



TOPIC	ACTION TO BE TAKEN	BY WHOM / BY WHEN
<p><b>Upcoming Meeting Schedule</b></p> <p>Time is reserved for a KSPG meeting on the 3<sup>rd</sup> Friday of each month. Meetings will be held at the DMHMRS office on the 4<sup>th</sup> floor of 100 Fair Oaks Lane. Some times will be utilized for task group meetings. Thus the meeting dates are:</p> <ul style="list-style-type: none"> <li>• February 17</li> <li>• March 17</li> <li>• April 21</li> <li>• May 19</li> <li>• June 16</li> <li>• July 21</li> <li>• August 18</li> <li>• September 15</li> <li>• October 20</li> <li>• November 17</li> <li>• December 15</li> </ul>	<p>Provide agenda items.</p> <p>Attend.</p>	<p>All / 1 week prior to meeting date.</p> <p>All / Meeting date.</p>
<p><b>Additional Comments</b></p> <ul style="list-style-type: none"> <li>• QPR Instructors Meeting – Friday, March 24 - Additional details to be provided to those involved.</li> <li>• SAVE the DATES – Potential training in community suicide prevention skills - May 8-12.</li> <li>• The 874K Rally on 2/16 was also mentioned. For more details, contact the Kentucky Mental Health Coalition at</li> </ul>		

# KSPG Meeting

01/27/2006  
10:00 AM  
DMHMRS

Facilitator:

Attendees:

## Agenda

Introductions	Jason
Introduce New Steering Committee & Chair	
Reminder - Membership Form	Jason
Open Discussion of 2006 Agenda	All
Agenda suggestions	All
Upcoming Meetings Overview	New Chair

## Additional Information

## 2006 – Focus by Month

(Noted in month of initial work)

- January
  - Designation of steering committee leadership
  - Further development of the QPR evaluation database
  - Identification of inexpensive, yet effective screening tools
  
- February
  - Development of clinical training focusing on proper standards of practice for screening, assessment and treatment of suicidality ... followed by roll-out
  - Evaluation plan for KSPG efforts
  - Evaluation plan for local community efforts
  - Media campaign enhancements - Rollout in May and September
  - Preparation for next round of Garrett Lee Smith grant funding
  - QPR booklet duplication
  - QPR sessions to first responders begins
  
- March
  - QPR trainers gathering (develop additional items for trainer toolkit such as role plays, population-specific data)
  - Basic (non-intrusive/non-copywritten) suicide prevention information for basic training opportunities
  
- April
  - AAS Conference
  
- May
  - Mental Health Month
  - Newspapers in Education
  - SPRC Core Competencies Training (Option 1)
  
- June
  
- July
  - SPRC Core Competencies Training (Option 2)
  
- August
  
- September
  - Suicide Prevention Week
  - World Suicide Prevention Day
  
- October
  
- November
  - Survivors Day Conference
  
- December

# Kentucky Suicide Prevention Group By-Laws

## Article 1

### NAME OF ORGANIZATION

The name of the organization will be the Kentucky Suicide Prevention Group and noted as KSPG. Per SJR148 of the 2004 General Assembly, the KSPG currently serves as a workgroup of the Commission on Services and Supports for Individuals with Mental Illness, Substance Abuse and Other Drug Disorders, and Dual Diagnoses.

## Article 2

### VISION, MISSION & PURPOSE

The vision of the Kentucky Suicide Prevention 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.

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

The purpose of the Kentucky Suicide Prevention Group will be to:

- (1) Reduce suicide deaths and attempts in the Commonwealth;
- (2) Assist in the development, implementation and evaluation of the Kentucky suicide prevention plan;
- (3) Assist in the preparation of yearly plan updates to the HB 843 Commission;
- (4) Serve as an advisory group to the Cabinet for Health and Family Services and the HB 843 Commission; and
- (5) Serve as liaison between KSPG, the HB 843 Commission, the community and local suicide prevention groups in collecting and disseminating pertinent information.

