

Outreach & Awareness Committee SMART Goals

STRATEGIC PRIORITY: Connect and collaborate with regional coalitions


YSIPP Objective*	DEADLINE	TASK #	ACTION STEP
1.1	6.30.21	Task 1	Annually update the scan of regional coalitions and information on the Alliance website.
1.1	Ongoing	Task 2	Conduct webinars twice quarterly with regional coalitions and other key stakeholders to share best practices, progress on statewide suicide prevention policy work and learn about local needs and concerns.
1.1	6.30.21 and annually	Task 3	Update outreach and other branding materials for the Alliance
1.1	01.31.21	Task 4	Collaborate with UO Suicide Prevention Lab to identify 1 - 3 regional coalitions to participate in needs assessment and possible TA to build local capacity to respond effectively to suicide.
1.1	06.30.2021	Task 5	Map interests and needs of coalitions in collaboration with UO Suicide Prevention Lab

STRATEGIC PRIORITY: Develop sample press releases based on hope, help, and healing framework, and a panel of subject matter experts to respond to legislative, media, and other requests about suicide intervention / prevention.

YSIPP Objective*	DEADLINE	TASK #	ACTION STEP
2.1	Ongoing	Task 1	Write press releases as needed to highlight new Alliance activities or policy priorities; disseminate press releases and other materials developed by OHA, Lines for Life, AFSP, ODE, media list or other key suicide prevention organizations on Alliance listserv
2.1	Ongoing	Task 2	Build on partnership with Healthy Transitions and YYEA, to highlight stories of hope, help and healing on the Alliance website and in outreach materials as appropriate.
2.1	October 2021	Task 3	Identify content of training for subject matter expert panel
2.1	October 2021	Task 4	Recruit AOCCMHP Director for the subject matter expert panel
2.1	December 2021	Task 5	Work with subject matter expert panel, expand if needed, and provide training on media response and safe messaging. Existing subject matter experts for the panel as of October 2020 includes: Kirk Wolfe, Julie Scholz, David Westbrook.

STRATEGIC PRIORITY: Support, recruit and retain Alliance membership to align with SB707 and represent BIPOC and frontier communities.

YSIPP Objective*	DEADLINE	TASK #	ACTION STEP
	December 2020	Task 1	Research consultants to work with Alliance on being explicitly anti-racist and inclusive
	December 2020	Task 2	Form workgroup (from exec and O and A) to interview potential consultants and determine scope of work.
	February 2021	Task 3	Make recommendations to executive committee about specific areas of expertise or cultural perspective needed and process for recruiting / supporting new members. Gender equity, such as young males, and tribal communities are examples of cultural perspectives to consider.
	January 2021 and ongoing	Task 4	Before the following quarterly meeting, review satisfaction surveys conducted at each quarterly meeting (starting Dec. 2020 meeting) and as necessary, forward feedback to executive.
	March 2021	Task 5	Alliance staff will work to create process(es) around applications and other recruitment pieces, so this is a standardized process going forward.
	June 2021	Task 6	Work with equity consultants and Alliance members to find connections and recruit those connected with law enforcement, the juvenile justice system (OYA) for Alliance membership, those who live in rural and frontier communities, and the BIPOC community. (Alliance staff will track SB 707 required membership including positions we have filled and those we need to fill.)
	June 2021	Task 7	This committee will monitor different advisory groups and discuss when / if groups should be added for different groups, such as boys / men and faith



Alliance Demographic Data

As of July 29, 2020

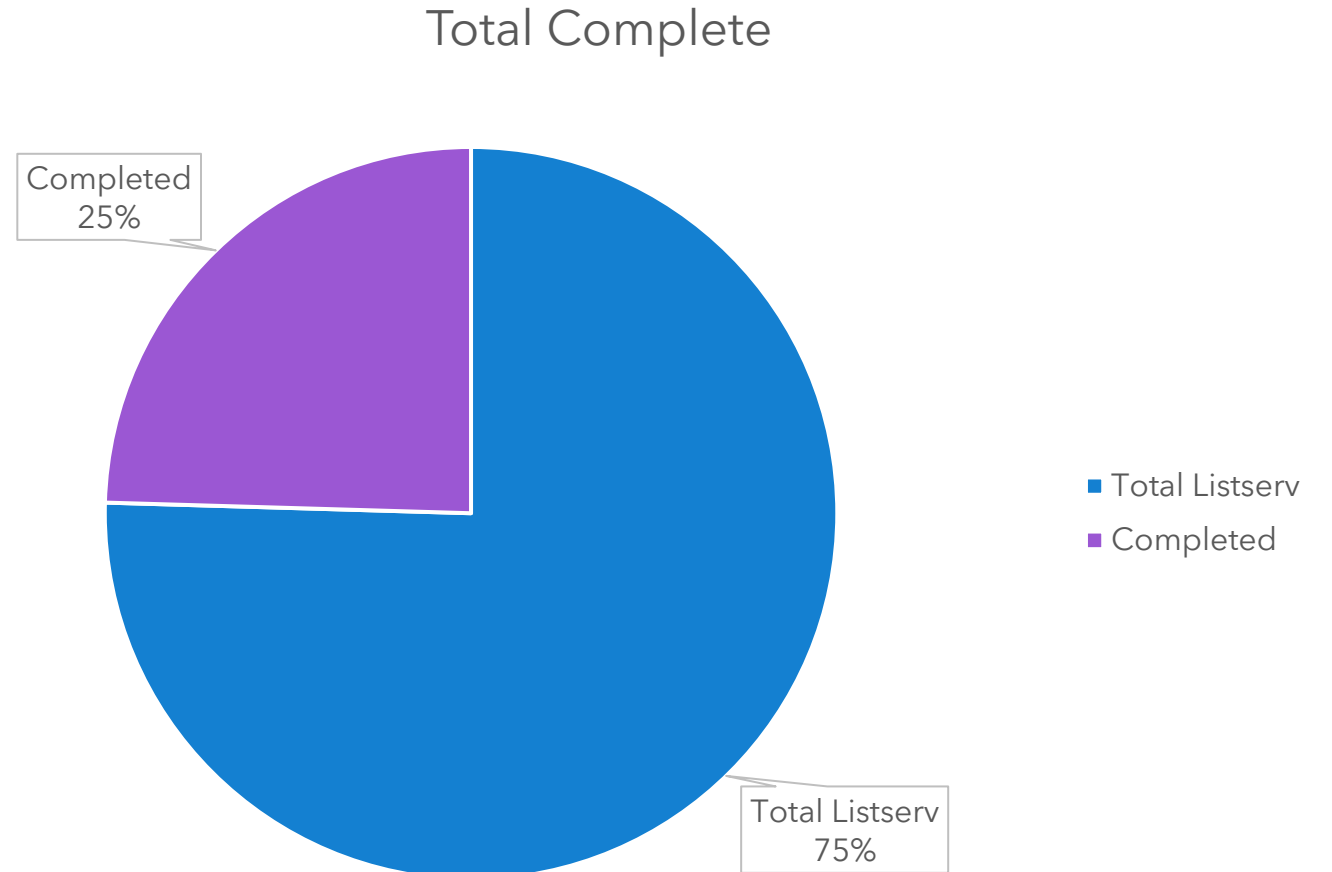


Survey Purpose

- The Alliance is a statewide advocacy group that is meant to represent Oregonians.
- In order to have a clear picture of the current demographic make-up of the Alliance, a survey was sent out to the Alliance listserv asking them to provide demographic information.
- Survey was sent out twice to the full listserv of 163 people
 - This includes voting Alliance members, Alliance Affiliates, and those interested in receiving regular information on the Alliance via emails.
- The purpose of completing this survey is to see where we are lacking in representation.
- The next few slides will show you a quick summary of major differences and areas we can potentially focus on in Outreach & Awareness Committee
- Note: When comparing certain breakdowns of groups, they don't always line up such as with age ranges. This is important to keep in mind when seeing the results.

Completion Rate

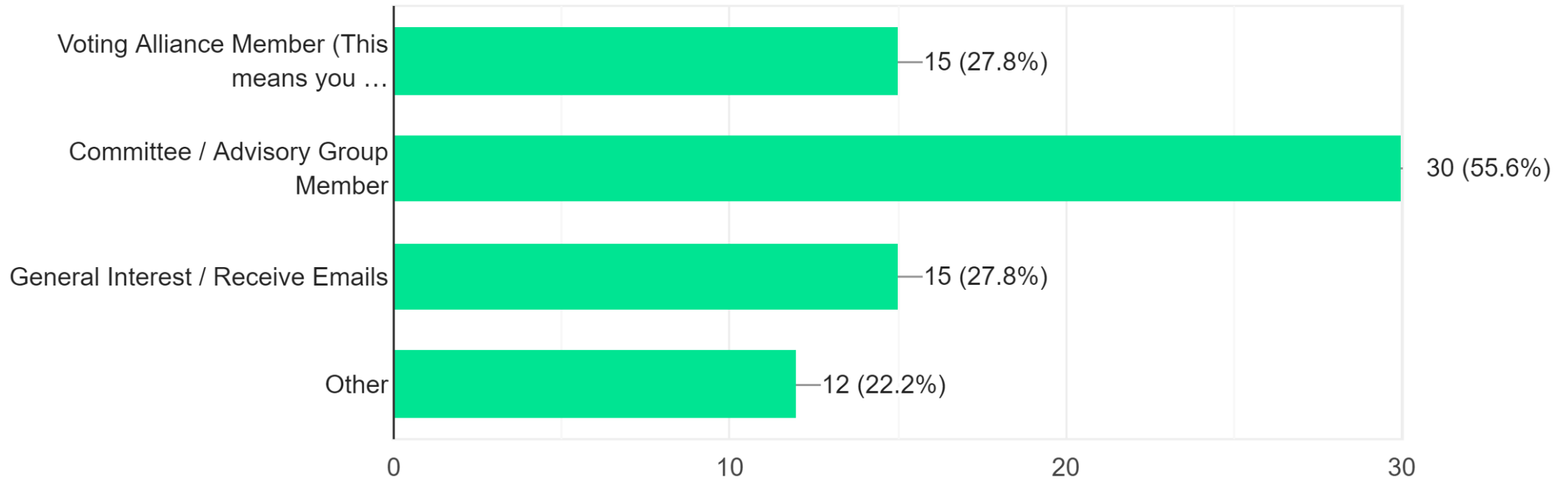
This was sent out to our Alliance listserv of **163** individuals and **53** completed the survey



Respondents Role in Alliance

What is your role in the Alliance?

54 responses



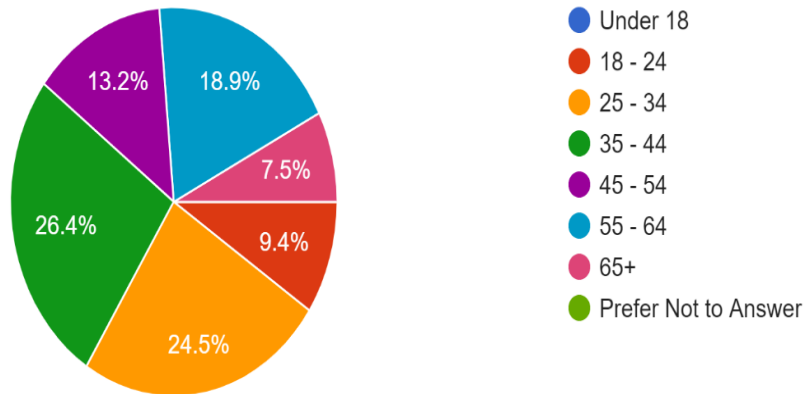
Age Make-Up

Alliance - 24 and younger: 17%

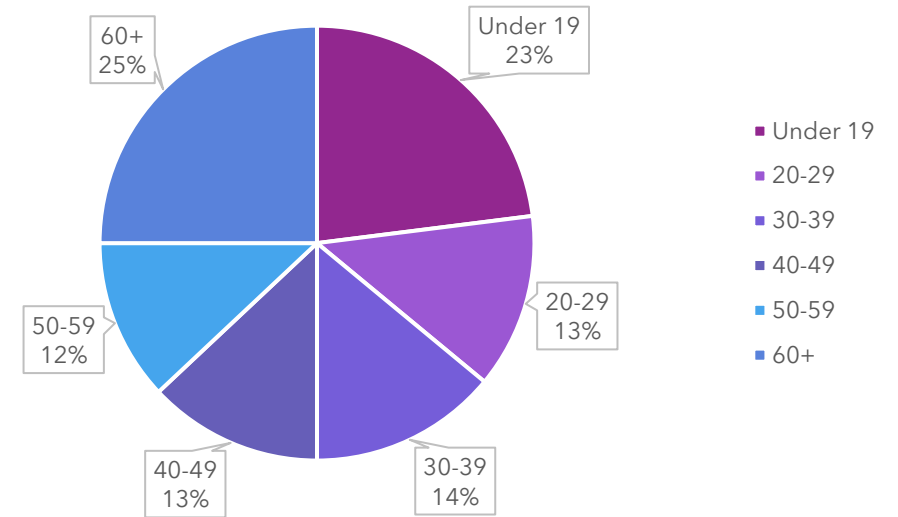
Oregon - 29 and younger: 36%

What is your age range?

53 responses



Oregon Age

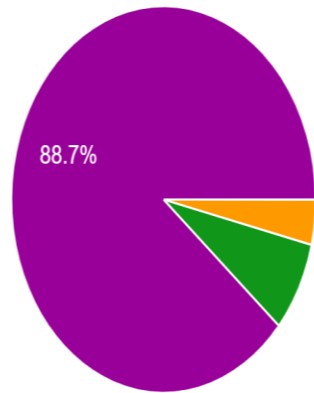


Student Status

Alliance - 11.3% are in college

Are you a current student?

