

Creating Suicide Prevention Community Coalitions: *A Practical Guide*

Pain Isn't Always Obvious

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THE SIGNS**

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Introduction

Suicide is a complex problem that requires ongoing solutions implemented by many sectors of society. Although behavioral health agencies are often tasked with leading suicide prevention efforts, responsibility lies with the whole community. No single agency or sector can solve this complex issue alone, but a diverse coalition that is truly representative of the community can ensure that suicide prevention gets the attention it deserves, as well as provide ongoing feedback and support to existing local agencies and their efforts.

Effective suicide prevention programs encompass certain key elements: a shared vision, a strategic planning process, integrated strategies, clear communication, use of data, and a focus on sustainability. As you will read in this guide, these same elements are also key to a successful suicide prevention coalition.

This guide explores four steps vital for creating and maintaining effective coalitions. If you already have a coalition, the guide can help you rejuvenate the group by revisiting your mission, goals, and objectives, and by getting a clear picture of the problem you are working to solve.

1. **Establish your purpose** to help unite coalition members around a common mission and vision for the work you will do together.
2. **Recruit the right people** representing a cross-section of your community to inform, make decisions, and contribute to solutions around suicide in your county.
3. **Develop a successful structure** to guide decision-making, sustainability, and resource allocation.
4. **Develop activities and maintain engagement** by involving members in purposeful activities.



Before you begin, conduct a scan to determine if similar groups already exist. If so, you may not need another task force; it may be burdensome to recruit some of the same people to attend another meeting. In this case, you could join the existing group, ask to expand it, or consider merging your efforts.

¹ National Action Alliance for Suicide Prevention. 2017. Transforming Communities: Key elements for the implementation of comprehensive community-based suicide prevention. <https://theactionalliance.org/resource/transforming-communities-key-elements-comprehensive-community-based-suicide-prevention>

1.



ESTABLISH YOUR
PURPOSE



1. Establish Your Purpose

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A key element of an effective coalition is that it unites around a common purpose. Are you convening to share information about different programs and services and to facilitate cross-agency networking, or is your purpose to address or implement a strategic plan for suicide prevention? Or maybe a combination of networking and strategic planning? Having a shared and agreed-on purpose will guide your decisions about the structure of your coalition, how frequently you meet, who comes to the table, and the focus of the meetings.

If you simply call a community meeting of stakeholders together and ask what you should be doing to address suicide, you're likely to receive responses such as: We should raise awareness, increase services, have more trainings, address the needs of particular diverse communities, and so on. Often the discussion can be driven by reactions to recent news and emotional stories, often of losses or of system failures.

As legitimate as all of these are, they don't add up to a strategic plan with goals and objectives that help you prioritize how to spend your time and resources. Does your county or existing coalition already have a suicide prevention plan? If so, great! The coalition can help implement the strategies, bring needed attention to the plan, and monitor progress on achieving benchmarks. If you lack such a blueprint, your coalition can take the lead on creating a strategic plan or setting priorities for suicide prevention.

To ensure your coalition will devote time and/or resources to addressing the problem in effective and measurable ways, you must first understand that problem through a public health lens. As the document, *Transforming Communities* states, "programs that have taken the public health approach to suicide prevention have demonstrated outcomes of reductions in suicidal behaviors, as well as other negative outcomes."

With a diverse group of stakeholders, achieving unity of vision may not be easy! People may arrive with their own agendas and have more interest in supporting efforts that match their mission or reach their population. Invest in the time to get everyone on the same page. You may need to start with a smaller vision and then expand.

The first step is to examine data such as numbers of suicide deaths and attempts that have occurred in your community, and also data on help-seeking behaviors, such as calls to crisis lines or use of behavioral health services. It's also important to understand the context within which suicides and suicidal behavior are taking place. Gather data on risk and protective factors such as excessive alcohol use, drug use, loss of employment, access to health care, and so on. Finally, look at what resources already exist in the community to help address the problem.

