



Youth Suicide Prevention and Intervention

Communication Plan

Hope, Help and Healing

The Alliance to Prevent Suicide
July 2018

Acknowledgements

The *Executive Committee and Outreach and Awareness Committee of the Alliance for the Prevention of Suicide* wishes to express gratitude and appreciation to the Communications Workgroup for their commitment to developing this Communication Plan. Thank you to Ann Kirkwood, Beth Byrne, David Westbrook and Nicholas Parr for their contributions and support throughout the process.

Adam Hoverman, DO DTMH, Oregon Health and Science University

Ann D. Kirkwood, Health Services Division, Oregon Health Authority

Annette Marcus, Association of Oregon Community Mental Health Programs
Beth Byrne, Clackamas County Public & Government Affairs

Chiharu Blatt, Trillium Family Services

Cherryl Ramirez, Association of Oregon Community Mental Health Programs

Christabelle Dagoo, University of Oregon

David Westbrook, Donna Libemday, Dwight Holton, Natalie Sept
Lines for Life

Doug Gouge, Polk County Family and Community Outreach

John Seeley, University of Oregon

Kimberlee Jones, Best Care Treatment

Mary Renouf-Hanson, Providence Medical Center

Meghan Crane, Public Health Division, Oregon Health Authority

Nicholas Parr, University of Oregon

Saerom England, Strategic Communications Oregon Health Authority

Ryan Price, American Foundation for Suicide Prevention

Tia Barnes, Youth Move Oregon

The Communication Plan was prepared by Annette Marcus and Linda Hockman, made possible by funding from the Oregon Health Authority to the Association of Oregon Community Mental Health Programs. Suggested citing of this document is the Oregon Alliance to Prevent Suicide.

Table of Contents

Introduction	1
Framework	3
Purpose.....	4
Audience	5
Overview of Planning Process	6
Analysis of Current Situation	6
Challenges and Needs	6
Opportunities and Strengths.....	8
Priority Areas for Action	10
Implementation Resource Needs.....	12
Recommendations	13
Strategic Communication Goals, Objectives and Action Steps.....	14
Goal A..	14
Goal B.....	15
Goal C.....	17
Goal D.....	18
Goal E.....	19
Appendix 1	20

“Communication efforts, such as campaigns and social marketing interventions, can play an important role in changing knowledge, attitudes, and behaviors to promote suicide prevention. Safe and positive messages addressing mental illness, substance abuse, and suicide can help reduce prejudice and promote help seeking. These types of messages can help create a supportive environment in which someone who is experiencing problems feels comfortable seeking help, and where families and communities feel empowered to link a person in crisis with sources of care and assist the person in attaining or regaining a meaningful life.”

– *National Strategy for Suicide Prevention*

Introduction

Oregonians are seeing too many young people die by suicide, thinking about suicide and struggling with feelings of hopelessness and isolation. As a nation, Americans are working on better ways to communicate the urgency of these issues while also promoting a culture of hope, resilience, help-seeking and healing. This statewide youth suicide prevention and intervention Communication Plan for Oregon highlights ways that efforts to prevent and respond to suicide can be more effectively coordinated to create opportunities for more nimble responses to emerging situations, such as celebrity suicides and local or regional suicide clusters, as well as policy and funding threats and opportunities.

Oregon, like many Western states, has a significantly higher rate of youth suicide than the national average, despite the efforts of multiple organizations and stakeholders to implement programs and trainings to change this trend. One reason for this limited effectiveness may be that these local efforts often occur in isolation with limited opportunities for others elsewhere in the state to share information and learn from other communities' successes and challenges. Additionally, suicides continue to be inappropriately reported by news and social media in ways that have been shown to contribute to suicide contagion risk. At the same time, an unintended outcome of news media being warned that there is an "unsafe" way to cover suicide is reduced news coverage of suicides, leading to lower public perception of the prevalence of suicide in Oregon and nationwide.

In 2016, out of 50 states and the District of Columbia, Oregon had the 15th highest rate of youth suicides and 98 youth ages 10 to 24 died by suicide.

*Youth Suicide Intervention and Prevention Plan
2017 Annual Report*

In 2015 the Oregon Health Authority (OHA) brought together experts in the field, youth, attempt survivors and people who lost a loved one to suicide to develop a statewide 5-year plan to reduce suicide in Oregon among individuals 10-24 years old. The resulting Youth Suicide Intervention and Prevention Plan (YSIPP) identified 117 different action items to address this issue in a comprehensive way. A key recommendation was development of a statewide communication plan to 1) support the plan's implementation through coordinated communication; 2) to promote a culture of resilience and hope in which help-seeking is seen as a strength; and, 3) to mobilize policy makers across the state to support the plan through innovation, legislation and resource investment. The Oregon Alliance to Prevent Suicide, created by the YSIPP (Appendix 1) and charged with facilitating its implementation, formed an ad hoc Communications Workgroup specifically to execute Strategic Direction 1, Goals 2 and 3 of YSIPP. Strategic Direction 1 – Healthy and Empowered Individuals, Families and Communities – and Goals 2 and 3 (see below) promote general

health and resilience to reduce the risk of suicidal behaviors. The youth suicide prevention, intervention and postvention approach described in the YSIPP is the foundation for this Communication Plan.