53 responses



- Yes, in high school
- Yes, in high school and working
- Yes, in college
- Yes, in college and working
- No

Oregon

- In 2016, 12% of population was in K-12
- I don't know where to find accurate data of how the percentage of those in College

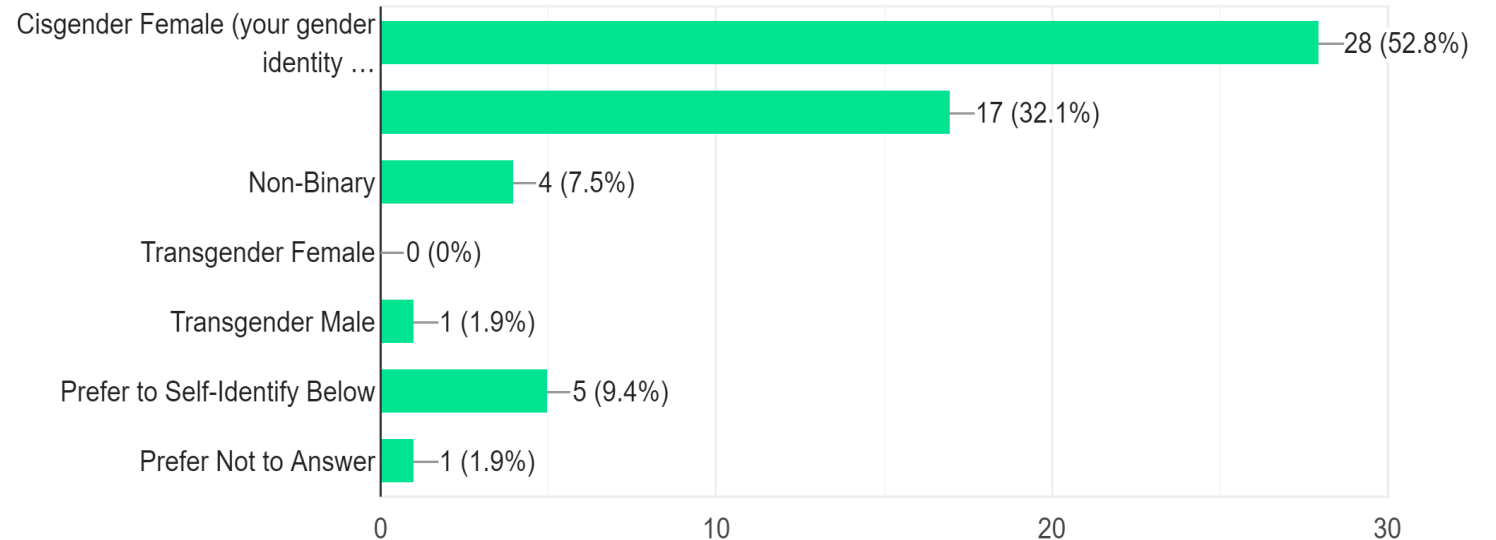
Gender Make-Up

I was unable to find stats on gender in Oregon that went beyond male and female.

Female: 50.5%

Male: 49.5%

People have many different ways of identifying their gender. For data purposes it is helpful to have some pre-designated categories. We have agreed to ...is identified below. (Please check all that apply)
53 responses

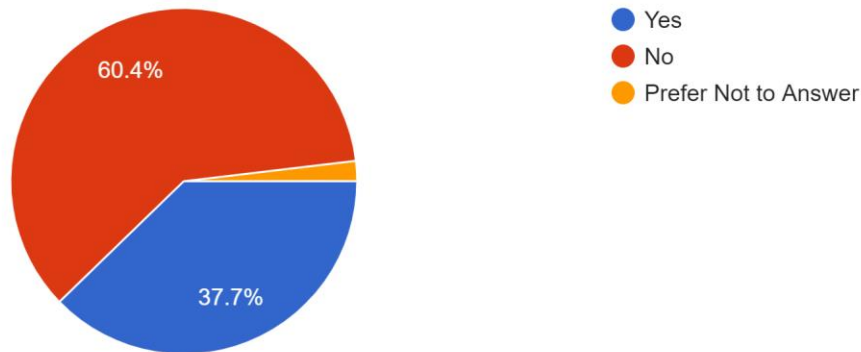


LGBTQ+ Community

Alliance - 38% Identify as LGBTQ+

Do you identify as part of the LGBTQ+ Community?

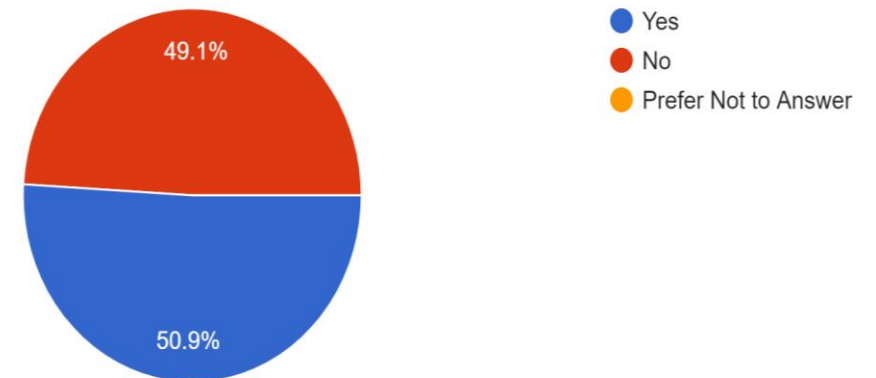
53 responses



Alliance - even split of those who identify as a parent / close relative to someone in LGBTQ+ Community

Do you identify as a parent / close relative of someone in the LGBTQ+ Community?

53 responses



Some Data on LGBTQ+ Community

OHA Healthy Teen Data

	Adult		Grade 11		
Demographics	Men	Women	Boys	Girls	Gender Non-Conforming
Heterosexual	95%	92%	92%	85%	36%
Lesbian and Gay	2%	2%	2%	1%	9%
Bisexual	2%	4%	4%	10%	15%
Questioning	NA	NA	2%	3%	40%

Source: Oregon BRESS 2013 – 2016 and Oregon Healthy Teens 2017

Movement Advancement Project Data

% of Adults (18+) Who are
LGBTQ:

5.6%

Gallup/Williams 2018

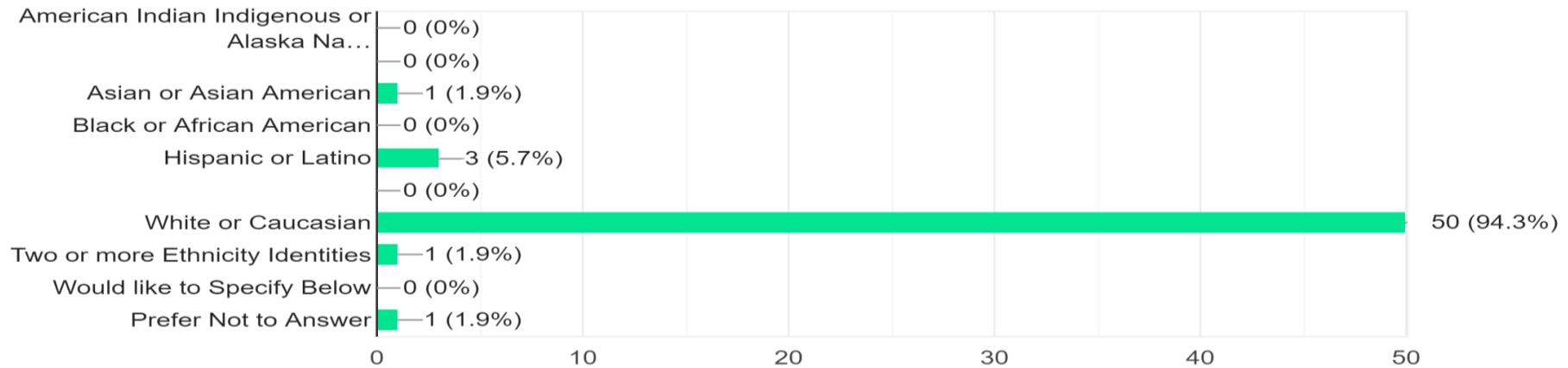
% of LGBTQ Adults (25+)
Raising Children:

23%

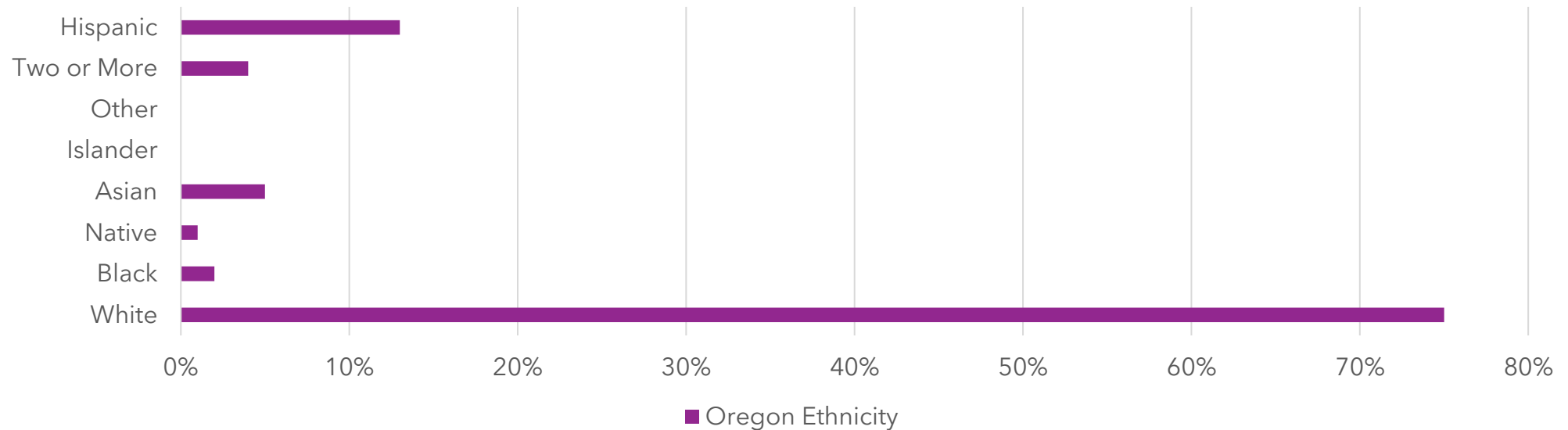
Gallup/Williams 2018

Ethnicity Make-Up

Alliance



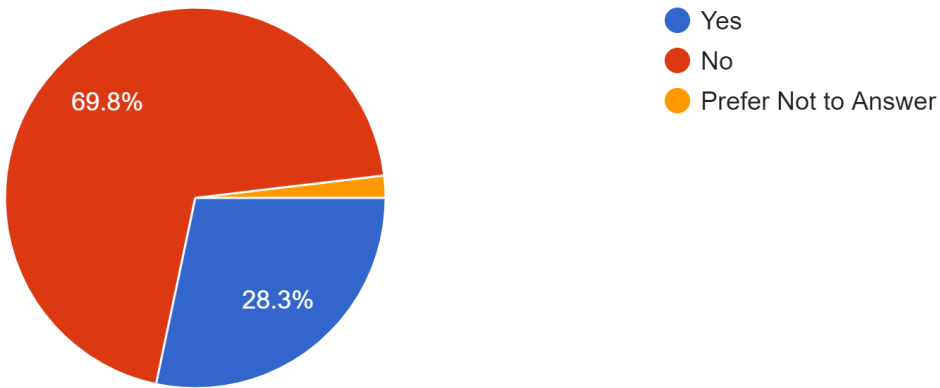
Oregon



Disability Community

Alliance - 28% identify as having a disability

Do you identify as someone with a disability?
53 responses



Oregon

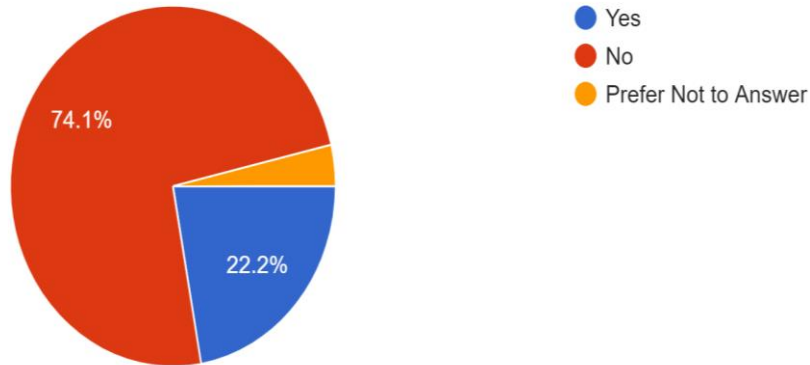
- This ranges from 15% - 26% of the population depending on which statistic I find

Lived Experience

Attempt Survivor - 22%

Are you a suicide attempt survivor?

