



Fairbanks Wellness Coalition
Suicide Prevention
Strategic Plan
(June 2016-June 2018)

Our vision is a community where all generations experience wellness in mind, body and spirit.

Acknowledgements

The Fairbanks Wellness Coalition Strategic Plan was written by Karen Taber, Fairbanks Wellness Coalition Coordinator and Angela Larson, Goldstream Group Principal Consultant with significant and essential input and feedback from the Fairbanks Wellness Coalition Strategic Plan members who diligently used the findings of the Fairbanks Wellness Coalition Suicide Prevention Needs Assessment to prioritize factors contributing to suicide in the Fairbanks North Star Borough, determine corresponding needs for contributing factors; identify goals for suicide prevention in the community; develop SMART objectives; and choose appropriate strategies to meet the identified goals and objectives. Members include: Jami Teets (Community Action Planning; Fairbanks Community Mental Health Services), Howard Taylor (Controller, Florcraft Carpet One Floor & Home), Janelle Chapin (Arctic Resource Center for Suicide Prevention), Nikki Hines (Fairbanks Prisoner Reentry Coalition), Jim Wisland (Pastor; Arctic Resource Center for Suicide Prevention; Interior Alaska Suicide Prevention Coalition), and Deison Rios (Program Coordinator, Boys and Girls Clubs of Fairbanks). Without their work this Strategic Plan would not have been possible.

We would also like to thank all members of the Fairbanks Wellness Coalition for their oversight and feedback provided throughout the strategic planning process. Their collective knowledge and input was essential to developing a coherent strategic plan.

Members of the Fairbanks Wellness Coalition represented or were a part of the following organizations and coalitions in the Fairbanks region:

- Alaska Careline
- Arctic Resource Center for Suicide Prevention
- Boys & Girls Club of Fairbanks
- CAP: Community Action Planning
- The Door – Fairbanks Youth Advocates
- Fairbanks Daily News Miner
- Fairbanks Homeless Coalition
- Fairbanks Native Association
- Fairbanks Prevention Alliance
- Fairbanks North Star Borough School District
- Florcraft Carpet One Floor & Home
- Fort Wainwright Suicide Prevention Program
- Hope Counseling
- Interior Alaska Center for Non-Violent Living
- Interior Alaska Suicide Prevention Coalition
- Prisoner Re-entry Coalition
- Local Recover Alaska Group
- Tanana Chiefs Conference
- United Way of the Tanana Valley
- University of Alaska Fairbanks Department of Psychology

- University of Alaska Fairbanks Police Department

This strategic plan was funded by a Comprehensive Prevention and Early Intervention Services Grant from the Alaska Department of Health and Social Services, Division of Behavioral Health (Grant Award No. 602-207-1507, July 1, 2014 -- June 30, 2018).

Table of Contents

Acknowledgements..... 2

Introduction..... 6

Section 1. Strategic Planning Methodology 8

 Strategic Planning Steps 8

 Strategic Planning Actions..... 9

Section 2. Infrastructure Needs 11

Section 3. Community Assessment Results..... 12

Section 4. Strategies..... 14

 Strategy 1: Infrastructure Development and Capacity Building 16

 Objectives..... 16

 Activities 16

 Resources 17

 Timeline 18

 Strategy 2. Awareness Campaign 20

 Objectives..... 20

 Activities 20

 Resources 21

 Timeline 21

 Strategy 3. Early Intervention Screening..... 23

 Objectives..... 23

 Activities 23

 Resources 24

 Timeline 25

 Strategy 4. Sources of Strength..... 26

 Objectives..... 26

 Activities 27

 Resources 27

 Timeline 27

 Strategy 5. Behavioral Health Plan..... 28

 Objectives..... 28

 Activities 28

Resources 29

Timeline 29

Section 5. Cultural Responsiveness 30

Section 6. Evaluation 32

Section 7. Management Information System (MIS) 39

Section 8. Logic Models 40

Introduction

The Fairbanks Wellness Coalition is a “coalition of coalitions” formed in 2014 with the goal of fostering community wellness through the development of data driven prevention programs. The coalition was first formed when several individuals and agencies in the community came together with a shared desire to work towards prevention of suicide in the Fairbanks region, recognizing that this work must also include the prevention of substance abuse and mental health issues to truly affect change. When grant funding became available, this initial group reached out to form a larger and more comprehensive coalition to assess interest and define a process to move forward. This group successfully applied to the State of Alaska Division of Behavioral Health for Comprehensive Prevention and Early Intervention grant funding, which was received beginning in July, 2014.

The Fairbanks Wellness Coalition Comprehensive Prevention and Early Intervention grant funding is intended to 1) assess the prevention needs of the community related to substance abuse, mental health, and suicide; 2) prioritize one of these three areas for the development of prevention efforts in the community; 3) conduct strategic planning based on the outcomes of the needs assessment and prioritization process; 4) build the community’s capacity to address these concerns; and 5) implement and evaluate these efforts. The funding period is July 1, 2014 – June 30, 2018.

Through this funding, the goals of the Fairbanks Wellness Coalition are fourfold: 1) to gather pertinent data for Fairbanks North Star Borough related to the funded project; 2) to determine the capacity of the coalition and the community to address concern(s) identified through the data; 3) to develop a strategic plan to address the concerns and needs identified; and 4) to develop a funding and evaluation mechanism to guide the implementation and evaluation of efforts initiated through this project.

To accomplish these goals, the Fairbanks Wellness Coalition is utilizing the Strategic Prevention Framework (SPF). The SPF model was developed by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), and is a 5-step planning process intended to help guide states, tribes, jurisdictions and communities in the selection, implementation and evaluation of effective, culturally appropriate, and sustainable prevention activities. By utilizing findings from public health research and evidence-based prevention programs to build community capacity and sustainable prevention programming, the SPF model is intended to promote resilience and reduce risk factors in individuals, families and communities. [1] The five steps of the Strategic Prevention Framework are: Needs Assessment, Capacity Building, Strategic Planning, Implementation, and Evaluation.



This Strategic Plan is a culmination of Step 3 of the Strategic Prevention Framework: Strategic Planning. The report is divided into the following sections.

In Section 1, Methodology, we provide a brief overview of the process used to prioritize factors contributing to suicide in Fairbanks North Star Borough; determine corresponding needs for contributing factors; identify goals for suicide prevention in the community; develop SMART objectives; and choose appropriate strategies to meet the identified goals and objectives.

Section 2, Infrastructure Needs, provides an overview of infrastructure and capacity building needs that were identified during the needs assessment phase of this project. Strategies to address these identified capacity and infrastructure needs are included in Section 4.

In Section 3, Community Assessment results, we connect the needs identified in the needs assessment to the strategies selected. This section also summarizes the synthesized data, including readiness, intermediate variables, and resource information used to develop strategies that represent the needs of the focus population.

In Section 4, Strategies, we turn toward describing the strategies selected. Under each strategy is a description of the intermediate variables address by the strategy, the objectives we hope to meet as a result of implementing the strategy, a short description of how the strategy relates to the State of Alaska's Suicide Prevention Plan, and a narrative description of the activities that will be implemented. Also included are the cultural responsiveness of these strategies, sustainability, and a diverse list of resources for continued efforts although cultural responsiveness is further discussed in Section 5.

In Section 5, Cultural responsiveness, we discuss how community input was incorporated into the strategic planning process, how the community was involved in selection of strategies, and how the coalition intends to nurture community buy-in, support and involvement. In addition, this section discusses how the plan reflects input and outreach to diverse populations, cultures, ethnicities, gender, and age groups.

In Section 6, Evaluation, we discuss the evaluation questions and detail the evaluation tools that will be used to measure the indicators of progress and the outcome indicators. These indicators are also described in more detail in the attached logic model.

In Section 7, Management Information System (MIS), we describe the software to be used, the structure of the MIS, and where the MIS will reside. Also described is the method for updating data in the MIS and how often this will happen. In addition, we describe how the coalition will communicate throughout implementation of this plan.

Finally, Section 8 contains the overall logic model and individual logic models detailing the project's intermediate variables, contributing factors (and related indicators from the Needs Assessment), activities, objectives for the activities, planned outcomes, evaluation questions, indicators of progress and outcome indicators, and measurement instruments for both. The logic models were developed in DoView and have also been submitted as a DoView file for further explanation of the project that can't be represented on paper.

Section 1. Strategic Planning Methodology

Strategic planning was conducted by a team of Fairbanks Wellness Coalition members who brought a range of skills and backgrounds to the planning process, including Jami Teets (Community Action Planning; Fairbanks Community Mental Health Services) Howard Taylor (Controller, Florcraft Carpet One Floor & Home), Janelle Chapin (Arctic Resource Center for Suicide Prevention), Nikki Hines (Fairbanks Prisoner Reentry Coalition), Jim Wisland (Pastor; Arctic Resource Center for Suicide Prevention; Interior Alaska Suicide Prevention Coalition), and Deison Rios (Program Coordinator, Boys and Girls Clubs of Fairbanks). The team, including Karen Taber, Fairbanks Wellness Coalition Coordinator and Angela Larson, Goldstream Group Principal Consultant met 4 times (3 times in person and once via teleconference) over the course of four months, using Base Camp, an online project management program, to provide feedback in between meetings.

Strategic Planning Steps

The strategic planning process included 12 major steps. These are summarized below:

1. Develop **vision statement**
2. Identify **contributing factors (needs) for each Intermediate Variable**. This step was completed as part of the needs assessment and is summarized in the table included on pages 140-143 of the needs assessment report. This table identifies multiple sources of data for each need identified, and was used extensively in the strategic planning process.
3. Develop **goal statements for each Intermediate Variable** based on needs. Goal statements were based on three criteria: 1) When successful, what each Intermediate Variable will look like in the community; 2) Reflection of impacts, overall direction, behaviors; 3) The foundation provided for objectives and activities.
4. Develop **SMART (Smart, Measurable, Achievable, Relevant, and Time-bound) objectives for each goal** -- What will change, for who, by how much, and when?
5. **Select strategies** based on SMART objectives
6. Discuss **fit of each strategy to the community**, including community values, traditions, cultural context; community readiness; target population; cost and feasibility; and any adaptations.
7. Identify **community resources needed for each strategy** (human, technical, fiscal, and structural/linkages)
8. Develop **strategy level logic models** that include resources, outputs, components of strategy, short-term outcomes (changes in knowledge, skills, attitudes, beliefs), medium-term outcomes (changes in behavior), and long-term outcomes (changes in suicide rates).
9. For each strategy discuss **target groups** including number of people served, plans for recruiting participants, and plans for retaining participants.
10. For each strategy discuss **collaborative partners and community members needed to succeed**, including the role for each partner.
11. For each strategy identify **potential barriers and possible solutions to these barriers**.
12. Develop **action plans** for each strategy, including strategy components, key activities, target completion dates, person responsible for overseeing activities, resources and materials needed, and location for activities.

