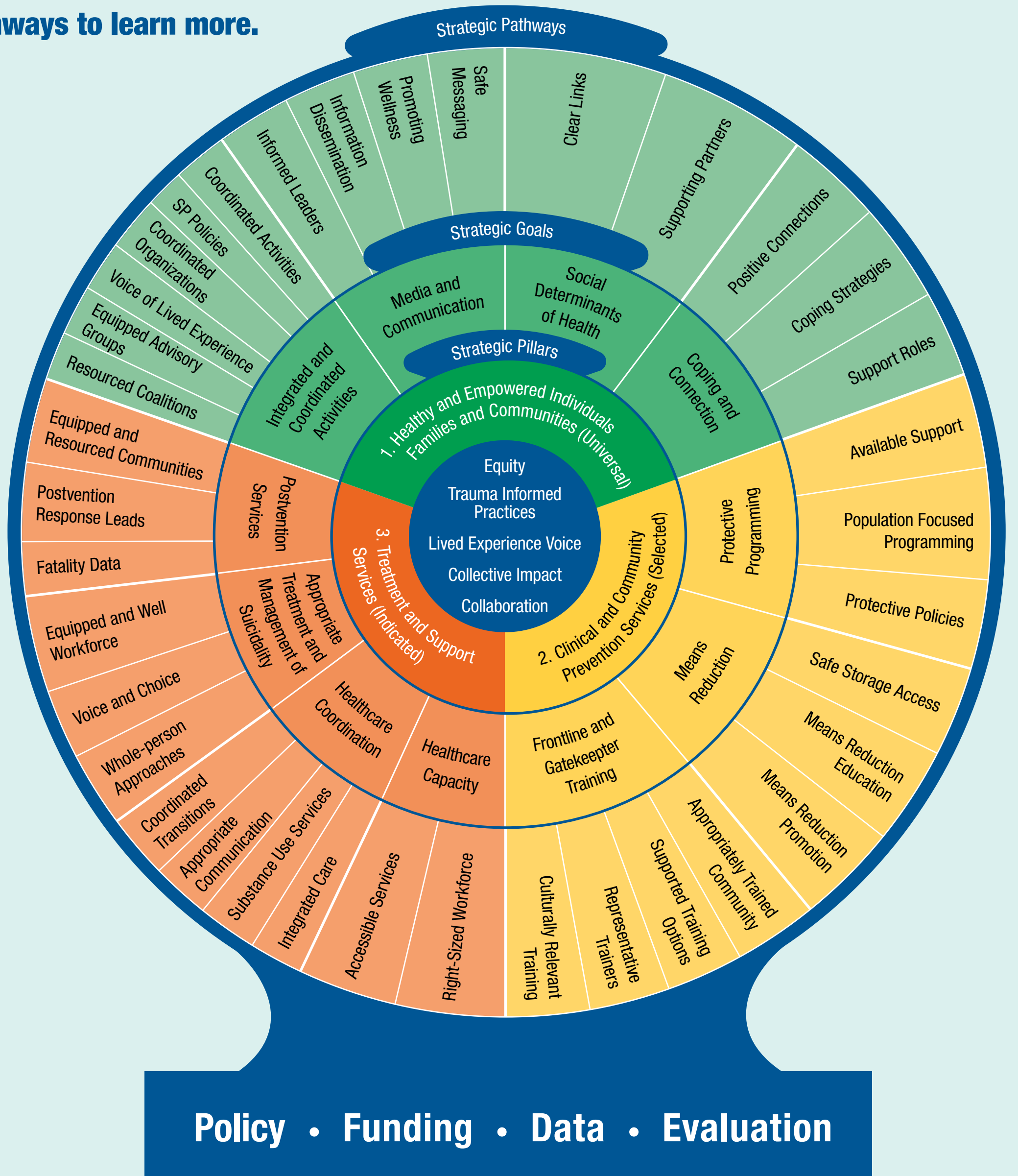


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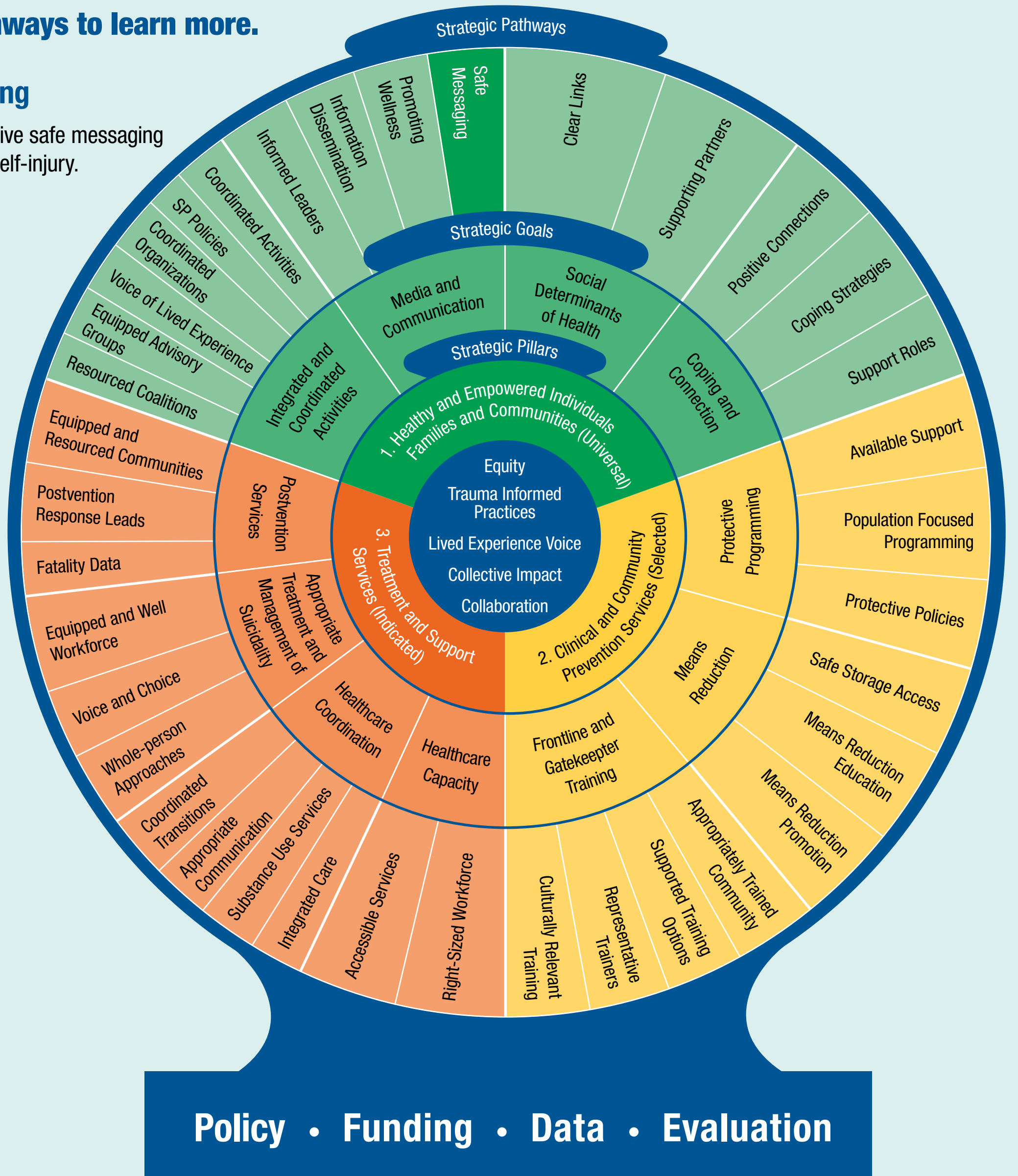


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## Safe Messaging

All Oregonians receive safe messaging about suicide and self-injury.



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## Promoting Wellness

Organizations and agencies routinely and strategically promote wellness, emotional strength, mutual aid examples, and protective factors.



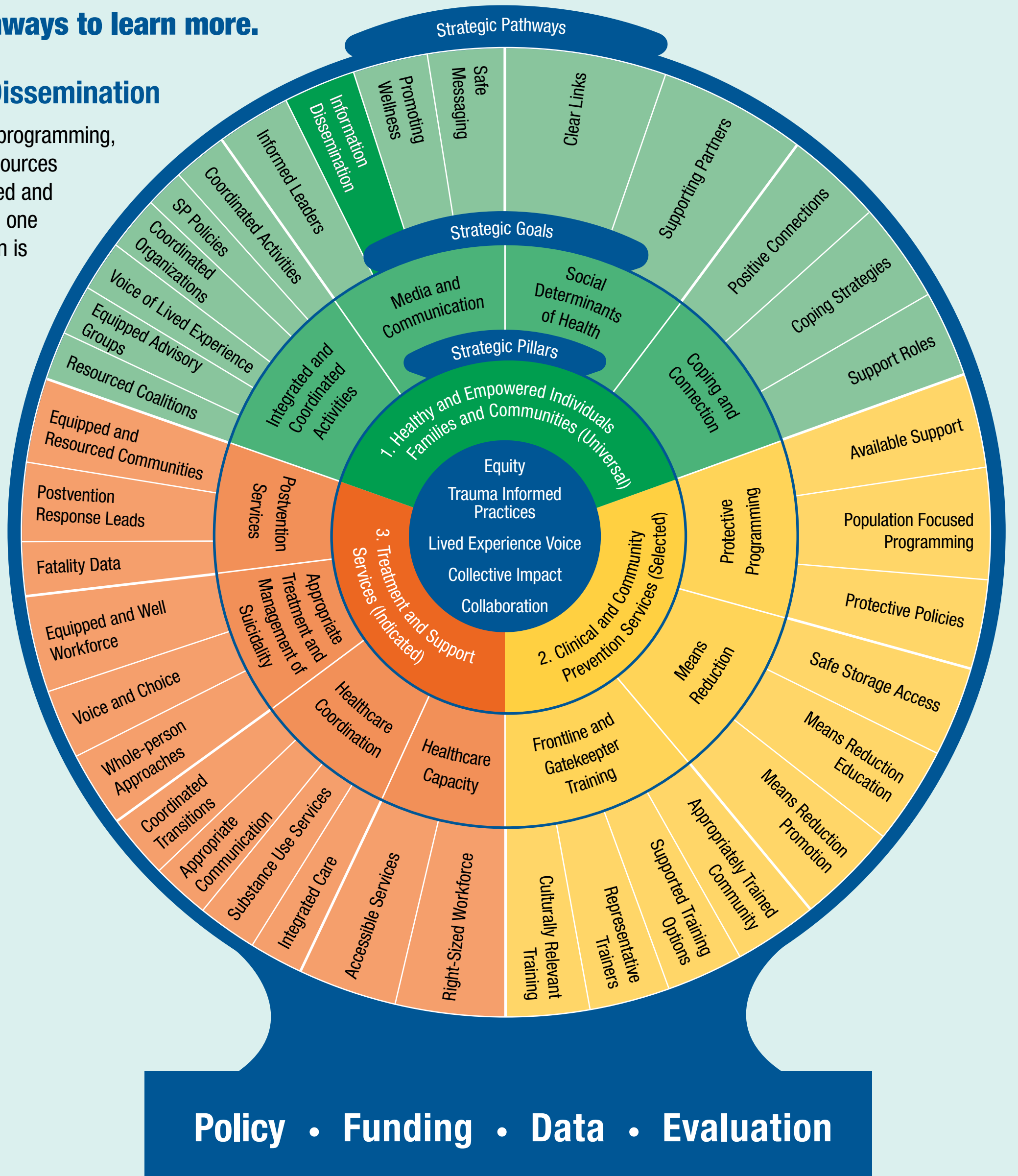
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## Information Dissemination