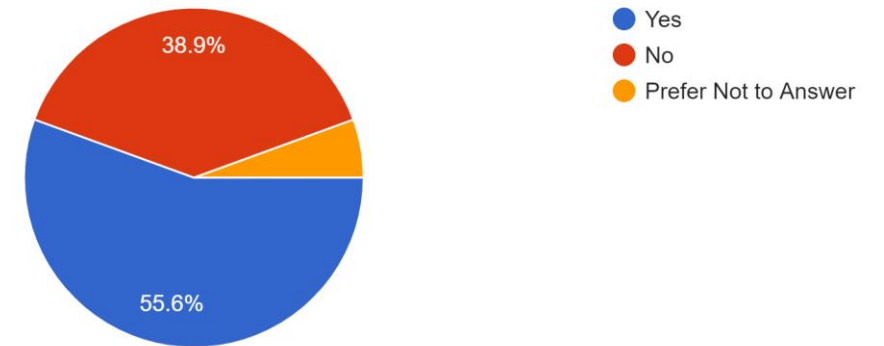
54 responses



Loss Survivor - 56%

Have you lost someone to suicide (loss survivor)?

54 responses



Lived Experience

Oregon 2020



On average, one person died by suicide every 10 hours in the state.

More than five times as many people died by suicide in Oregon in 2018 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflected a total of 16,408 years of potential life lost (YPLL) before age 65.



Suicide cost Oregon a total of **\$740,356,000** combined lifetime medical and work loss cost in 2010, or an average of **\$1,080,811 per suicide death**.



8th leading cause of death in Oregon

1st leading
cause of death for ages 10-24

2nd leading
cause of death for ages 25-34

3rd leading
cause of death for ages 35-44

5th leading
cause of death for ages 45-54

8th leading
cause of death for ages 55-64

13th leading
cause of death for ages 65+

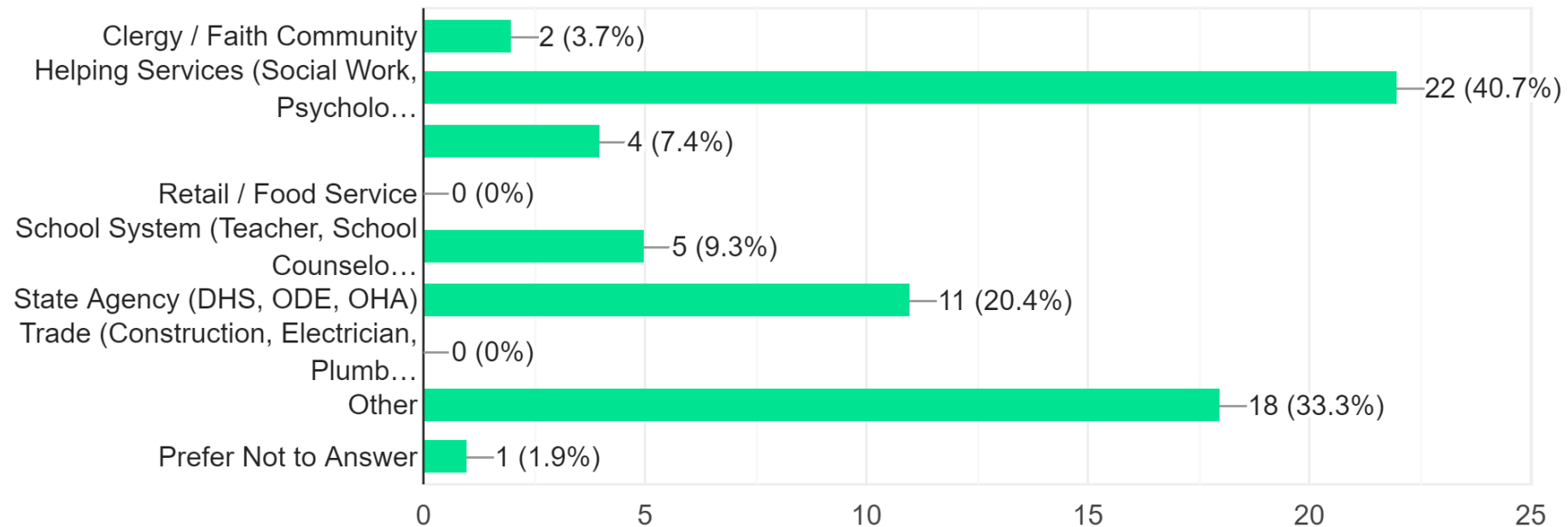
Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Oregon	844	19.02	16
Nationally	48,344	14.21	

Workforces Represented Alliance

What workforce sector do you represent?

54 responses



Qualitative



What communities, experiences, or cultures do you feel you bring a perspective from in this work to prevent suicide?

- LGBTQ+ x7
- College Student x3
- Law
- Urban / Rural Contrasts x3
- Faith-based x5
- Pacifist
- Loss Survivor x5
- Social Worker x2
- School Setting x2
- Healthcare Worker
- Low SES Family Upbringing
- Dominant Culture x2
- Crisis Interventionist
- Domestic Violence Survivor x2
- Attempt Survivor x3
- 6th - 12th grade
- Medical Staff
- ASIST Trainer x2
- Rural Culture x4
- Parents are Attempt Survivors x2
- Multiple Attempt Survivor
- Multiple Loss Survivor
- Research Community x3
- Higher Education
- Public Health
- Youth Suicidal Ideator x2
- Queer x2
- Gender non-conforming
- Educator
- Mental Health Services Consumer x6
- Equity Advocate
- Parent is a loss survivor
- Fundamentalist Religion Survivor
- Native x2
- Hispanic
- Undocumented
- Older Adult
- LGBTQ+ Ally
- Parent of LGBTQ+ x2
- Lives with Mental Health Diagnosis x2
- Attempt Survivor
- QMHP
- Live with Chronic Pain x2
- Disability Community
- Peer Culture
- Artists

What communities, experiences, or cultures do you feel you bring a perspective from in this work to prevent suicide?

- Social Media
- Support Groups
- Inventors
- Responder
- Education
- Young Adult x5
- Lived Experience x5
- Asian American
- Sexual Assault Survivor
- Systems Perspective x2
- Suicide Prevention Coordinator
- Live with Chronic Thoughts of Suicide x2
- Work Directly with Youth
- Consultant
- Advocate x3
- Supports Someone with Chronic Thoughts of Suicide
- Community Organizer x3
- Gay
- Community Mental Health Provider
- Foster Care Youth
- Relative is a Loss Survivor
- Veteran
- Suicide Prevention Trainer
- School Mental Health
- Rural Mental Health
- Pediatric Care Coordination
- Range of SES Status
- Geeks

Other Ways you Identify as Someone with Lived Experience

- Suicidal Ideation
- Parent of a child with suicidal ideation
- Part of a friend and co-worker's suicide intervention
- Support close friend with ongoing suicidal ideation
- Daughter with suicidal ideation, nurse in the ICU who has taken care of survivors and those who have died from Suicide
- Mother is attempt survivor
- Support others with loved experience in my family and friend group
- Have a child who struggles with suicide thoughts
- Six of eight of my LGBTQI-2S Mormon friends died by suicide
- I struggle with depression and invasive thoughts of suicide

Other Ways you Identify as Someone with Lived Experience

- Yes; as a person whose first thought of suicide was a teen, as an adult who finds those thoughts reoccur "as a last resort" (I have a strong support system and know my resources); and as a person who has experienced suicide loss in a professional capacity
- Contemplated many times
- Experienced thoughts of suicide/suicide ideation
- Coping with Intensity (e.g. intrusive thoughts, urges, depression, self-esteem, flashbacks, etc.), witness, responder, peer supporter, etc.
- Parent of a youth who survived multiple attempts and persistent ideation
- Living with SI now, versus it being in the past or something I no longer experience
- Lived experience with high, persistent levels of ideation for most of my life

Other Ways you Identify as Someone with Lived Experience

- Lived experience w/ thoughts of suicide is what brought me to this work
- Some of the closest people in my life struggled with or attempted suicide
- My mother made a serious suicide attempt when I was 19 years old and thankfully survived but it significantly impacted me and my family for many years
- Lived in small community with multiple completed suicides
- Past ideation
- Live with ongoing suicidal thoughts and feelings
- Attempt survivor, live with regular thoughts of suicide, support someone who has attempted / lives with thoughts, service user, professionally worked with those who have attempts or regular ideation

What would you say your area(s) of expertise is? (The subject / field you know the most about).

- Abuse across the Lifespan
- ADHD
- Autism
- Child Welfare
- Community Building x2
- Community Mobilization
- Complex Grief
- Criminal Justice
- Crisis Management / Work x3
- Cultural Considerations
- Behavioral Health
- Behavioral Issues from TBI
- Behavioral Management
- Consumer Engagement
- Critical Care Nursing
- Curricula for Native American Wellness
- DBT
- Domestic Violence Prevention
- Eating Disorder Treatment
- Education x2
- Faith Community
- Family Support x2
- Foster Care / Foster Youth
- Grief and Loss
- Health Promotion x2
- Implementation Science
- Juvenile law and Public Defense
- Law
- Learning Disabilities
- LGBTQ+ Community x5

What would you say your area(s) of expertise is? (The subject / field you know the most about).


- Lived Experience Voice x3
- Marketing and Advertising
- Mental Health x6
- Mental Health Counseling
- Mental Health Promotion x3
- Non-Profits
- Oriental Medicine
- Peer Services
- Public Health x4
- Public Policy
- Prevention Science
- Program Design and Evaluation
- Psychology x2
- School Systems x4
- Severe and Persistent Mental Illness (SPMI)
- Sexual and Relationship Violence Prevention x2
- Social Work x2
- Stakeholder Relations
- Strengths-Based Community Work
- Substance Use and Abuse Prevention (A&D) x2
- Suicide Intervention / Prevention x15
- Suicide Prevention in Healthcare Settings
- Suicidology x3
- Systems Development
- Systems Work x2
- Training
- Trauma Injury Prevention
- Trauma Work
- Traumatic Loss
- Youth Engagement
- Wellness

What areas or populations are you most interested in working with?

- Ages 6-10 and 20-25 Years Old
- Young adult 16-25 or So
- Youth and Young Adult x8
- Adolescents and People with Chronic / Severe Mental Illness
- K - 12
- College Students
- Transitional Aged Young Adults
- School Aged Populations
- The largest group of people in most demographic or marginalized groups
- Older
- Schools x3
- General Community x3
- Adults x3
- Families of Youth and Young Adults
- Parents and Families of Choice
- Children, Families, Refugees
- Across the Lifespan x2
- Those with Lived Experience x3
- Loss and Attempt Survivors
- BIPOC x2
- LGBTQ+ x8
- Native Americans / Alaskans x2
- Latinx
- Rural Minorities
- Faith Based



What areas or populations are you most interested in working with?

- Gun Owners
 - Military / Veterans x2
 - Health / Mental Health Care Professionals x2
 - Workforce Development in Medical / Mental Health Settings x2
 - Behavioral Health Programs x2
 - Those in the Hospital Setting
 - Direct Care Workers for Transitions of Care
 - Policy / Legislative Work
 - State / Local Government
 - Homeless / Houseless Populations
 - Media / Outreach / Awareness x3
 - Inclusive / Participatory Research & Analysis
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The Oregon Alliance to Prevent Suicide

Member Satisfaction Survey

October 2020

Survey Respondents

Oregon Alliance to Prevent Suicide (Alliance) staff sent out a satisfaction survey to their listserv of 191 community stakeholders. Those on the listserv are official OHA appointed members, members of Alliance committees or advisory groups, and those who are interested in staying up to date with Alliance business. Stakeholders had 15 days to complete the survey before it would be closed. Attachment 1 lists survey questions.

Of the 191 people on the listserv, 28 people completed the survey. These 28 respondents partially reflected the overall demographics of the Alliance with most aged between 25-34 (21.4%) and 45-54 (21.4%); over half identify as cisgender female (53.6%); and the majority identify as white or Caucasian (85.7%). The vast majority of respondents are not currently a student (92.6%); less than half identify as a loss survivor (32.1%) and even less identify as an attempt survivor (17.9%). Most respondents were voting members that sit on committees (40.7% voting members and 70.4% are either a committee or advisory group member). Please see Attachment 2 for a full look at respondent demographics as it compares to the overall demographics of the Alliance.

Overview of Results from Survey

Survey questions were measured on a scale of either 1 – 5 (with five being the highest level) or strongly dissatisfied to strongly satisfied. Throughout the survey and across different topics (Alliance Communications, Quarterly Meetings, and Monthly Meetings) the majority of respondents consistently rated themselves as at least satisfied and at least a four out of five. Two areas with the highest level of satisfaction (i.e., satisfied or strongly satisfied) were the Alliance's overall communications (89.3%) and the Alliance Quarterly Meetings (88.9%). Comparatively, respondents' level of engagement (71.4%) and satisfaction with the committee structure (75%) were two of the lowest rated domains. A handful of respondents said they were dissatisfied in some areas, see the following results for specifics.

Overall, the survey results demonstrate that respondents involved with the Alliance are satisfied with the work the Alliance is doing and that they feel Alliance staff provide clear

communication and facilitate both monthly and quarterly meetings that further the work of the overall Alliance. There are some areas that staff can work to improve on that will allow them to meet some of the concerns that were brought up in this survey. Those are noted and addressed at the end of the in-depth survey results. Additionally, it should be noted that the survey response rate of 14.66% captures only a portion of Alliance members and participants. Continued efforts should be made to engage and gather feedback from the large portion of non-respondents to better understand why certain members may not actively participate in the Alliance.

Survey Respondents Satisfaction with the Alliance Work

Most respondents (71.4%) rated themselves a 4 or higher when asked if they felt they were engaged in the work of the Alliance. When asked for about their satisfaction with Alliance priority areas (i.e., advocating for legislation, working on OARs to support effective implementation of existing suicide prevention legislation, advising on YSIPP 1.0 and contributing to the development of YSIPP 2.0, connecting the field), 81.4% rated themselves as satisfied or strongly satisfied.