Goal 2. Implement research-informed communication efforts designed to prevent suicide by changing knowledge, attitudes and behaviors.

Goal 3. Increase knowledge of the factors that offer protection from suicidal behaviors and promote wellness and recovery.

The Communications Workgroup, in conjunction with input from the field, established communication goals and objectives designed to increase statewide continuity of messaging that promotes resilience, hope and healing, and to unify the youth suicide prevention, intervention and postvention field across Oregon. This plan incorporates suicide prevention, intervention and post-suicide intervention (postvention; hereafter included in “suicide prevention and intervention”) and its recommendations are a result of that workgroup's efforts. Once recommendations are formally adopted, the role of the Alliance in implementation of the Communication Plan will be:

- Leadership in tracking implementation progress and advising on adjustments to plan action steps as indicated
- Ongoing scans and identification of potential new partners
- Linkages and point of contact in response to emerging and crisis situations
- Facilitation of a shared responsibility of partners to unify the youth suicide prevention and intervention field through communication strategies
- Analysis of outcome measures and prioritization of future action steps
- Development of shared approach with other key thought-leaders to promote effective suicide prevention and intervention policy statewide

The Communication Workgroup call to action is based on the need for a coordinated and systematic communication strategy that connects youth suicide prevention and intervention efforts across the state. Fundamentally, this plan intended to promote community well-being and prevent suicide. As such, its actions are associated not only with those specifically tasked with outreach and communication but applies broadly to the range of Alliance activities and groups working to facilitate implementation of the YSIPP.

Framework

The YSIPP Communication Plan is informed by 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 *Framework* outlines four critical elements to consider when messaging about suicide. Oregon is aligning its suicide prevention and intervention communication action steps with the four elements. Below the definitions is a brief illustration of how this plan proposes to implement each element.

- **Safety** – avoiding content that increases risk for vulnerable individuals or is unhelpful by reinforcing problematic norms, conveying negative stereotypes or undermining prevention.

Links to a compendium of communication templates, tools, guides and resources will be based on safe messaging and research-informed best practices and disseminated using regional communication hubs enabled through a web based centralized dissemination point and a statewide distribution. The first priority is to ensure messaging promotes hope, help and healing and is available to all geographic areas of Oregon.

- **Positive Narrative** – promoting the positive in some form, such as sharing resources, telling positive real stories, describing action steps, and featuring program success.

Oregon specific briefs will be featured on the Alliance website, released to media, and shared with policy-makers to highlight individual and local stories of hope, help, and healing. This plan supports development of a cadre of speakers available to share personal experiences, de-stigmatize help-seeking behavior and promote the YSIPP. The Alliance and OHA will provide leadership to highlight and celebrate successes.



- **Guidelines** – use specific guidance or best practices that apply to messaging.

To increase understanding about best practices in messaging, the Communication Plan supports trainings like Connect that teach safe messaging protocols for both media and within communities and institutions. Messaging guidelines and best practices will be highlighted on the Alliance website, shared with a variety of other relevant sites and key stakeholders, and integrated into conferences and other education opportunities.

- **Strategy** – planning and focusing messages so they are as effective as possible. This includes integrating communications with other efforts, defining clear, achievable and measurable goals, understanding the audiences, identifying a “call to action” and providing resources for taking action.

This plan puts forth an actionable communication approach that includes: a) developing, adopting or adapting national materials, tools and resources for dissemination; b) Oregon-focused messaging around national initiatives such as Suicide Prevention Month, Zero Suicide and Weekend of Prayer for Suicide Prevention; c) use of culturally specific messaging; d) moving beyond the usual partnerships (health, behavior health, schools) to share information where youth and young adults spend their time, for example, in entry-level job settings, faith communities, sports events, etc; e) integrating efforts across Alliance committees and the broader field; and, f) measuring effectiveness of dissemination and messaging.

The Communication Plan was also informed by the work on postvention communication developed by the Connect program of NAMI New Hampshire. With OHA funding, Connect postvention trainings are currently being implemented in nine Oregon counties (Deschutes, Jackson, Jefferson, Lane, Linn, Benton, Lincoln, Malheur, Umatilla, and Yamhill).