Whatever your data show, use that information to help determine who needs to be invited to the table to craft your **goals and objectives**, and map out a **strategic plan** of potential solutions. Finally, when you **evaluate** the coalition’s work (see Section 5), re-examine your data to help measure changes.

What does your data tell you? If your mortality data show that older white men account for most deaths, but your crisis center reports that primarily women call for help, you now know there is a gap to be filled. Your data might show most deaths and attempts occur among middle-aged people but almost all your programs and funding go to youth suicide prevention. Or perhaps a local bridge accounts for an increasing proportion of suicide events. In each of these instances, you need to consider who should be actively engaged in your coalition and what activities will help address these circumstances.

Here’s a short list of sources of county level data; consult the Additional Resources below for more detail.

- County coroner for information on deaths
- EpiCenter for mortality, hospital discharge, and emergency department data <http://epicenter.cdph.ca.gov>
- California Health Interview Survey <https://healthpolicy.ucla.edu/Pages/home.aspx>
- Other surveys that may be conducted locally
- California Healthy Kids Survey www.calschls.org/reports-data/dashboard/
- Crisis centers, warmlines, and helplines serving your county

Connect the data to your purpose so that your coalition is data-driven. The objectivity of data can help overcome individual agendas that some coalition members may arrive with and help you achieve a unified vision. You may want to write a mission statement that clearly defines your purpose.

ADDITIONAL RESOURCES:

Each Mind Matters Learning Collaborative: Strategic Planning for Suicide Prevention. www.EMMResourceCenter.org

Suicide Prevention Resource Center (SPRC). Locating and Understanding Data for Suicide Prevention. Free online training course. <https://training.sprc.org/enrol/index.php?id=2>

SPRC. Risk and Protective Factors. <http://www.sprc.org/about-suicide/risk-protective-factors>

SPRC. Understanding Risk and Protective Factors for Suicide: A primer for preventing suicide. <http://www.sprc.org/sites/default/files/migrate/library/RiskProtectiveFactorsPrimer.pdf>

² National Action Alliance for Suicide Prevention. 2017. Transforming Communities: Key elements for the implementation of comprehensive community-based suicide prevention.

Examples of Mission Statements from Existing Coalitions Across California

Create a mission statement for your coalition to define your purpose and achieve a united vision.

Tahoe Truckee. “Through outreach, education and collaboration, we hope to prevent future suicide.”

“To decrease suicide attempts and deaths in **Shasta County** through collaboration, advocacy, education, training and evaluation.”

“The purpose of the **Fresno County** Suicide Prevention Collaborative is to bring together a vast cross-section of government agencies, community-based organizations, non-profit efforts, concerned community members, and others to learn about suicide, identify strategies for local implementation, evaluate efforts, and create an integrated system to address suicide in our community.”

“The mission of the **Solano County** Suicide Prevention Committee is to provide leadership in developing suicide prevention projects in Solano County. Committee goals include to

- 1) Prevent premature deaths due to suicide across the life span;
- 2) Reduce the rates of suicide attempts and other self-harm behaviors;
- 3) Raise community awareness about suicide and its causes;
- 4) Improve access to resources;
- 5) Create opportunities for public-private partnerships with a shared mission of reducing suicide in Solano County.”

2.



RECRUIT THE
RIGHT PEOPLE



2. Recruit the Right People

WHO TO INVITE?

Your local needs and available assets will influence who to invite, but here are some suggestions of potential coalition members. Remember: your data and your purpose will help determine who to invite, and your chosen structure can help influence whether they serve on an executive committee, workgroup, subcommittee, or in some other role.

Potential Coalition Members

- Local crisis center, hotline, and/or warmline
- County behavioral health and/or public health agency
- Law enforcement
- Coroner or medical examiner
- School districts, education department
- Faith community leaders
- Business leaders and employers
- First responders
- Funeral directors
- Health care, primary care, and hospital administrators
- A liaison to the child death review team, if your county has one
- Agencies and organizations devoted to relevant topics such as mental health (National Alliance on Mental Health NAMI, Mental Health America MHA, and American Foundation for Suicide Prevention AFSP chapters), alcohol/drug issues, or violence prevention
- Organizations serving at-risk populations such as elders, Native Americans, or Veterans.
- Community members, such as youth, parents, and others
- Representatives of people personally affected by suicide, including loss survivors and attempt survivors

Example: SamTrans, the local transit agency, participates in the **San Mateo County Suicide Prevention Committee**. At one time, the committee held its meetings at the agency’s offices, which helped to guarantee their attendance.