Seventy-five percent of respondents rated being satisfied or strongly satisfied with the Alliance committee structure and 3.6% reported being dissatisfied. When asked about satisfaction with Alliance governance (including by-laws, voting process, Executive Committee structure), 64.2% stated they were satisfied or strongly satisfied, while 7.1% said they were dissatisfied with the governance.

Below are comments about the Alliance overall:

Affirmative Feedback:

- “Please assure that the Alliance remains a collaborative effort, and not a top-down approach. One size does not fit all, and the beauty of the Alliance is that it is independent of other bureaucracies.”
- “I so appreciate being part of this group. Annette does an amazing job in her leadership!”

- “New member. But through my experience to-date, I'm impressed with the passion and collaborative tone of the leadership. Likely too early to assess effectiveness at achieving stated objectives.”
- “Surveys such as this are an excellent control to ensure that communication is adequate and that any issues are identified and addressed. Keep up the good work.”
- “I the group inclusiveness and the open discussion which are prompted we should keep doing them.”
- “This structure is essential to our success. It feels like a work still in progress rather than an established governance structure.”

Improvement and Recommendation Feedback:

- “Recruit committee members including public nonmembers with experience, knowledge and passion on this topic.”
- “It's been challenging to keep up with all of the meetings - they are often scheduled at a time that I have other meetings as well. This has impacted my attendance, however I do try to participate as much as possible.”
- “We're moving in the right direction. We need to work with OHA to determine the metrics by which OHA's efforts should be evaluated and then be sure they are reporting on these as well as their current thinking on policy. The Alliance has a role to advise on policy and priorities that it deems important to preventing youth suicide along with promoting policy this should be kept in the forefront of the minds of all members.”

Survey Respondent Satisfaction with Alliance Communications

Respondents were asked about their satisfaction with Alliance communications. Overall, 89.3% said they were satisfied or strongly satisfied with communications from the Alliance. When asked specifically about how often they receive email correspondence from The Alliance, 75% said they were satisfied or strongly satisfied. For the content in Alliance emails, 89.2% said they were either satisfied or strongly satisfied and 7.1% were dissatisfied. 85.2% of respondents said they were satisfied or strongly satisfied with the Alliance [website](#).

Below are comments left by respondents about Alliance communications:

Affirmative Feedback:

- “I am very satisfied. The Alliance is very busy, with many plates spinning at the same time. Staff has done a great job of reaching out, providing information, scheduling meetings, re-scheduling meetings, and being very sensitive to its membership.”
- “Have been very impressed with communication with the Alliance, with information shared, updates, timely, etc. Thank you!”
- “New member. But to-date, communication is timely, comprehensive and targeted (with distinction between action items and informational content)”
- “The quality of email content is great, but I receive too many Alliance emails to keep up with them all.”
- “I would prefer fewer emails about Save the Date without the attached calendar invite.”
- “I do not always get calendar invites for meetings.”
- “I think the communication is great, very thorough, informative, and welcoming. And the consistency is a great reminder of just how important the work for suicide prevention is.”

Improvement Feedback:

- “The Alliance should coordinate with the OHA ways that general communication about suicide prevention news, program etc., is communicated and not duplicate efforts. Either the Alliance takes this responsibility or OHA does and they work together to ensure individuals are encouraged to sign up with the YSIPP list serve or if Alliance is taking it on that Alliance has the names from OHA. Email overload is a pretty decent stressor for many of us.”
- “The emails listing all of the upcoming webinars, events and resources is very overwhelming - too much.”
- “I am generally overwhelmed with email, but Alliance emails tend to be long and have lots of attachments. Would be helpful if action items were at the top and announcements or info down below--or some similar structure. I appreciate the

communication--it's needed and wanted, just sometimes hard for me to decipher importance."

- "Too many emails and I get a lot of the same info from other sources."

Survey Respondent Satisfaction with Alliance Quarterly Meetings

Almost all respondents (88.9%) said they were either satisfied or strongly satisfied with Alliance Quarterly Meetings. Most (88.8%) were satisfied or strongly satisfied with topics covered at the Quarterly Meetings and 3.7% were dissatisfied.

Below are comments left by respondents about Alliance Quarterly Meetings:

Affirmative Feedback:

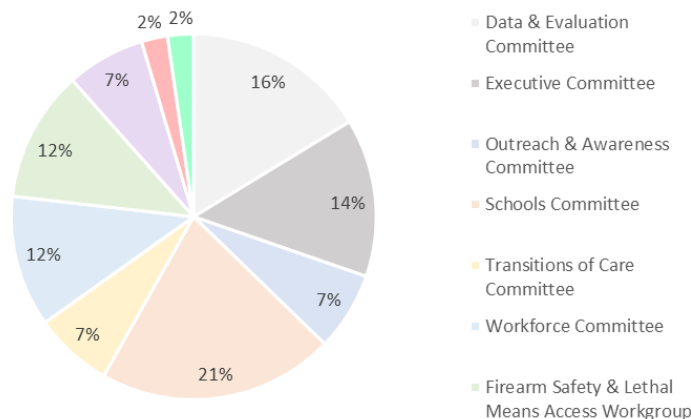
- "Quarterly meetings are well-structured, but not top-down. Time is allocated for questions, comments, input and decision-making. What I appreciate most is that these meetings are not "cheerleading" meetings; rather, they are a process to engage people in preventing suicide. Sometimes this process is a smooth one, other times, it may encounter a few bumps. But it's always ethical, transparent, and engaging. Annette, Jennifer, and Kris do a great job. Each brings different skills to the Alliance, and we are lucky to have each of them."
- "Well organized, and efficient, and goal oriented."
- "I don't attend them anymore because committee time is a more valuable use."
- "Clear agendas/purpose of meetings; appreciate there are multiple opportunities to engage in discussions; feel heard when I contribute."
- "Keep on focusing on engagement and not reports. Doing a good job of encouraging meaningful input."
- "Very impressed with Galli's facilitation skills!"
- "New member. Meetings to-date have comfortable and collaborative tone but also apply rules of order to ensure effectiveness."
- "Great material, glad I am able to record the meetings."
- "The meetings are very safe, welcoming, and encouraging for new members."

Improvement and Recommendation Feedback:

- “Two things - The meetings are lengthy - the topics are meaningful, however I wonder if we can accomplish more in a shorter period of time. Secondly, I would love to see more diversity among members. Hard to know what this really looks like when we are all participating remotely.”
- “We need to ensure we have the time that is really needed. Fewer topics done well is better than lots of rushed topics.”

Survey Respondent Satisfaction with Alliance Monthly Committee, Advisory Group, and Workgroup Meetings

Seventy-five percent of respondents said they were either satisfied or strongly satisfied with the monthly Alliance meetings and 75% felt that their group was making progress on their key goals. Committee, Advisory Group, and Workgroup makeup of survey respondents is noted below:



Below are some comments left by respondents about the monthly committee, advisory group, or workgroup(s) that they attend:

Affirmative Feedback:

- “The committees function well, with each member having the opportunity to contribute, share, critique, and drive the work. I appreciate that this is not a top-down approach.”

- “I've only joined a couple meetings but they seem very well run and focused.”
- “The work has been very meaningful, and the discussions are relevant to the work taken on by the alliance. The committee is productive and doing good work. I find myself being very engaged in these meetings.”

Improvement and Recommendation Feedback:

- “I think the lectures are inspiring. But I would like to participate more in discussions and people repeating themselves would help me follow what they are saying better.”
- “I really appreciated the new member orientation and onboarding at the Quarterly Meeting. I also really admire Annette's ability to connect with individuals one to one. There have been times where the project management aspects have been insufficient. I believe that the orientation process needs to be longer. I feel that there is insufficient time for the breadth of agendas to give in depth feedback and the stakeholder process therefore feels cursory. Following a collective impact model such as FSG's would help.”

Below are some general comments about monthly Alliance committee, advisory group, and workgroup meetings:

- “Again, our facilitators, Annette, Jenn, and Kris, do an amazing job assuring that committee chairs have the information they need to lead the meetings. They also have the skills to assist committee chairs with some of the more delicate, or nuanced, aspects of leading meetings.”
- “I'm newer to the Alliance so I'm still getting a sense but I think they are going well.”

Improvement and Recommendation Feedback:

- “I haven't joined one yet so no strong opinions. Maybe would be helpful to hear updates at quarterly meetings? Or send out via email prior to meetings if there isn't time during meetings? As a new person, updates would be helpful in knowing what committee to join.”
- “Committee and Advisory group effectiveness might improve through better clarity of roles and responsibilities. Some confusion over what is owned by various groups.”

- “The composition of groups seems arbitrary rather than representative in a way that is both inclusive and intentional.”

Action Items from Survey Results

Alliance staff have restructured emails that are sent to the Listserv to better define which items are meant as an update, which ones are an ask of community stakeholders, and which ones are resources. An example of this is noted below in an example of an email sent out to the Alliance Listserv:

“We have some updates from the world of suicide prevention and are excited to share them with you. We also have some asks of everyone. These asks, the business part of this email, are at the beginning of the email so you can see them and respond as applicable. Updates are below our asks. There is also a list of everything included in this email are at the beginning so you can see what will be discussed and reviewed with you. We hope this helps this helps you to navigate our email easily. Thank you so much for your time and dedication to this work.

1. Ask: Alliance Committee Meetings and YSIPP Input
2. Update: National Suicide Prevention Hotline
3. Resource: TF-CBT Training”

Alliance staff are currently working to find a diversity consultant to help us figure out better ways to be anti-racist and radically inclusive in the work that we do. Interviews with potential consultants are happening the week of October 25th with the hope of making a final decision the week of November 8th. This will be a long-term project while we work on this cultural change in the Alliance. This was decided as an important action before the satisfaction survey was sent to Alliance members but was also mentioned as a need from those who completed the survey.

Attachment 1

Alliance Member and Affiliate Satisfaction Survey Questions

1. What is your age range?

Under 18

18 - 24

25 - 34

35 - 44

45 - 54

55 - 64

65+

Prefer not to answer

2. People have many different ways of identifying their gender. For data purposes it is helpful to have some pre-designated categories. We have agreed to use the following set of data below. We acknowledge that people may have other ways of identifying their gender. Please feel free to select "prefer to self-identify" and tell us how your gender is identified below. (Please check all that apply):

Cisgender Female (your gender identity corresponds with your birth sex)

Cisgender Male (your gender identity corresponds with your birth sex)

Non-Binary

Transgender Female

Transgender Male

Prefer to Self-Identify Below

Prefer Not to Answer

3. If you answered, "Prefer to Self-Identify" and are okay with sharing, please specify below.

4. What is your ethnicity?

American Indian Indigenous or Alaska Native

Are you a member of an Oregon tribe (Burns Paiute Tribe; Confederated Tribes of Coos, Lower Umpqua, and Sisulaw; Confederated Tribes of the Grand Ronde; Confederated Tribes of Siletz; Confederated Tribes of the Umatilla Indian Reservation; Confederated Tribes of Warm Springs Reservation; Coquille Indian Tribe; Cow Creek Band of Umpqua Tribe; Klamath Tribes)

Asian or Asian American

Black or African American

Hispanic or Latino

Native Hawaiian or other Pacific Islander

White or Caucasian

Two or more Ethnicity Identities

Would like to Specify Below

Prefer Not to Answer

5. If you said that you wanted to specify your ethnicity, please do so below.

6. Are you a current student?

Yes, in high school

Yes, in undergraduate college Yes, in graduate school

No

7. Have you lost someone to suicide (loss survivor)?

Yes

No

Prefer not to answer

8. Are you a suicide attempt survivor?

Yes

No

Prefer not to answer

9. What is your role in the Alliance? (Check all that apply.)

Voting Alliance Member (This means you have received a letter from OHA appointing you to the Alliance)

Committee / Advisory Group Member

General Interest / Receive Emails

Other

10. If you selected "Other" above, please specify below

Feedback on Alliance work

The following questions will look at how you feel The Alliance is doing in different areas:

Communication, Meeting Logistics, and Advancing the YSIPP. Satisfaction responses are on either a 1-5 scale or a Strongly Satisfied to Strongly Dissatisfied scale and cumulated responses will be tracked throughout the year to measure progress. There will be spots for you to add comments as well.

11. Do you feel that you are engaged in the work of the Alliance.

1 2 3 4 5

Not engaged Very engaged

12. Satisfaction with Alliance priority areas (Advocating for legislation, working on OARs to support effective implementation of existing suicide prevention legislation, advising on YSIPP 1.0 and contributing to the development of YSIPP 2.0, connecting the field)

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

13. Satisfaction with Alliance Committee structure.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

14. Satisfaction with Alliance governance (By-Laws, voting process, Executive Committee structure)

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

15. Overall satisfaction with communications from The Alliance.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

16. Satisfaction with how often you receive email correspondence from The Alliance.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

17. Satisfaction with the content of emails from The Alliance.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

18. Satisfaction with the Alliance website.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

19. Comments about Alliance communications.

20. Overall satisfaction with Alliance Quarterly Meetings.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

21. Satisfaction with the structure of Alliance Quarterly Meetings.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

22. Satisfaction with Quarterly Meeting topics.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

23. Comments about Alliance Quarterly Meetings.

24. Overall satisfaction with Alliance monthly committee, advisory group, and workgroup meetings.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

25. Which committees, advisory groups, workgroups do you attend? (Check all that apply.)

Data and Evaluation

Executive

Outreach and Awareness

Schools

Transitions of Care

Workforce

Firearm Safety and Lethal Means Access

LGBTQ+

Lived Experience

None

26. Do you feel the committee, advisory group, or workgroup(s) you attend are making progress on their key goals?

1 2 3 4 5

Not at all Making great progress

27. Do you have any specific feedback about the monthly committee, advisory group, or workgroup(s) that you attend?

28. General comments about monthly Alliance committee, advisory group, and workgroup meetings.

29. Additional comments you would like to provide about The Oregon Alliance to Prevent Suicide

30. If you would like to be contacted about a concern you have, please state your concern below along with your name and contact information.