Purpose

The goal of the YSIPP is to increase protective factors and decrease risk factors influencing the number of youth suicides by promoting “Healthy and Empowered Individuals, Families and Communities” (Strategic Direction 1, YSIPP). This Communication Plan focuses on incremental steps to increase knowledge and access to expertise with in Oregon. It proposes actions to address fragmentation and promote unity of efforts across the state by integrating communication activities with other efforts. Action steps are designed to engage existing suicide prevention and intervention coalitions and promote new ones, actively advance wellness and recovery, align with

research-informed practices and support a more nimble response to emerging crisis situations. The Communication Plan proposes the development of communication hubs to achieve this and leverage local ownership and expertise.

Communication hubs, comprised of regional coalitions within identified geographic areas and collaborative groups within public agencies, will serve as the primary point for web-based dissemination of communication materials, tools, resources, and other featured items. The principle element of the communication hub design is to institute a systematic and consistent process of sharing suicide prevention and intervention information statewide. The long-term outcome of establishing communication hubs is to unify the suicide prevention and intervention field through a network of coalitions.

The Communication Plan is not an extensive Public Health messaging campaign. Rather it is a strategic communication undertaking intended to accurately target communications; map how to reach specific audience; make communication efforts efficient, effective, and lasting; and, track implement progress. On an ongoing basis, the Alliance Outreach and Awareness Committee will provide recommendations to modify Communication Plan activities based on findings of outcome measurements and shifts in the prevention field. While this plan is not a comprehensive public campaign approach, it is complementary to the larger statewide suicide prevention effort, Zero Suicide, and other prevention efforts with Oregon.

Audience

Implementation of the communication strategies is intended to increase awareness and understanding of the risk and protective factors related to suicide, including among behavioral and medical health providers, educators, local and regional suicide prevention coalitions, family, youth and policy makers. The Communication Plan includes an Alliance website. The website will facilitate the work of the Alliance by disseminating information about existing and emerging prevention coalitions and materials supportive of the prevention activities of local coalitions and other stakeholders as well a broadening public awareness of suicide prevention activities occurring in Oregon. The Communication Plan's long-term approach is intended to be aware of issues of language access and relevant to culturally specific audiences such as LGBTQ, faith based, military, Latinx , Native American and non-English speaking communities. Developing materials with the engagement of members of these communities will be an integral part of the implementation of each element of the Communication Plan.

Concurrently, the Public Health Division of OHA is developing an Oregon-focused website informed by the national Suicide Prevention Resource Center website, which will be directed to the public as a first-line suicide prevention resource. Shared planning and coordination and links between the Alliance website and Public Health websites are included as action steps in the Communication Plan.

Overview of Planning Process

Development of a Communication Plan began in Fall 2017 at the recommendation of the Alliance's Outreach and Awareness Committee. In addition to workgroup meetings, the participatory development process included discussions with the University of Oregon Suicide Prevention Lab; conferring with the Alliance Executive and Outreach and Awareness Committees; consultation with individuals and experts from the field; interviews with key contacts within public and private agencies; and, guidance from OHA Health Systems and Public Health divisions. The participants in this process represented stakeholders from state agencies, county governments, private organizations, rural and urban communities, and non-profits serving at-risk youth. The Alliance Schools Committee provided insight into the challenges and opportunities of working with partners within the educational system. That committee conducted a statewide survey of middle and high schools to determine what types, if any, suicide prevention curriculum, training and protocols were being implemented in their local communities. Survey results will be forthcoming and inform ongoing communication work.

Analysis of Current Situation

The following is a summary of the findings from the planning process

Challenges and Needs

- **Allies and Champions** – Prioritizing the case for suicide prevention and intervention requires allies and champions to obtain funding and promote effective practice and policy. Most importantly, it is key to instituting cultural and community norms, which promote hope, normalize help-seeking behaviors, and encourage engagement of communities in the healing process after an attempt or suicide. Alliance members and suicide prevention and intervention coalitions are positioned to cultivate policy makers and practice influencers to establish these norms.
- **Media** – While there are examples of exemplary reporting about suicide, often media outlets in Oregon do not report on suicide and, when they do, reporting does not necessarily follow suicide safe messaging

guidelines. Concerted efforts are needed to educate media about safe messaging and to motivate media to follow those guidelines. Media outreach also needs to consistently include messaging and safe practices designed for social media.