Strategic Planning Actions

The strategic planning team used the findings of the Fairbanks Wellness Coalition Suicide Prevention Needs Assessment to prioritize factors contributing to suicide in Fairbanks North Star Borough; determine corresponding needs for contributing factors; identify goals for suicide prevention in the community; develop SMART objectives; and choose appropriate strategies to meet the identified goals and objectives. The following chart summarizes the major actions of the planning process.

Date	Major Actions
November 20, 2015	<ul style="list-style-type: none"> ● The team developed needs statements for each of the contributing factors identified in the needs assessment; developed goals for each intervening variable; and drafted objectives for each contributing factor. ● The team prioritized intermediate variable(s) to work on in the next 18 months. ● The team discussed definitions and expectations of the state of Alaska preliminary list of possible prevention activities.
December 1, 2015	<ul style="list-style-type: none"> ● The team provided a summary of the strategic planning requirements and process to the full coalition. ● The team asked the full coalition to approve its prioritization of intermediate variables. The Strategic Planning team recommended focusing on the intermediate variable “Community Knowledge and Understanding of Suicide” first because it is the best fit for the coalition’s work, needs assessment data support the intermediate variable, it encompasses the other two intermediate variables (mental health and substance abuse), and the mental health and substance abuse intermediate variables have barriers that would limit the amount of work that could be accomplished. ● Coalition members voted to support the Strategic Planning team’s recommendations using Base Camp.
December 11, 2015	<ul style="list-style-type: none"> ● The coalition’s Coordinator began developing a “strategy development guidance” checklist to ensure that strategies selected would be 1) based on evidence-based strategies that are practical, relevant, and meaningful to the community and focus on the population serviced; and 2) likely to affect population-level change. This information was shared with the planning team as well as the larger coalition membership. ● The Coordinator began to collect prevention program descriptions and feedback from Alaskan communities who had used these programs as well as community experts, and developed a spreadsheet of possible strategies (this step continued throughout the planning process).

Date	Major Actions
January 11, 2016	<ul style="list-style-type: none"> ● The planning team met to review the goals and objectives drafted in November, discuss strategies using a worksheet and checklist designed to assess fit to the community; discussed community resources needed, targeted groups, collaborative partners, and potential barriers. The team also developed a draft vision statement.
January 22, 2016	<ul style="list-style-type: none"> ● The planning team met to prioritize objectives, focusing on those that need to be addressed first based on community readiness, and finalized which strategies should be implemented.
January 28-29, 2016	<ul style="list-style-type: none"> ● The Coordinator and Goldstream Group Consultant met to flush out the goals and objectives into DRAFT strategy level logic models that include: objectives, resources, activities, action plans with due dates, short, medium, and long-term outcomes, and evaluation plans.
February 5, 2016	<ul style="list-style-type: none"> ● The planning team reviewed the DRAFT logic models and finalized their presentation to the full coalition.
February 9, 2016	<ul style="list-style-type: none"> ● The full coalition met to review the DRAFT logic models. Planning team member Howard Taylor presented the logic models. After discussion and questions, coalition members had the opportunity to submit further comments and questions via Basecamp. The vision statement was unanimously approved at this meeting.
February 9-29, 2016	<ul style="list-style-type: none"> ● The Coordinator gathered detailed costs of each of the strategies to confirm feasibility. The Coordinator and Goldstream Group Consultant drafted the final Strategic Plan document.
March 7, 2016	<ul style="list-style-type: none"> ● The full coalition approved submission of the Strategic Plan to the State of Alaska.
April & May 2016	<ul style="list-style-type: none"> ● The Coalition and Goldstream Group revised the Strategic Plan based on feedback received from the State of Alaska to include further refinement of the Intermediate Variables.

Section 2. Infrastructure Needs

The Fairbanks Wellness Coalition has specifically identified several infrastructure needs that will be addressed as part of this strategic plan. Infrastructure development involves creating and maintaining a concrete, practical foundation to support the successful implementation of suicide prevention initiatives. Infrastructure building includes both internal work, and work with partners to develop policies and protocols, build capacity, and strengthen partnerships and linkages (<http://www.sprc.org/grantees/core-competencies/infrastructure>). Infrastructure needs identified by the Fairbanks Wellness Coalition will be addressed through Strategy 1: Infrastructure Development and Capacity Building:

- **Coalition Skills:** Fairbanks Wellness Coalition members have identified skills in several areas that are needed to move forward successfully, including advocacy and the theory of Positive Culture Framework. A survey will be administered to identify additional skills needed.
- **Coalition Sustainability:** Fairbanks Wellness Coalition members have clearly identified weaknesses of the existing organizational structure and the limited ability of the coalition to sustain its activities without developing a more robust financial and organizational structure.
- **Missing Data:** Missing data related to policies, processes, practices, and incidence of suicide includes Careline data specific to the Fairbanks North Star Borough (currently only available on a statewide basis), Emergency Medical Services data (per correspondence with Interior Region EMS Council the current data collection system does not have a designator for suicide or attempted suicide), annual data related to admissions for suicide, mental health, and substance abuse from the Fairbanks Memorial Hospital (FMH was unable to release the data), and data specific to military deployments and suicides for US Army Fort Wainwright and Eielson Air Force Base, which was unattainable (*Suicide Prevention Needs Assessment*, p. 146).
- **Youth Risk Behavior Survey Data:** Reliable Youth Risk Behavior Survey (YRBS) data from the Fairbanks North Star Borough is difficult to obtain due to low survey response rates. However, the Fairbanks Wellness Coalition made significant strides in 2015 towards improving response rates through outreach to the Fairbanks North Star Borough School District employees and principals and the needs assessment recommended these efforts continue (*Suicide Prevention Needs Assessment*, p. 146).
- **Resources:** An initial list of resources available to support prevention efforts was included in the needs assessment report, and an extensive listing of resources with the Fairbanks North Star Borough is available on the Alaska 2-1-1 website (www.alaska211.org). However, the Alaska 2-1-1 website is not user-friendly and its telephone service is not available 24/7. Improving the ability to quickly and easily find resources was also a recommendation in the needs assessment (*Suicide Prevention Needs Assessment*, p. 146).
- **Community Readiness:** The community readiness assessment conducted as part of the needs assessment resulted in a score of 3.7, which indicates the community has only vague to limited knowledge about suicide, there is some acknowledgement or belief that suicide is an issue in the community but without strong motivation to act, there is little knowledge in the community about any efforts to prevent suicide, and there are limited resources to address the issue (*Suicide Prevention Needs Assessment*, p. 95).

Section 3. Community Assessment Results

Based on synthesis of data collected for the Fairbanks Wellness Coalition Suicide Prevention Needs Assessment, Fairbanks Wellness Coalition members identified the target population for suicide prevention efforts, and intermediate variables and contributing factors to suicide in Fairbanks North Star Borough. The coalition also prioritized intermediate variables. Data points were triangulated, ensuring that multiple data points supported the target population selected as well as the intervening variables and contributing factors identified. Community readiness and resources assessment data was also summarized to guide recommendations for next steps.

Target Population: Based on analysis of all data collected for at-risk populations (Suicide Prevention Needs Assessment, pp. 118-121), Fairbanks North Star Borough residents in the 15-24 age group were prioritized by the Fairbanks Wellness Coalition as the focus for prevention efforts. Although the 25-34 age group in FNSB had the same total number of suicides in the years 2005-2014 as the 15-24 age group, coalition members felt that addressing suicide prevention in the younger age group would also work towards reducing suicide in the 25-34 age group.

The selection of the 15-24 age group as a target population for prevention efforts is supported by triangulation of available data from the Alaska Bureau of Vital Statistics, the Alaska Suicide Follow-back Study, and the Community Perceptions of Suicide Survey. This population represents age breakdowns used by the Bureau of Vital Statistics in reporting, making baseline data collection and the evaluation of outcomes over time practical. The inclusion of teens in the target population is also supported by Youth Risk Behavior Survey (YRBS) indicators for high school students in the Fairbanks North Star Borough School District (Suicide Prevention Needs Assessment, pp. 50-51).

Intermediate Variables and Contributing Factors: Based on data collected for the needs assessment and on coalition discussions, coalition members selected intermediate variables (what contributes to suicide) and contributing factors (why these intermediate variables are occurring in the community) to guide planning for suicide prevention efforts. Three intermediate variables rose to the surface based on the data collected and were included in the needs assessment. These were 1) community knowledge and understanding about suicide, 2) poor mental health, and 3) substance abuse. However, further refinement during the later stages of the strategic planning process based on State of Alaska feedback resulted in the coalition's focus narrowing to two intermediate variables:

- Lack of Awareness that Limits Community Readiness: The community is limited in its readiness to address suicide as evidenced by the low 3.7 out of 10 readiness rate. This readiness rate is due to a lack of awareness revealed during an analysis of the data, especially when examining results of community perceptions surveys and the community readiness assessment. Specific contributing factors identified as contributing to limited readiness include community members were unaware of services, common misperceptions, limited awareness of factors contributing to suicide and stigma.
- Poor Mental Health: Poor mental health appeared repeatedly in both primary and secondary data analysis as a variable contributing to suicide. In addition to secondary data specific to the mental health status of FNSB residents, factors specifically identified as contributing to poor

mental health in Fairbanks North Star Borough include barriers to treatment; unwillingness to seek help due to stigma, isolation and adverse childhood experiences (ACEs). A history of mental disorders, including depression, is cited as a risk factor for suicide by the CDC. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) states that depression and other mood disorders are the most frequent risk factors for suicide.