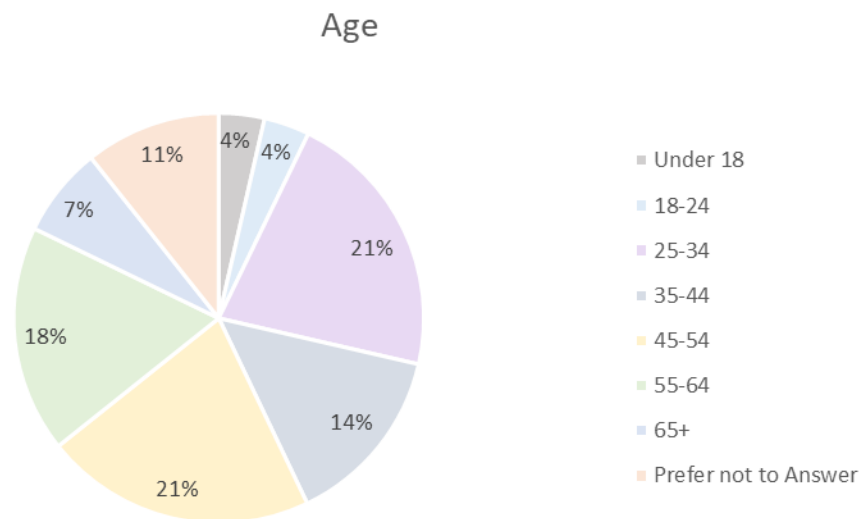
Attachment 2

Survey Respondent Demographics Compared to Overall Alliance Demographics

28 members / affiliates completed the satisfaction survey in October 2020. 54 members / affiliates completed the demographic survey in July 2020.

Age

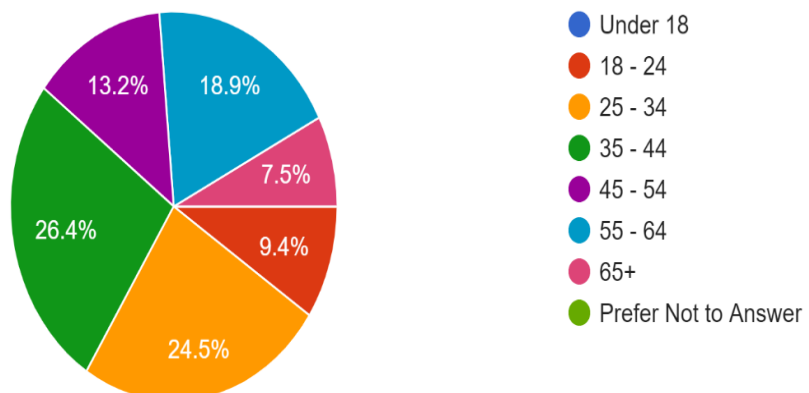
Satisfaction Survey Respondents, October 2020



Demographic Survey Respondents, July 2020

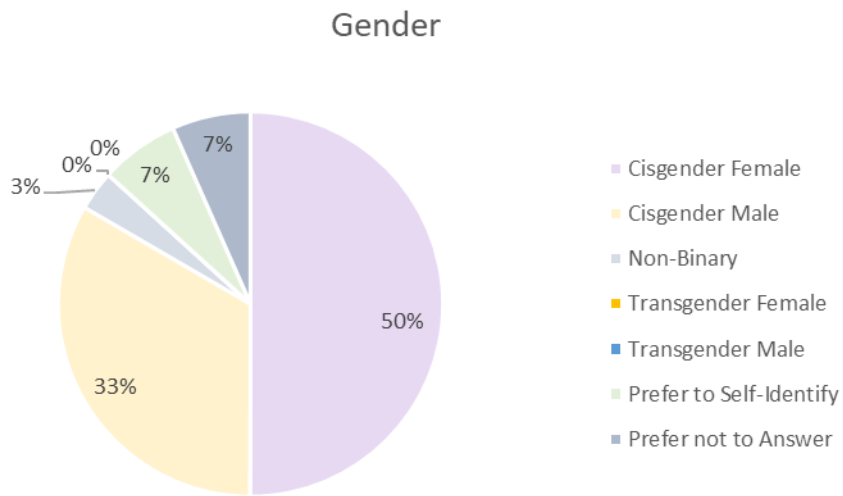
What is your age range?

53 responses



Gender

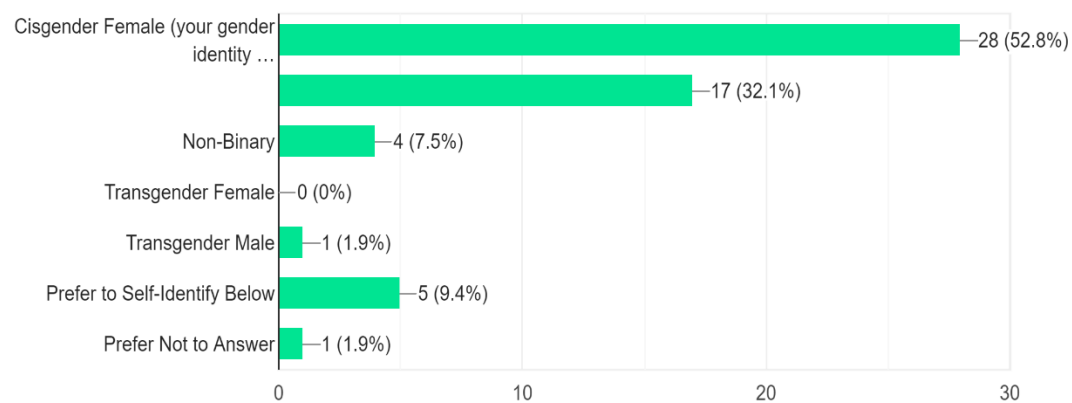
Satisfaction Survey Respondents, October 2020



Demographic Survey Respondents, July 2020

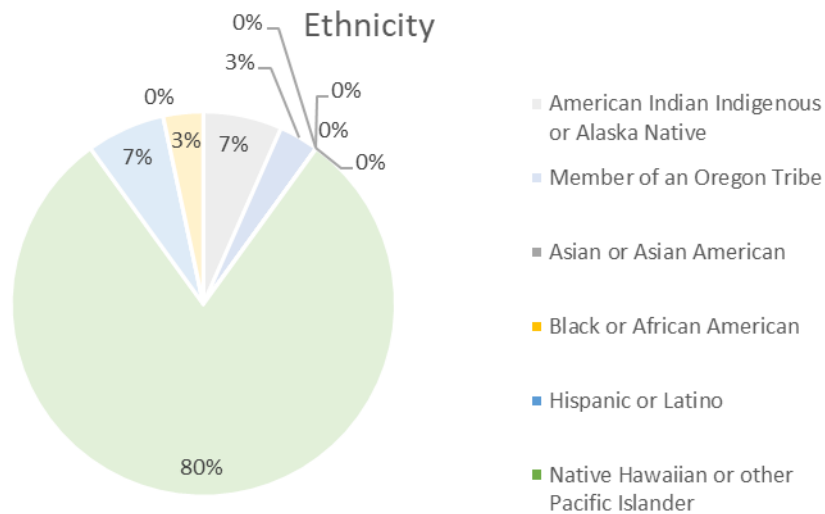
People have many different ways of identifying their gender. For data purposes it is helpful to have some pre-designated categories. We have agreed to ...is identified below. (Please check all that apply)

53 responses

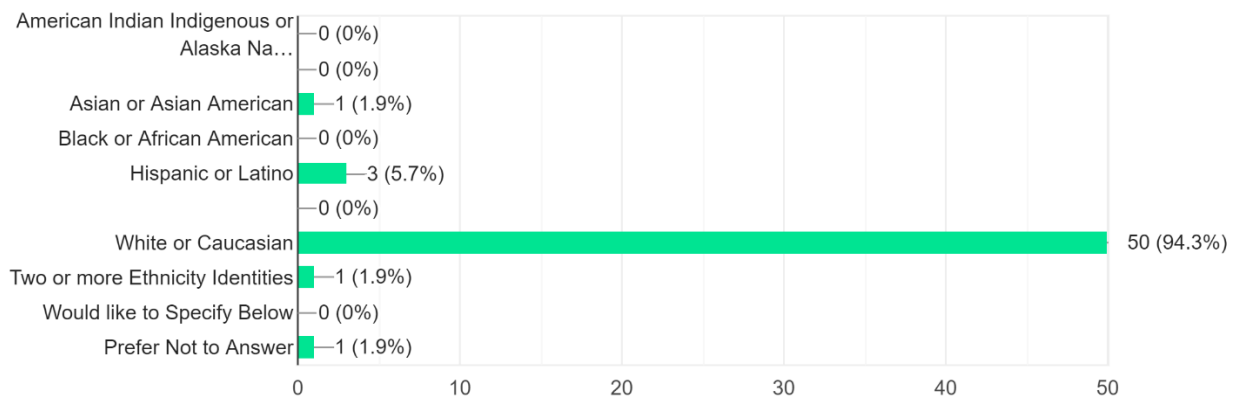


Ethnicity

Satisfaction Survey Respondents, October 2020

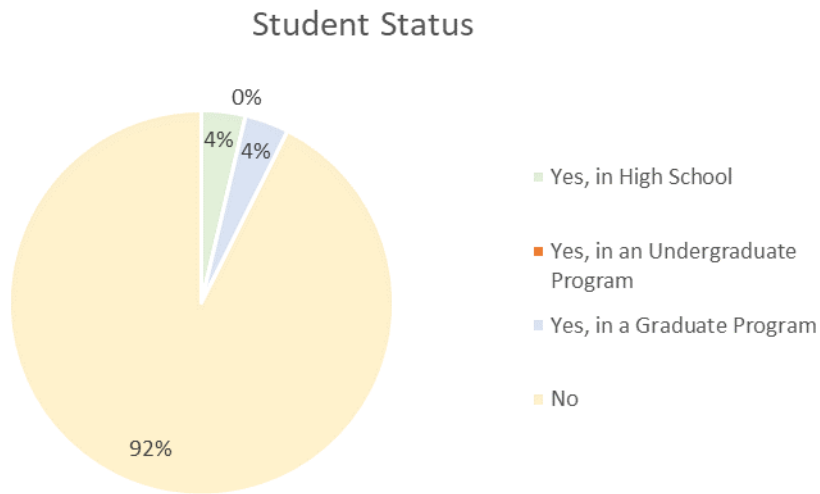


Demographic Survey Respondents, July 2020



Student Status

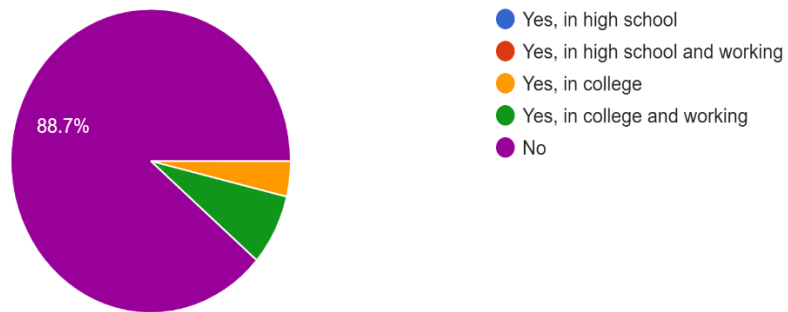
Satisfaction Survey Respondents, October 2020



Demographic Survey Respondents, July 2020

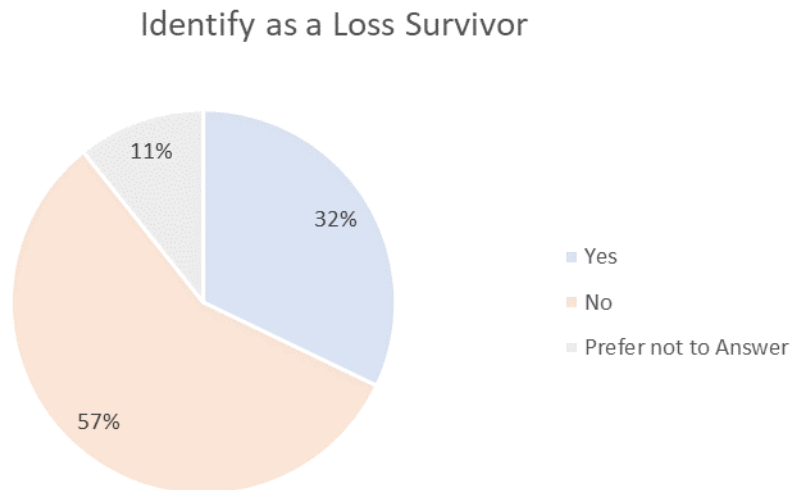
Are you a current student?