- **Messaging and Communication Efforts** – Suicide prevention messaging in Oregon needs to be tailored to urban, rural, and frontier audiences. There is a need to assemble a variety of communication tools that align with YSIPP guiding principles, are based in research-informed practices, and are easily accessed statewide. While some cross-county communication occurs through collaborative learning communities such as Garret Lee Smith program-funded counties and monthly calls among mental health Promotion and Prevention OHA grantees, an integrated and statewide approach to communication does not yet exist. Building a strong, stakeholder-oriented communication network across the state could address this gap. Additionally, communication materials need to be designed in response to emerging needs including the trend of increasing suicides among children in middle school and younger. The YSIPP address ages 10 through 24 years, however, feedback from the field indicates a need to expand prevention efforts to include young children experiencing hopelessness, as well as their families.
- **Funding** – Although suicide prevention and intervention is a cross-disciplinary issue spanning health, behavioral health, public health, education, and child safety domains, staff and funding resources are often siloed. OHA has taken a leadership role in securing funds for suicide prevention and intervention, however, current grant funding is time-limited and secure state level funding is insufficient to accomplish a comprehensive approach unifying public agencies and community organizations. While challenging, there is a clear need to increase and diversify funding for Oregon's suicide prevention and intervention efforts by obtaining private and foundation resources.
- **Communication Mechanism** – A systematic and centralized communication mechanism is not in place, limiting the availability of materials, tools, messaging resources and lessons learned in the field across geographic areas. Often community supports are stretched to find staff time and expertise required to develop new or adapt existing safe messaging resources. Having access to a centralized system would support public and private organizations of all sizes by facilitating the development of a compendium of communication resources accessible across the state.

We need connections to resources in our communities and materials our communities can relate to – images of people who look like they'd actually live in rural Oregon and language that speaks to them.

*Kimberlee Jones,
Best Care Treatment
Prevention Supervisor,
Madras, OR*

Opportunities and Strengths

- **Collaboration** – The collaborative approach to networking greatly increases the potential for creating communication hubs for distribution of materials and unifying messaging. There is an opportunity to build on existing and emerging coalitions and collaborative groups among public agencies and non-profit organizations. In addition to broad dissemination, working with communication hubs is intended to improve our understanding of suicide prevention and intervention efforts statewide and the attending successes and challenges. Moreover, through collaborative efforts engaging multiple disciplines that address childhood trauma (e.g., child abuse, domestic violence, bullying) including mental health, substance abuse, youth development and education, suicide prevention can be further integrated into their work.

When regional coalitions become communication hubs for youth suicide prevention and intervention, there is greater potential to further efforts among partners, address broader issues and support collective actions.

*The Alliance
Communication
Workgroup*

- **Shared Vision** – The YSIPP provides a shared vision for suicide prevention and intervention. Clear commitments and agreements between agencies, public and private, to prioritize suicide prevention and intervention communications using the *Framework for Successful Messaging* would help realize the goals of the YSIPP. Existing initiatives such as the School Safety Task Force, Trauma Informed Oregon, the Keny-Guyer Suicide Prevention Workgroup, American Foundation for Suicide Prevention and the Oregon College and University Suicide Prevention Project are sources for expertise and dissemination of communications, which can be further leveraged in communication efforts. For example, state agencies could agree to include audience-specific suicide prevention and intervention resources on their websites. The Oregon Department of Education is currently working towards that goal, and this effort could be implemented more broadly across other agencies and with greater coordination. Another example of the need for such coordination is the Public Health division's comprehensive suicide prevention website discussed above; close coordination with the Alliance is essential in order to avoid duplication of efforts while also aligning messaging and maximizing reach.
- **Youth and Families** – Another potential for collaborative communication action is to bring attention to suicide prevention activities of youth and families at the local level and communication about efforts statewide. Youth and families who have lived experience with family members with

suicidal ideation and suicide attempt and bereavement survivors can be galvanized to be effective advocates in moving policy in Oregon. Collaborating with youth, families and the agencies serving youth is important on many levels, particularly in testing and refining messaging content. Their stories and perspectives are central to this Communication Plan.

- **New Partners** – Given that suicide prevention extends beyond traditional behavioral health systems, it would be helpful to broaden partnerships to include business, sport teams, and workforce education projects. Engaging these organizations in safe suicide messaging is key because they have reach and connection to young people that can be leveraged in suicide prevention campaigns and changing community norms.
- **The Alliance** – The Alliance is responsible for facilitating implementation of the YSIPP and leading development of the next five-year plan. The Alliance includes subject matter experts and leaders in the field, but is not yet well known statewide. Elevating awareness of the Alliance will increase its ability to influence policy and practice. One approach to achieving this broader awareness is to expand Alliance representation from across the state and develop more formal relationships with existing regional suicide prevention and intervention coalitions. Additionally, participating in and sponsoring relevant conferences and developing presentations that can be used by any Alliance member will contribute to increased awareness. For example, the Health Systems Division funded the 2018 Suicide Prevention Conference and has set aside funding for 2019. Funding is requested for 2020 and 2021. The conferences feature Oregonians who have initiated local efforts, brings national experts to the state and promotes networking.
- **Leverage Existing Resources** – As mentioned in the Collaboration section, creating communication hubs via existing and emerging coalitions, including collaborative groups within public agencies, would open the opportunity for regional and statewide distribution of materials. The communication hubs will encourage sharing information and disseminating communication resources and experiences across geographic areas, particularly in response to emerging issues and events.

