicide Prevention Council/Committee. The group then developed the following Vision Statement.*

The vision of the Kentucky Suicide Prevention *Coalition or Council* is to lead the Commonwealth in providing and promoting opportunities for all Kentuckians to become active in the reduction of suicide deaths and attempts.

### **Mission Statement Activity**

*The group was asked to review/revise their mission statement. The following statement is a revision of the previously developed Mission Statement.*

The mission of the Kentucky Suicide Prevention *Coalition or Council* is to decrease suicide deaths and attempts in the Commonwealth through advocacy, education, training, and evaluation.

### **Strategic Direction**

*Breakout groups used the “top 10” ideas gathered through the SWOT activity and answered the following two questions.*

**How can we seize opportunities and strengths?**

**How do we reduce impact of weaknesses and threats?**

*This activity provided strategic direction and goal statements for the KSPC.*

### **Political Advocacy**

**Our goal is to promote political advocacy.**

- Develop strategic plan and submit to HB 843 Commission and the Governor
- Develop strategies for impacting “top down” decision makers and stakeholders including HB 843 Commission (not “bottom up”)

- Make formal recommendations to HB 843 Commission and Commissioners and to identify who has authority to set policy and make contact
- Get specific and pursue affiliation with SPAN
- Identify outcomes, how data will be used and data resources.
- Identify what we need to know to influence decision makers
- Prepare a legislative information package and present it (day at the Capital)
- Use HB 843 Commission to address KSPC needs and goals
- Utilize survivors and tell the story to legislators and administrators

### **Marketing and Education**

**Our goal is to develop and implement marketing and educational strategies.**

- Communicate the availability of QPR training throughout KY school districts
- Develop a plan to bring awareness to all stakeholders that suicide is preventable
- Educate public and medical practitioners about appropriate treatment options
- Focus on media workshop at conference (9/05) using AFSP kit
- Identify and maximize existing anti-stigma events (walks, conference, etc.)
- Implementation plan for all levels of QPR
- Market suicide prevention as a means to lower costs of health care and medicines
- Train more QPR instructors from our group
- Use QPR and media to educate people about the warning signs of suicide

### **Mobilize Communities**

**Our goal is to develop and expand community prevention.**

- Encourage the development and expansion of community prevention
- Formally recognize local prevention groups in organizational structure
- Rejuvenate the university counseling directors
- Using Evelyn/Bob to produce information packet on “how to”

### **Outside Funding**

**Our goal is to obtain outside funding for suicide prevention efforts.**

- Get SCS survey update and evaluate state resources
- Identify grant sources, complete grant application and identify granting writing resources
- Research grants and private donations (contract person)

### **Organizational Structure**

**Our goal is to restructure the organization of KSPC/G to maximize suicide prevention efforts.**

- Analyze group makeup and make contacts with strategic decision makers
- Analyze group make-up, gaps in membership, make contact to fill gaps
- Evaluate current website and e-mail system

- Finalize a strategic plan and monitor its progress
- Formalize and revise state plan with action steps and timelines
- Give KSPC members specific tasks
- Identify contact person(s) from relevant state agencies for specific tasks (collaborative)
- Identify strategies to increase buy-in of MHMR boards
- Invite Mike Wafford to be a part of the committee to explore opportunities for collaboration
- KSPC quarterly newsletter (add articles to other newsletters, i.e., DPH)
- Look at restructuring the Evaluation Committee and gaining additional resources and people
- Need organizational chart and to evaluate the system today
- Put committee reports on the website
- Recruit diversity – underrepresented groups (ethnicity, religious groups, culture)
- Secure all CMHC’s participation through KARP and DMH plan and budget
- Task focused work as opposed to committee work (rotation/location)
- Utilize the existing teleconferencing opportunities in colleges/universities

### **Roles and Responsibilities**

*The group was asked to define the roles and responsibilities of the KSPC/G. The following roles and responsibilities of each were assigned by the group.*

#### **Coordinator**

- Broaden the network nationally
- Central point of contact
- Central source of information
- Coordinate KSPC/G Meetings (large group meetings)
- Integrate information among state agencies
- Lead staff for steering committee
- Serve as the liaison between this group and the Cabinet (chief advisor)

#### **Steering Committee Chair**

- Committee spokesperson
- Leadership for steering committee
- Maintain focus of vision
- Have regular communication with coordinator
- Serve as tie-breaker with Steering Committee

#### **Steering Committee**

- Board of Directors
- Issue charges to council
- Make recommendations to HB 843 Commission
- Upper level decision makers

**Task Group Leader**

- Implement action plan for specific tasks
- Keep the focus for completion of task
- Recruit as needed
- Task Group member

**Council**

- Chose Steering Committee members
- Implement the strategic plan – achieve vision
- Make recommendations within the Council
- Make it happen
- Define task groups

**Staff Support**

- Advise task groups
- Liaison to coordinator

Draft - Retreat Documents

# Kentucky Suicide Prevention *Coalition or Council or Group* Retreat Outcomes

## **Mission**

The mission of the Kentucky Suicide Prevention *Coalition or Council or Group* is to decrease suicide deaths and attempts in the Commonwealth through advocacy, education, training, and evaluation.

## **Vision**

The vision of the Kentucky Suicide Prevention *Coalition or Council or Group* is to lead the Commonwealth in providing and promoting opportunities for all Kentuckians to become active in the reduction of suicide deaths and attempts.

## **Goals**

### **Marketing and Education**

*Our goal is to develop and implement marketing and educational strategies.*

### **Mobilize Communities**

*Our goal is to develop and expand community prevention.*

### **Organizational Structure**

*Our goal is to restructure the organization of KSPC/G to maximize suicide prevention efforts.*

### **Outside Funding**

*Our goal is to obtain outside funding for suicide prevention efforts.*

### **Political Advocacy**

*Our goal is to promote political advocacy.*