Suicide prevention programming, information and resources are widely advertised and centrally located on one website. Information is kept up-to-date.



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## Informed Leaders

Key decision-makers are kept well informed & up-to-date about suicide activity and prevention efforts (i.e. legislators, Oregon Health Authority leaders, Oregon Department of Education leaders, county commissioners).



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## Coordinated Activities

Suicide prevention programming is coordinated between tribes, state, county, and local leaders to maximize reach and ensure equitable access for all Oregonians.



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## SP Policies

Organizations and agencies have suicide prevention policies for clients and staff that are known and utilized.



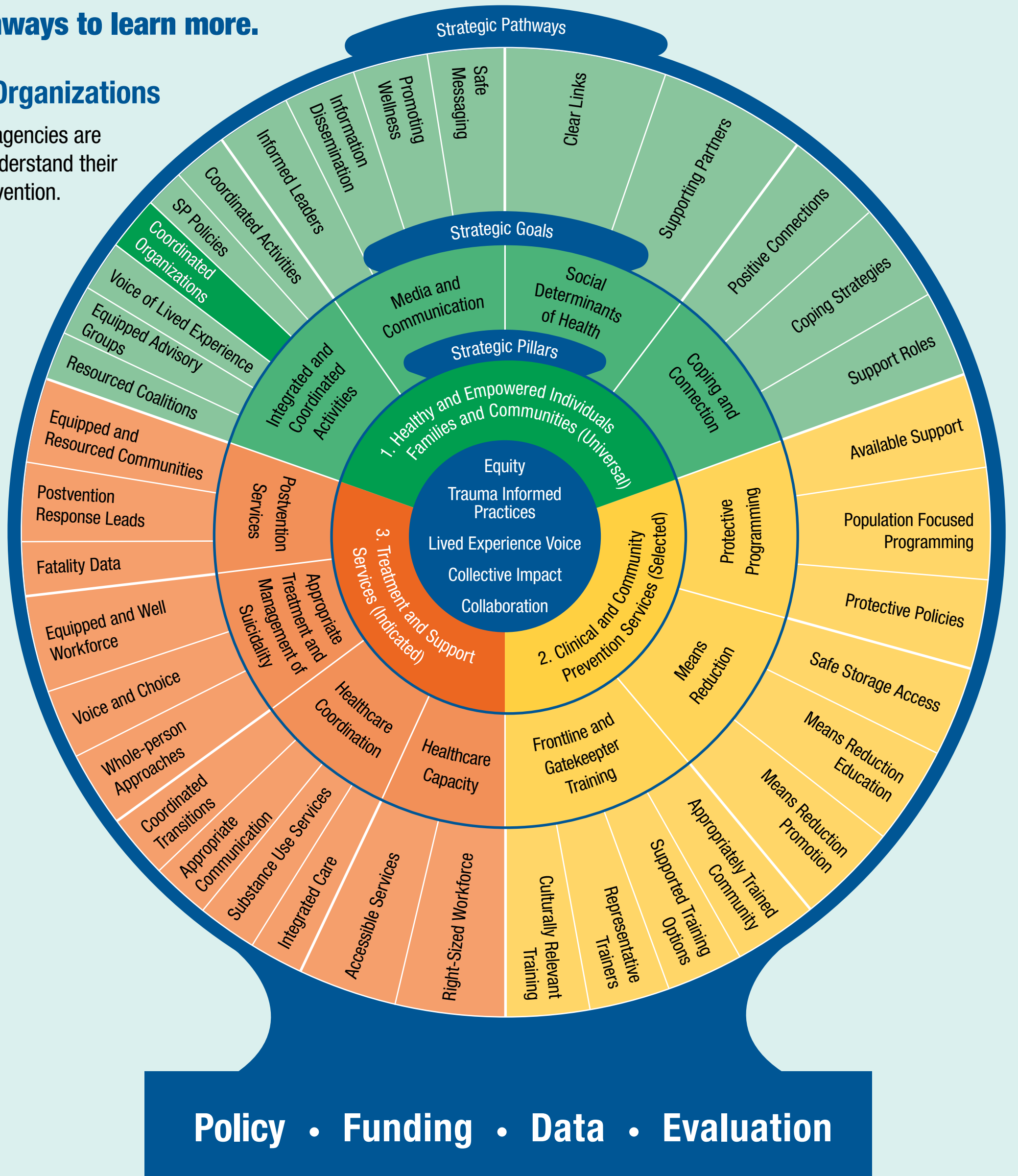
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## Coordinated Organizations

Organizations and agencies are coordinated and understand their roles in suicide prevention.





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## Voice of Lived Experience

People with lived experience have meaningful voice in Oregon's suicide prevention, including programming decisions and links to key leaders.



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## Equipped Advisory Groups

Advisory groups are well supported, equipped, and function efficiently to make meaningful change.



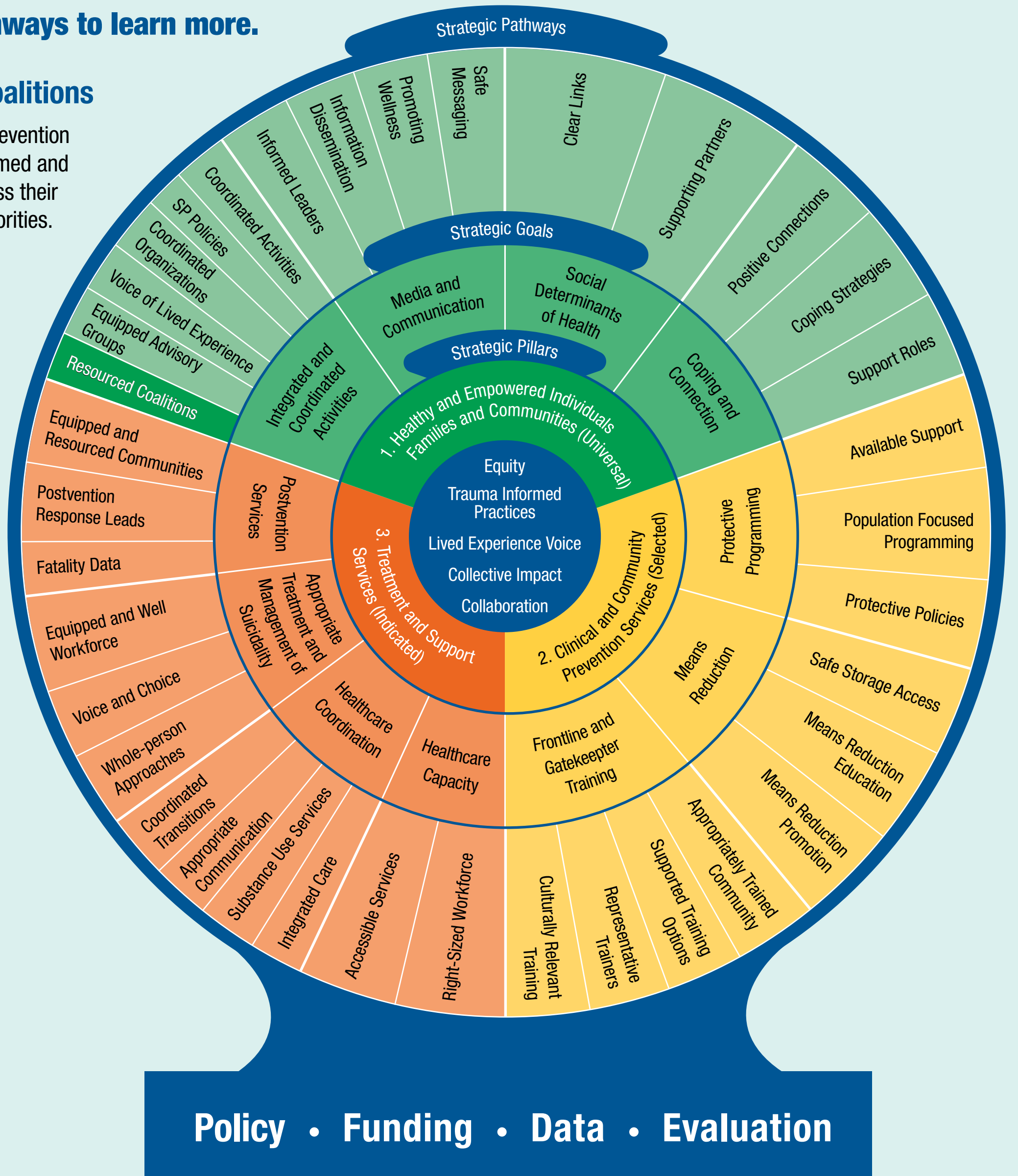
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## Resourced Coalitions

Regional Suicide Prevention Coalitions are informed and resourced to address their local needs and priorities.