Recognizing that both intermediate variables are important to the prevention of suicide in Fairbanks North Star Borough, the Coalition prioritized addressing the lack of awareness that limits community readiness first. This will be done by educating the community about the contributions to suicide, risk factors, available services, and how to overcome stigma. It will also pave the way for addressing these issues in the context of suicide prevention by raising levels of community readiness and setting the stage for additional prevention efforts. This prioritization was based on both community perceptions and community readiness:

- Community Perceptions: Community perceptions of suicide, risk factors for suicide, consequences of suicide, populations at risk for suicide, suicide prevention resources, access and barriers to care, and suicide prevention and protective factors significantly contributed to the strategies selected. Community members in general are unaware of services available to address suicide. They hold numerous misperceptions about suicide, including what risk looks like and ease of access to lethal methods. They perceive that stigma about suicide might prevent someone who is thinking of suicide from getting help. These community perceptions are addressed in the strategies described below.
- Community Readiness: The community readiness assessment conducted as part of the needs assessment resulted in a score of 3.7, which indicates the community has only vague to limited knowledge about suicide, there is some acknowledgement or belief that suicide is an issue in the community but without strong motivation to act, there is little knowledge in the community about any efforts to prevent suicide, and there are limited resources to address the issue (Needs Assessment, page 95). The Coalition felt that it is essential to address the community's readiness to address suicide prevention before the community will be willing and ready to participate in prevention activities.

Section 4. Strategies

The Fairbanks Wellness Coalition chose five strategies to address the intervening variables and contributing factors identified by the Suicide Prevention Needs Assessment:

Strategy 1: Infrastructure development and capacity building builds the foundation for the four remaining strategies and for long-term success beyond this grant. It includes three primary activities: 1) to provide training to the coalition 2) to develop a plan for policies, processes, and practices (3P) advocacy; and 3) to increase coalition sustainability.

Strategy 2: Awareness Campaign builds upon suicide awareness efforts that are already happening in the community and within the state. This particular strategy specifically aims to decrease the stigma surrounding suicide, correct community misperceptions, and help the public understand that suicide affects everybody and is everyone's problem. The public also needs information about the services that exist. Overall, this strategy is intended to increase the community readiness score of 3.7 (vague to limited knowledge of suicide) identified in our needs assessment.

Strategy 3: Early Intervention Screening and Training is tied directly to the contributing factor of barriers to treatment under the Intermediate Variable: Poor Mental Health and will provide training to a wide range of adults who influence youth to identify major risk factors and early warning signs of suicide.

Strategy 4: Sources of Strength is an evidence-based program included in SAMHSA's NREPP and in AFSP and the Suicide Prevention Resource Center (SPRC)'s databases. This program focuses on suicide prevention by building protective factors that also protect against risk factors through the use of adult advisors (volunteers) and peer leaders who after training, plan and lead activities among their peers based on the focus. It can be implemented in middle school, high school, universities and even community youth organizations. It has been used successfully in Juneau and by TCC in eight village schools. The idea of developing peer leaders is especially important considering that the millennial generation wants to be a part of problem-solving of issues that impact them. This program will provide them the opportunity. Furthermore, this program can be built upon the school district's already existing Signs of Suicide program and is thereby more easily adaptable. The goal is to implement this program in two high schools in FY17 and add two more in FY18. By the end of FY18, two individuals will be qualified as trainers saving the program money in the long-term and increasing sustainability in the borough.

Strategy 5: Behavioral Health Plan will take the first steps to improving behavioral health services in Fairbanks through development of a behavioral health plan. This strategy will address the Intermediate Variable: Poor Mental Health and specifically the contributing factor of Barriers to Treatment.

Following is detailed information about each of the five strategies the Fairbanks Wellness Coalition selected to implement to prevent suicide in the community. Each strategy description includes the following: a description of the intermediate variables the strategy will address, the objectives the

coalition hopes to meet as a result of implementing the strategy, supported Alaska State Suicide Prevention Plan strategies, a narrative description of the activities that will be implemented as part of the strategy, the resources, both human and financial that will be used, and an implementation timeline.

Strategy 1: Infrastructure Development and Capacity Building

Infrastructure development and capacity building will allow the coalition and the community to accomplish the remaining four strategies. It includes three primary activities: 1) to provide targeted training to coalition members; 2) to develop a policies, processes, and practices (3P) advocacy plan; and 3) to increase coalition sustainability.

Objectives

(1) Increase the capacity of the Fairbanks Wellness Coalition to address suicide in the Fairbanks North Star Borough.

Activities

The infrastructure development and capacity building strategy will have several activities. These are described below.

A. Provide targeted training to coalition. We know the coalition will need to further develop certain skills that will be critical to carrying out this strategic plan and the coalition's overall purpose over time. A survey will be administered to assess the coalition's attitudes about suicide as a preventable public health issue and other needed skills such as advocacy. The results of this survey will be used to provide targeted coalition training.

One type of training already identified is a Positive Culture Framework (PCF) Course. A 2.5 day PCF training is scheduled for June 13-15, 2016. Skills developed through this training will not only be used throughout the coalition's awareness campaign but in conjunction with all of its strategies. Positive Culture Framework is an evidence-based program that was first developed through extensive research in 2001, is listed in SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP), and has been used across the country in a variety of prevention efforts including suicide. PCF has also been successfully used in Alaska, most notably by the Alaska Wellness Coalition's award-winning Be [You] campaign targeting teens with underage drinking prevention messaging. Based on the concepts that we must show concern for the present but also hope for the future, PCF promotes already existing positive community norms to increase those same norms and drive environmental change. Furthermore, the steps within PCF are similar to the Strategic Prevention Framework steps.

Details about this program can be found at <http://chsculture.org>.

PCF is especially attractive given that suicide is a complex issue often communicated with an overtone of sadness and despair. We certainly can't ignore the reality of suicide but if we frame communications to highlight the positive rather than the negative, the community will be more receptive to hearing a message of hope; thereby increasing their readiness for change. For example, rather than making the public aware that in the 2013 YRBS, almost 40% of FNSB students felt so sad and hopeless that they stopped doing some usual activities during the past 12 months, we would make the public aware that almost 60% of FNSB students were hopeful and participated in their usual activities in the past 12 months and seek to build upon that.

All coalition and community members involved in carrying out the strategic plan will be highly encouraged to attend the course with the requirement that the majority of Awareness Campaign Workgroup (described on page 20) members attend and at least one representative from each of the other strategy workgroups attend. The PCF training will be conducted by a certified trainer who will train up to 60 participants. To maximize this opportunity, foster sustainability, and bring in cash match to the project, we will offer this class to other prevention practitioners in the Fairbanks North Star Borough and throughout Alaska at a reasonable price.

B. Develop a Policies, Processes, and Practices (3P) Advocacy Plan. More clarity is needed about what specific environmental 3Ps contribute to suicide and its risk factors and/or hinder prevention efforts. We know from our needs assessment that certain data is unattainable or difficult to obtain such as local military data, emergency medical data, and local YRBS data. This is at least partially caused by 3Ps (local, state, and federal) but the specifics aren't known. The coalition will gather information, identify changes needed, and develop a focused advocacy plan. Additionally, we must also determine if there are 3Ps that contribute to suicide and its risk factors and include these in the advocacy plan. Although it's clear we should focus on local 3Ps first, prioritization of local, state, and national 3Ps will be needed in the advocacy plan.

C. Increase Coalition Sustainability. Another major activity that will increase the coalition's capacity is to reaffirm its current focus and purpose of fostering community wellness through data-driven prevention programs, review its current infrastructure and determine necessary modifications. Currently the Fairbanks Wellness Coalition earns its non-profit status through one fiscal agent. However, the coalition must research and determine whether it's the right time to become an independent 501(c)3 organization, or if it should seek out a different fiscal agent for future grants. This activity will also include reviewing and revising the coalition's operating principles and possibly redefining membership such as changing the current cap of 20 members and/or dividing membership into categories such as voting and nonvoting members. The same survey to be used to determine needed training will also be used to collect data on the coalition's thoughts on sustainability.

In order to further develop coalition sustainability, we also need to continuously seek funds and grants through resources such as grantstation.com and grants.gov that will allow the coalition to further build upon its current suicide prevention efforts and overall purpose of fostering community wellness through data-driven prevention programs. For the foreseeable future, the coalition's focus will be on obtaining grants and other funding for the prevention of behavioral health problems.

Resources

Human Resources. Human resources include coalition staff, coalition members, coalition members' organizational resources such as staff and volunteers, interns and/or VISTA members, and others with the expertise and interest in capacity building. A workgroup will also be formed specifically focused on developing the advocacy plan to address policies, practices, and processes (3P). This workgroup is expected to be chaired by a coalition member, facilitated by coalition staff, and supported by other community members with 3P expertise and interest.

Several resources will also be hired. Goldstream Group, a local research company, will provide evaluation services including training on the strategy evaluation process to coalition members. The Goldstream Group expertly prepared the needs assessment and guided development of this strategic plans so extending this contract will help drive long-term, sustainable success for the coalition. Another resource to be utilized will be the Foraker Group, a reputable Alaskan firm that has provided training to other non-profits both in the local area and across Alaska. The Fairbanks Wellness Coalition will be utilizing Mike Walsh from the Foraker Group who is a local resident and worked with the FWC to develop its operating principles. We will also hire a Positive Culture Framework (PCF) certified trainer from Montana State University’s Center for Health and Safety Culture (CHSC). Finally, we plan on utilizing Coalition Works to guide us in our journey to long-term sustainability.

Financial Resources. Grant funds from FY16 through FY18 will be utilized for this strategy with the exact amount to be determined. A cash match will be obtained from PCF training fees charged to prevention specialists not involved in the FWC’s efforts. Estimates have been done to ensure feasibility.