Keep in mind that your coalition needs to mutually engage with other coalitions. If you want people to be involved, you may also need to attend their meetings and support their efforts. It might be helpful to research and identify all existing coalitions in your county and identify ways to collaborate with them to share messages about suicide prevention. Attend their meetings if appropriate, or invite a representative from their coalition to join yours if your purpose is aligned. Sometimes it might make sense to form a joint task force or workgroup. For example, if your data show that there has been an increase in suicides by poisoning (drug overdose) and you have a prescription drug use coalition, forming a joint workgroup to identify means restriction and public education strategies will benefit both coalitions’ goals.

HOW TO ENGAGE POTENTIAL PARTNERS

Cold calling is one way to simply reach out and make a connection, although many people are unnerved at the prospect of making such a call. You may want to find a mutual connection who can make an introduction. Or generate a list of potential organizations and individuals, and send them letters of invitation. You can also ask each attendee to bring another person to the next meeting. If an invitee turns you down, ask whether they can recommend someone else and whether you can use their name when making the next contact.

In smaller communities, you can start conversations in the course of your regular interactions with local businesses or service providers. For example, if you're interested in preventing misuse of prescription medications, perhaps you can chat with your pharmacist while you're at the drugstore. Or reach out to a business leaders roundtable, chamber of commerce, or the like.

Certain members of the community are often asked to serve on many groups; they may already be overcommitted. Consider holding annual meetings that these in-demand folks can attend and provide vital input rather than agreeing to participate more regularly but then being unable to keep that commitment.

Remember, too, that counting on one person to represent an entire population—whether it be youth, elders, Native Americans, or any other group—is unfair to both the individual and the population. In addition to including one or more representatives in the coalition, to truly understand the needs, strengths, and culture of a group, you need to consult with many stakeholders, do some fact-finding, and perhaps conduct surveys or focus groups.

Where and when you meet can influence who attends—or fails to attend—your meetings. Many of your members might participate in the coalition as part of their day job. For them, it might not be possible to meet outside of regular working hours. But if meetings are always held during weekday “working hours,” you may limit participation by people who cannot take the time away from their job or school.

When you identify coalition members, ask them about their availability and preferences. Problem-solve potential solutions together to make the meeting most accessible for everyone. Consider holding at least some of your meetings in evenings or on weekends.

You might, for instance, hold an annual meeting on a weekend day for stakeholders and the broader community. This event could also provide an opportunity for agency heads who don't regularly attend to see the results of the investment they have made in your coalition.

As your coalition becomes larger, you will find it helpful to break into smaller workgroups or task forces (see Section 4). The coalition meetings might then be held only quarterly or twice a year, while the smaller groups are when the work gets accomplished. Busy decision-makers can participate by joining the annual meeting, while the regular attendees continue to move the coalition agenda ahead throughout the year. The smaller groups can each focus on a particular task, audience, or activity.

Example: "Starting off, the **Fresno County Suicide Prevention Collaborative** met monthly. After review and discussion, the collaborative determined it was best to alternate between workgroup meetings with those of the larger group to allow workgroups the opportunity to meet more often to work on action items/projects; all meetings occur at the same time each month, using a calendar drawn up a year in advance."

As the coalition takes on specific tasks or initiatives, consider expanding your membership. It may be beneficial to recruit a new representative to serve on a particular workgroup. For example, if you decide to conduct a media outreach initiative, having a current or former journalist join in will be very helpful. Likewise, if you plan to address adding barriers to a local bridge it might be wise to include someone with knowledge of engineering or traffic safety. You also may want to invite guest speakers to help educate your coalition on particular topics, issues, or populations.