## Article 3

### REPRESENTATION AND MEMBERSHIP

- (1) Interested persons dedicated to the prevention of suicide and regularly attending meetings of the group shall be able to register as a member and will be referred to as the "full group" or the "KSPG."
- (2) Regular attendance is defined as attending at least 25% of the meetings over the preceding twelve months.
- (3) As needed, persons present at a meeting shall have one vote. Absentee ballots or proxy voting will not be permitted. (Voting by email is permitted only for election of the steering committee members).
- (4) The elected steering committee will lead the efforts of the KY Suicide Prevention Group.
- (5) The primary communication of the group will occur via an email distribution list and the DMHMRS website.
- (6) Primary roles of membership include choosing steering committee members, implementing the suicide prevention plan, defining and participating in task groups, and making recommendations to the steering committee.

#### Article 4

#### ELECTION AND APPOINTMENT PROCEDURES FOR STEERING COMMITTEE

Nominees to the steering committee of the KSPG must meet the following criteria:

- (1) Must be a registered member by October 1 of the calendar year;
- (2) Must be actively involved in suicide prevention efforts in Kentucky;
- (3) Must be actively involved with the KY Suicide Prevention Group and demonstrate the ability to attend meetings in the term for which they are being nominated.

The current steering committee will review nominations to ensure that the above criteria are met.

Elections will typically be held in December meeting of each year, yet may be postponed no later than February 1 of the following year due to weather or other unforeseen circumstances, and the steering committee members will assume their responsibilities immediately upon election. Members of the full group may nominate persons to serve on the steering committee by forwarding those nominations to the staff coordinator by November 15 of each year.

Information about the upcoming election of committee members will be made available to the full group via announcements and email. Nominees will be asked to attend the full group meeting where they will be introduced as candidates, generally in November, and when elections will occur, generally in December.

All members active as of October 1 of the current year may vote. A ballot will be available to all members present at the voting meeting. Additionally, members may vote by email the two business days prior to the voting meeting. All votes submitted via e-mail will be tabulated by the staff coordinator at the close of business (4:30 p.m. Eastern Time) the day prior to the voting meeting. These totals will be combined with the total received at the voting meeting. Ballots will be counted by the staff coordinator and retained for verification purposes for one month.

The names and contact information of all steering committee members will be made available on the DMHMRS website and upon request.

The steering committee shall consist of an odd number of voting members, a minimum of five and maximum of nine persons (a survivor of suicide, a representative of a community mental health center, and a mix of representatives from the following: education, public health, hospice, legislators, first responders, government representatives, faith-based organization, non-profits, and/or corporations) and non-voting staff from the Department for Mental Health & Mental Retardation Services and Department for Public Health.

#### Article 5

#### TENURE of STEERING COMMITTEE MEMBERS

All members of the steering committee will serve 2-year terms, except during years where the committee expands in size. At those times the new members will have staggered tenures of one or two year terms. The terms are to be staggered at all times to foster a balance between consistency and new creativity in the steering committee. Staff support will be ongoing as assigned by the Department for Mental Health & Mental Retardation Services and Department for Public Health.

A steering committee member is limited to serving two consecutive terms, thus a maximum of four consecutive years of service. An individual will be eligible to return to serve on the steering committee after a one year hiatus as determined by nomination and election via the KSPG.

The steering committee may establish task groups made up of other citizens to study specific issues, make recommendations, and participate in activities of the group. These committees will not be permanent and will have no responsibilities beyond those outlined by the steering committee when established.

Membership on the steering committee will terminate when a member:

- (1) Has missed two consecutive scheduled meetings without proper notice to the staff coordinator; or
- (2) Submits a letter of resignation to the chairperson and staff coordinator.

In the event of either of the above situations, steering committee chairperson and/or the staff coordinator will request that the person with the next highest number of votes in the most recent election finish the term of the person being replaced. Or, if needed, an election following previous outline procedures may be held to determine a replacement to finish the term.