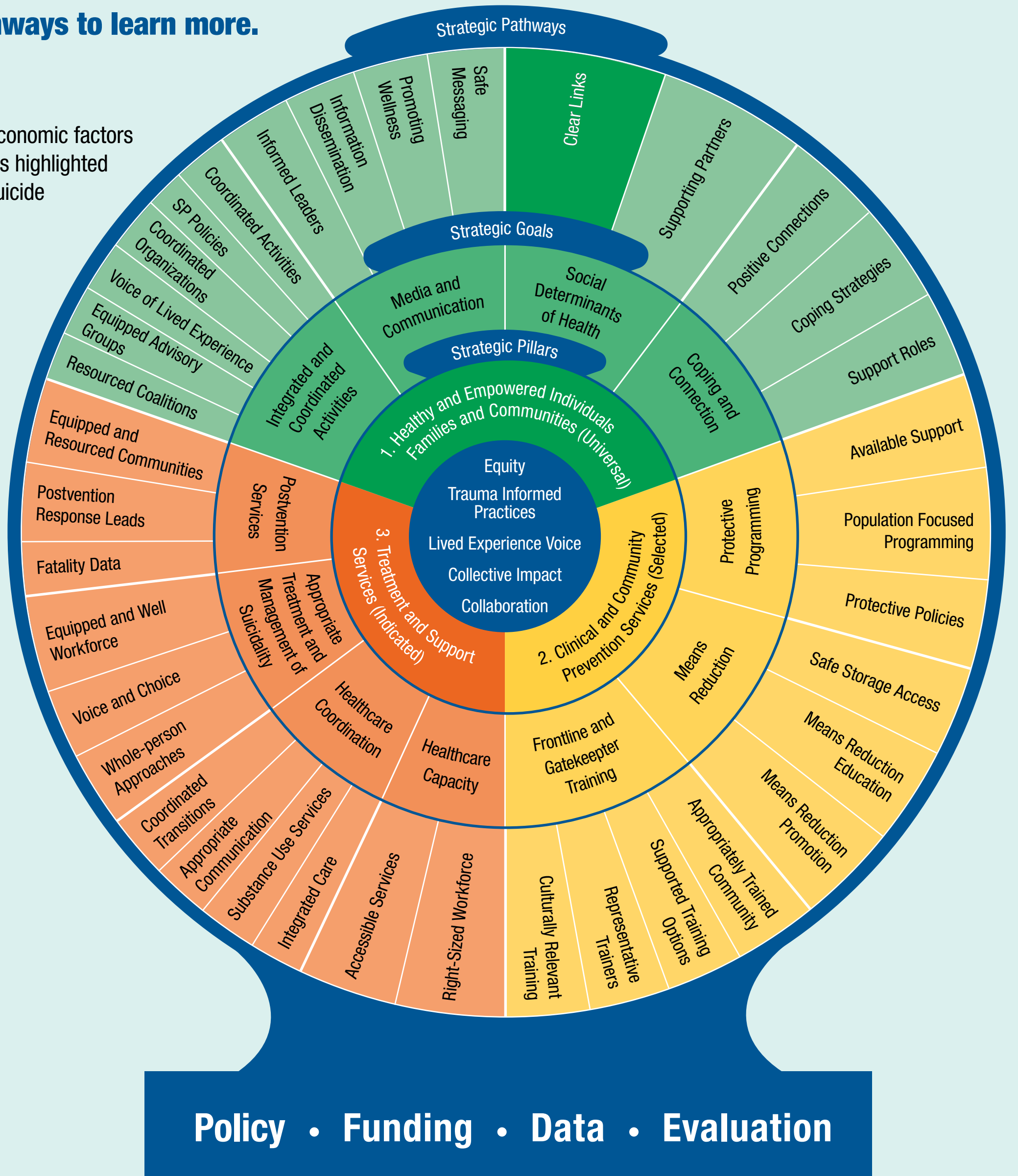


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## Clear Links

The link between economic factors and risk of suicide is highlighted outside of typical suicide prevention work.

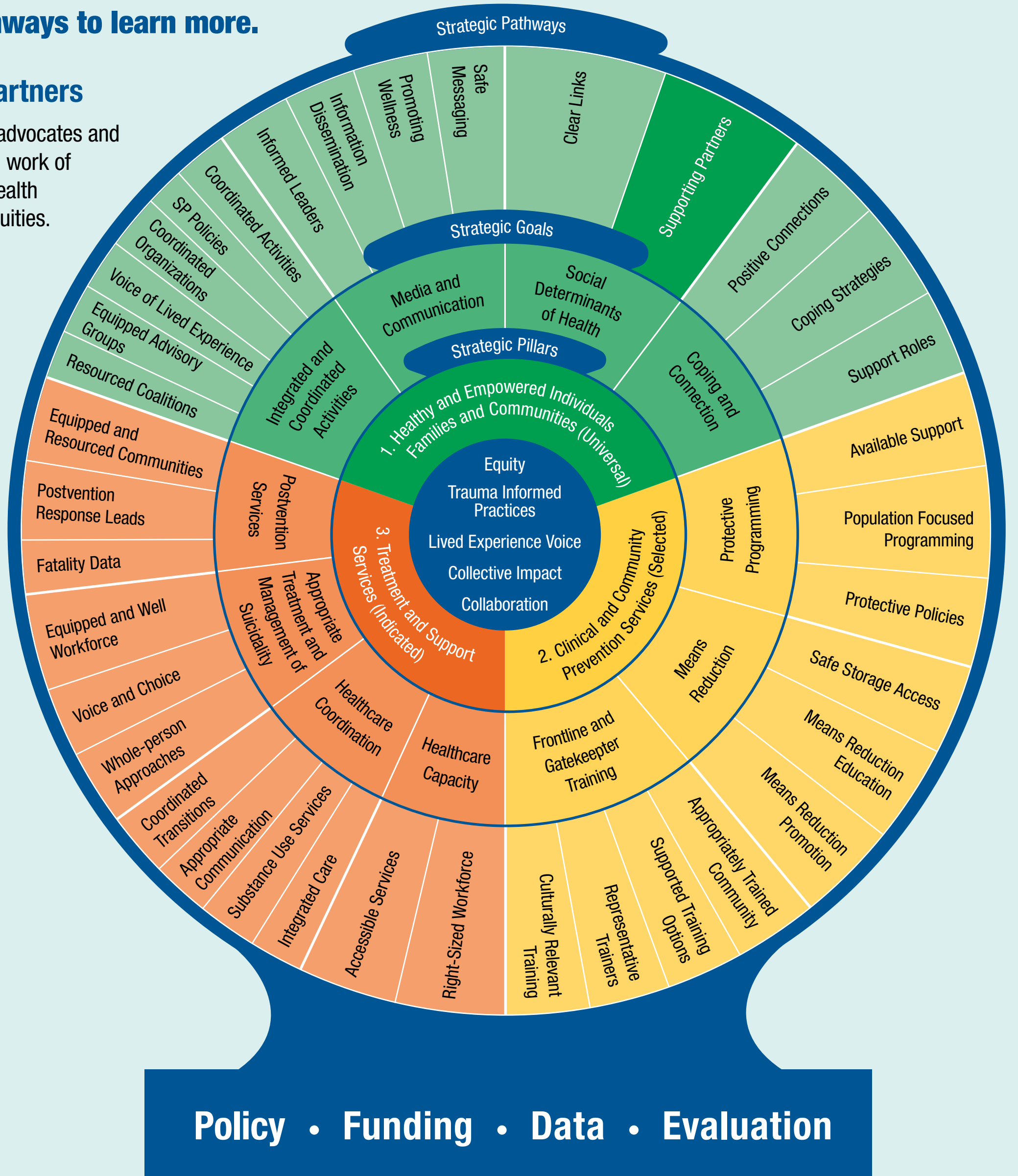


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## Supporting Partners

Suicide prevention advocates and experts support the work of those decreasing health disparities and inequities.