Proceed with caution. Sometimes a person whose suicide loss or attempt is very recent and fresh will want to become engaged to help others avoid the pain they have experienced. But it isn't always helpful to their recovery to do so too early. You may want to establish guidelines that encourage people to be several years past the loss or attempt before joining the group. Best practice guidelines for presentations by suicide loss survivors suggest they "know the difference between healing yourself and helping others. Allow yourself possibly several years after your own suicide attempt or loss before making public presentations."

ADDITIONAL RESOURCE:

American Association of Suicidology (AAS), AFSP, National Suicide Prevention Lifeline. Best Practices for Presentations by Suicide Loss and Suicide Attempt Survivors.

<http://www.sprc.org/resources-programs/special-considerations-telling-your-own-story-best-practices-presentations>

3.

.....
DEVELOP A
SUCCESSFUL
STRUCTURE



3. Develop a Successful Structure

COUNCIL, COALITION, OR TASK FORCE?

Your group might be called a coalition, task force, council, or committee. There are subtle differences between these structures: **task forces** usually exist for a time-limited period in order to carry out a particular task or to achieve a concrete goal on behalf of one body, while a **council** can be ongoing and last for decades. **Coalition** implies a more diverse group of stakeholders, representing many organizations and sectors who have come together to address a common cause. Often, coalition members serve on others' bodies to build true collaboration and expand their mutual influence. A true community coalition can have great credibility as it doesn't further the interests of any single organization or member. Forming a council may be simpler and take less time than creating a true coalition. For the sake of simplicity, in this guide we refer to coalitions when discussing any group.

Whichever body you form, it's vital that your members are actively involved, committed, and that their participation is supported by their home agencies, organizations, or communities. To be transparent in your endeavors, meetings should be open to the public and held in locations that are accessible, ideally with both parking and public transportation options available. Public libraries and other neutral spaces are better than meeting at churches or governmental agencies, which may not feel as welcoming to some participants.

In smaller communities, and where suicide is a rare event, you may not be able to sustain a group devoted only to suicide prevention. You may want to start by forming a suicide prevention subcommittee within a larger coalition and then build it from there. Perhaps your county has existing groups that are working on overlapping issues, such as prescription drug overdoses.

Example: The YES Partnership in **Tuolumne County** is a coalition devoted to preventing three problems that often overlap: substance abuse, child abuse, and suicide.

Your coalition should have simple guidelines and clear procedures to ensure smooth operation. These might address how often members must participate, what information is shared, and other expectations. If the coalition will discuss individual suicide deaths in the community to co-ordinate a response or to quell rumors, you should have a confidentiality agreement. Will your meetings follow parliamentary procedure such as Robert's Rules of Order, operate by consensus, majority vote, or some other model?

Additional questions to ask yourselves include:

- Is the coalition funded solely by a single agency, such as county behavioral health?
- Does it operate without any funding at all?
- Is the coalition staffed solely by volunteers?
- Is the focus of the coalition more on information sharing, input, and advising the county agency on its suicide prevention work than on making decisions around resource allocation?

Answering yes to these questions may guide you to a less formal structure without a set of operational guidelines. There may still be a designated chair or co-chairs from public and private sectors, and members might represent key stakeholders in the community. However, there is typically no formal process to elect chairs or members and there may not be set terms for their service. The purpose of the group is advisory in nature, with no voting to make decisions.

Example: The **San Diego County** Suicide Prevention Council is funded solely by the County of San Diego, Health and Human Services Agency-Behavioral Health Services and administered by a community-based organization, which is selected through an RFP process. Monthly meetings are open to any organization and person in the county, and combine information sharing and subcommittee reports. The Council provides oversight, guidance, and collective support to implement the recommendations of San Diego County's Suicide Prevention Action Plan. There are no formal members or votes taken but at an annual stakeholder meeting, milestones related to implementing the plan are reviewed and local partners are recognized for their role and contributions.

Example: **Shasta County's** Suicide Prevention Workgroup. A staff person from the county Health and Human Services Agency acts as the workgroup facilitator, setting the agenda for monthly meetings and sending agendas and minutes to the members. Meetings are generally held at a local clinic, open to the public, used to plan events, communicate progress from the workgroup, and hear updates from partners. Partners include peer support groups, the local helpline, educational programs, and the anti-stigma committee.