Timeline

Tasks	Who is Responsible	End Date
A. Develop coalition skills and reaffirm current focus and purpose		
Receive training on Positive Community Framework Coordinator will arrange training	Coordinator will arrange training	June 13-15, 2016
Administer online survey to capture the needs and beliefs of the coalition.	Goldstream	June 30, 2016
Report results back to the coalition.	Goldstream	July 30, 2106
Provide advocacy training to coalition members (how to advocate for change to decision-makers).	Coordinator will arrange training with Foraker	July 30, 2016
Provide any other identified training to coalition members	Coordinator will arrange applicable training.	August 31, 2016
B. Develop a Policies, Processes, and Practices (3P) Advocacy Plan		
Recruit FWC 3P workgroup and chair (develop job description/expectations of participation)	Coordinator	June 15, 2016
Define what we mean by policies, processes, & practices and define missing data-what does FWC	3P Workgroup	July 15, 2016

Tasks	Who is Responsible	End Date
know/not know about policies/processes/practices that exist and may contribute to suicide/hinder prevention efforts.		
Develop a data collection plan on missing data.	3P Workgroup	August 1, 2016
If needed, provide training to workgroup data about data collection skills based on definition of missing data	Coordinator will arrange training	August 30, 2016
Collect identified data	3P Workgroup	Nov 1, 2016
Develop and present focused advocacy plan to FWC for approval.	3P Workgroup	January 15, 2017
FWC carries out advocacy plan	FWC members	June 30, 2018
C. Increase Coalition Sustainability		
Research/decide on sustainability (e.g. 501c3, membership, fall under an umbrella organization)	Coordinator/FWC	Aug 31, 2016
Revise operating principles, such as definition of membership, etc.	Coordinator/FWC	Sep 30, 2016
Continuously research additional grant funding options for FWC goals.	Coordinator	June 30, 2018
Submit grant applications as appropriate to the FWC goals.	Coordinator	June 30, 2018

Strategy 2. Awareness Campaign

Fairbanks Wellness Coalition (FWC) plans on launching a borough-wide awareness campaign that will build upon suicide awareness efforts that are already happening in the community and within the state. This particular strategy specifically addresses the coalition's #1 prioritized Intermediate Variable, Lack of Awareness that limits Community Readiness. It also includes local promotion of the current Be[You] campaign which addresses substance abuse, the second largest risk factor for suicide. The awareness campaign aims to decrease the stigma surrounding suicide, correct community misperceptions, increase knowledge about risk factors and help the public understand that suicide affects everybody and is everyone's problem. The public also needs information about the services that exist. Overall, this strategy is intended to increase the community readiness score of 3.7 (vague to limited knowledge of suicide) identified in our needs assessment.

Objectives

- (1) Increase the broad community's awareness of suicide specifically related to 15-24 year olds, to include local rates, characteristics, impact on community, and risk factors (emphasis on mental illness, substance abuse, and ACEs).

This strategy also correlates with multiple strategies from the Alaska State Suicide Prevention Plan including:

- 1.1. Alaskans learn and understand that suicide is preventable.
- 1.4. Communities will develop environments of respect, value, and connectedness for all members.
- 1.7. Communities will participate in efforts to destigmatize suicide and accessing treatment for mental health crises.
- 2.2. Alaskans know about Careline and other community crisis lines, and can share that information with others.
- 2.4. Spiritual leaders will encourage suicide prevention awareness and training in their communities of faith/belief.
- 3.1. Communities will partner with non-traditional organizations to raise awareness about limiting access to lethal means (guns, drugs, alcohol, etc.)
- 3.5. Community suicide prevention efforts will expressly address the contributing factor of substance abuse.
- 4.1. Alaskans know who to call and how to access help-and then ask for that help-when they feel like they are in crisis and/or at risk of suicide.

Activities

A. Develop Messages. Based on what was learned during the PCF training and during workgroup meetings, the Awareness Campaign Workgroup will develop campaign messages and methods of delivery. Messages will be developed based directly on data from the needs assessment including YRBS, community perceptions and community readiness data. Local data from the 2015 YRBS (not available at the time the needs assessment was finalized), will also be incorporated into the awareness campaign. Because we aim to focus on the positive, stories of community members who were able to

help someone and those who considered or attempted suicide but now live a life of wellness will be shared as part of the messaging.

B. Determine Methods. Methods to be considered include social media platforms, radio, promotional materials, a series of newspaper articles, and a presence at various community events throughout the borough. Because it's important to take advantage of existing community efforts, an example of an event the coalition plans to participate in is AFSP's annual Out of the Darkness Walk that takes place every April. Methods will be determined by each message's target population and marketing research. For example, if the target population of the message is those in the 15-24 age group, Instagram will be more heavily utilized as it is used significantly by that age group. If the message will target parents or other adults who influence the 15-24 age group, radio and Facebook will be more heavily utilized. Contracts will be put into place to help develop and deliver these messages.

C. Develop Detailed Plan. Based on the messages and delivery methods selected, the workgroup will write a plan to be approved by the full coalition. This plan will include the details of who, what, where, and how the campaign will be conducted.

D. Carry out Plan. The approved plan will be carried out by the workgroup, contractors, and a cadre of volunteers recruited for this purpose. The plan will be reviewed and modified at least annually, to include incorporating lessons learned. To support coalition sustainability, the plan and lessons learned will be filed and used for future wellness prevention campaigns.

Resources

Human Resources. To carry out this strategy, the coalition will form an Awareness Campaign Workgroup chaired by a FWC member, facilitated by staff, and that will include media/communications specialists (some contracted), a local representative from the Alaska Chapter of the American Foundation for Suicide Prevention (AFSP), one youth (aged 15-18), one young adult (aged 19-24) and volunteers. National or state experts on suicide communication will also be asked to guide development of the campaign plan. Additionally, in order to better communicate the relationship between substance abuse and suicide (State Strategy 3.5), Be[You] resources will be utilized.

Financial Resources. Grant funds from FY16 through FY18 will be utilized. Estimates have been accomplished to ensure feasibility. Cash matches may be contributed to the campaign in FY17 and FY18.

Timeline

Task	Who is Responsible	End Date
A. Develop messages		
Recruit FWC workgroup/begin meeting	Coordinator/schedule meetings	June 1, 2016
FWC workgroup has developed specific campaign	Workgroup	July 30, 2016

Task	Who is Responsible	End Date
goals		
Workgroup develops messages	Workgroup, contractors	Aug 30, 2016
B. Determine methods		
Define methods of dissemination (newspaper articles, PSAs, social media, outreach events [tables at community events with message materials]); Media MOU; Be [You] campaign	Awareness Campaign Workgroup, contractors	Aug 30, 2016
C. Develop a detailed plan		
Based on the messages and methods selected, the workgroup will write a plan to be approved by the FWC. This plan will include the details of who, what, where, and how the campaign will be conducted.	Awareness Campaign Workgroup, contractors	Sep 15, 2016
D. Carry out plan		
Launch awareness campaign	Awareness Campaign Workgroup, contractors	Oct 1, 2016
Campaign will run through end of grant	Awareness Campaign Workgroup, contractors	June 30, 2018

Strategy 3. Early Intervention Screening

The third strategy addresses the need for early intervention screening, and is tied directly to the contributing factor of barriers to treatment under the Intermediate Variable: Poor Mental Health. To increase the ability of professionals such as medical doctors and social workers to screen and help our youth, the Coalition will facilitate delivery of certified CMEs and CEUs. Other adult influencers of the age group 15-24 will be taught screening through QPR training by newly certified local QPR trainers. These influencers will be identified from within organizations like the PTA, school district, churches, youth organizations, and youth-oriented businesses.

Objectives

1. Increase the number of adults (e.g. medical providers, youth organizations, and parents), who commonly interact with those aged 15-24, to screen for major risk factors and early warning signs and provide help/referral.

This strategy correlates with multiple strategies from the Alaska State Suicide Prevention Plan:

- 1.5. Communities will engage parents and mentors important in the lives of children and youth in health promotion efforts.
- 2.1. Alaskans know how to identify when someone is at risk of suicide, and how to respond appropriately to prevent a suicide.
- 2.3. Providers of services to veterans will prioritize suicide prevention screenings and effective interventions.
- 2.4. Spiritual leaders will encourage suicide prevention awareness and training in their communities of faith/belief.
- 2.5. The primary health care system will prioritize suicide prevention screenings in practices.
- 2.6. School districts will implement broad screenings to identify not just imminent risk of suicide, but risk factors for suicide (substance use, violence, depression, etc.)
- 3.2. The State of Alaska and its partners will make training in evidence-based suicide prevention and intervention models accessible to all interested Alaskans.

Activities

A. Promote mental health/suicide screening among medical providers. Many medical providers in the community already provide mental health and/or suicide screening such as those at Bassett Army Community Hospital on Ft Wainwright and those at the Chief Andrew Isaac Health Center. However, not all medical providers practice this in the community. The Alaska Suicide Follow-back Study showed that 64% of decedents had seen their physician within 6 months of dying of suicide, indicative that screening by medical providers would be an effective preventative measure. The coalition will determine the number of medical providers that don't screen, advocate for changes in their practice's processes, and teach providers how to screen through the delivery of existing and yet to be developed CMEs and CEUs.

B. Promote already existing CEUs for other professionals. Already existing CEUs related to suicide and risk factors for professionals other than medical providers will be promoted by the coalition. For example, the Alaska Training Cooperative will offer an Ethics, Malpractice & Treatment of Suicide CEU for social workers before the end of the current fiscal year. This course received positive reviews when last taught in Fairbanks.

C. Produce more community QPR trainers. QPR, an evidence-based program listed in SAMSHA's NREPP, is used across the country, and has been successfully used in Alaska as well. More information can be found at <http://www.qprinstitute.com>. The Alaska Gatekeeper Training Project, which is funded by SAMHSA and overseen by Alaska's Department of Behavioral Health, provided Gatekeeper QPR training from June 2013 - June 2015 in 45 communities and to 3,812 individuals in the state. Fairbanks hosted 35 QPR courses which were attended by a total of 510 adults and 51 youth. At this time, there are approximately 16 certified QPR trainers in Fairbanks, including 10 at Tanana Chiefs Conference and 2 at Fairbanks North Star Borough School District.

Funding for this project will end on June 30, 2016. To support sustainability of project efforts, the Fairbanks Wellness Coalition will arrange for a 10-20 person QPR train-the-trainer course to increase the number of borough trainers. This course will be taught by a local trainer from the Alaska Training Cooperative. Train-the-Trainer participants would then be available to provide local QPR courses aimed at influencers of those in the 15-24 age group. QPR trainer certifications are valid for 3 years. Recertification requires a short refresher course currently under development by the Alaska Training Cooperative at a cost of only \$85 per participant.