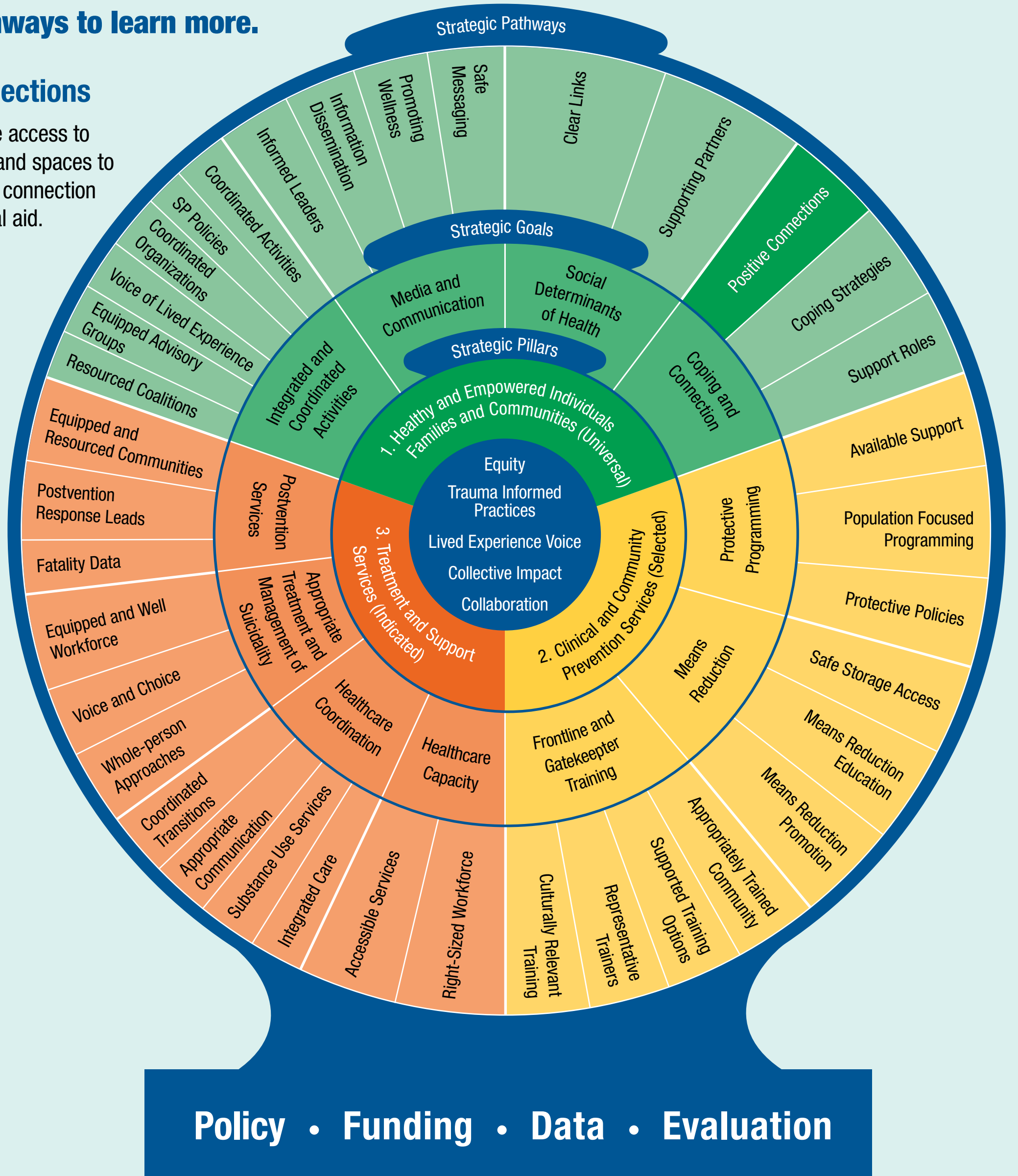


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## Positive Connections

All Oregonians have access to meaningful places and spaces to experience positive connection and promote mutual aid.

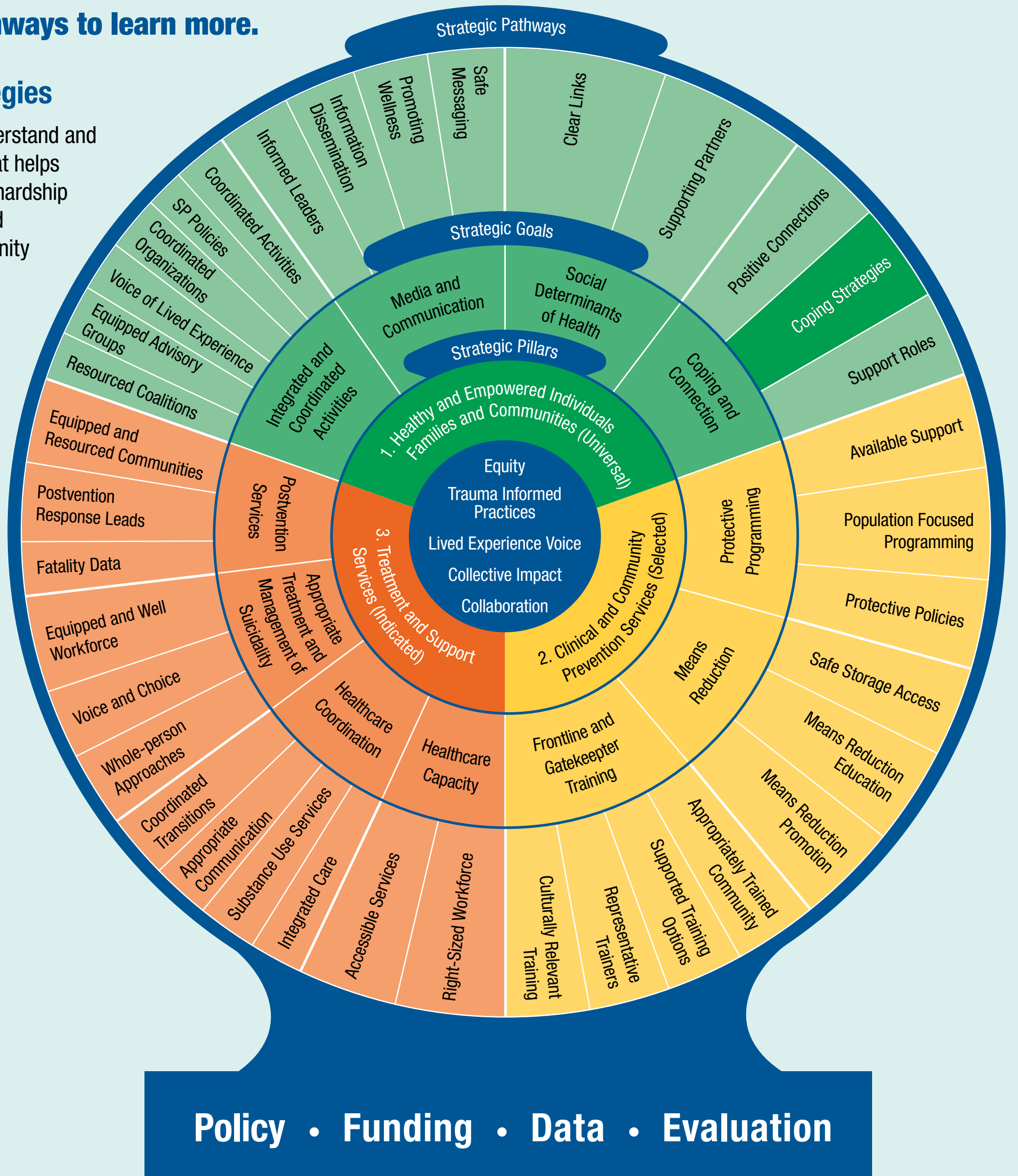


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## Coping Strategies

All Oregonians understand and have access to what helps them to cope with hardship as an individual and within their community including culturally specific strategies.

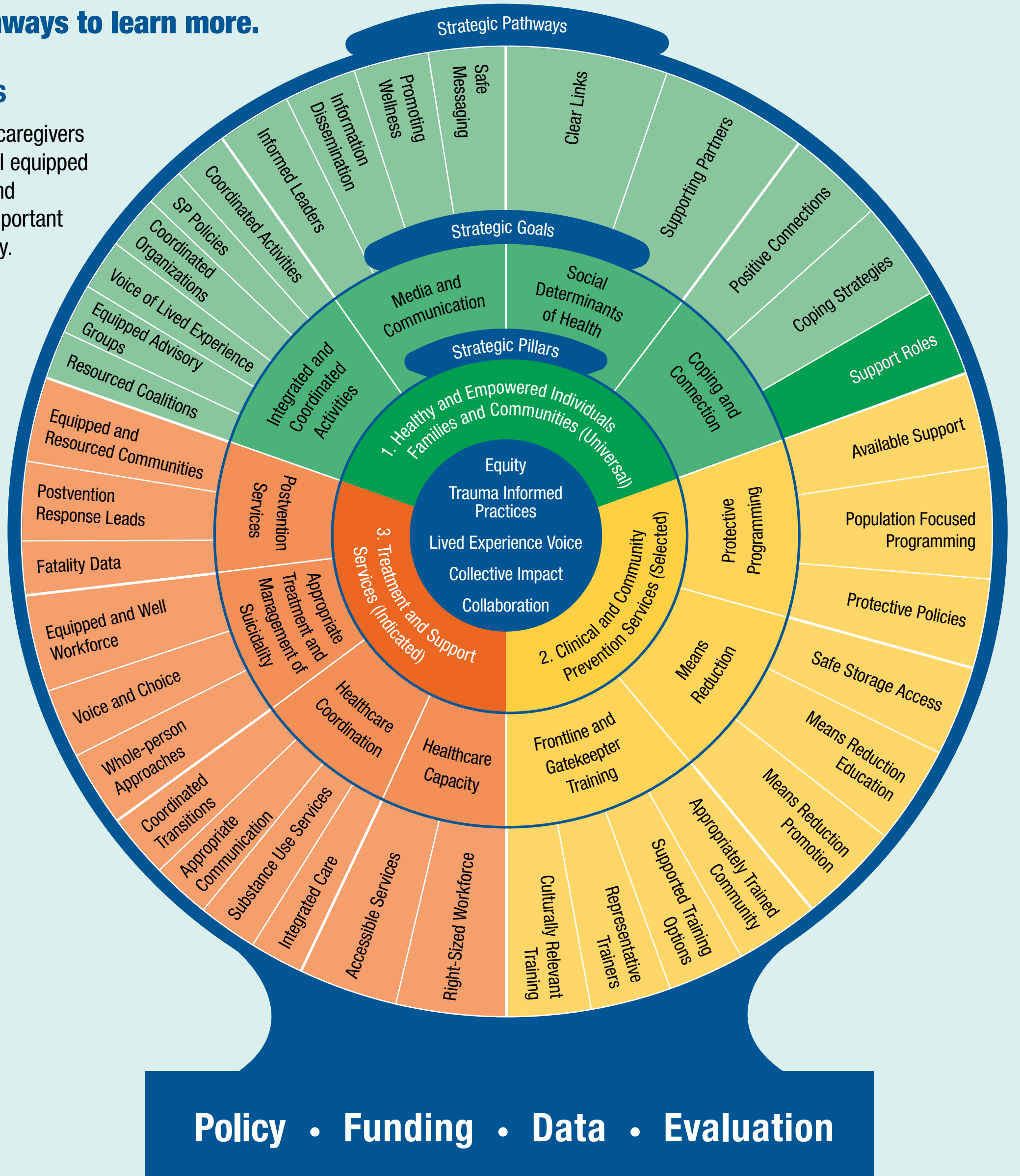


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## Support Roles

People, family and caregivers understand and feel equipped to fulfill their role and understand their important impact on suicidality.