Whatever structure you use, the process is not there to create bureaucratic hurdles but to provide you with support and a clear path if problems should arise. Keep in mind that your structure can change as your coalition evolves.

ADDITIONAL RESOURCES:

Consensus Decision-Making. <https://www.consensusdecisionmaking.org/>

Prevention Institute. Developing Effective Coalitions: An Eight Step Guide. https://www.preventioninstitute.org/sites/default/files/uploads/8steps_040511_WEB.pdf

Robert's Rules of Order. <https://robertsrules.org/>

SPRC. Model Partnership Commitment Letter. <http://www.sprc.org/resources-programs/model-partnership-commitment-letter>

LEADERSHIP AND STAFFING

Who is the lead agency for your suicide prevention efforts? Are they well regarded and trusted by the community? What power do they have to implement activities, set policy, and change minds? The **National Action Alliance for Suicide Prevention**³ chose a public-private partnership to ensure its success; you may want to emulate that model by selecting co-chairs from both a county agency and a nonprofit, business, grassroots, or faith organization. One advantage of such a partnership is that progress can continue even when one agency has a staff change. In addition, your coalition is more likely to be perceived as belonging to the community, rather than to a single agency.

Example: **San Mateo County's Suicide Prevention Committee's** co-chairs represent a county agency (county behavioral health) and a community agency (StarVista, a non-profit that houses the county's local crisis center). Initially, the committee was an advisory workgroup but over the years has become more action-oriented and meets more regularly. The chair roles are tied to the staff position, rather than to the person filling it. The committee led the creation of the county suicide prevention roadmap. <https://www.smchealth.org/suicide-prevention>

Your chairs or co-chairs might be elected or selected by your group, or they might be designated by the lead agencies involved. With co-chairs, their terms of service should be staggered so that both don't turn over at the same time. Multiyear terms can provide more stability for your coalition.

³ <https://theactionalliance.org>

SUBCOMMITTEES OR WORKGROUPS

If you have a large coalition, you may need an executive committee or other smaller body that meets more frequently or between gatherings of the full group, to keep momentum going and to respond rapidly to situations or opportunities that arise. Many suicide prevention coalitions also have standing committees. Their topics and purposes should be determined by the priorities revealed by your data and by your suicide prevention strategic plan if you have one. Many existing coalitions choose to have committees focused on media, data, events, training, and outreach to particular sectors of the community. Section 4 has more details on the activities such committees can conduct.

PLANNING FOR SUCCESSION AND SUSTAINABILITY

Individual coalition members may retire, move away, change jobs, or burn out. It's important to balance the workload, especially with a subject as emotional and difficult as suicide.

Although leaders are vital, don't rely on a single leader for the coalition to succeed. When your chair moves on, the coalition needs to be able to continue without losing momentum. Planning for sustainability should happen early on, while you are creating your structure, and continue throughout the life of the coalition. Some of the key elements for sustainability are:

- Cultivate strong partnerships to have many stakeholders who are invested in your success.
- Use partnerships to help secure funding or additional resources to sustain your work.
- Describe the role and qualifications for your coalition leadership to make it easier to fill the roles when turnover occurs.
- Document what you do! Telling your story is an essential part of building community buy-in and of making a memorable “pitch” to funders and decision-makers.

Plan ahead for succession by having clearly defined terms of office for leaders and then stagger them so that no more than half of the positions turn over at one time. Some organizations have a chair-elect who serves for a year primarily by observing the chair's functions before stepping into that role to serve out their own term.

All members of your coalition can contribute to its success. Everyone can offer something! Some members can provide meeting space or refreshments; others might contribute some staff time for note-taking or other duties. Still others can help with printing, design, conducting surveys, and so forth.

One agency may be able to fund some of the coalition's activities while another organization can assist with additional fundraising. Everyone has something to offer that can help make your coalition a truly collaborative experience.