#### Article 6

##### STEERING COMMITTEE – GENERAL RESPONSIBILITIES

Membership on the steering committee will require the following general responsibilities in conducting the business of the group based upon the vision, mission and goals developed by the group:

- (1) Attending KSPG meetings and events throughout the elected term;
- (2) Participating in votes of the full KSPG as well as the steering committee;
- (3) Setting the meeting agenda, conducting the meetings, and ensuring the full group has the opportunity to consider items of importance in the realm of suicide prevention and the efforts of the KSPG;
- (4) Communicating and consulting with the staff coordinator;
- (5) Reviewing and making recommendations to the full KSPG related to proposed changes to the bylaws;
- (6) Reviewing and screening steering committee nominations for compliance with criteria set for in the by-laws;
- (7) Requesting any official correspondence which needs to be drafted;
- (8) Addressing items of critical importance which arise between meetings of the full group;
- (9) Communicating any business conducted between meetings;
- (10) Participating in and collaborating with task groups of the KSPG;
- (11) Individually designating an alternate (proxy) for voting purposes when unable to attend a meeting;
- (12) Individually fulfilling their full term or submitting a letter of resignation to the chairperson and staff coordinator as deemed personally necessary; and
- (13) Making recommendations to the Cabinet for Health and Family Services and the HB 843 Commission related to suicide prevention, intervention, and aftercare.

#### Article 7

##### STEERING COMMITTEE - DUTIES OF OFFICERS

The officers of the Kentucky Suicide Prevention Group (KSPG) will consist of a chairperson, vice chairperson, and secretary. The officers will be elected annually by the steering committee membership in the final KSPG meeting of each calendar year. At no time will these positions be held exclusively by suicide survivors or exclusively by government representatives/administrators. Officers must have the time and passion for this issue and the group must maintain diversity in addressing the issue. The staff coordinator is not eligible to be an officer of the KSPG nor may the staff coordinator nominate or vote for the officers.

The chairperson will preside at all meetings and have general supervision of the activities of the KSPG. The chairperson will work with the staff coordinator in planning and directing the activities of the KSPG, including monitoring progress. The chairperson, in conjunction with the staff coordinator, will serve as spokesperson for the group. The chairperson, in consultation with the staff coordinator, may designate an alternate spokesperson as determined necessary.

The chairperson, in consultation with the staff coordinator, will prepare an agenda for all KSPG meetings and ensure that the agenda will be sent to all KSPG members at least one week prior to the meeting. The chairperson retains the right to modify the agenda if it is determined to be in the best interest of the KSPG and direct the pace of the meeting as best accomplishes the agenda. The chairperson will appoint temporary or standing task groups as needed and serve as an ex-officio consultant for all committees.

The vice chairperson will exercise all functions in the absence of the chairperson and assist the chairperson as needed.

## Article 8

### STAFF COORDINATOR

The staff coordinator is responsible for:

- (1) Being the primary spokesperson for the KSPG, in collaboration with the steering committee chair, and may designate an alternate spokesperson as determined necessary;
- (2) Being the central point of contact for the KSPG;
- (3) Assisting the officers in their responsibilities to maintain the vision and mission of the KSPG;
- (4) Integrating information with other suicide prevention efforts in the nation; and
- (5) Collaborating with other state agencies in addressing issue of suicide;
- (6) Keeping a full and accurate account of the proceedings and actions of all KSPG meetings (minutes) and ensuring that each member receives this information in a timely fashion following each meeting;
- (7) Preparing any official correspondence that the chairperson may request;
- (8) Maintaining a KSPG file containing copies of all minutes, correspondence, the annual report, and the current by-laws;
- (9) Maintaining a listing of full group membership with current telephone numbers, addresses and (if available) e-mail addresses; and
- (10) Providing necessary updates at each meeting of the KSPG.