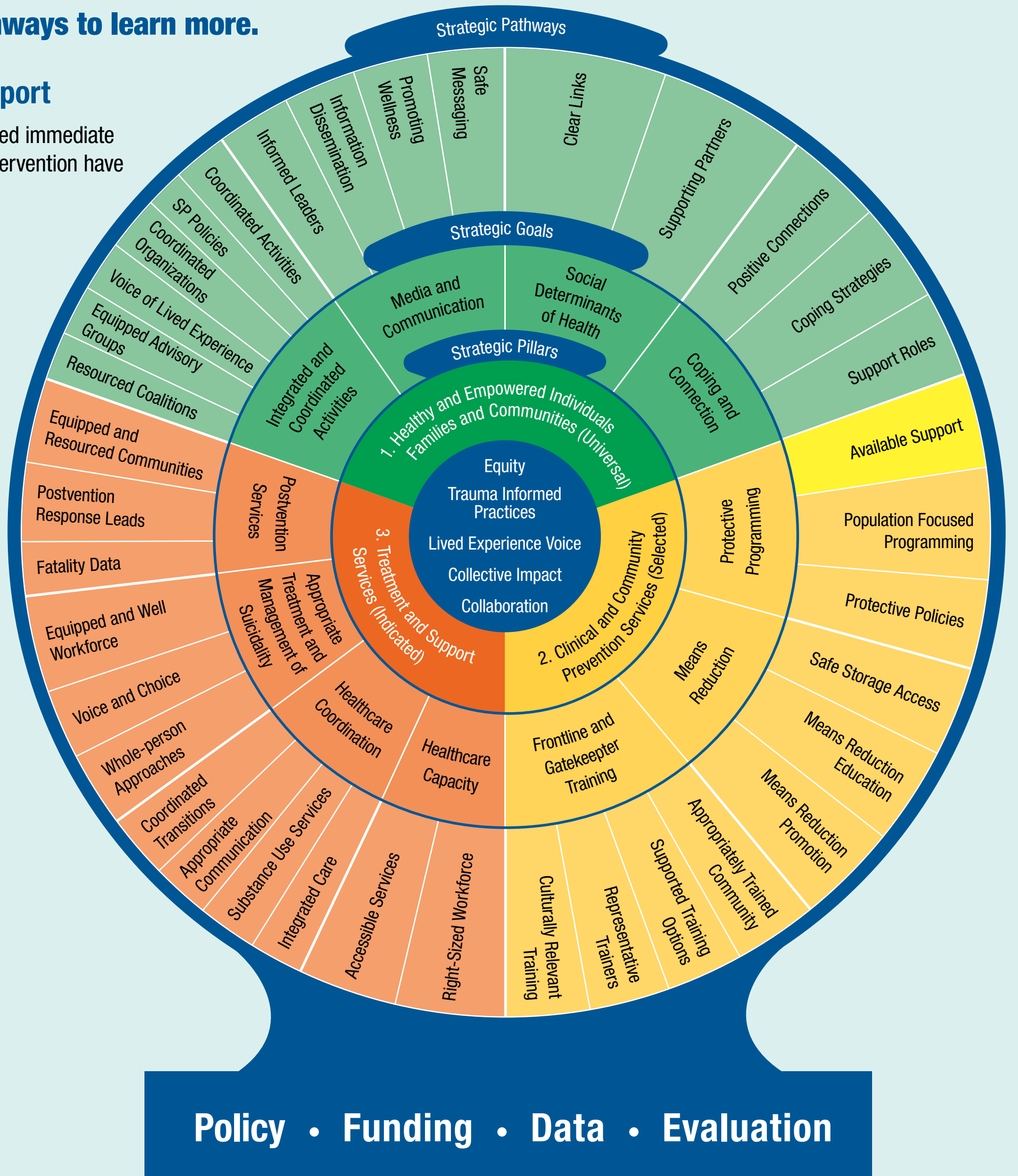


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## Available Support

Oregonians who need immediate support or crisis intervention have access to it.



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## Population Focused Programming

People within populations at greater risk for suicide have access to positive and protective programming in their community.



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## Protective Policies

Entities have policies and procedures that increase protection against suicide risk (including passive risk, active risk, and crisis intervention) and those policies are implemented.



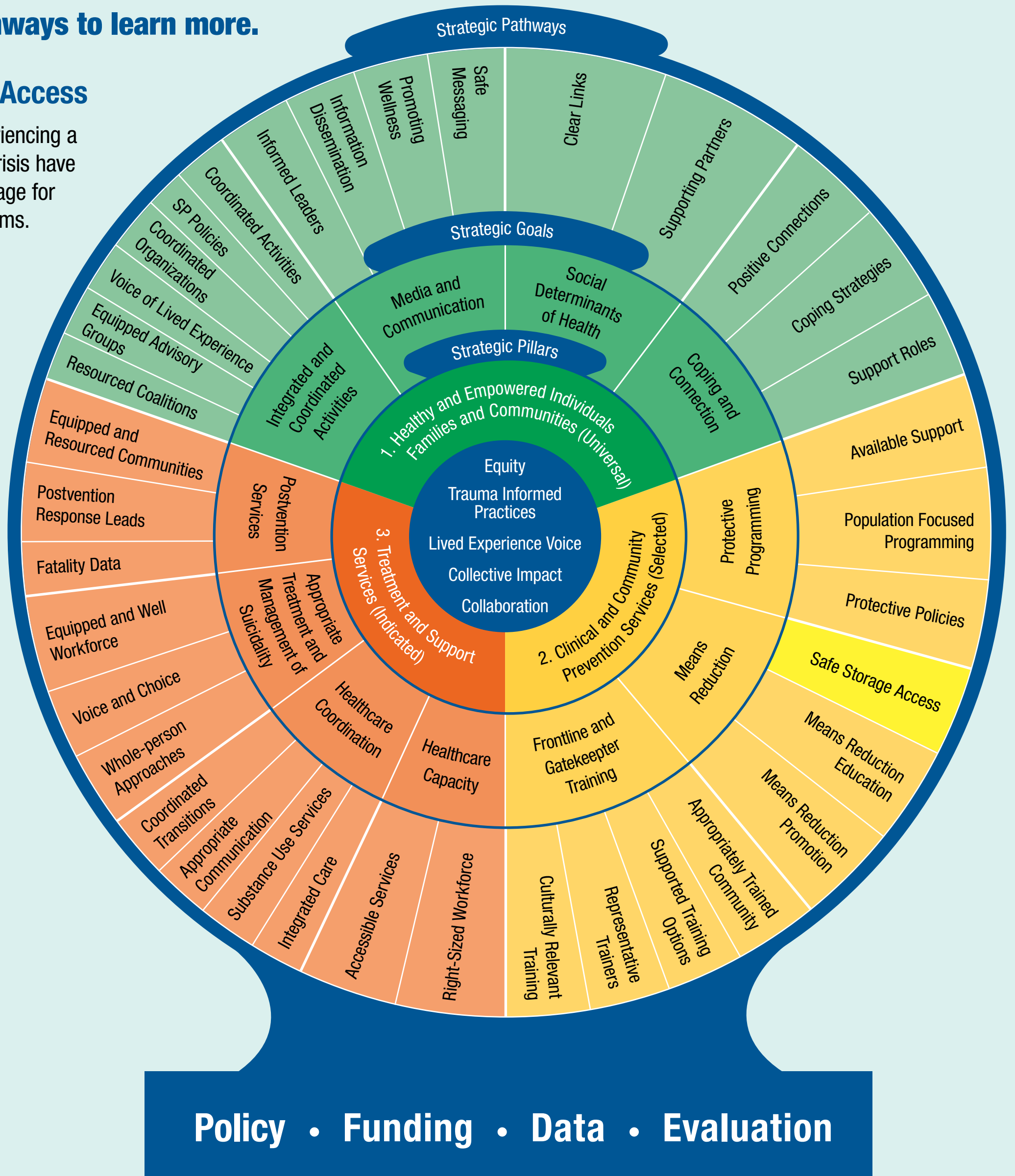
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## Safe Storage Access

All Oregonian experiencing a behavioral health crisis have access to safe storage for medicine and firearms.



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## Means Reduction Education

Oregon communities are equipped with means reduction strategies and resources.



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## Means Reduction Promotion

Means reduction practices are promoted regularly in Oregon and are linked to suicide prevention.



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## Appropriately Trained Community

Oregonians receive the appropriate level of training for suicide prevention (basic awareness, enhanced, and/or advanced) and are retrained appropriately.



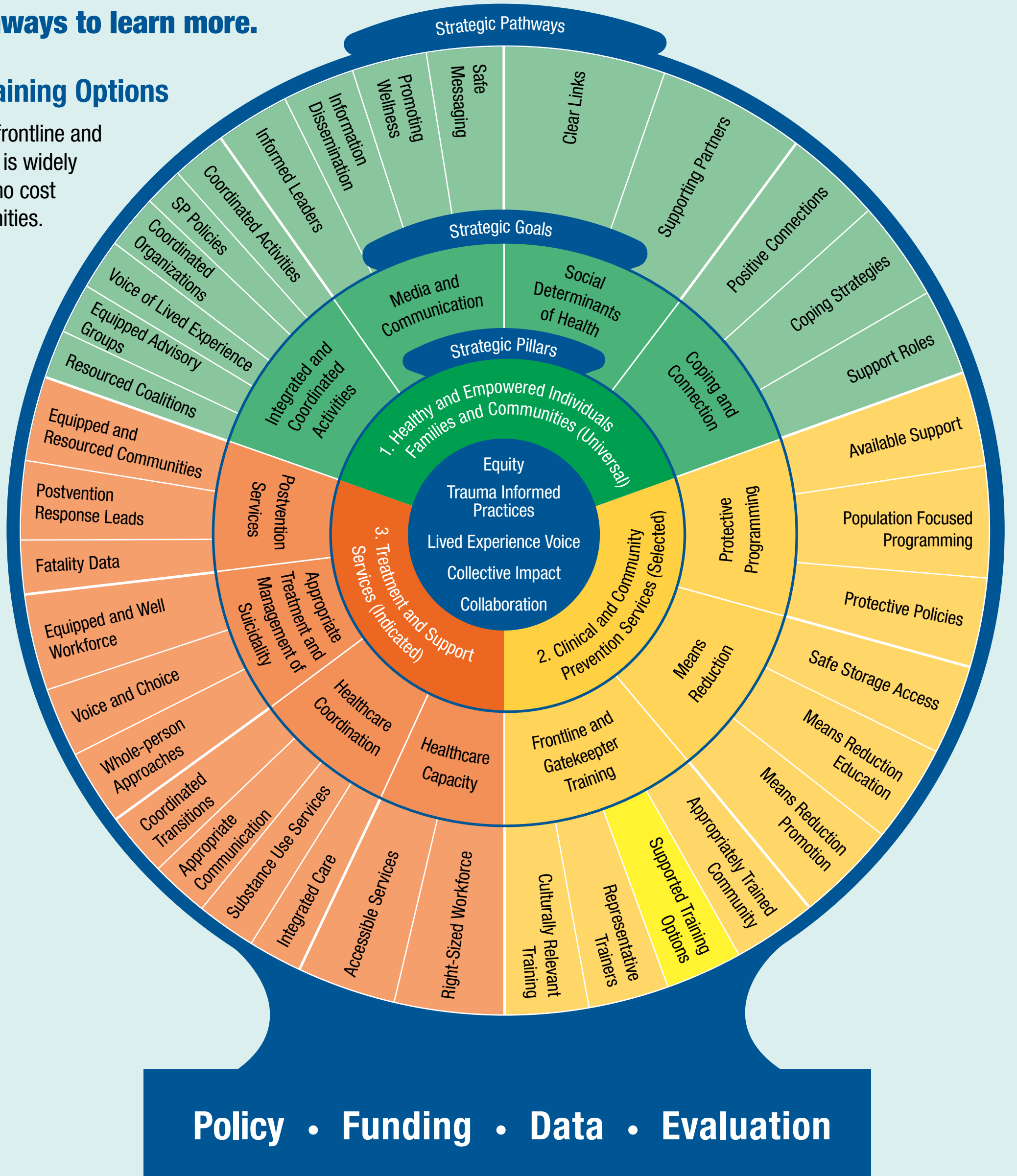
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## Supported Training Options