Another resource to be leveraged is the YSIPP annual report published by OHA. This report has current data about suicide within Oregon and progress on implementation of the YSIPP. When the 2018 report is released in February 2019, the Alliance and its partners should be prepared with press releases, editorials and briefing papers to further disseminate the most current information about suicide prevention and intervention in

Oregon and to broaden awareness of the Alliance's role in supporting implementation of some of those activities.

- **Social Media** – An additional opportunity is to expand suicide prevention and intervention social media efforts designed to engage Oregon youth. OHA has identified funding to start a *by youth, for youth* project on social media to further reach youth and young adults. It must be a priority to identify additional funding sources to ensure the future of the project.

Priority Areas for Action

Throughout the planning process four themes emerged:

- 1) The first theme is the need for broader awareness of the youth suicide prevention and intervention efforts being implemented in local communities across the state. Consequently, a systematic and centralized structure for gathering information and providing two-way communication among those implementing these activities and programs is needed. A systemic approach would facilitate sharing knowledge and practice resources across the state. Paired with this theme was the need for easily accessed communication resources (e.g., news releases) and expert knowledge to assist local communities to respond to high profile suicides and suicide clusters. For example, OHA is currently developing a statewide postvention response team. The Alliance could support this effort and local communities by providing OHA with subject matter expertise and a diversity of perspectives to address emergent situations such as a high-profile suicide.

When we faced a series of youth suicides, it put pressure on our local resources. It would have been helpful to have some messaging available to promote help-seeking, hope and healing. I'd like to be able to reach out to the State, in addition to my county, for support with sending out press and social media releases, and to have subject matter experts available to respond to interview requests.

*Galli Murray,
Suicide Prevention Coordinator
Clackamas County*

To lay the foundation for the communication hubs, it is essential to clearly identify key stakeholders. A scan of existing and emerging regional coalitions is proposed. This process will capture information about suicide prevention and intervention efforts across the state and provide a means for sharing regional information with communities, integrating YSIPP communication materials with other efforts, and ensuring statewide distribution of communication materials and tools. The intent is to secure buy-in from state

agencies and partners across the state to participate in a communication network with the goal of establishing a process for sharing information.

- 2) The second theme was unifying the field, particularly around suicide-related messaging. Although people often look to national resources, such as the American Foundation for Suicide Prevention or the Action Alliance to Prevent Suicide, in Oregon each agency, department, school district and community organization independently develops communication materials. Consequently, each entity determines if communications are based on safe messaging guidelines and appropriate for the identified audience. The Communication Workgroup recommended developing communication tools, such as succinct talking points for “elevator conversations”, fact sheets with an Oregon focus, and one-page notes from the field highlighting individual and local stories of hope, help and healing, promising practices or policy directions and a resource list of subject matter experts in Oregon.

To strengthen public support and advocacy of youth suicide prevention and intervention efforts, there is a need to increase opportunity for dialogue across geographic areas and also have readily available communication tools designed for a variety of Oregon communities, including rural, LGBTQ, Latinx, and Native American communities.

- 3) The third theme is developing allies and champions at the community, county and state level. The value of having decision makers and policy makers engaged in youth suicide prevention and intervention efforts helps secure the future of such activities, particularly when it comes to promoting public policy that aligns with best practice and secures funding for outreach, advocacy, and programs to prevent suicide.
- 4) The fourth theme is to continue to work with Oregon media to increase their understanding of and commitment to using suicide safe messaging. There is a need to develop relationships with media contacts to support ongoing non-crisis driven coverage that promotes protective factors, de-stigmatizes help-seeking and highlights the preventable nature of suicide. It is critical to be poised to respond when a crisis emerges, as demonstrated by the high level of media coverage after the recent release of a Centers for Disease Control and Prevention report showing significant increases in the rates of suicide among all age groups and across 44 U.S. states over the last two decades (Stone et al., 2018¹) and deaths of celebrities Anthony Bourdain and Kate Spade. While it is unknown whether these recent deaths will impact suicide rates, the World Health Organization has documented an increase in

¹ Stone, D. M., Simon, T. R., Fowler, K. A., Kegler, S. R., Yuan, K., Holland, K. M., ... Crosby, A. E. (2018). Vital Signs: Trends in state suicide rates — United States, 1999 – 2016 and circumstances contributing to suicide — 27 States, 2015. *Morbidity and Mortality Weekly Report*, 67(22), 617–24.

suicide after a celebrity death. In the first four months after Robin Williams death by suicide in August 2014, there was a 9.8% increase in the number of suicides typically recorded during this time period. (Fink et al. 2018)²

At such times national media turn to such trusted sources as the Suicide Prevention Resource Center and the American Foundation for Suicide Prevention. In Oregon, organizations such as Lines for Life and Youth ERA have taken a leadership role in responding to such crises. This plan proposes to build on their work through mechanisms for sharing information and resources (e.g., news releases) and improving access to subject matter experts across the state.