## Article 9

### TASK GROUPS

Task groups will be established based upon suggestions from the membership of the KSPG and a decision by the steering committee. The steering committee will seek volunteers to work on various task groups as needed. In so doing, the steering committee will provide direction related the task to be completed. The task groups will work to implement the suicide prevention plan and make recommendations to the steering committee for further action. In order to complete their work, each task group will choose a group leader. Steering committee members will generally be involved in task groups, yet will not serve as the task group leader/organizer.

Task group leaders/organizers are responsible for:

- (1) Implementing action plan for specific tasks;

- (2) Maintaining the group's focus on completion of the specific task at hand;
- (3) Recruitment of additional members as needed; and
- (4) Reporting to (or designating a person to report to) the Steering Committee at each meeting thereof.

#### Article 10 MEETINGS

The meeting calendar for the calendar year will be determined annually at the initial meeting of the newly elected steering committee. The KSPG will hold at least six regular meetings during the calendar year. Special meetings may be called by the chairperson or the staff coordinator as long as all steering committee members are notified of the meeting at least one week in advance. Task Group meetings will be called as needed with at least a one week notice.

The first KSPG meeting of the calendar year will be held no later than February 15.

All KSPG meetings are open to the public and anyone showing an interest in the group and its activities will be encouraged to attend. Persons interested in making a formal presentation at a KSPG meeting must request to be put on the agenda no later than 2 weeks before the meeting date. The chairperson will time the agenda to ensure that KSPG business is properly conducted and that persons scheduled to speak will have the opportunity to do so. The chairperson has the option to schedule a segment of the agenda for open comments from the public as needed and as time permits.

At meetings, the staff coordinator or designee will be scheduled on the agenda to share information on activities, successes and concerns. Task groups will provide reports as scheduled.

#### Article 11 VOTING

Whenever possible, KSPG decisions will be made by consensus. If voting by the membership becomes necessary, a simple majority of those present at a meeting will be sufficient to conduct business. For business brought before the steering committee for a vote, a quorum of the steering committee, present or by proxy, is required. A quorum is defined as the majority of all current steering committee members. The full KSPG will be informed of all steering committee actions/decisions determined by vote.

#### Article 12 TRAINING

For all steering committee members, an annual orientation session will be held that includes information about roles, responsibilities, and functions as well as information on the KSPG bylaws. Steering committee members will be encouraged to attend training workshops and events sponsored by the KSPG.

Article 13

AMENDMENTS

Any member may propose amendments to the by-laws, via written submission to the KSPG chair. Upon review, the steering committee will present the proposed amendment and provide its recommendation to the full group at a regular meeting. These by-laws may be amended at any regular meeting of the full KSPG by a two-thirds majority vote of those present provided that the specific amendments have been introduced at a prior meeting, included in the minutes of that meeting, and are listed on the agenda for the current meeting.

Article 14

ANTI-DISCRIMINATION

The KSPG shall not discriminate in any regard with respect to race, creed, color, sex, gender identity, sexual orientation, marital status, religion, national origin, ancestry, pregnancy, parenthood, custody of a minor child, or physical or mental disability.

Adopted and approved by the KY Suicide Prevention Group at its meeting on December 16, 2005.

Steering Committee Chair Cassie Klug Date 12-16-05

Steering Committee Vice-Chair Ann J. Wilk Date 12/16/05

Steering Committee Member Rinda Lancaster Date 12-16-05

Steering Committee Member Mary Beth Reace, PhD Date 16 Dec 05

Steering Committee Member Jan Ulrich Date 12/16/05

Staff Coordinator Jan Rodgett Date 12/16/2005

## **Community Core Competencies in Suicide Prevention**

An exciting new training opportunity will soon be available to suicide prevention coalitions across the country, through the Suicide Prevention Resource Center (SPRC). A newly developed curriculum entitled *Core Competencies in Community Suicide Prevention* is divided into eight stand-alone modules, each from two to eight hours in length, which may be sequenced for nearly 40 hours of training. The American Association of Suicidology (AAS) developed the curriculum under contract with SPRC, calling on the experience of some of the Nation's leading public health and prevention experts. According to Dr. Lloyd Potter, Director of SPRC, "Trainees will go through skill-building exercises to equip them to plan, implement, and evaluate community-based suicide prevention programs that work. They will also learn the principles of using data to raise awareness and support for their suicide prevention initiatives."