Suicide prevention frontline and gatekeeper training is widely available at low or no cost for Oregon communities.



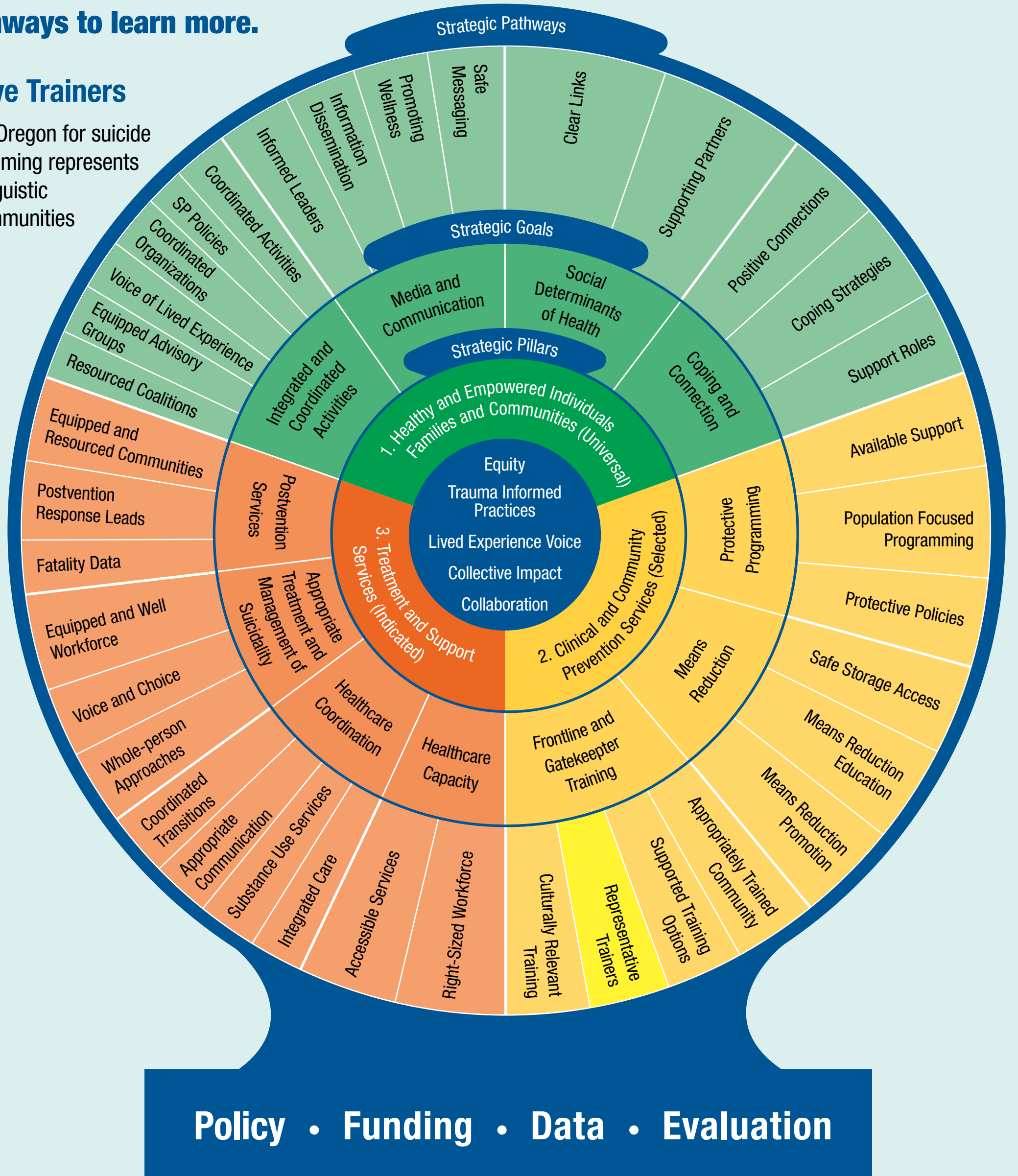


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## Representative Trainers

The trainer pool in Oregon for suicide prevention programming represents the cultural and linguistic diversity of the communities in which they train.

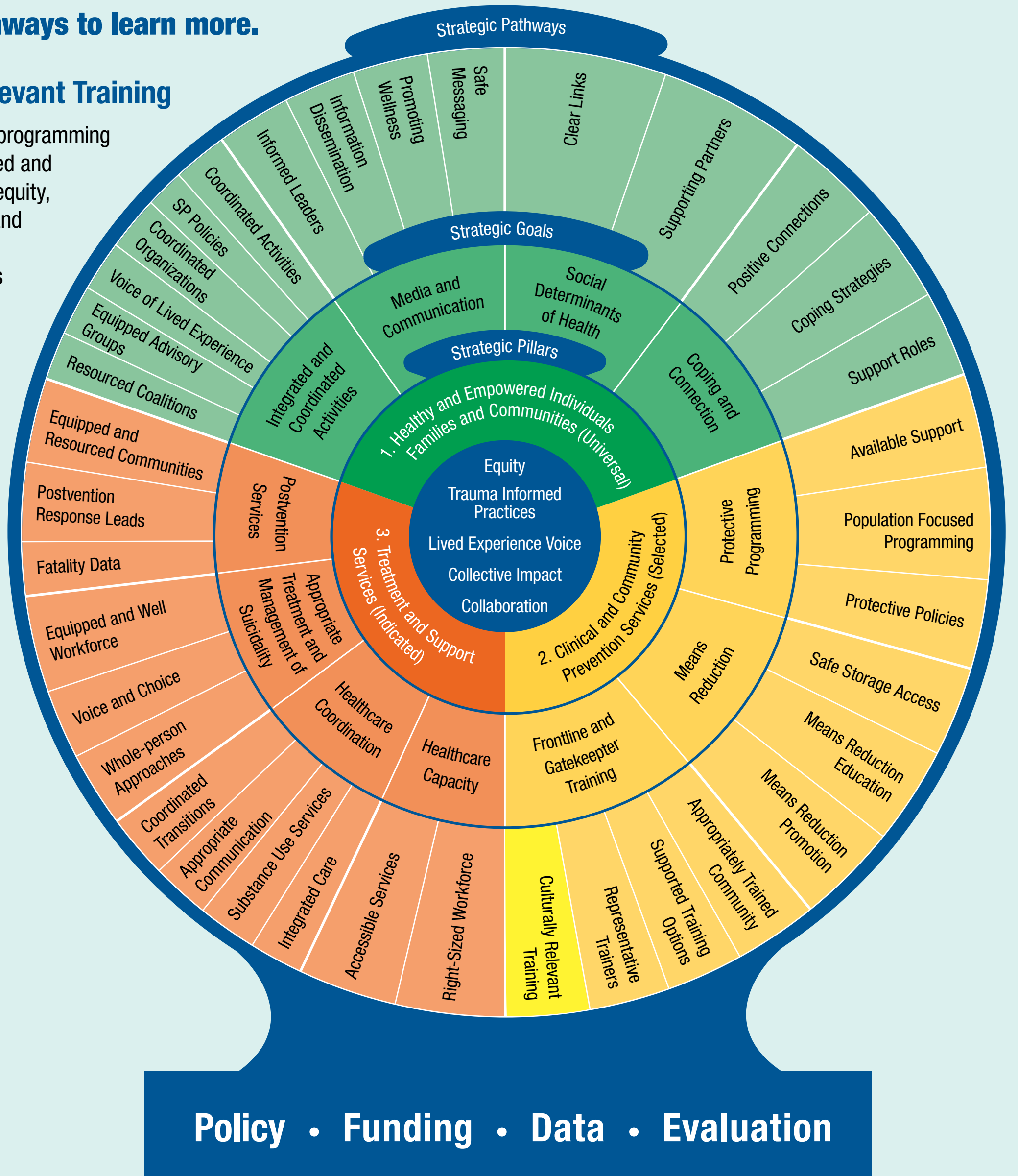


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## Culturally Relevant Training

Suicide prevention programming is regularly evaluated and updated to ensure equity, cultural relevance and responsiveness, and linguistic needs are addressed.