D. QPR training of adult influencers of the 15-24 age group. Information will be gathered on which key influencers of the 15-24 age group in Fairbanks North Star Borough have not received QPR training. An action plan that includes goals for the number of people to train, who will be trained within influencer organizations (e.g. PTA, school district, churches, youth organizations, and youth-oriented businesses), and when in FY17 and FY18 they will be trained will be developed and carried out by locally certified trainers.

Resources

Human Resources. This strategy will be guided by a workgroup. This workgroup will be chaired by a FWC member, facilitated by coalition staff, and be composed of professional caregivers such as medical providers and teachers, as well as parents. Representatives from either the Ft Wainwright hospital or Chief Andrew Isaac Health Center will also be invited to participate since medical providers at both facilities are currently screening for behavioral health issues. The local trainer from the Alaska Training Cooperative who provides Question, Persuade, and Refer (QPR) training, CMEs, and CEUs will also be asked to participate in this workgroup.

Financial Resources. FY16, FY17 and FY18 grant funds will be utilized. Estimates have been made to ensure feasibility. Cash match isn't anticipated.

Timeline

Task	Who is Responsible	End Date
FWC screening workgroup recruited/begins to meet.	Coordinator & Workgroup	June 1, 2016
A. Screening by FNSB Medical Providers		June 30, 2018
Develop a survey to measure the number of medical health providers who regularly screen youth and young adults for suicide and major risk factors. (Are they screening, what tools, any training for screening).	Goldstream Group	August 1, 2016
Conduct survey and analyze results (collect list of medical providers, random selection of medical providers [nurses and doctors], online survey or phone survey, summarize results).	Goldstream Group	October 1, 2016
Assess current CMU/CEUs & develop needed CMU/CEUs to train medical health providers on how to screen (include ways patients communicate). CMU/CEU approved by state advisory board.	Screening Workgroup	November 1, 2016
Conduct outreach/advocacy to health clinics about the importance of screening; tie in the awareness campaign topics (increasing readiness).	Screening Workgroup	June 30, 2018
Based on the number of providers not screening, establish training schedule and provide training.	Alaska Training Cooperative	June 30, 2018
B. Promote already existing CEUs for other professionals.	Screening Workgroup	June 30, 2018
C. Produce more community QPR trainers.	Alaska Training Cooperative	July 30, 2016
D. QPR training of adult influencers of 15-24 age group.	Local QPR trainers	June 30, 2018

Strategy 4. Sources of Strength

The Fairbanks Wellness Coalition's fourth strategy is to build resiliency to suicide and the contributing factors of youth isolation and unwillingness to seek help because of stigma related to suicide and mental illness. This strategy will be accomplished by increasing protective factors through Sources of Strength, a school based program focusing on teens.

Sources of Strength is an evidence-based program included in SAMHSA's NREPP and in AFSP's and the Suicide Prevention Resource Center (SPRC)'s databases. This program focuses on suicide prevention by building protective factors in youth through the use of adult advisors (volunteers) and peer leaders who, after training, plan and lead activities in the school. This program can be implemented in middle schools, high schools, universities and even community youth organizations. As part of this plan, it will be implemented in high schools in the borough. It has been used successfully in Juneau and by Tanana Chiefs Conference in eight village schools.

The inclusion of teen peer leaders is especially important considering that the millennial generation wants to be a part of solving problems that impact them, and not just told what to do or not to do. This program will provide teens with that opportunity. Furthermore, this program can build upon the Fairbanks North Star Borough School District's already existing Signs of Suicide program and is thereby easily adaptable. The coalition's goal is to implement this program in two high schools in FY17 and two additional high schools in FY18. By the end of FY18, two individuals will be qualified as trainers saving the program money in the long-term and increasing sustainability in the borough. Furthermore, peer leaders within both the Signs of Suicide and the Sources of Strength programs will be perfectly positioned to help spread the coalition's suicide prevention awareness campaign messages in their schools, especially through social media.

Objectives

- (1) To increase the number of youth who are able to identify and know how to response to suicide risk factors and early warning signs.

Additionally, this strategy correlates with the following strategies in the Alaska State Suicide Prevention Plan:

- 1.3. Alaskan youth seek out healthy and appropriate relationships with role models in their community.
- 1.4. Communities will develop environments of respect, value, and connectedness for all members.
- 1.5. Communities will engage parents and other mentors important in the lives of children and youth in health promotion efforts.
- 1.6. Communities will prioritize building protective factors and resiliency in all comprehensive prevention efforts.
- 1.9. The State of Alaska will support peer-to-peer wellness promotion and supports as an integral part of health promotion and suicide prevention.

Activities

A. Publish a RFP and select an agency to run Sources of Strength. The coalition will publish a Request for Proposal (RFP) for a grant open to local qualified agencies. The agency selected will be expected to implement/grow the program through the hiring of a coordinator. The RFP will contain, but is not limited to, the following requirements (1) Submit an implementation action plan to include budget/sustainability (2) Work with the coalition and Goldstream Group to develop and/or collect evaluation data (3) Qualify two trainers for long-term sustainability and (4) Report status quarterly to the Fairbanks Wellness Coalition through the Management Information System (MIS).

B. Implement the plan. The selected agency will follow its approved plan.

C. Review of program. During the final quarter of FY18, a final review of the program will take place to determine success/continued sustainability.

Resources

Human Resources: A local agency will be awarded a grant through a local RFP. Advisory and training resources include the Sources of Strength National Trainers, the Juneau Sources of Strength Coordinator, Tanana Chiefs Conference (TCC) Sources of Strength Program Manager. The coalition will provide oversight to these programs, collecting status reports and evaluation data.

Financial resources: Estimates for both FY16 and FY17 expenditures have been made to ensure feasibility. A 10% cash match from the local agency selected to implement and manage this strategy is required.

Timeline

Task	Who is Responsible	End Date
A. Implement Sources of Strength in Fairbanks		
Publish RFP	Coordinator	June 3, 2016
Select local agency to implement/manage	Grant Committee/FWC	June 25, 2016
Implement plan	Community agency	New school year
Final grant evaluation	Contractor/FWC	June 1, 2018

Strategy 5. Behavioral Health Plan

The Fairbanks Wellness Coalition's fifth and final strategy will be to take the first steps to improving behavioral health services in Fairbanks through development of a behavioral health plan. This strategy will address the Intermediate Variable: Poor Mental Health and specifically the contributing factor of Barriers to Treatment.

Objectives

- (1) Increase the capacity/access of Behavioral Health services.
- (2) Increase the use of BH services among 15-24 year olds.

Furthermore, this strategy correlates with the following strategies in the Alaska State Suicide Prevention Plan:

- 4.2. Community behavioral health centers will provide outreach to ensure that community members know what services are available and how to access them.
- 4.3. Community health providers will offer bridge services for young people identified as experiencing serious emotional disorders after age 18/21.

A community perceptions survey conducted during the needs assessment indicated that not enough behavioral health services are available. Additionally, during the Strategic Planning process, access to behavioral health services was identified as a problem by coalition members. Due to the scope of this strategic plan, resource constraints, lack of specifics, and an uncertain environment (e.g. possible Medicaid changes; state fiscal constraints), only certain actions can be completed. These actions include a needs assessment, an action plan to address those needs and seeking resources to carry it out. Actual implementation of the plan will not possible within the timeframe of this grant.

Activities

A. Behavioral Health Needs Assessment. The Alaska Department of Public Health is accomplishing a state-wide assessment of behavioral health services. This needs assessment will identify important details about services that are available and those that are needed Alaska-wide. This assessment is due to be published in June 2016. Once published, the coalition will review and determine if a more detailed local assessment will also be required. If so, one will be conducted by the coalition. Questions that must be answered by the state and possible local assessment include but are not limited to: (1) How many and what type of behavioral health professionals do we have and how many do we need? (2) How many in-patient beds do we have and how many do we need? (3) What is the outpatient capacity? (4) Are services free, on a sliding fee scale, or full cost? And (5) How many behavioral health professionals are able to provide dual diagnosis? Current and future environmental factors (e.g. Medicaid and state fiscal constraints) will also be considered during this assessment.

B. Write a long-term action plan. This plan will address how to fill gaps identified in the long-term. With this plan in hand, local agencies will be able to seek resources to fill identified needs using a coordinated approach.

Resources

Human Resources: A work group will either be formed or an existing coalition or agency will agree to assume leadership of this strategy. This group will consist of behavioral health organization representatives, independent behavioral health providers, clients, activists, and volunteers. It will either be led by a coalition member who is also a leader in a Behavioral Health Organization, or an existing group which may take on the leadership role of the task force. One possible group who could lead these efforts is the Community Action Planning (CAP), a coalition focused on behavioral health services that is a member of the Fairbanks Wellness Coalition (FWC).

Financial Resources: Estimates for FY16 through FY18 grant funds have been made to determine feasibility. A quarterly stipend will be paid to the organization that leads this strategy.

Timeline

Task	Who is Responsible	End Date
Form Behavioral Health Workgroup or sign agreement with local group.	Coordinator/local group	June 17, 2016
Review state assessment & determine if a local assessment is needed.	Workgroup, Goldstream	June 30, 2016
If needed, conduct a local assessment.	Workgroup, Goldstream	Dec 1, 2017
Write a long-term action plan.	Workgroup	July 1, 2017
Seek resources to carry out action plan.	Workgroup	June 30, 2018

Section 5. Cultural Responsiveness

Community input to this strategic plan was obtained in several ways to ensure cultural responsiveness. First, community perception and community readiness data from the needs assessment was used in developing strategies. Furthermore, throughout development of this plan, approximately 20 diverse community members of various ethnicities, gender and age groups outside of the coalition provided feedback. This feedback was requested and/or obtained through in-person meetings, emails, and phone calls. Individuals were asked for their feedback on various working documents which included the list of possible strategies, input to the resources list, draft logic models and/or drafts of this plan. Those who were asked to provide feedback were identified by coalition members as having insight into or expertise in suicide prevention, a major risk factor, or a particular strategy or strategy activity.