53 responses



Identify as a Loss Survivor

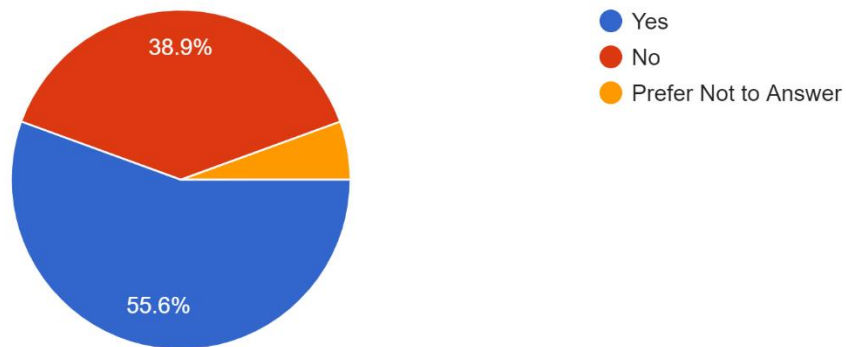
Satisfaction Survey Respondents, October 2020



Demographic Survey Respondents, July 2020

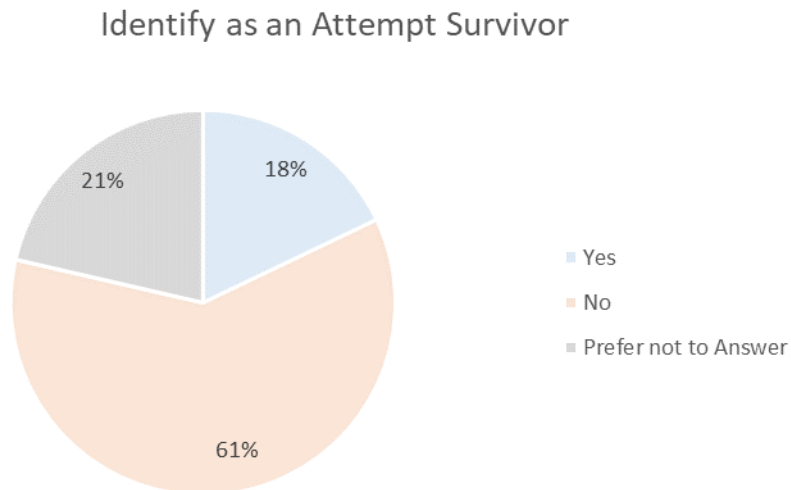
Have you lost someone to suicide (loss survivor)?

54 responses



Identify as an Attempt Survivor

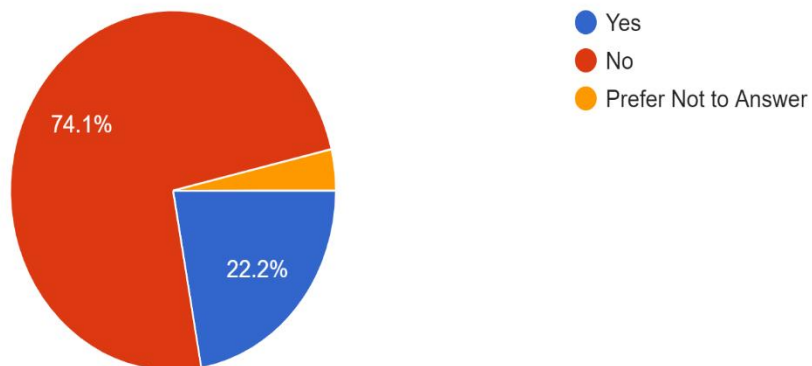
Satisfaction Survey Respondents, October 2020



Demographic Survey Respondents, July 2020

Are you a suicide attempt survivor?

54 responses



Establishing a Suicide Prevention Local Coalition Network

Supporting the transfer of state policy and recommendations into
successful local implementation

Problem of Practice - Three Guiding Questions

1. How do we get policy, best practices, and resources from the state-level disseminated locally?
2. How do we gather local suicide-related data and gather contextual information on the challenges being faced in counties across Oregon?
3. How do we share local successes and problem solve common challenges identified at the local level?

Why This Discussion?

Connects to Goals of Our Communication Plan

Goal 1: Broader awareness of youth suicide prevention and intervention efforts being implemented in local communities across the state; and, a systematic communication process for sharing lessons learned, practice and communication resources, and subject matter expertise.

Goal 2: Increase dialogue across geographic areas and use suicide-related messaging to unify the field.

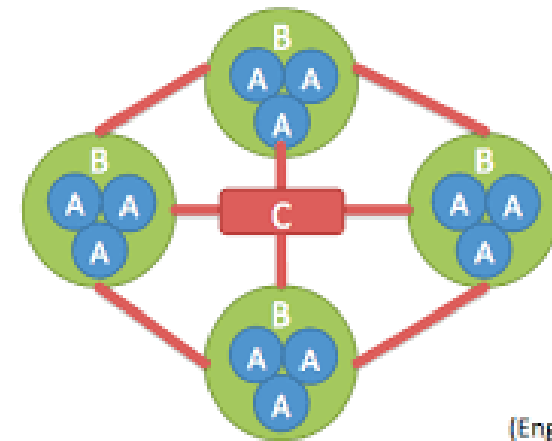
How:

Quarterly Webinars for the field
Quarterly Coalition Leader Meeting
for Network Improvement
Media Resource Packet available
online
Alliance Listserv
• Website

Possible Solution – Facilitating a Network Community

1. Use network leads as a contact point for organizing community outreach and suicide prevention implementation support
2. Gather data on local implementation of trainings and other initiatives.
3. Facilitate a quarterly network meeting where coalition leads work to address shared challenges by sharing local successes

Improvement Networks: Accelerate Learning in Practice for Improvement



(Englebart, 1994)

Potential Network Roll-Out

- Contact coalition leads and hold initial network meeting (March)
 - Begin addressing common problems of practice during meetings
 - Set up a shared “resource hub”
- Design “evaluation package” for local coalitions to use
- Have Alliance members participate in local coalition
 - Organize by emerging and established
 - Later -consider having more formal relationship with coalitions (an example: designated member from each coalition or each region. Alliance serves as hub of a network of coalitions)
- May out system for information sharing
 - Tools, resources, and recommendations going out
 - Local data, requests, and questions coming in (or across)

What else?



Media Materials

You are welcome to share these documents publicly but please do not speak to or write to media on behalf of the Alliance.

January 2021

Introduction

The Outreach and Awareness Committee and Oregon Alliance to Prevent Suicide staff developed this document to guide the Alliance on communications with media and provide standard messaging about the Alliance and its work. It is a living document and as such will be updated as more current information becomes available.

We also welcome regional suicide prevention coalitions and suicide prevention advocates across the state to use this document as a resource. The templates and sample communications may be adapted by your organization to use. In each where we reference the Alliance, insert local information, logo and/or your organization's name. You are welcome to share these documents publicly but please do not speak or write to media on behalf of the Alliance.

The Alliance

Who We Are

The Oregon Alliance to Prevent Suicide is the leading advocacy group in Oregon working to prevent youth suicide and to strengthen suicide intervention and postvention services. It was established in 2016 when the [Youth Suicide Intervention and Prevention Plan](#) (YSIPP) was submitted to the legislature by the Oregon Health Authority (OHA). The Alliance is charged with advising OHA on statewide youth suicide prevention and intervention policy and implementation of the YSIPP. Members are appointed by OHA and include leaders from the public and private sectors, legislators, subject matter experts, suicide attempt and loss survivors, and young people from across the state of Oregon. The Alliance is staffed by the Association of Community Mental Health Programs (AOCMHP) and is funded by the Oregon Health Authority.

Mission

The Alliance advocates and works to inform and strengthen Oregon's suicide prevention, intervention and postvention policies, services and supports to prevent youth and young adults from dying by suicide.

Vision

In Oregon all young people have hope, feel safe asking for help, can find access to the *right* help at the *right* time to prevent suicide, and live in communities that foster healing, connection, and wellness.

LAYOUT NOTE: Pull out mission and vision into text box

What We Do

We inform and strengthen Oregon's suicide prevention, intervention and postvention policies, legislation, services and supports to prevent youth and young adults from dying by suicide. We support and amplify youth, young adult and family voice and leadership in suicide prevention. We connect the field by helping to promote communication and planning among Oregon's regional suicide Prevention coalitions, community mental health programs and state agencies to reduce fragmentation and duplication of efforts in order to increase our collective impact.

The Alliance

- Spreads **Hope** by partnering with other organizations to train community members through a variety of evidence-based trainings such as Mental Health First Aid and CONNECT.
- Advocates for a future where people can find the *right* **Help** at the *right* time by helping to pass legislation such as Adi's Act (SB52) which requires Oregon schools to have suicide prevention plans in place.
- Helps communities foster **Healing** by advocating alongside community members for effective and necessary legislative changes that will improve access to suicide prevention and better mental health care in Oregon.

Policy Accomplishments and Priorities

- Successfully advocated for passage of bills in 2019 to establish the Alliance in statute (SB707), refine postvention legislation (HB918 and HB485), and require suicide prevention plans in schools (SB52). <https://oregonalliancetopreventsuicide.org/oregon-laws/>
- Supported passage of OHA's Policy Option Plan in 2019 resulting in a first-time \$6 million investment in suicide prevention and \$4 million for school based mental health.
- Provided guidance on administrative rules and feedback on implementation of suicide prevention legislation (HB3090, HB3091, HB2023, SB52 and SB981/485). <https://oregonalliancetopreventsuicide.org/oregon-laws/>
- Set an annual policy agenda to guide our work. In 2021 key legislative priorities are suicide prevention, intervention and management training for behavioral health workforce; changing YSIPP focus from 10 – 24

years of age to include all youth and young adults under the age of 24; supporting policy changes requiring medical examiners to report youth suicide deaths to local mental health authorities; and, protecting current investment in suicide prevention and behavioral health funding.

<https://oregonalliancetopreventsuicide.org/policy-priorities/>

New Initiatives and Innovations

The Alliance serves as an incubator for new initiatives and innovations including:

- Led implementation of Connect Postvention training - designed statewide roll-out and currently coordinating Oregon's Connect initiative. For information contact Kim Bilfulco at kbifulco@aocmhp.org
- Coordinated pilots for Sources of Strength resulting in a statewide roll out of a program now led by Matchstick Consulting. Contact Liz Thorne at liz@matchstickpdx.com
- Promoted the Family Acceptance Project, designed to increase family acceptance of LGBTQ+ youth and mitigate family rejection, a key risk factor for suicide. (contact Annette Marcus at amarcus@aoacmhp.com; or Sandy Bumpus at sandy.bumpus@ofsn.net
- Supported increased networking amongst local and regional suicide prevention coalitions to unify the field and institute a systematic sharing of suicide prevention and intervention information statewide.

<https://oregonalliancetopreventsuicide.org/regional-suicide-prevention-coalitions/>

Join Us

We invite you to join our statewide effort to prevent suicide and strengthen intervention and postvention services. See our website for more information. <https://oregonalliancetopreventsuicide.org/> Contact Annette Marcus at amarcus@aocmhp.org or Jennifer Fraga at jfraga@aocmhp.org

Safe Messaging and Media Guidelines

“Safe messaging focuses on avoiding potentially harmful messaging content. Certain types of messages about suicide can increase the likelihood that at-risk individuals will consider or attempt suicide themselves. “

Framework for Successful Messaging

A primary source for reporting guidelines is the *Framework for Successful Messaging* created by the National Action Alliance for Suicide Prevention. A full discussion of the *Framework* is available at <https://suicidepreventionmessaging.org/> The *Framework* is a resource to help programs and individuals messaging about suicide to develop content that is strategic, safe, positive, and makes use of relevant guidelines and best practices. The Suicide Prevention Resource Center’s “Best Practices and Recommendations for Reporting on Suicide” document is also an excellent source. It is available at <https://reportingonsuicide.org/>

The National Action Alliance provides an overview of the framework with graphics at https://suicidepreventionmessaging.org/sites/suicidepreventionmessaging.actionallianceforsuicideprevention.org/files/documents/FrameworkOverview_Apr2019.pdf (Attachment 1)

Crisis Resources to Include in Media Articles

The National Suicide Prevention Lifeline – 1-800-273-8255

The National Suicide Prevention Lifeline is a hotline for individuals in crisis or for those looking to help someone else. To speak with a certified listener, call 1-800-273-8255

The Veterans Crisis Line and Military Crisis Line- 1-800 273-8255, Press 1

The Veterans Crisis Line and Military Crisis Line connect veterans and service members in crisis and their families and friends with qualified, caring U.S. Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text.

Crisis Text Line – text HELLO to 741741

Crisis Text Line is a texting service for emotional crisis support. To speak with a trained listener, text HELLO to 741741. It is free, available 24/7 and confidential.

Mental Crisis Services by County Information

Oregon Health Authority maintains a list of mental health services at the county level. The list provides call in numbers for both general and crisis services.

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/SUICIDEPREVENTION/Pages/crisislines.aspx>

For other social services and supports, call 211

Press Release Template

Press Release

For immediate release: [date]

(If you want your story to be published as soon as possible)

or

Embargoed for: [time/date]

(If it's top-secret news until the announcement date or you want to give journalists an opportunity to prepare for the story)

Contact: [name, organization and title, phone number]

Attention-Grabbing Headline: Transgender Youth Work to Turn the Tide on Suicide— Oregon Responds

[City, Month, Day, Year]—**Paragraph One: Trevor Project and the Health Teens Survey reveal..... Oregon is combatting this through mini-grants, new standards for schools to be LGBTQ inclusive.** Describe what is happening in the world RIGHT NOW that makes your announcement relevant and interesting (3-5 sentences). Summarize your story in a dynamic and stimulating way. Who? What? Why? When? (3-5 sentences). Outline the problem you are solving and how. Describe your product or service briefly and in straightforward terms (max 5 sentences).