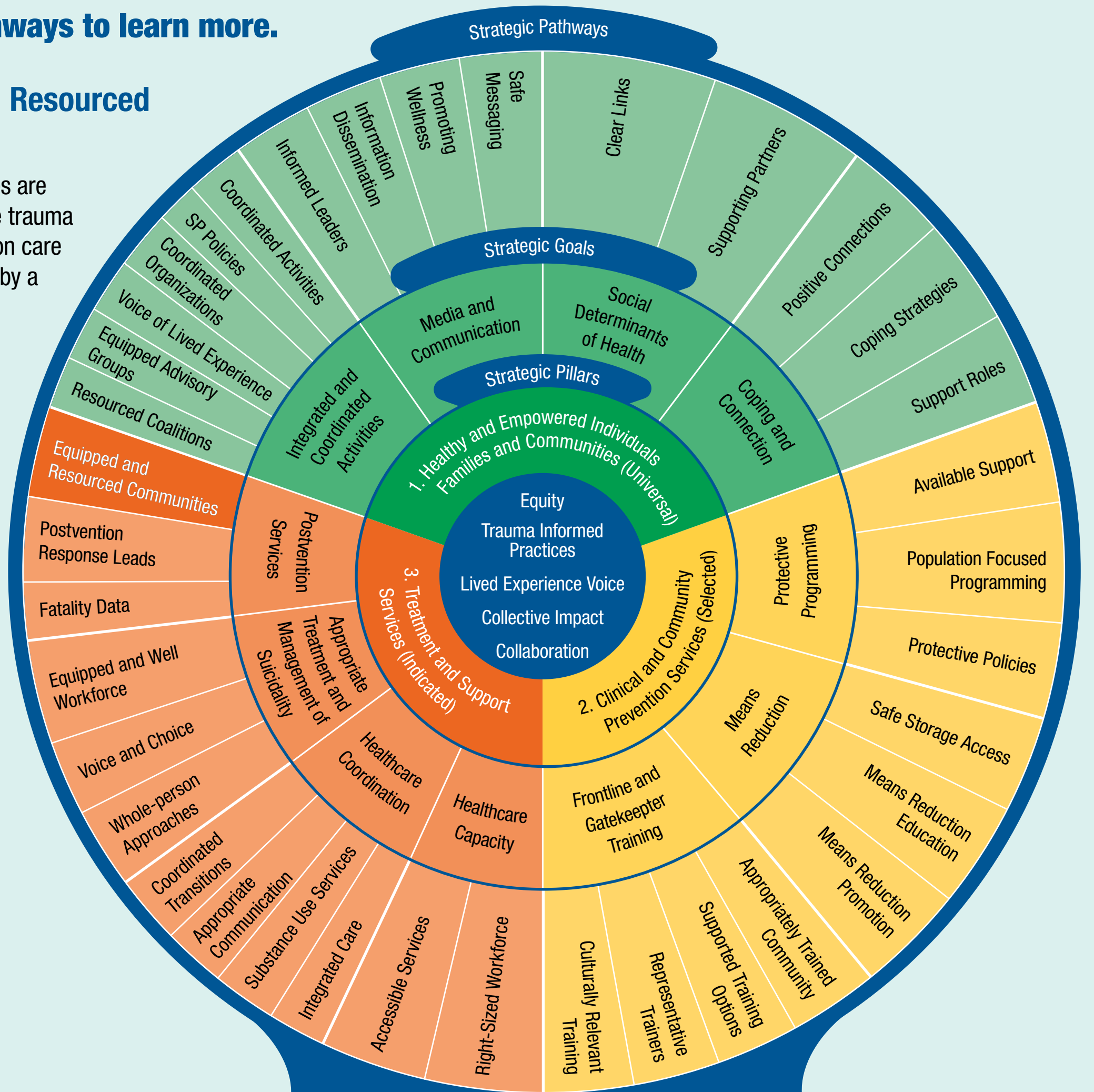


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## Equipped and Resourced Communities

Oregon communities are equipped to provide trauma informed postvention care for those impacted by a suicide death.



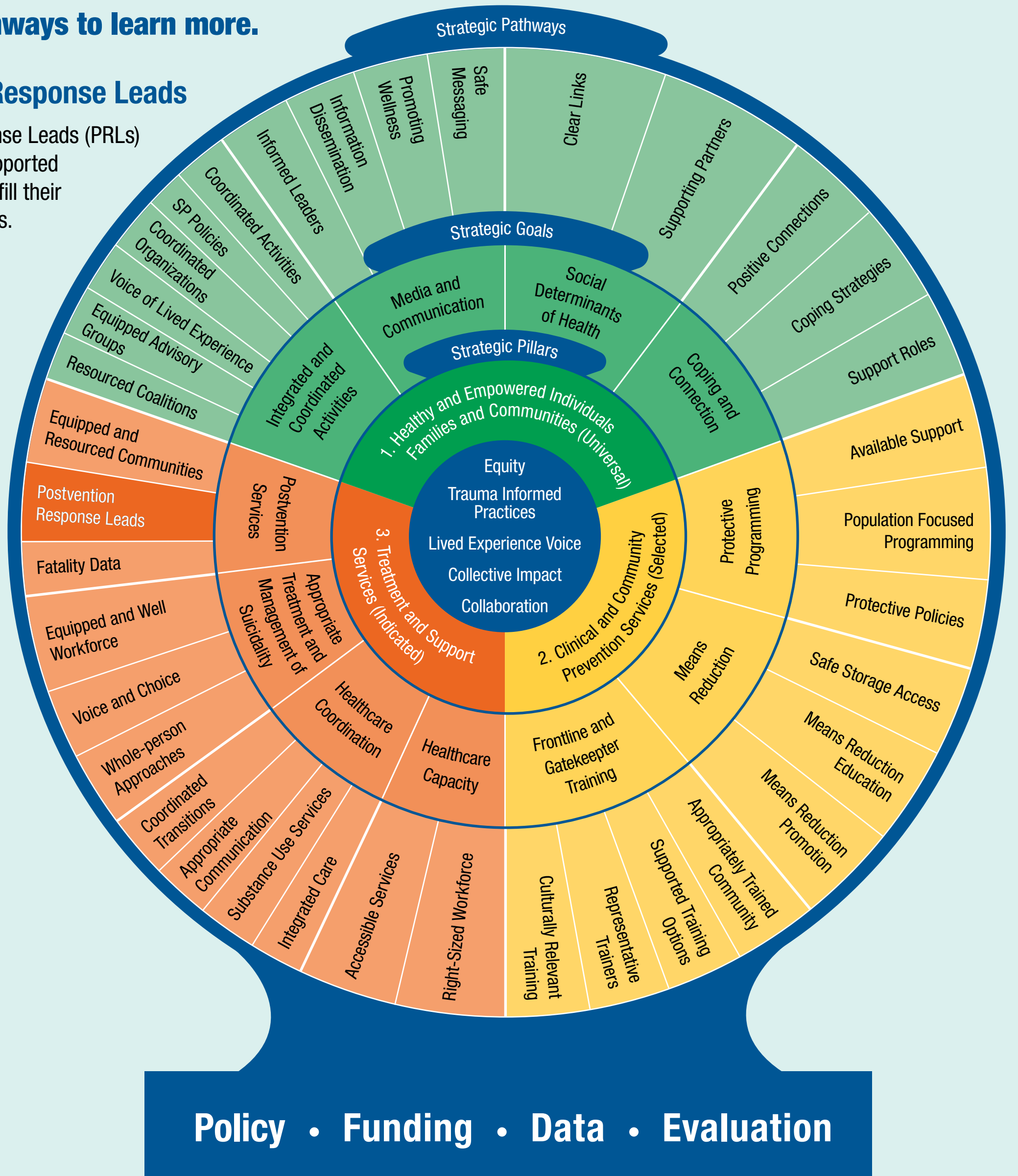
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## Postvention Response Leads

Postvention Response Leads (PRLs) (and teams) are supported and equipped to fulfill their legislative mandates.



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## Fatality Data

Suicide fatality data is gathered, analyzed, and used for future system improvements and prevention efforts.



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## Equipped and Well Workforce

The healthcare workforce is well-equipped to support Oregonians with suicidality (including understanding variations of risk and protective factors and current risk and protective conditions).



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## Voice and Choice

Oregonians have voice and choice in treatment.



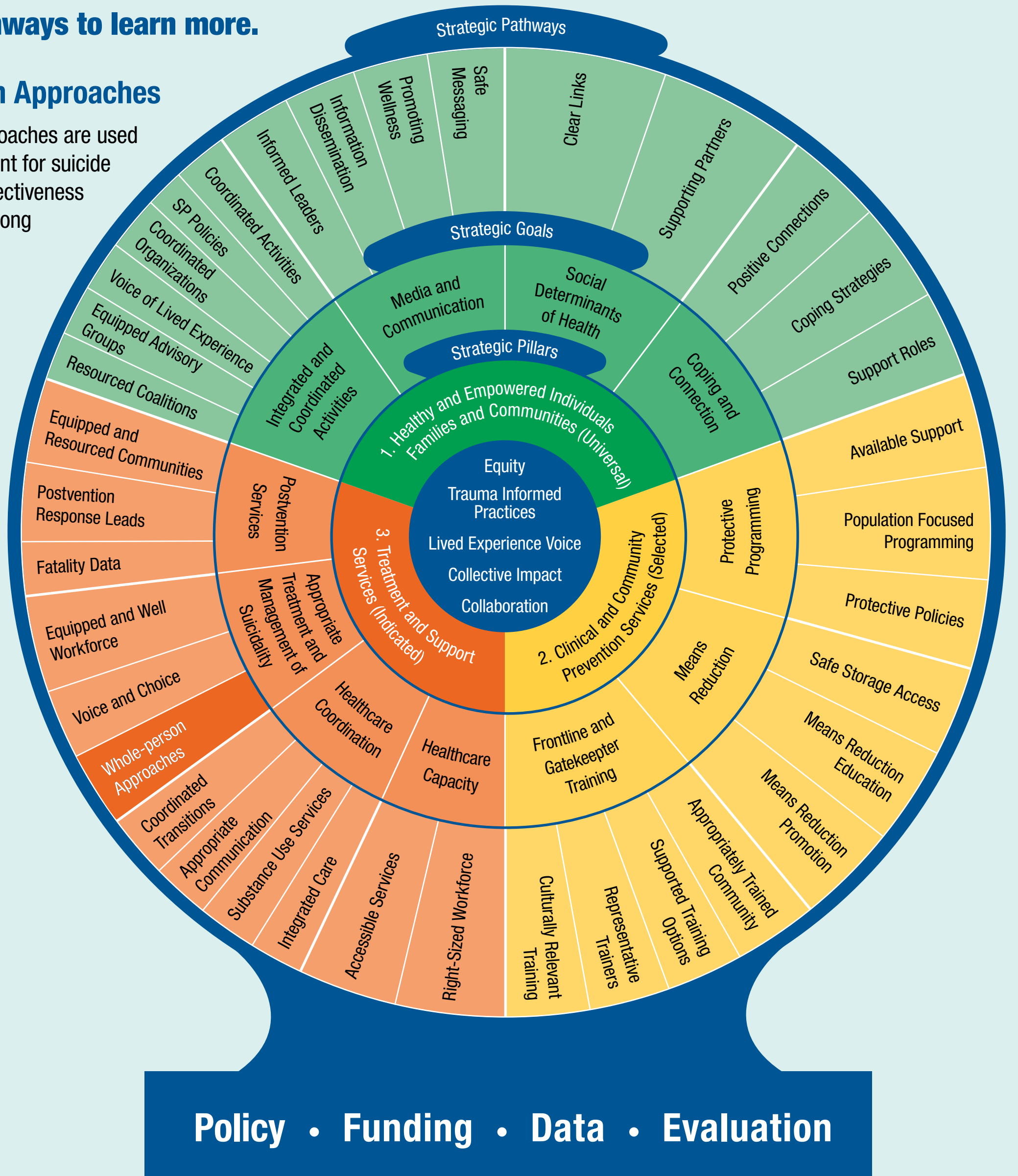
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## Whole-person Approaches