Finally, the Communication Plan acknowledges the value of sharing social media messaging, supporting development of innovative tools (such as smartphone applications), and working with youth to identify other ways to meaningfully and appropriately engage and respond to struggling youth.

Implementation Resource Needs

To fully implement the action steps of the Communication Plan, the Alliance and its partners will need to consider additional resources and funding options to support the following:

- **Website** – The University of Oregon is working closely with the Alliance to develop a website to house the materials, tools and messaging templates developed through the YSIPP and this Communication Plan. The centralized system will be used to encourage interactive dialogue among the communication hubs and YSIPP initiatives statewide. Resource allocation for the website must include staff, student or consultation time for ongoing dissemination of information, regular maintenance, posting of updated materials and ensuring the site accurately reflects the programmatic and organizational landscape of suicide prevention and intervention efforts across the state.
- **Consultation** – Additional consultation resources will be required for the 1) development and/or adaption of existing materials such as templates, messages, talking points, stories from the field, resource guides and manuals that are research-informed; 2) ongoing statewide coalition scan (administer, collate information and prepare information for posting on website); 3) identify opportunities to pool resources to amplify dissemination of information; and, 4) engage in ongoing communications

² Fink DS, Santaella-Tenorio J, Keyes KM (2018) Increase in suicides the months after the death of Robin Williams in the US. PLoS ONE 13(2): e0191405. <https://doi.org/10.1371/journal.pone.0191405>

with agencies, departments, and coalitions to facilitate consistent messaging and communication strategies across the state. Budgeting should also support engaging a graphic designer to develop layout for both digital and printed materials.

- **Measurement** – incorporate the development and implementation of an evaluation process into the state’s existing YSIPP evaluation relationship with the University of Oregon, to determine effectiveness of messaging and success of action steps of the Communication Plan.
- **Culturally Responsive Expertise**- assess for needs of communities that speak languages other than English, communities at high risk of suicide and marginalized communities. Collaborate with community organizations, government entities and members of these communities to develop culturally responsive communication materials and strategies.

Recommendations

The following recommendations are intended for stakeholders including State agencies, the Alliance, regional coalitions, youth and families, and newly identified partners, with the goal of creating a more unified and effective statewide suicide prevention and intervention movement. By building on the recommended action steps of the Communication Plan, stakeholders can come together on practice, protocols, and future funding.

- Long term, the State may want to consider partnering with private funders to invest in a public health-type suicide prevention campaign such as those used for tobacco/smoking cessation, gambling and opioid abuse prevention.
- Develop a coordinated approach for cross-agency funding and staff resources that are devoted to youth suicide prevention and intervention. A coordinated effort across state agencies can make the best use of funds, ensuring funding goes to where the expertise is and meets emerging needs and avoiding duplication.
- Partner smartly. For example, working with organizations that regularly communicate with specific audiences like the National Guard, Northwest Portland Area Indian Health Board, Disability Rights Oregon and Basic Rights Oregon and many others is needed to reach culturally specific audiences.
- Although implementation of the Communication Plan requires participation from key stakeholders across the state and leadership from

OHA, oversight of the Communication Plan should be the responsibility of the Alliance. This recommendation is based on continued funding for the Alliance.

- Use the annual suicide prevention conference as an opportunity to highlight local efforts, share local experience and insights, set locally-relevant priorities, host a media roundtable, and encourage coordination across the state including regional suicide prevention coalitions.
- It is recommended that state agencies integrate youth suicide prevention and intervention into their work as youth suicide prevention and intervention cuts across health, mental health, public health, education, poverty, housing insecurity, food insecurity, and violence domains. Beyond integration, improved coordination across state agencies and their collaboration on youth suicide prevention and intervention efforts would provide substantial support of the communication strategy for dissemination.

It is recommended the Alliance Executive Committee identify, engage and get a commitment from external allies and champions who are positioned to a) influence political engagement and movement on policy issues; b) advocate for suicide prevention; and c) support the continued and expanded implementation of the YSIPP. Once the Executive Committee determines specific areas committed external community members are needed to move forward YSIPP prioritized items such as policy, practice, outreach, advocacy, and funding, communication materials should be developed to orient them to the burden of suicide in Oregon, impacted populations, the work and structure of Alliance, and provide an overview of YSIPP and priorities.

Strategic Communication Goals, Objectives and Action Steps

Goal A. Develop a communication strategy that fosters a more well-connected and effective youth suicide prevention and intervention field in Oregon.