Paragraph 2: Alliance vision and mission (INSERT YOUR ORGANIZATION/DETAILS HERE) Provide any proof you have that you have ways to solve the problem using facts and data (think number of subscribers, downloads, active users, etc.). Describe the user experience. Highlight key partners engaged.

Paragraph 3: Quotes from you or someone relevant to the story.” Add a human touch by including a quote from someone who is involved in the issue (be sure they have been trained on safe-suicide messaging and understand the pros and cons of sharing their story publicly.

Paragraph 4: Present any further information that may be relevant. Explain why your news may be of interest to the target publication. Include a call to action that explicitly tells the reader what to do next. Make sure to highlight hope, help and healing.

ENDS

Notes to editor: Add any additional information that the journalist may find useful:

1. Provide background information about the press release that may help the journalist.
2. Offer access to interviews, images, or photographs.
3. Include any data, statistics, or information about your story that the journalist may wish to use.

Press Contact: Supply numbers and email addresses. This can make the difference between your story being covered or going straight in the trash.

Name:

Email:

Mobile:

Further information: <link to website or press kit>

Sample Press Release

FOR IMMEDIATE RELEASE

September 16, 2020

Contact: Annette Marcus email: amarcus@aocmhp.org Office: (503) 399-7201

HUMAN CONNECTION IS CRITICAL IN PREVENTING SUICIDE DURING THE ISOLATION OF COVID-19 and CRISIS of OREGON WILDFIRES

SALEM, OR – In a time when social isolation and mental health issues are often featured in the news, it is more important than ever to promote and recognize the power of human connection. Highlighting stories of resilience, sharing strategies to deal with despair and suicidal thoughts, and connecting people with needed resources are important ways that news organizations can help to prevent suicide. Through stories of hope, help and healing, [Oregon Alliance to Prevent Suicide](#) is working with Lines for Life, the American Foundation for Suicide Prevention and Oregon's suicide prevention coalitions to promote messages about the importance of being there for others.

If you or someone you know is experiencing a mental health crisis, please know that help is available. Call the National Suicide Prevention Lifeline run by [Lines For Life](#) at 800-273-8255 or text '273TALK' to 839863. En español: 888-628-9454. TTY: 800-799-4TTY (4889).

Youthline is a teen-to-teen crisis and help line. Teens are available to help daily, 4 to 10 p.m. Pacific Time (off-hour calls answered by Lines for Life). Call 877-968-8491 or text teen2teen to 839863 or chat at <http://www.oregonyouthline.org/>.

See [Crisis Services by Oregon County](#) and a list of crisis lines on OHA's website at <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/SUICIDEPREVENTION/Pages/crisislines.aspx>

"While the practical and mental health challenges brought on by the wildfires in Oregon and COVID-19 are like none in our lifetime, our state agencies and every day Oregonians are stepping in to support one another. Defying many people's expectations, preliminary reports from the Oregon Health Authority indicate suicide rates have not increased in 2020," says Annette Marcus, Suicide Prevention Policy Manager for Oregon Alliance to Prevent Suicide. Why this has happened is unclear, especially as other indicators of societal mental health do reflect a population increasingly under stress. The National Suicide Prevention Lifeline in Oregon [reports a rise](#) in the number of calls, with nearly every caller mentioning the pandemic or fires in some fashion. Oregon has long had a high suicide rate and there is much work to come, but over the next month the Alliance will be sharing stories of hope, help and healing that demonstrate how individuals and organizations are working to reduce suicide rates and promote resilience.

To launch this effort, and in honor of Suicide Prevention Month, we are starting by highlighting the American Foundation for Suicide Prevention's social media campaign, #KeepGoing, which focuses on coming together as humans to heal and be stronger.

To learn more about National Suicide Prevention Month and the #KeepGoing campaign, visit www.afsp.org or contact Annette

Generic Email – Safe Reporting

Developing a generic email that is ready to be tailored to a specific media outlet/reporter is a quick way to say thank you for reporting responsibly. In addition to a positive recognition template, develop a second generic email template that offers tips on safe messaging and highlights points for covering suicide. The “Recommendations for Reporting on Suicide” is an example of best practices for safe messaging. See <https://reportingonsuicide.org/> The Suicide Prevention Resource Center is another example. See <https://sprc.org/sites/default/files/migrate/library/SafeMessagingrevised.pdf>

It is important that an organization is clear and specific about who is authorized to contact, interact and communicate with a media source. This designation should be stated within the organization’s policies and procedures document and cover all aspects of communication with media. The protocols should include interviews and written responses including email correspondence, letters to the editor, PSA’s and press releases. Clearly individual advocates have a right to communicate with media and may even be a helpful advocacy strategy, however, be very careful in your communications that you are sharing a personal perspective rather than representing your local coalition or organization.

The following are examples and suggestions as to when to consider contacting the media. *You are welcome to share the generic samples below but do not speak to or write to media on behalf of the Alliance.*

Thank you for safe messaging – generic sample

I am writing on behalf of the (insert name of your organization/agency) to thank (media name/reporter) for the excellent reporting on (identify/reference article). We appreciate the way you adhered to media guidelines for safe messaging to reduce stigma and prevent suicide. (Provide example and briefly insert/quote from article to demonstrate what is being acknowledged). The Alliance is here as a resource should you like information about statewide activity and advocacy around youth and young adult suicide prevention. The (name of your organization) is available to assist you with future articles and to connect you with subject matter experts.

Remind or teach about safe messaging – generic sample

I am writing to you on behalf of (name of your organization). I read the article published (date/headline) and appreciate that your reporting staff covered the event and are highlighting the issue of suicide. The (your organization) is concerned, however, this story doesn’t comply with safe messaging standards and unintentionally may have created an unsafe situation for people at high risk of suicide. (Site specific example from article such as detailing method of suicide or disclosure of identifying information, etc.) We are reaching out to you to share valuable resources on how to safely report on suicide (identify what is being shared). The (your organization) is available to assist you with future articles and connect you with subject matter experts.

In response to major incident, event or news story that connects to suicide, you may want to issue a press release or offer to write an editorial.

General Information/Facts About Suicide and Suicide Prevention

If you or someone you know needs help, please reach out. Call 877-968-8491 or text SOS to 741741

In Oregon, there are several resources that can be of assistance when gathering information about suicide prevention, intervention and postvention. Statewide resources for Oregon residents are:

- The Oregon Alliance to Prevention Suicide <https://oregonalliancetopreventsuicide.org/>
- Lines for Life <https://www.linesforlife.org>
- American Foundation for Suicide Prevention (AFSP) <https://afsp.org/chapter/oregon>
- Oregon Health Authority <https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/Youth-Suicide-Prevention.aspx>

At the county and community level, local coalitions or suicide prevention coordinators are valuable resources for information about suicide prevention, intervention and postvention. To connect with a local coalition or suicide prevention coordinator check the Alliance website

<https://oregonalliancetopreventsuicide.org/regional-suicide-prevention-coalitions/> for contact information.

The attached summary of risk factors, warning signs and protective factors may be used as an at a glance fact sheet when speaking, as a ready set of key points to inform a press release or for outreach activities. The Alliance has intentionally not used the “**Myth**” and “**Truth**” format as many people remember the “Myth” as the truth. (Attachment 2)

Subject Matter Experts Available to Talk with Journalist

The Alliance has a list of subject matter experts that are available to respond to a request for information following a critical incidence. These subject matter experts are from the behavior health field, public health, education, policy makers, youth and young adults, loss survivors and university researchers. To connect with a subject matter expert, contact Annette Marcus by texting (530) 570-5115 or email amarcus@aocmhp.com

The Alliance encourages media to also contact local experts at a local health department or local suicide prevention coalition.

The Oregon Health Authority (OHA) is a statewide resource for information and subject matter experts. See <https://reportingonsuicide.org/> for general information on youth suicide prevention and current contact details.

State and National Data

The Alliance website provides links to the following reports at <https://oregonalliancetopreventsuicide.org/data-evaluation-resources/>

ESSENCE Report

Syndromic surveillance in Oregon (a project called Oregon ESSENCE – Electronic Surveillance System for the Early Notification of Community-Based Epidemics) provides real-time data for public health and hospitals to monitor what is happening in emergency departments across the state before, during and after a public health emergency.

Oregon Healthy Teens Survey

Oregon Healthy Teens (OHT) is Oregon’s effort to monitor the health and well-being of adolescents. An anonymous and voluntary research-based survey, OHT is conducted among 8th and 11th graders statewide.

The **Oregon Health Authority** provides a violent death data dashboard including information about suicide deaths in Oregon, see

<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/INJURYFATALITYDATA/Pages/nvdrs.aspx>

For data at the national level both the **Centers for Disease Control** (CDC) and the **National Institute of Mental Health** (NIMH) are good resources. See CDC <https://www.cdc.gov/nchs/fastats/suicide.htm> and NIMH <https://www.nimh.nih.gov/health/statistics/suicide.shtml> for fast facts and data reports.

Another useful overview of suicide in Oregon is available through the American Foundation for Suicide Prevention [Oregon Suicide Statistics - AFSP](#) or on this pdf.:



2020-state-fact-sheets-oregon.pdf

Personal Stories

Tia to add stories.

Provide examples of effective testimonials including three or four stories that highlight hope, health and healing. Confirm with individuals sharing a story that it is ok to use the full story or quote a portion of story with media and be clear about using first name only or changing name to protect identity. Have a signed release of information on file before using story and/or a quote from a story. Note: for youth under age 18, guardian or parent must sign if youth is not emancipated.

Important Dates Where You Could Talk About Suicide Prevention

The Alliance encourages communities, organizations and coalitions across the state to consider opportunities that coincide with special observations and national recognition months throughout the year to raise awareness about suicide and suicide prevention. For example, September is Suicide Prevention Month, a time for community and grassroots groups to come together to promote suicide prevention awareness. There are other times during the year such as during March for World Teen Mental Wellness Day or during May, National Mental Health Month. The attached calendar of special days and observations provide a snapshot of opportunities to share stories of hope, health and healing to promote awareness of prevention and spotlight local resources. (Attachment 3)

Resources

It can be very helpful to media to have information about resources at the local, statewide and national level. When interacting with media, encourage them to include local, statewide and national resource information when reporting on suicide. The following resources offer help and support.

Lines for Life – help lines

Trained staff and volunteers provide immediate assistance, compassionate support, and resource referrals 24/7. For more information <https://www.linesforlife.org/get-help-now/> Specific help lines are:

- **Suicide Lifeline** – Call 800-273-8255 (24/7/365)
- **Oregon Behavioral Health Support Line – 1-800-923-4357**
The Behavioral Health Support Line provides immediate no-cost behavioral health screening, emotional support, mental health triage, drug and alcohol counseling, and referrals to available mental health and substance use recovery providers for ongoing care. Available 24/7.
- **Military Helpline – Call 888-457-4838 or Text MIL1 TO 839863**
Support for service members, veterans, and their families that is independent of any branch of the military or government. Helpline operates 24/7/365 and provides free, confidential support and connects people to resources, referrals and when appropriate treatment. Staffed by veterans and others trained in military culture.
- **Youth Line – Call 877-968-8491 or Text teen2teen to 839863 Chat at www.oregonyouthline.org**
A teen-to-teen crisis and help line. Contact us with anything that may be bothering you; no problem is too big or too small! Teens available to help daily from 4-10pm Pacific Time (off-hour calls answered by Lines for Life).
- **Crisis Line Dedicated to Black, Indigenous and People of Color – 503-575-3764**
This new crisis line will offer racial equity support for callers and is staffed by Black, Indigenous and People of Color Monday to Friday, 8:00 a.m. to 5:00 p.m.

National Suicide Prevention Line – 1-800-273-8255

The National Suicide Prevention Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24/7.
<https://suicidepreventionlifeline.org/>

National Crisis Text Line – Text HOME to 741741

Text from anywhere in the United States, anytime. Crisis Text Line is for any crisis. A trained volunteer crisis counselor receives the text and responds from a secure online platform. Available 24/7.
<https://www.crisistextline.org/>

Trevor Project – Trevor Lifeline at 1- 866-488-7386 or TrevorText – text START to 678-678

Founded in 1998 by the creators of the Academy Award winning short film TREVOR, the Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) young people under 25. <https://www.thetrevorproject.org/>

Trans Lifeline – 877-565-8860

The Trans Lifeline Hotline is a peer support phone service run by trans people of our trans and questioning community. This grassroots hotline and non-profit organization offer direct emotional and financial support to trans people in crisis – for the trans community, by the trans community. <https://translifeline.org>

Orgon Family Support Network – Reach Out Oregon Parent Warmline 1-833-732-2467

Helping families with children experiencing mental, emotional or behavioral health challenges gain access to a support team of families and friends and a community network to reduce isolation, decrease stigma associated with experiencing mental health needs, and increase access to resources for families.

<https://www.reachoutoregon.org/about>

Mental Crisis Services by County Information

Oregon Health Authority maintains a list of mental health services at the county level. The list provides call in numbers for both general and crisis services.

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/SUICIDEPREVENTION/Pages/crisislines.aspx>

- Jenn – add AFSP (support groups for loss survivors) – brief description and link or phone # for more info

Attachments

1. Safe Messaging Framework
2. Warning Signs, Risk Factors and Protective Factors
3. Calendar of Important Dates

Framework for Successful Messaging

Created by the National Action Alliance for Suicide Prevention as part of its focus to Change the Conversation about suicide and suicide prevention

The Framework is a comprehensive web-based resource that outlines four critical issues to consider when messaging to the public about suicide.