Examples of those who provided feedback include but isn't limited to the following:

- Fairbanks North Star School District Prevention Manager
- Fairbanks Memorial Hospital Staff Member
- Fairbanks Memorial Hospital Foundation
- FNA Community Service Program Director
- Four Boys & Girls Club teens
- Local AFSP Board Member
- Local Alaska Training Cooperative Trainer
- TCC Sources of Strength Manager
- Social media specialist
- Radio media specialist

Feedback was also gathered from approximately 10 others outside the community, including those from the Alaskan communities of Juneau, Anchorage, and Sitka regarding their success of possible strategies and/or needed resources. Information was also obtained from both national and state program providers to ensure strategies are evidence-based, and especially to ensure strategies demonstrated success in similar Alaskan communities. During all the gathering of information and feedback in the development of the strategies, the question of whether or not it would fit our community was asked and answered.

By including community members in the development of this plan, the coalition has set the stage for further community buy-in, support and involvement. Community buy-in, support and involvement will continue through the following methods:

- (1) Openly sharing our needs assessment and strategic plan on the coalition's website and through social media platforms (part of Strategy 2).
- (2) Being open to amending the plan if something isn't working. This plan is meant to serve as a guide and will be amended as needed.
- (3) Welcoming and responding to public comments (part of Strategy 2).

- (4) Sharing our plan with local government bodies, large employers, and other organizations from all 12 sectors (part of Strategy 2).
- (5) Possibly expanding our membership beyond the current cap of 20 coalition members (part of Strategy 1).

Section 6. Evaluation

The purpose of this evaluation is to determine the effectiveness of the activities implemented by the Fairbanks Wellness Coalition's goal of preventing suicide in the Fairbanks North Star Borough. The evaluation is designed to answer the following questions. The indicators of progress and outcome indicators for each question are described in the logic model.

1. Does the Coalition's capacity building increase the community's ability to address suicide prevention?
2. Does the awareness campaign increase accurate perceptions about suicide among FNSB adults and does increased awareness lead to greater community readiness to address suicide prevention?
3. Do training and outreach activities for adults (e.g., medical providers, youth organizations, and parents) increase referrals for major risk factors of suicide?
4. Does implementation of Sources of Strength decrease isolation among students?
5. Does the Behavioral Health Plan strategy lead to increased community services to address youth suicide?

Evaluation Design

The evaluation will use a mixed methods design blending qualitative and quasi-experimental components.

The following methods will be used to address question **1: Does the Coalition's capacity building increase the community's readiness to address suicide prevention?**

- Pre-Post Coalition Survey: The evaluator will develop a pre/post training survey to measure changes in the Coalition members' understanding of the Coalition's purpose and goals. The pre-survey will be disseminated by June 2016 and the post survey in June 2017 and then again in April 2018.
- Post-Training Survey: The Positive Culture Framework post-training survey will measure changes in participants' understanding of the positive culture framework after training. The survey will be disseminated in June 2016.
- Program Documents: The FWC coordinator will be responsible for collecting and summarizing documents that describe the advocacy plan and infrastructure as well as the number and types of decisions made by the Coalition. These data points will be reported to the coalition through the Management Information System described below.
- Community Readiness Assessment: A community readiness assessment for suicide prevention will be conducted using the Tri-Ethnic Center Community Readiness Model¹ in April 2018. During the needs assessment, a set of interview questions related to five dimensions of community readiness was developed and coalition members conducted interviews with 13 key

¹ http://triethniccenter.colostate.edu/communityReadiness_home.htm

informants representing different sectors of the Fairbanks North Star Borough community. These key informants were identified by coalition members to cover a broad range of community sectors, and selected based on knowledge about suicide. Interviews were transcribed by the Goldstream Group, and interviews were scored following the Tri-Ethnic Model guidelines by the Fairbanks Wellness Coalition Coordinator and a member of the Goldstream Group's project team. The same process will be implemented in April 2018 to assess the extent of the community's increases in readiness.

The following methods will be used to address question **2: Does the awareness campaign increase awareness and accurate perceptions about suicide among FNSB adults and does increased awareness lead to greater community readiness to address suicide prevention?**

- **Tanana Valley State Fair Survey:** The Tanana Valley State Fair Survey is a short survey offered to Fairbanks North Star Borough residents at the Tanana State Fair. Baseline data was collected in August, 2015. Data to assess the progress toward meeting outcomes will be collected in August, 2016 and 2017. This survey will include one question related to each of the five dimensions of community readiness in the Tri-Ethnic Model of Community Readiness and will include questions related to the following: suicide prevention resources, characteristics of suicide characteristics in the FNSB (e.g., populations at risk, easy access to means), suicide risk factors (e.g., ACEs, life events, isolation, stigma), and cite stigma as a factor that would prevent someone from getting help. The survey will be administered on iPads at the Fairbanks Wellness Coalition's booth at the Fair. Participant names will be entered into a drawing as an incentive for completing the survey.
- **Resources Assessment:** The Coalition will update its Resources Assessment to determine the extent to which resources increased to address suicide prevention during the project period. Baseline data was collected during the needs assessment. A compilation of resources in Fairbanks North Star Borough to support prevention efforts was developed and categorized into the six broad service categories of acute care, community support, outpatient services, outreach, prevention, and residential services. To supplement this information, coalition members also identified community strengths and assets, community challenges and weaknesses, lessons learned from past prevention efforts, resource gaps, and other community resource factors to consider in planning prevention efforts. This effort will be repeated in the spring of 2018.
- **Community Perception Survey:** The Community Perception Survey is an in-depth telephone survey of Fairbanks North Star Borough residents. Baseline data was collected in June 2015. Respondents were selected at random from a list of home and message phone numbers included in 2014 PFD applications. The survey garnered 683 participants, with 95.5% of respondents (652) finishing the survey in its entirety. Survey results had a Confidence Interval of +/- 4% with a Confidence Level of 95%. This survey will be conducted to assess the outcome indicators in April 2018: Increase over time in the number/percent of FNSB adult residents who are able to name suicide prevention resources, characteristics of suicide characteristics in the FNSB (e.g., populations at risk, easy access to means), suicide risk factors (e.g., ACEs, life

events, isolation, stigma), and cite stigma as a factor that would prevent someone from getting help.

- Community Readiness Assessment: The Community Readiness Assessment described above will be used to assess two outcome indicators: The "Resources" Community Readiness score increases from a baseline of 3.9; and The "Community Knowledge of Current Events" Community Readiness score increases from a baseline of 3.6.

The following methods will be used to address question **3: Do training and outreach activities for adults (e.g., medical providers, youth organizations, and parents) increase referrals for major risk factors of suicide?**

- Pre-Post Training Surveys: The evaluator will develop a pre/post training survey to measure changes in the community members' ability to identify suicide risk factors, motivation to screen for major risk factors of suicide, and skills needed to provide QPR training. These surveys will be disseminated after all training activities.
- Pre/Post Medical Provider Survey: With the early assessment work group, the evaluator will develop a pre/post survey of medical providers to measure the number of providers who refer youth ages 15-24 for major risk factors of suicide each year and to assess their motivation to screen for major risk factors of suicide. The pre-survey will be disseminated using online methods of randomly selected providers in the Fairbanks North Star Borough in June 2016.
- Youth Risk Behavior Survey: The Youth Risk Behavior Survey, disseminated by the Fairbanks North Star Borough School District will provide data to measure the following outcome indicator: Number/percent of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months. Baselines were set in 2015.
- Community Perception Survey: The Community Perception Survey described above will be used to assess the following outcome indicator: Number/percent of Community Perception Survey respondents will feel that it is difficult or very difficult for people with mental health problems to get help in FNSB.

The following methods will be used to address question **4: Does implementation of Sources of Strength decrease isolation among students?**

- Sources of Strength Evaluation Surveys: Surveys integrated into the Sources of Strength program will be used to assess the following indicators of progress: 1) Participating youth are able to identify and respond to suicide risk factors and early warning signs; 2) Participating youth are more likely to refer to suicidal friend to an adult; and 3) Participating youth have an increased positive perception of adult support for suicidal youth and the acceptability of seeking help. These will be disseminated by the agency implementing the programs and the data will be shared with the Coalition for evaluation purposes.
- Youth Risk Behavior Survey: The Youth Risk Behavior Survey, disseminated by the Fairbanks North Star Borough School District will provide data to measure the following outcome indicator: Decrease in the reported isolation of FNSB students. Baselines were set in 2015.

The following methods will be used to address question **5: Does the Behavioral Health Plan strategy lead to increased community services to address youth suicide?**

- **Pre-Post Coalition Survey:** The evaluator will develop a pre/post survey to measure changes in the Coalition members’ understanding of the Coalition’s purpose and goals as well as to measure the following indicators of progress: Increased understanding about the gaps in behavioral health services in the FNSB among Coalition members; and increased motivation among Coalition members to fill gaps in behavioral health services in the FNSB. The pre-survey will be disseminated by June 2016 and the post survey in June 2017 and then again in April 2018.
- **Alaska Behavioral Health Systems Assessment Fairbanks Regional Data:** This report, published by the Alaska Mental Health Trust Authority and the Division of Behavioral Health details the number of youth who received behavioral health services with support from Medicaid and State Behavioral Health Funds from 2009-2013. We anticipate using a future report to demonstrate increased number of youth ages 15-24 receiving such services.

The following Map of Evaluation Questions to Data Sources and Analysis provides an overview of the data collection tools related to each evaluation questions and the appropriate indicators to measure progress and outcome indicators.