Objective A.1. By July 2019 complete a scan of regional and local youth suicide prevention and intervention coalitions to support development of communication hubs across the state.

Action Step A.1.a. By August 2018 develop and administer a scan to identify regional and local suicide prevention and intervention coalitions. Scan to include an inquiry about existing youth suicide prevention and intervention communication approaches and plans; their recommendations on how to communicate with the Alliance; and, each county's lead person for suicide prevention.

Action Step A.1.b. By September 2018 Communication Outreach Committee develops a memorandum of understanding (MOU) template that identifies a structure for regular updates from regional coalitions to the Alliance and from the Alliance to them. Invite regional coalitions to sign and honor the MOU. As memorandum are signed, add coalition information to the Alliance website.

Action Step A.1.c. By June 2019 distribute announcement of launch of the Alliance website to entities participating in the scan, Alliance members, and coalition partners.

Action Step A.1.d. By September 2019 begin to share regular updates of Alliance activities. Identify key state agencies serving children and families and a lead person within the agency to receive the updates.

Action Step A.1.e. By August 2019 clarify a process for ongoing maintenance of website to ensure map of regional hubs and lead county contact information is current and updated annually.

Action Step A.1.f. Beginning September 2019 conduct an annual update of coalition information by recirculating a survey and update coalition information on website.

Goal B. Develop an online presence for the Oregon Alliance to Prevent Suicide.

Objective B.1. By March 2019 create and maintain an Alliance website in order to promote Alliance activities, facilitate communication among Alliance members and partners, and disseminate communication materials.

Action Step B.1.a. By July 2018 outline a proposal with the University of Oregon (U of O) for the design and development of an Alliance website.

Action Step B.1.b. By July 2018 share an outline of the website plan with Public Health and Lines for Life. Schedule a meeting to coordinate with Public Health, Lines for Life and U of O Suicide Prevention Lab to align efforts related to online dissemination of suicide prevention and intervention information.

Action Step B.1.c. By September 2018 share draft format for the home page and website design with Outreach and Awareness Committee members, obtain their feedback and integrate feedback throughout design process.

Action Step B.1.d. By October 2018 generate homepage content and design, obtain domain name, and launch website. Initial content on webpage to include background and role of Alliance members, highlights of current activities, the YSIPP, and the national suicide prevention lifeline.

Action Step B.1.e. By December 2018 establish mechanism for ongoing posting of resources and materials to the Alliance website and social media sites.

Action Step B.1.f. By June 2019, begin quarterly updates for the website by adding newly identified resources to the compendium of materials, removing out-of-date materials and information, and updating information on Alliance.

Objective B.2: By March 2020 develop, adapt or adopt materials and tools, including social media links and messaging relevant to YSIPP priorities and Oregon's needs.

Action Step B.2.a. By September 2019 convene the Outreach and Awareness Committee to recommend priority areas and sequence development of safe messaging templates, talking points, stories from the field, and links to key resources related to YSIPP. Seek input from other Alliance committees as indicated. Alliance staff is responsible for coordinating the development of these resources, seeking feedback from Committee members on content, and preparing items for posting.

Action Step B.2.b. By December 2018 and quarterly thereafter post at least five priority materials on web-page as approved by Alliance staff.

Action Step B.2.c. By January 2019, in conjunction with U of O Suicide Prevention Lab, complete a scan that identifies current youth-focused suicide prevention and intervention social media campaigns, apps and initiatives in use or in development in Oregon.

Action Step B.2.d. By February 2020, in conjunction with the release of the annual YSIPP report, support OHA in the development of a press release to update the public on progress and develop a one page brief with same detail for Alliance members and post on website.

Action Step B.2.e. By March 2020 convene a focus group including youth, families and youth-serving organizations to review and provide feedback on scan findings and make recommendations on next steps for social media engagement.

Goal C. Establish an approach to participate in national initiatives such as Suicide Prevention Month and to respond to emergent situations and crises.

Objective C.1. By June 2020 support and align with national and regional youth suicide prevention and intervention campaigns.

Action Step C.1.a. By November 2018 as Alliance develops materials, determine whether they align with national research and national messaging campaigns.

Action Step C.1.b. September 2020 assess how Alliance members are engaged with communication campaigns in Oregon and at the national level that align with the YSIPP such as Suicide Prevention Walks and Mental Health Awareness month.

Action Step C.1.c. By January 2020 access the regional communication hubs to gather information regarding Oregon participation in these types of activities.

Action Step C.1.d. By March 2019 and quarterly thereafter identify a selection of these events and/or messages to post on the web site and social media—particularly if there is an Oregon specific or innovation element to it.

Objective C.2. By January 2020 establish a communication response team whose members would be available to OHA and media during an emergent or crisis situation to provide subject matter expertise including stories of hope and resilience,

Action Step C.2.a. By August 2018 attend OHA's listening session regarding postvention needs and collect information regarding recommendations for coordinated communication in response to emerging situations and crisis.