Several SPRC staff members will be among a cadre conducting the trainings for state and community coalitions across the country, beginning in the winter of 2006. "Five consecutive days of training is too much for most people to take in," said Dr. Ramya Sundararaman, Prevention Support Coordinator at SPRC, "so we will customize shorter trainings for each community to best meet its training needs." In the course of training coalition members, SPRC will also seek to train qualified members from the state or community coalition to teach the curriculum. "New suicide prevention groups are forming all across the country," according to Dr. David Litts, Associate Director at SPRC. "We will need to train dozens of trainers to equip these new coalitions for success." SPRC will call on communities requesting the training to substantially underwrite the logistical costs of the training. In return, the community members will not only receive the training, but will also gain their own trained trainer who can further disseminate the training. Continuing education credits may be awarded depending on the arrangements with the sponsoring community organization. For additional information, send inquiries to [info@sprc.org](mailto:info@sprc.org).

The Suicide Prevention Resource Center is a funded project of the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). Training transformational leaders in suicide prevention is an essential part of achieving the goal of full implementation of the National Strategy for Suicide Prevention.

## **Suicide Prevention: Community Core Competencies Course Overview**

Developed by the American Association of Suicidology in partnership with the Suicide Prevention Resource Center

The Suicide Prevention Community Core Competencies Course was developed with the recognition that "...much of the work of suicide prevention must occur at the community level, where human relationships breathe life into public policy. American communities are also home to scores of faith-based and secular initiatives that help reduce risk factors and promote protective factors associated with many of our most pressing social problems, including suicide."

David Satcher, MD., Ph.D. Surgeon General  
*The National Strategy for Suicide Prevention. 2001*

### **Overall Goal**

Participants completing this training will enhance their leadership and collaboration skills, and in line with *The National Strategy for Suicide Prevention*, be able to collect and present suicide-related data and information; implement suicide prevention programs in their communities; and determine the effectiveness of programs they implement. Participants also will increase their comfort and ability to communicate effectively about suicide and suicide prevention.

### **Intended Audiences**

#### **Community**

The intended audiences are people who will provide leadership and promote collaboration in their respective communities to implement a suicide prevention program. These will usually be members of a suicide prevention task force, including members from a variety of community organizations and stakeholders.

It is highly recommended that participants take the training with others from their community. As one expert in suicide prevention said, "Taking one person out of their community to training in leadership and returning them to their community (that was not trained) is doing an injustice to the individual."

#### **State Planning Group**

It is highly recommended that members of State Planning Groups take the Core Competencies course so they:

- Have the same basic information and "are on the same page" using agreed upon definitions and conceptual frameworks
- Work together in community to develop fundamental skills related to planning and implementing comprehensive suicide prevention programs
- Become familiar with the course and are able to use it to provide training and technical assistance, and to move forward with current or anticipated state and local suicide prevention efforts

### **Implementation**

SPRC Prevention Specialists are available to provide this training to your state or community suicide prevention group. Working with you, Prevention Specialists can tailor the training to meet the specific needs of your community. Please contact your Prevention Specialist for more information using the contact information provided at the bottom of this page.

## Training Modules Index

### **Module 1: Scope of the Problem – Definitions and Data (4 hours)**

- GOAL: Participants will understand and be able to communicate about basic definitions, suicide-related data, and suicide-related risk and protective factors.