Table 1: Map of Evaluation Questions to Data Sources and Analysis

Evaluation Question/Indicator	Post-Training Survey	Pre/Post Coalition Survey	Program Documents	Community Readiness Assessment	Tanana Valley State Fair Survey	Community Perception Survey	Resource Assessment	Pre/Post Medical Provider Survey	Youth Risk Behavior Survey	Sources of Strength Surveys	AK Behavioral Health Systems	Analysis
1) Does the Coalition's capacity building increase the community's readiness to address suicide prevention?												
<i>Indicators of Progress</i>												
Change in pre/post Coalition member knowledge	x	x										analysis of variance
Documentation of decisions, plans, and advocacy efforts			x									descriptive statistics; content description
<i>Outcome Indicators</i>												
Increase in the overall Community Readiness score from a baseline of 3.7				x								descriptive statistics
2) Does the awareness campaign increase accurate perceptions about suicide among FNSB adults and does increased awareness lead to greater community readiness to address suicide prevention?												
<i>Indicators of Progress</i>												

Evaluation Question/Indicator	Post-Training Survey	Pre/Post Coalition Survey	Program Documents	Community Readiness Assessment	Tanana Valley State Fair Survey	Community Perception Survey	Resource Assessment	Pre/Post Medical Provider Survey	Youth Risk Behavior Survey	Sources of Strength Surveys	AK Behavioral Health Systems	Analysis
Number/percent of FNSB adult residents who are able to name suicide prevention resources, characteristics of suicide characteristics in the FNSB (e.g., populations at risk, easy access to means), suicide risk factors (e.g., ACEs, life events, isolation, stigma), and cite stigma as a factor that would prevent someone from getting help.					x							descriptive statistics; analysis of variance
Number/percent of FNSB adults who agree that FNSB residents are extremely knowledgeable about suicide, that an extreme effort currently exists in the community to address suicide, that community leaders provide an extreme amount of support to address suicide, that there is extreme support in the community to address suicide, and that there is an extreme amount of resources available in the community to address suicide.					x							descriptive statistics; analysis of variance
Number of activities/services/programs in the FNSB with the goal of suicide prevention							x					descriptive statistics; analysis of variance
Number of individuals participating in activities/services/programs in the FNSB with the goal of suicide prevention							x					descriptive statistics; analysis of variance
<i>Outcome Indicators</i>												
Increase over time in the number/percent of FNSB adult residents who are able to name suicide prevention resources, characteristics of suicide characteristics in the FNSB (e.g., populations at risk, easy access to means), suicide risk factors (e.g., ACEs, life events, isolation, stigma), and cite stigma as a factor that would prevent someone from getting help.							x					descriptive statistics; analysis of variance
The "Resources" Community Readiness score increases from a baseline of 3.9				x								descriptive statistics; analysis of variance
The "Community Knowledge of Current Events" Community Readiness score increases from a baseline of 3.6				x								descriptive statistics; analysis of variance
3) Do training and outreach activities for adults (e.g., medical providers, youth organizations, and parents) increase referrals for major risk factors of suicide?												

Evaluation Question/Indicator	Post-Training Survey	Pre/Post Coalition Survey	Program Documents	Community Readiness Assessment	Tanana Valley State Fair Survey	Community Perception Survey	Resource Assessment	Pre/Post Medical Provider Survey	Youth Risk Behavior Survey	Sources of Strength Surveys	AK Behavioral Health Systems	Analysis
<i>Indicators of Progress</i>												
Community members are able to identify suicide risk factors	x											descriptive statistics
Medical Providers are motivated to screen for major risk factors of suicide	x											descriptive statistics
Trainers have the skills needed to provide QPR training	x											descriptive statistics
Number of providers who refer for major risk factors of suicide each year								x				descriptive statistics
Increase number/ percent of medical providers who report screening youth and young adults regularly for major risk factors of suicide from pre to post-survey								x				descriptive statistics; analysis of variance
<i>Outcome Indicators</i>												
Number/percent of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months									x			descriptive statistics
Number/percent of Community Perception Survey respondents will feel that it is difficult or very difficult for people with mental health problems to get help in FNSB						x						descriptive statistics
4) Does implementation of Sources of Strength decrease isolation among students?												
<i>Indicators of Progress</i>												
Participating youth are able to identify and respond to suicide risk factors and early warning signs										x		descriptive statistics
Participating youth are more likely to refer to suicidal friend to an adult										x		descriptive statistics
Participating youth have an increased positive perception of adult support for suicidal youth and the acceptability of seeking help										x		descriptive statistics
<i>Outcome Indicators</i>												
Decrease in the reported isolation of FNSB students.										x		descriptive statistics
5) Does the Behavioral Health Plan strategy lead to increased community services to address youth suicide?												
<i>Indicators of Progress</i>												
Increased understanding about the gaps in behavioral health services in the FNSB among Coalition members.		x										descriptive statistics
Increased motivation among Coalition members to fill gaps		x										descriptive

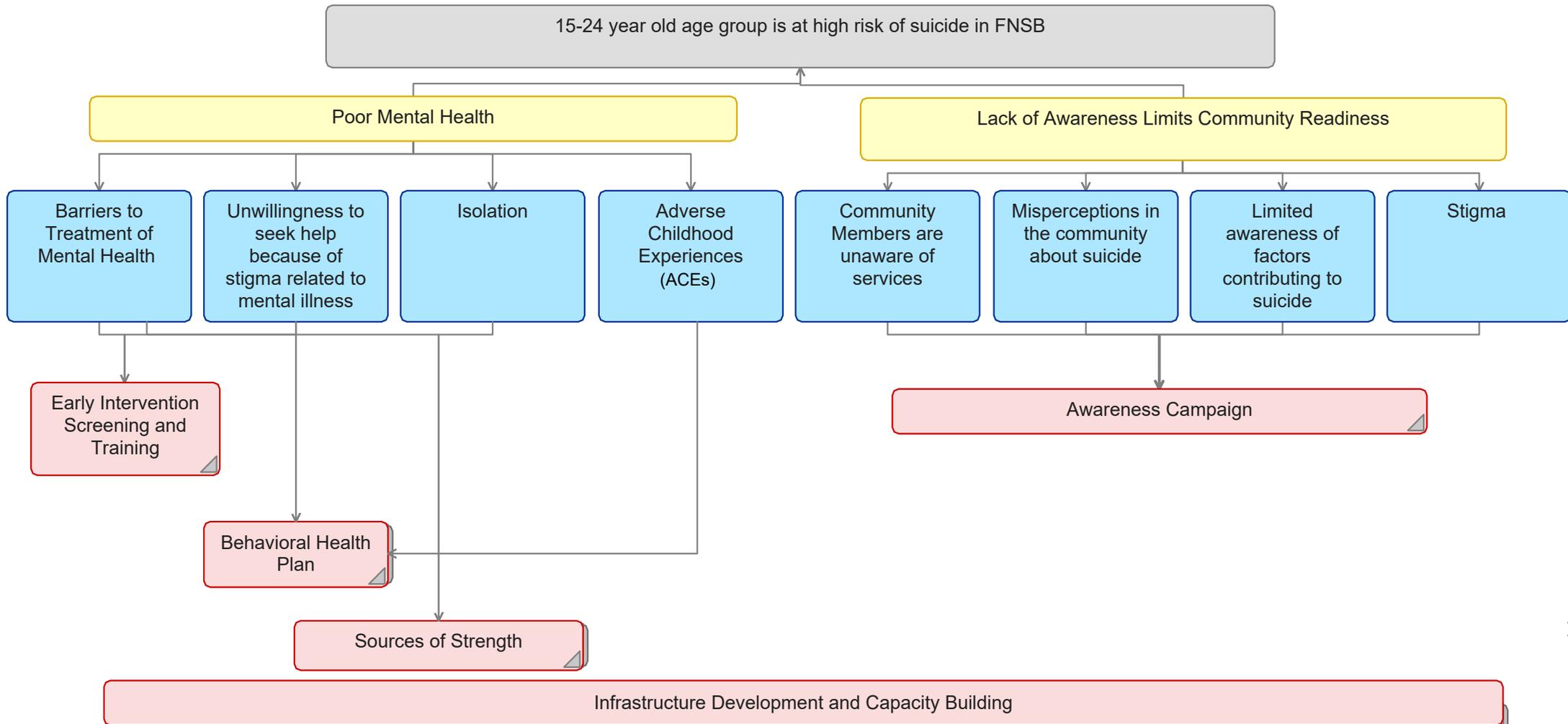
Evaluation Question/Indicator	Post-Training Survey	Pre/Post Coalition Survey	Program Documents	Community Readiness Assessment	Tanana Valley State Fair Survey	Community Perception Survey	Resource Assessment	Pre/Post Medical Provider Survey	Youth Risk Behavior Survey	Sources of Strength Surveys	AK Behavioral Health Systems						Analysis
in behavioral health services in the FNSB.																	statistics
<i>Outcome Indicators</i>																	
Increased number of youth served with support from Medicaid and State Behavioral Health Funds																x	descriptive statistics

Section 7. Management Information System (MIS)

To ensure this plan is fully implemented, appropriately monitored by the coalition, and ultimately successful, the coalition will develop an Excel workbook to serve as our Management Information System (MIS). This workbook will contain a tab for each strategy activity. Inside each tab will reside the appropriate action list that contains the what, who, when, and how details that will be continuously updated. This workbook will be used to develop monthly stoplight PowerPoint charts to keep not only coalition members informed, but also to be used for quarterly reports to the state.

Furthermore, both the MIS and the stoplight charts will be maintained in Basecamp, an online project management and collaboration tool currently in use by the coalition. Project folders will be set up in Basecamp for each strategy or strategy activity and will contain final (for record-keeping) and working documents. All members of the workgroup or agency managing the strategy or strategy activity will have access to the applicable folders and be able to update working documents. Members will have the ability to electronically collaborate via Basecamp messages which are also sent via email. Each workgroup will also meet on a recurring basis in person. The details of how often each will meet will vary between workgroups depending on availability and workload. Attendance will be kept for all workgroup meetings and actions updated in the Basecamp MIS either in real time or shortly after meeting.