Action Step C.2.b. By December 2019 begin a scan of literature to identify guidelines for responding to emerging situations and crisis. Adapt existing or develop new guidelines tailored to Oregon urban, rural and frontier communities and audiences.

Action Step C.2.c. By December 2019, in conjunction with OHA's communication team, identify individuals who could serve as subject matter experts to include a psychiatrist, psychologist, healthcare professionals, educators, people with substance abuse expertise, young people, and individuals with lived experience to be available as a resource for emergent situations.

Action Step C.2.d. By January 2020 convene the communication response team to develop and reach agreement on a protocol for activating a response and handling media inquiries. Establish lines of communication between OHA and the Alliance liaison regarding how to activate access.

Action Step C.2.e. By March 2020 develop key contacts with regional media outlets to promote safe messaging, encourage them to provide information about sources of support and contact details of helplines when reporting mental health and suicide stories.

Action Step C.2.f. By May 2020 in conjunction with statewide suicide prevention conference issue an announcement about the development of this team and release announcement to media outlets across the state.

Action Step C.2.g. By May 2020 provide regional media information access to subject matter experts and safe reporting guidelines. Provide information about accessing safe reporting guidelines through the Alliance website.

Action Step C.2.h. When the annual YSIPP report is released, support OHA in the development of a press release to update the public on progress and develop a one-page brief with same detail for Alliance members.

Goal D. Build a nimble and effective communication strategy to respond to and promote policy change in alignment with the YSIPP.

Objective D.1. By December 2018 develop a structure for responding to changes in policy and promoting policy change that aligns with the YSIPP.

Action Step D.1.a. By October 2018 the Alliance Executive Committee will outline policy priorities for 2019.

Action Step D.1.b. By December 2018 Outreach and Awareness Committee will identify and develop materials to support Alliance work in the area of policy response and development.

Goal E. Measure impact and utilization of activities

Objective E.1. By September 2020, submit an impact and utilization report to be developed by the University of Oregon evaluation group in coordination with the Alliance Outreach and Awareness and Data and Evaluation Committees.

Action Step E.1.a. By July 2019 the U of O evaluation group, in coordination with the Outreach and Awareness Committee and the Data and Evaluation Committee, will develop an evaluation strategy for activities. The proposed evaluation strategy will be submitted to the Executive Committee for approval.

Action Step E.1.b. By October 2019 priority Communication Plan activities for evaluation (e.g., utilization of the Alliance website) will be outlined and key measures identified. Communication Plan activities will be implemented as funding and other resources become available; priority activities and measures will be added as needed.

Action Step E.1.c. By April 2020 initial Alliance website (launched September 2018) utilization data will be collected/summarized by the U of O evaluation group. Data will include public site traffic and reach metrics for public information-oriented sections of the website for the first two quarters the site will have been active (October-December 2019 and January-March 2020). Utilization data for the resource hub sections of the site (used by Alliance members and stakeholders) will be reported for the first quarter of 2019-20.

Action Step E.2.d. By September 2020 write an impact and utilization report summarizing all available measures related to activities implemented to date. Measures are anticipated to include Alliance Website utilization (e.g., site traffic, number of stakeholders/allies identified and engaged), and policy and advocacy efforts (e.g., number of white papers, policy briefs, and press releases developed). The annual report will be submitted to the Alliance and OHA

The Oregon Alliance to Prevent Suicide

In 2014, the Oregon State Legislature mandated development of a 5-year plan to address Oregon's high rate of suicide among individuals age 10-24. The Oregon Youth Suicide Intervention and Prevention Plan (YSIPP) was signed by the Oregon Health Authority Director and submitted to the Legislature in January 2016. The plan calls for the creation of the Oregon Alliance to Prevent Suicide to develop a public policy agenda for suicide intervention and prevention across agencies, systems and communities. The Alliance is charged with overseeing implementation of the YSIPP, evaluating outcomes related to suicide prevention and monitoring risk factors, and advancing a public policy agenda for suicide prevention across the state. The multi-disciplinary Alliance includes:

- Legislators
- Parents
- Youth
- Clergy
- Law Enforcement
- Health Systems
- Military
- Insurers and CCOs
- Consumers and advocates
- Community mental health and substance use providers
- Prevention Specialists
- Educators
- Child Welfare
- School-based health center staff
- Representatives of groups at disproportionate risk of suicide from across Oregon

There are six committees within the Alliance, each committee is tasked with assisting the Alliance Liaison to ensure goals are met and deliverables are completed. The committees are:

- Executive
- Continuity of Care
- Outreach and Awareness, includes the Communication Workgroup
- Schools
- Evaluation & Data