Coalitions can stagnate when the same people always show up and express the same points of view. Keep your meetings fresh and individuals engaged. Refreshments are always a good idea. Try to offer healthy snacks, not just coffee and donuts.

Consider offering annual awards. They could be based on attendance, recognizing those who made it to every meeting; on participation, for people who also contributed to subcommittees and workgroups; on leadership for chairs, co-chairs, and committee chairs; or on fun categories such as who traveled the furthest, whose laugh was the most contagious, or whose refreshments were most popular.

Remember: A coalition is a work in progress that requires ongoing attention. It's fine to start small and build from there. If you only have half a dozen members at the outset, move ahead with them while keeping the door open for others to join. As new organizations or community sectors are identified, you may need to invite new stakeholders to the table, and/or represent your coalition at other groups.

4.



CONDUCT
ACTIVITIES AND
MAINTAIN
ENGAGEMENT



4. Conduct Activities and Maintain Engagement

Setting goals and objectives, planning for growth, and continuing to modify your roadmap as you learn and grow will help your coalition become well established and productive. By being aligned and integrated, the whole of your efforts will then be greater than the sum total of its parts.

STRATEGIC PLANS

One of the coalition's first activities should be to create a plan, based on data that describe the problem and its context. You are most likely to succeed if you create a logic model and have a clear sense of what you hope to achieve and how to get there. Write a mission statement to help guide you and to prevent you from being distracted away from your central purpose.

If your county does not have a strategic plan for suicide prevention, it would be appropriate for the coalition to take the lead on creating one. If one already exists, the coalition may want to examine it to assess how progress is being made, to update it, or to make it more robust.

What makes a plan strategic?

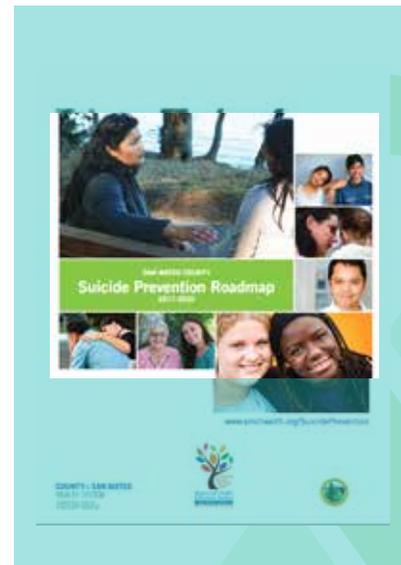
- It is developed and monitored by a coordinating body, such as a coalition.
- It outlines a logical process.
- It is based on data.
- It identifies clear and measurable objectives.

To assist you in deciding what prevention activities your plan might address, Centers for Disease Control and Prevention (CDC) has assembled a document of options, describing the approach and evidence for each strategy.



Example: Solano County's Suicide Prevention Committee held community forums in both rural and urban locations. It compiled the feedback and then created workgroups that identified key themes that led to forming eight goals for its community suicide prevention strategic plan.

Additional examples of counties in California that have created suicide prevention strategic plans include San Mateo County (<https://www.smchealth.org/suicide-prevention>), San Diego County (<https://www.sdchip.org/initiatives/suicide-prevention-council/action-plan/>), and Fresno County (www.fresnocares.org).



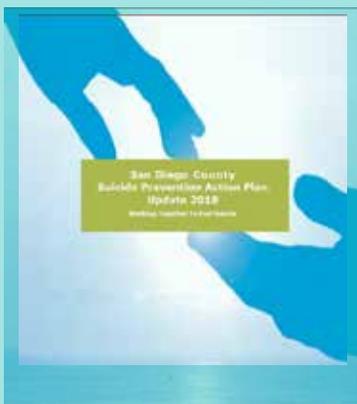
ADDITIONAL RESOURCES:

Each Mind Matters Learning Collaborative: Strategic Planning for Suicide Prevention. www.EMMResourceCenter.org

CDC. Preventing Suicide: A Technical Package of Policy, Programs, and Practices. <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>