» All messages should consider four key elements: **Strategy, Safety, Positive Narrative, and Guidelines**

Positive Narrative

means "promoting the positive" in some form, for example, by

- Sharing resources
- Telling real stories of help-seeking, giving support, coping, or resilience
- Describing action steps the audience can take
 - Featuring program successes, new research, or how people are making a difference.

Safety is avoiding content that is unsafe or undermines prevention.



Safety

Strategy involves planning and focusing messages, so they are as effective as possible. Includes

- Integrating communications with other efforts
- Defining clear goals
- Understanding the audience
- Identifying a "call to action"
- Providing resources for taking action.

Strategy



Positive Narrative



Guidelines

Guidelines means using any specific guidance or best practices that apply.

Learn more at SuicidePreventionMessaging.org.

Warning Signs, Risk and Protective Factors for Suicide

The following information has been adapted from American Foundation for Suicide Prevention (AFSP) and the Centers for Disease Control (CDC). For more information see AFSP at <https://afsp.org/risk-factors-and-warning-signs> and CDC for information on protective factors <https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>

INSERT THIS INTO A TEXT BOX ON THIS PAGE:

What to do when someone is suicidal –

- Start by asking, be sensitive but ask direct questions. Asking about suicidal thoughts or feelings won't push someone into doing something self-destructive. Talking about feelings may reduce the risk of acting on suicidal feelings.
- Look for warning signs such as talking about suicide, withdrawing from social contact, mood swings and increase use of alcohol or drugs.
- For immediate help, call 911. Don't try to handle the situation alone, get help from a professional. Encourage the person to call a suicide hotline to speak to a trained counselor.

-Mayo Clinic

<https://www.mayoclinic.org/diseases-conditions/suicide/in-depth/suicide/art-20044707>

What Leads to Suicide?

There's no single cause for suicide. Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair. Depression is the most common condition associated with suicide, and it is often undiagnosed or untreated. Conditions like depression, anxiety, and substance problems, especially when unaddressed, increase risk for suicide. Yet it's important to note that most people who actively manage their mental health conditions go on to engage in life.

Suicide Risk Factors are characteristics or conditions that increase the chance a person may try to take their life.

Risk Factor – Health

- Mental Health Conditions
 - Depression
 - Substance use problems
 - Bipolar disorder
 - Schizophrenia
 - Personality traits of aggression, mood changes and poor relationships
 - Conduct disorder
 - Anxiety disorders
- Serious Physical Health Conditions Including Pain
- Traumatic Brain Injury

Risk Factor – Environmental

- Access to lethal means including firearms and drugs
- Prolonged stress, such as harassment, bullying, relationship problems or unemployment
- Stressful life events, like rejection, divorce, financial crisis, other life transitions or loss
- Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide

Risk Factor – Historical

- Previous suicide attempts
- Family history of suicide
- Childhood abuse, neglect or trauma

Suicide Warning Signs are things to look out for when concerned a person may be suicidal. A change in behavior or the presence of entirely new behaviors is of sharpest concern particularly if the new or changed behavior is related to a painful event, loss, or change. Most people who take their lives exhibit one or more warning signs, either through what they say or what they do.

Warning Sign – Talk

If a person talks about:

- Killing themselves
- Feeling hopeless
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain

Warning Sign – Behavior

Behaviors that may signal risk, especially if related to a painful event, loss or change:

- Increased use of alcohol or drugs
- Looking for a way to end their lives, such as searching online for methods
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression
- Fatigue

Warning Signs – Mood

People who are considering suicide often display one or more of the following moods:

- Depression
- Anxiety
- Loss of interest
- Irritability
- Humiliation/Shame
- Agitation/Anger
- Relief/Sudden Improvement

Protective Factors for Suicide

The Centers for Disease Control (CDC) provides information on risk and protective factors, for articles and publications <https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html> The CDC is the source for the following:

Protective factors buffer individuals from suicidal thoughts and behavior. To date, protective factors have not been studied as extensively or rigorously as risk factors. Identifying and understanding protective factors are, however, equally as important as researching risk factors.

Protective Factors

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support (connectedness)
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

2021 List of Federal Holidays and other [Observances](#)

January

- Friday, January 1 – New Year’s Day
- [January 11 – National Human Trafficking Awareness Day](#)
- Monday, January 18 – Martin Luther King, Jr. Day
- Monday, February 15 – President’s Day
- [January 16 – National Religious Freedom Day](#)
- January 18 – MLK Jr. Day
- [National Mentoring Month](#)
- [National Slavery and Human Trafficking Prevention Month](#) February
- First week in February – [African Heritage and Health Week](#)
- First full school week in February – [National School Counseling Week](#)
- February 1 – National Freedom Day (Freedom from Slavery)
- February 3 – National Missing Persons Day
- February 12 – Chinese New Year
- February 13 – Galentine’s Day
- February 14 – Valentine’s Day
- February 14 – No One Eats Alone Day (Changes Annually)
- Week of February 17 – [National Random Acts of Kindness Week](#)
- Third Friday in February – National Caregivers Day
- Begins last Monday in February – [National Eating Disorders Awareness Week](#)
- [National Black History Month](#)
- [Teen Dating Violence Awareness Month](#) March
- First full week in March – [Women in Construction Week](#)
- First full calendar week in March – [National School Social Work Week](#)
- March 1-7 – [National Invest in Veterans Week](#)
- March 1 – Self-Injury Awareness Day
- March 2 – World Teen Mental Wellness Day
- March 2 – Read Across America Day
- First Friday in March – National Employee Appreciation Day
- March 5 – Employee Appreciation Day

- March 8 – International Women’s Day
- March 10 – National Women and Girls HIV/AIDS Awareness Day
- March 14 – National Write Down your Story Day
- Third Tuesday in March – World Social Work Day
- March 17 – St. Patrick’s Day
- March 19 – National Certified Nurses Day
- March 20 – National Native HIV/AIDS Awareness Day
- Changes Annually – National Equal Pay Day
- [National Women’s History Month](#)
- [National Social Work Month](#) April
- First Full Week in April – [National Public Health Week](#)
- First Wednesday in April – [Child Help National Day of Hope](#)
- First Saturday in April – [National Love our Children Day](#)
- April 2 – World Autism Awareness Day
- April 9 – [National Day of Silence](#)
- April 9 – National Former Prisoner of War Recognition Day
- [National Month of Hope](#)
- [National Child Abuse Prevention Month](#)
- [National Fair Housing Month](#)
- [National Autism Month](#)
- [Occupational Therapy Month](#)
- [Sexual Assault Awareness Month](#)
- [Stress Awareness Month](#) May
- First full week of May – [National Hospital Week](#)
- First Monday-Friday – [Teacher Appreciation Week](#)
- Tuesday of first full week in May – National Teacher Appreciation Day
- May 1 – School Principal’s Day
- May 3 – National Garden Meditation Day
- May 4 – National Renewal Day
- May 5 – Cinco de Mayo
- May 5 – National Foster Care Day
- May 6 – National Nurses Day
- May 6-12 – [Nurses Week](#)

- Wednesday of National Nurses Week – National School Nurse Day
- Starts first Sunday in May – [Public Service Recognition Week](#)
- May 7 – Military Spouse Appreciation Day
- Friday before Mother’s Day – National Provider Appreciation Day
- Sunday before Mother’s Day – National Infertility Survival Day
- May 9 – Mother’s Day
- Week of May 15 – [Police Week](#)
- May 15 – Peace Officers Memorial Day
- May 16 – Honor our LGBT Elders Day
- May 16 – Do Something Good for your Neighbor Day
- Third full week of May – [National EMS Week](#)
- May 18 – National HIV Vaccine Awareness Day
- May 19 – Emergency Medical Services for Children Day
- May 25 – National Missing Children’s Day
- Monday, May 31 – Memorial Day
- [National Military Appreciation Month](#)
- [National Mental Health Awareness Month](#)
- [National Foster Care Month](#)
- [Older Americans Month](#)
- [Asian American and Pacific Islander Heritage Month](#) June
- First full week in June – [Community Health Improvement Week](#)
- Second full week in June – [National Nursing Assistants Week](#)
- First day of National Nursing Assistants Week – National Career Nurse Assistants’ Day
- June 1 – National Say Something Nice Day
- Second Sunday in June – Children’s Day
- June 19 – Juneteenth
- Starts week before Father’s Day – [Men’s Health Week](#)
- Third week in June – [Universal Father’s Week](#)
- June 20 – Father’s Day
- June 27 – National HIV Testing Day
- June 27 – National PTSD Awareness Day
- [LGBTQIA Pride Month](#)
- [Men’s Health Month](#)
- [National Caribbean-American Heritage Month](#)

- [National PTSD Awareness Month](#) July
- Sunday, July 4 – Independence Day
- Monday, July 5 – Independence Day (observed)
- Third Saturday in July – [Toss Away the “Could Haves” and “Should Haves” Day](#)
- July 25 – Parents’ Day
- July 26 – [National Disability Independence Day](#) August
- August 7 – Purple Heart Day
- August 21 – National Senior Citizens Day
- August 26 – Women’s Equality Day
- August 30 – National Grief Awareness Day
- [International Peace Month](#)
- [National Back to School Month](#)
- [National Wellness Month](#)

September

- Monday, September 6 – Labor Day
- Week of September 10 – National Suicide Prevention Week
- September 11- Patriot Day & National Day of Service and Remembrance
- September 12 – National Day of Encouragement
- September 12 – National Grandparents’ Day
- Starts Grandparent’s day – [National Assisted Living Week](#)
- September 15-October 15 – [Hispanic Heritage Month](#)
- September 18 – National HIV/AIDs and Aging Awareness Day
- September 25 – National Gay Men’s HIV/AIDs Awareness Day
- September 29 – National Veterans of Foreign Wars Day
- Last full week in September – [Deaf Awareness Week](#)
- [National Americana Month](#)
- [National Recovery Month](#)
- [Self-Care Awareness Month](#)
- [National Suicide Awareness Month](#)

October

- First Monday in October – National Child Health Day
- First Friday in October – World Smile Day
- First week in October – [National Mental Illness Awareness Week](#)
- October 5 – National Do Something Nice Day
- October 6-12 – [National Physician Assistant Week](#)
- October 10 – World Mental Health Day
- Monday, October 11 – Indigenous People’s Day
- October 15 – National Latino AIDs Awareness Day
- October 15 – National Pregnancy and Infant Loss Remembrance Day
- October 19 – National LGBT Center Awareness Day
- Second Wednesday in October – National Emergency Nurse’s Day
- Second Wednesday in October – National Stop Bullying Day
- Wednesday of Third full week in October – Medical Assistants Recognition Day
- Fourth Saturday in October – National Make a Difference Day
- October 26 – National Day of the Deployed
- October 28 – National First Responders Day
- [Antidepressant Death Awareness Month](#)
- [Emotional Wellness Month](#)
- [LGBT History Month](#)

November

- First Wednesday in November – National Stress Awareness Day
- Second Week of November – [National Nurse Practitioner Week](#)
- Thursday, November 11 – Veterans Day
- Week of November 13 – [World Kindness Week](#)
- November 20 – National Child’s Day
- Saturday before Thanksgiving – National Adoption Day
- Third Thursday in November – National Rural Health Day
- Week before Thanksgiving – [National Hunger and Homelessness Awareness Week](#)
- Fourth Thursday in November – National Day of Mourning
- Thursday, November 25 – Thanksgiving Day
- Day after Thanksgiving – National Day of Listening
- Day after Thanksgiving – National Native American Heritage Day
- November 30 – National Meth Awareness Day

- [Family Stories Month](#)
- [National Adoption Month](#)
- [National Family Caregivers Month](#)
- [National Long-Term Care Awareness Month](#)
- [National Native American Heritage Month](#)
- [National Pharmacists Planning Services Inc \(PPSI\) AIDs Awareness Month](#)
- [Worldwide Bereaved Siblings Month](#) December
- December 1 – Rosa Park’s Day
- December 2 – National Special Education Day
- Tuesday after Thanksgiving – National Day of Giving
- December 7 – Pearl Harbor Remembrance Day
- December 10 – Human Rights Day
- First day of Winter – National Homeless Persons’ Remembrance Day
- Friday, December 24 – Christmas Day (observed)
- Saturday, December 25 – Christmas Day
- Friday, December 31 – New Year’s Day (observed)
- [National Drunk & Drugged Driving Prevention Month](#)
- [National / Universal Human Rights Month](#)

Mary Mass is in the Sherwood District. Small, conservative community. Create a voice and safety is imperative. Too many suicide assessments every week with so

Sydney -lives in Bend, but works in Redmond at a Charter School. I see added struggles for this group. Sees a huge need for professional development to keep students safe.

Lon Staub – look at culture change, death by a thousand paper cuts.

Mila – got PPS plan approved. Support mental health and wellness of students of color and others from targeted communities. Feedback that two-Spirit students and lots of feedback. They were talking about a GSA Summit that is affirming to them.

Talk about administration and hard lines they take.

Guidelines for administrators from Mary.

Joshua Baltzell – currently studying lgbtq teen networks.

Have crisp, identifiable actions with the support from the very type of the system.

Suicide protocols is an intervention, not a prevention strategy.

Mila – accountability and implementation of the recommendations.

Mary – let's be able to give input to the survey. Ask questions that some parents aren't comfortable thinking.

Professional Development – issue of unions. Mila wants to give training to GSA advisors – need funds and time.

Conversatin with the Union

1. Give teeth to it is policy one. Monitoring.