Whole-person approaches are used to enhance treatment for suicide and to increase effectiveness of management of long term symptoms.





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## Coordinated Transitions

All Oregonians who access healthcare for behavioral health crises or suicidal ideation receive coordinated care in transitions between levels of care.



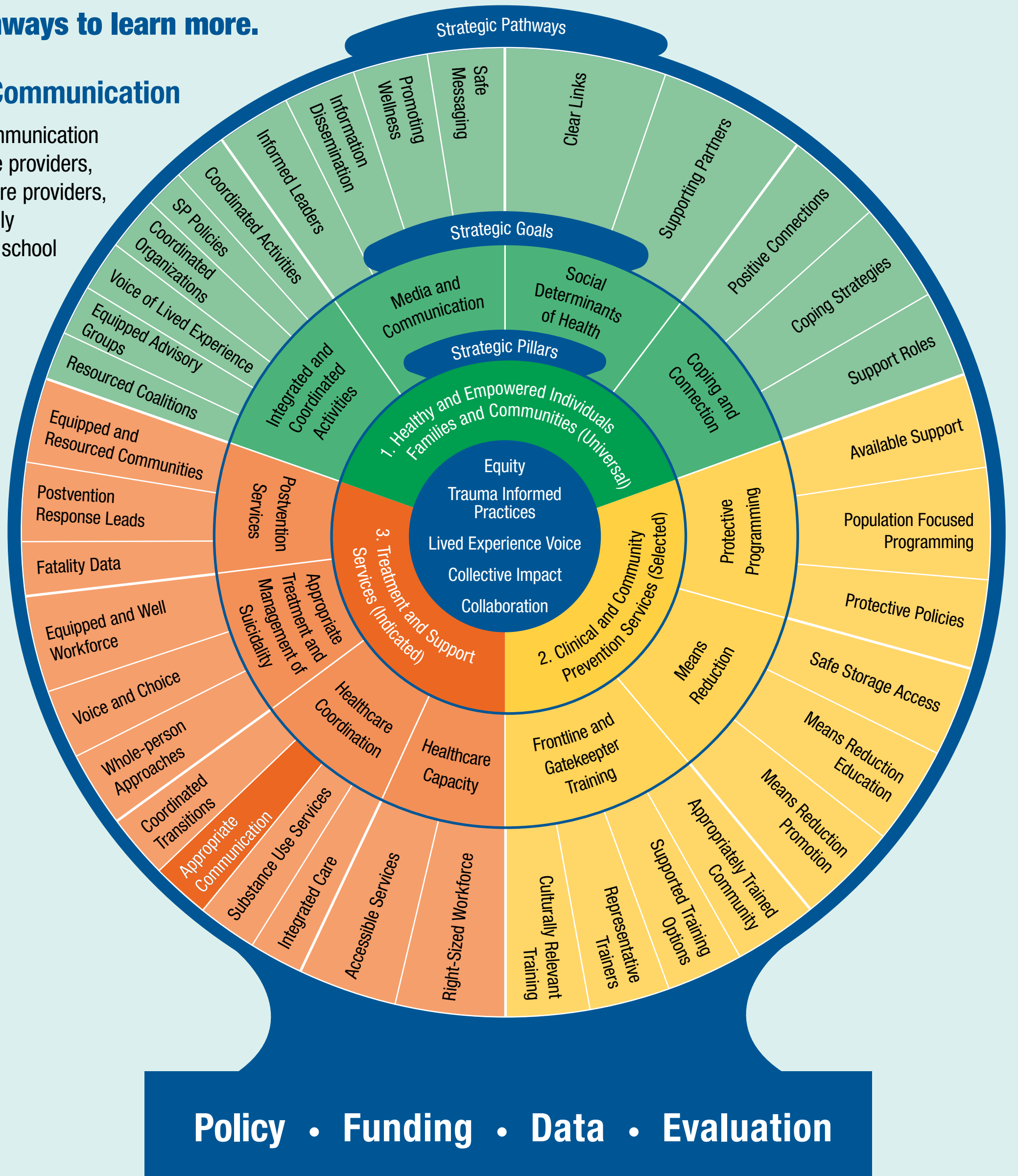
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## Appropriate Communication

There is formal communication between healthcare providers, behavioral healthcare providers, and social and family supports (including school for youth).



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## Substance Use Services

Substance Use Disorder and Mental Health services are integrated when possible and coordinated when not fully integrated.



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## Integrated Care

Oregonians will receive integrated care between primary care and behavioral healthcare (including school-based care for youth)



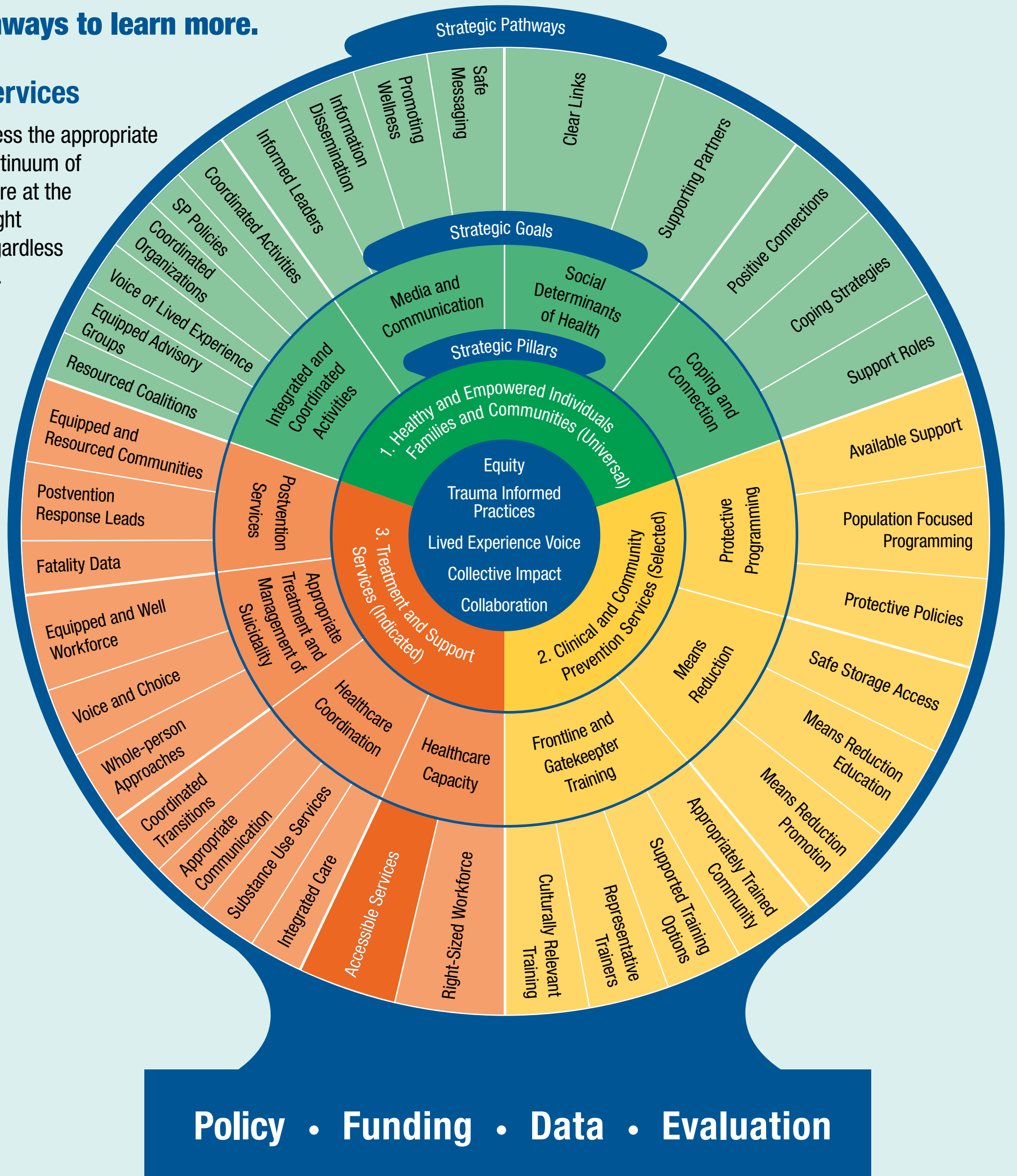
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## Accessible Services

Oregonian can access the appropriate services on the continuum of behavioral healthcare at the right time for the right amount of time, regardless of health insurance.



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## Right-Sized Workforce

There is adequate behavioral healthcare workforce to meet the need.



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