SPRC. Strategic Planning Approach to Suicide Prevention. <http://www.sprc.org/effective-prevention/strategic-planning>

SPRC. Strategic Planning Approach to Suicide Prevention online course. <https://training.sprc.org/enrol/index.php?id=7>



DATA/SURVEILLANCE

Even if you only have enough members to form a few subcommittees or workgroups, one of these groups should focus on data. Examining data regularly helps you decide on your priorities. Exploring your local data as a group can help persuade everyone to agree on what activities the coalition should conduct in response. For example, perhaps your coalition initially formed to respond to youth suicides, but newer data show that suicidality is a growing problem among elders. Who needs to come to the table now, and how do you need to alter your course to respond to this problem?

When you have access to real-time data on suicide deaths and attempts, you can devise real-time responses in terms of interventions and media response.

Having your coroner’s support will be very helpful in getting information on suicide deaths long before public health data are usually available. The data committee can request data from the coroner and other local sources, analyze and examine data as they become available, and advocate for improved and more timely data.

In some coalitions, a tangible deliverable of this committee is an annual data report describing the problem of suicide as well as suicide prevention efforts.

Example: **San Diego County’s Suicide Prevention Council** issues its report at a press conference it holds during National Suicide Prevention Week. The report highlights the council’s suicide prevention efforts, such as trainings held, as well as documenting suicide deaths and attempts in the past year.

ADDITIONAL RESOURCE:

Each Mind Matters Learning Collaborative: Describing the Problem of Suicide Prevention. www.EMMResourceCenter.org

MEDIA AND MESSAGING

Your coalition can become the “go-to” resource for news media when they are preparing a story on a suicide death or on prevention efforts. To achieve this, at least some of your members need to be prepared with key talking points, to be readily available, and to have good relationships with local media. You should aim to proactively reach out to journalists and media organizations, rather than wait for them to contact you.

A media committee can create responses to interview requests, set a plan for engaging local media, form relationships with journalists and local media outlets, and prepare speakers for interviews. If you have a website, this committee may be responsible for reviewing content and for providing guidance overall on safe and effective messaging around suicide prevention.

Example: **Los Angeles County’s Suicide Prevention Network** has a media and communications workgroup dedicated to outreach to local media outlets and journalism students. It also hosts trainings and workshops for public information officers (and others) and advises communication campaigns around suicide prevention.

5.



IMPROVE
THROUGH
EVALUATION



5. IMPROVE THROUGH EVALUATION

Regularly assess how your coalition is doing, and, as you begin to create your coalition, build in processes to measure your success. Your evaluation questions will vary depending on what stage you are in. Initially, you may want to assess the structure, who is represented, whether the coalition is serving as an advocate for suicide prevention, and what has worked well or not. Later, you can examine whether specific objectives were met and whether the community is aware and supportive of your efforts. Still later, you can try to determine whether changes in the community resulted from the coalition's activities. Keep in mind, though, that evaluating suicide prevention efforts is a challenging endeavor: In many counties, suicide is a relatively rare event; the data take several years to compile; and identifying which interventions may have made a difference takes skill.

To evaluate your coalition⁴, consider these questions:

Are your members engaged? What percent of members attend each meeting? Are there members who haven't attended at all in some time? Do you have a process for replacing them with more committed members? Consider administering an anonymous satisfaction survey annually to all members (including those who aren't attending) to learn what the barriers to participation are and how to better meet their needs.

Do you need new members? Are there sectors of the community who aren't involved? See Section 2 for guidance on engaging and inviting potential partners.

Evaluate your meetings. How much of your meeting time is devoted to networking or information sharing, and how much to planning, strategizing, and moving ahead on an overall agenda? Although many people enjoy being able to share their anecdotes and experiences, sharing isn't enough to create change in the community. If this is your situation, you might need to reset priorities and make sure that meeting agendas provide adequate time to examine data and outcomes, and move forward on your planned activities.

⁴ If you want to evaluate the effectiveness of a suicide prevention program, consult RAND's Suicide Prevention Program Evaluation Toolkit <https://www.rand.org/pubs/tools/TL111.html>

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