### **Module 2: Taking a Public Health Approach to Prevention (3.5 hours)**

- GOAL: Participants will understand the public health approach to prevention and basic prevention principles, which will guide them in developing comprehensive suicide prevention programs.

### **Module 3: Understanding and Using Data (8 hours)**

- GOAL: Participants will be able to thoroughly understand and use suicide-related data to document the need for suicide prevention in their community, and motivate funding sources to provide resources.

### **Module 4: Doing What Works (4 hours)**

- GOAL: Participants will understand the recommendations of *The National Strategy for Suicide Prevention*, as well as examples of evidence-based practices and how they may be replicated or adapted for their communities.

### **Module 5: Creating a Logic Model and a Framework for Evaluation (3 hours)**

- GOAL: Participants will understand the importance of creating a logic model as a component of an overall framework for evaluation.

### **Module 6: Action Planning (3 hours)**

- GOAL: Participants will be able to create a vision and construct an action plan for implementing suicide prevention activities.

### **Module 7: Working Together and Building Partnerships (2.5 hours)**

- GOAL: Participants will be able to consider what type of suicide prevention partnerships may be appropriate for their community.

### **Module 8: Building and Maintaining a Coalition (4 hours)**

- GOAL: Participants will learn the steps necessary to build and maintain a coalition.

# Kentucky Suicide Prevention Group Information Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Agency/Employer: \_\_\_\_\_

- Please remove me from all future correspondence related to suicide prevention.
  
- I desire to only receive informational updates related to suicide prevention. This may include new research, upcoming training opportunities, or other noteworthy items. I will be considered as an interested party.
  
- I desire to be a basic member of the KY Suicide Prevention Group. I understand that basic membership is defined as regularly attending KSPG meetings (at minimum 25% of all meetings in the preceding 12 months) and includes the primary roles of electing steering committee members, implementing the suicide prevention plan, defining and participating in task groups, and making recommendations to the steering committee. Basic members will also be included in the informational updates related to suicide prevention.
  - AND at this time, I believe I meet the above criteria. Upon verification, I will be considered as a member.
  
  - BUT at this time, I do not meet the above criteria and understand I will be considered as an interested party. Upon meeting criteria, I will update my information form.

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**Please complete the following optional, yet helpful information.**

Have you been deeply, personally affected by a suicide death?      Yes       No

Do you consider yourself a suicide survivor?      Yes       No

Check any of the following which would describe you, your occupation, and/or your area of interest.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Educator (K-12)     | <input type="checkbox"/> Higher Education | <input type="checkbox"/> Corporate Employee |
| <input type="checkbox"/> Faith-Based         | <input type="checkbox"/> Hospice          | <input type="checkbox"/> Suicide Attempter  |
| <input type="checkbox"/> First Responder     | <input type="checkbox"/> Mental Health    | <input type="checkbox"/> Suicide Survivor   |
| <input type="checkbox"/> Government Employee | <input type="checkbox"/> Public Health    | <input type="checkbox"/>                    |
| <input type="checkbox"/> Other _____         |   |   |

# Ideas on agenda for QPR trainer's conference

(submitted by Bob Robey)

- Welcome overview of day, other—Jason
- Individual trainer introductions and brief report of trainings to date
- QPR Institute report, new tool kit additions, tweaking your QPR presentations, comments from Dr. Paul Quinnett—bob
- QPR College update- Dr Reese, others
- QPR middle and secondary schools update. Mike Flaherty Daviess County Schools, Shawn? Fayette Co. Schools, Karen Collier Owensboro City Schools, others?
- QPR trainings in other targeted populations reports i.e. elderly, foster care, jails
- Community Task force work and QPR ?? Anybody
- Small work groups—discuss barriers to QPR trainings and options
- Report out of small group discussion
- QPR booklet options. I.e. printing within state etc.
- State QPR Trainer's Newsletter; Someone willing to take it on, what would be included, how to recognize/value trainers.
- Other?
- Other?
-