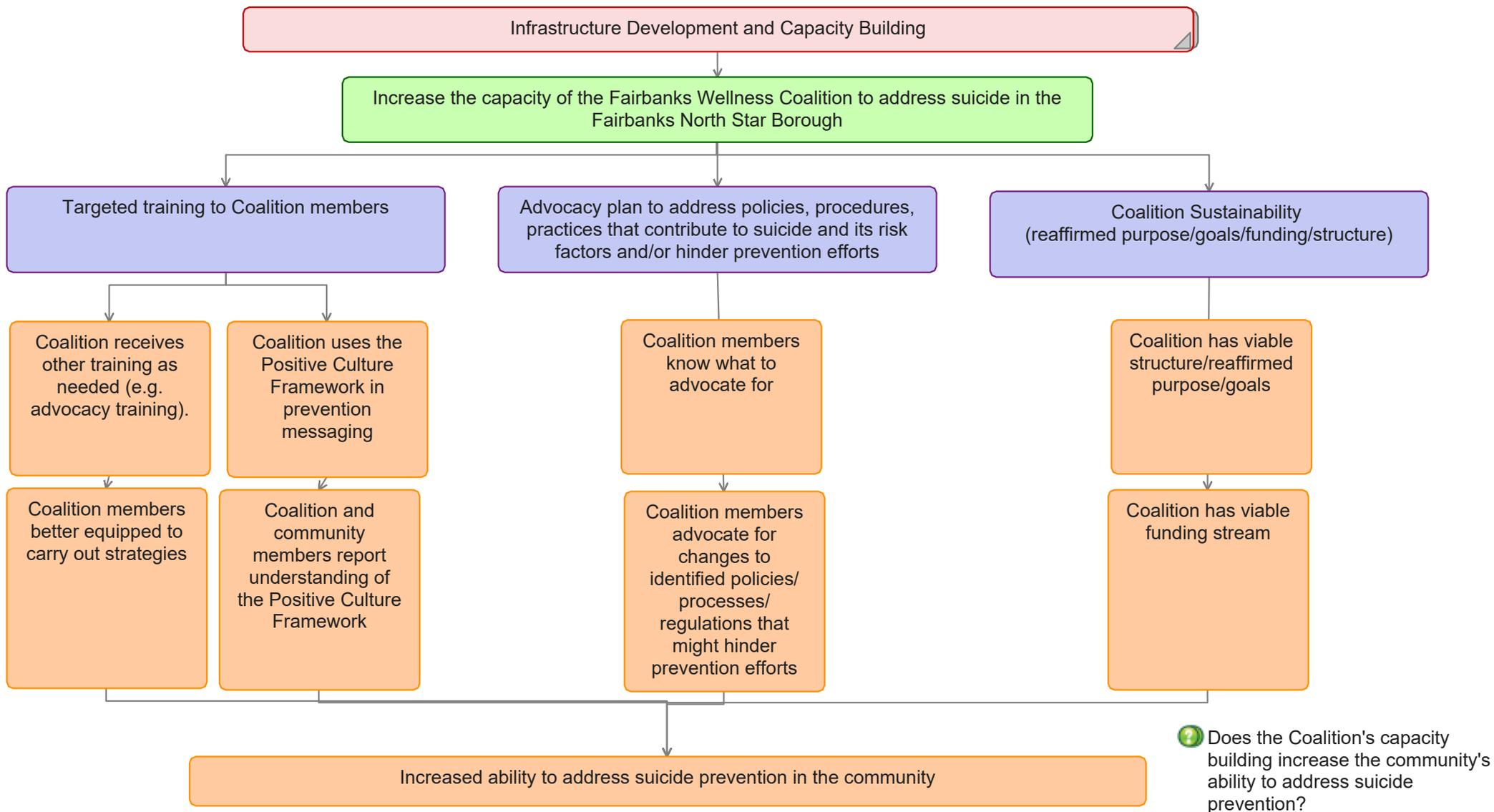
Section 8 Logic Models



2015 Needs Assessment Indicators

- Greatest number and highest rates of suicide occur in younger age groups; suicide is the 2nd leading cause of death of 15-24 year olds
- Depression/other mental disorders is #1 suicide risk factor; only 42% of youth/36% of adults with mental illness received care in 2009-2013
- 83% of respondents felt stigma limits people's willingness to seek help for suicidal thoughts
- 29% of FNSB teens feel alone in their life; 62% adult survey respondents feel loneliness contributes a lot to suicide
- 80% of suicide attempts by children/teens were attributed to ACEs; ACE score of 7 increased risk of attempts 51-fold among children/teens
- 21.2% of FNSB adults reported experiencing 1 or more ACEs before age 18

- FNSB community readiness score of 3.7 indicates a vague or limited suicide knowledge.
- Only 30% of survey respondents named Careline as a resource.
- The 2nd most cited contributing factor to suicide was "seasonal factors" (a misperception).
- Only 37% identified firearms as the most common method of suicide in FNSB.
- 5 of 13 key informants indicated community lacks understanding of what "at-risk" looks like.
- 9 of 13 key informants cited stigma as a significant factor in the lack of dialogue.



❓ Does the Coalition's capacity building increase the community's ability to address suicide prevention? ▲

Indicators of Progress toward Outcomes

- 📊 Change in pre/post Coalition member knowledge
- 📊 Documentation of decisions, plans, advocacy efforts

Tools for Monitoring Progress toward Outcomes

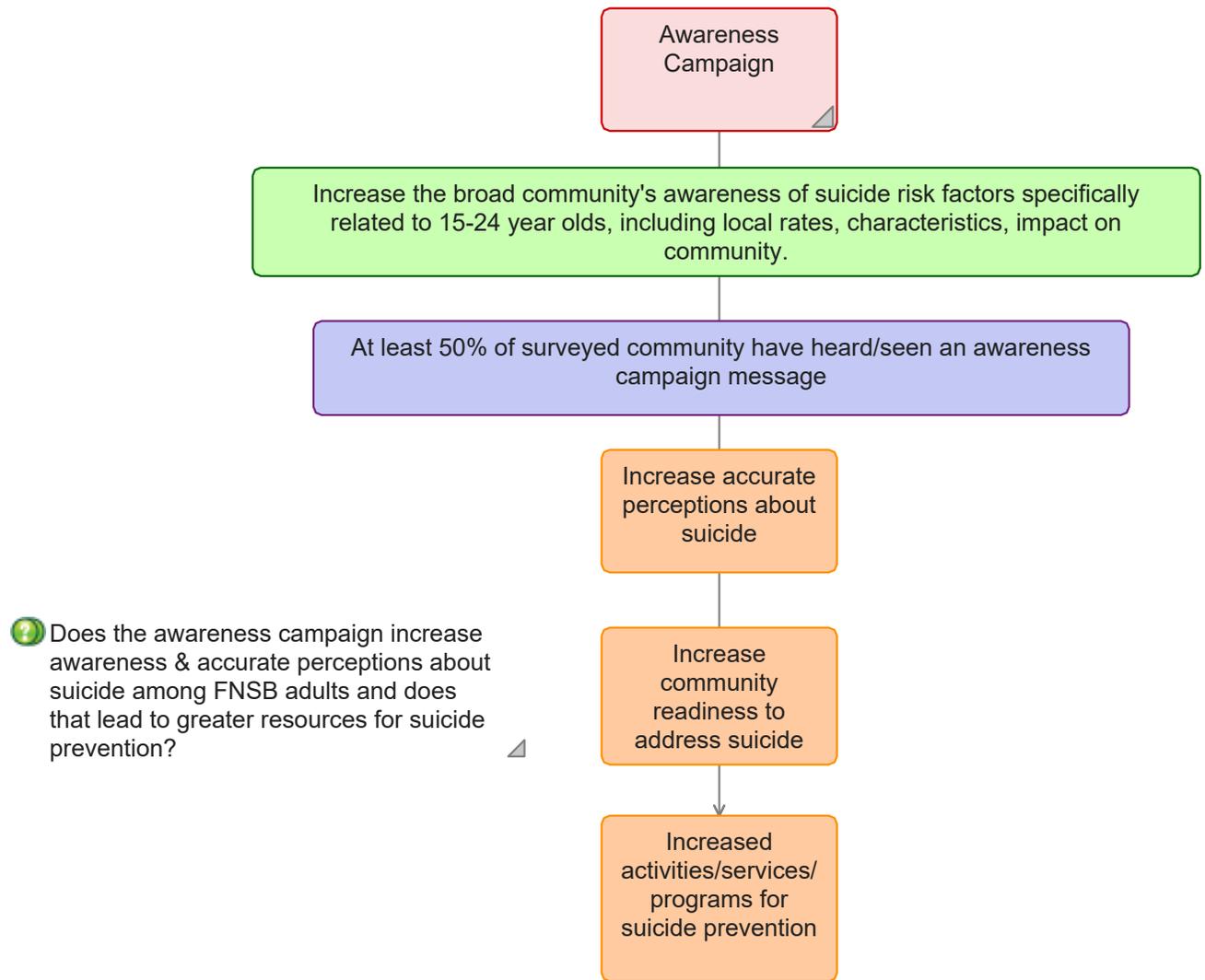
- 📄 Post Training surveys
 - 📄 Pre/Post Coalition Survey
 - 📄 Program documents
- Notes:* Advocacy plan details, number and type of decisions made.

Indicators for Evaluating Outcomes

- 📊 Increase in the overall community readiness score from a baseline of 3.7

Tools for Evaluating Outcomes

- 📄 Community Readiness Assessment
- Notes:* Post data will be collected in April 2018



? Does the awareness campaign increase awareness & accurate perceptions about suicide among FNSB adults and does that lead to greater resources for suicide prevention?

Indicators of Progress toward Outcomes

-  Number/percent of FNSB adult residents who are able to name suicide prevention resources, characteristics of suicide characteristics in the FNSB (e.g., populations at risk, easy access to means), suicide risk factors (e.g., ACEs, life events, isolation, stigma), and cite stigma as a factor that would prevent someone from getting help.
-  Number/percent of FNSB adults who agree that FNSB residents are extremely knowledgeable about suicide, that an extreme effort currently exists in the community to address suicide, that community leaders provide an extreme amount of support to address suicide, that there is extreme support in the community to address suicide, and that there is an extreme amount of resources available in the community to address suicide.
-  Number of activities/services/programs in the FNSB with the goal of suicide prevention
-  Number of individuals participating in activities/services/programs in the FNSB with the goal of suicide prevention

Indicators for Evaluating Outcomes

-  Increase from baseline the number/percent of FNSB adult residents who are able to name suicide prevention resources, characteristics of suicide characteristics in the FNSB (e.g., populations at risk, easy access to means), suicide risk factors (e.g., ACEs, life events, isolation, stigma), and cite stigma as a factor that would prevent someone from getting help.
-  The "Resources" Community Readiness score increases from a baseline of 3.9
-  The "Community Knowledge of Current Events" Community Readiness score increases from a baseline of 3.6

Tools for Monitoring Progress toward Outcomes

- Annual Survey at the Tanana Valley State Fair

Notes: The Fair survey will be disseminated in August annually

- Resource assessment

Description: The resource assessment will build on the assessment conducted for the needs assessment; annual additions will be added by the FWC coordinator and the behavioral health plan will provide information about changing activities/services/programs

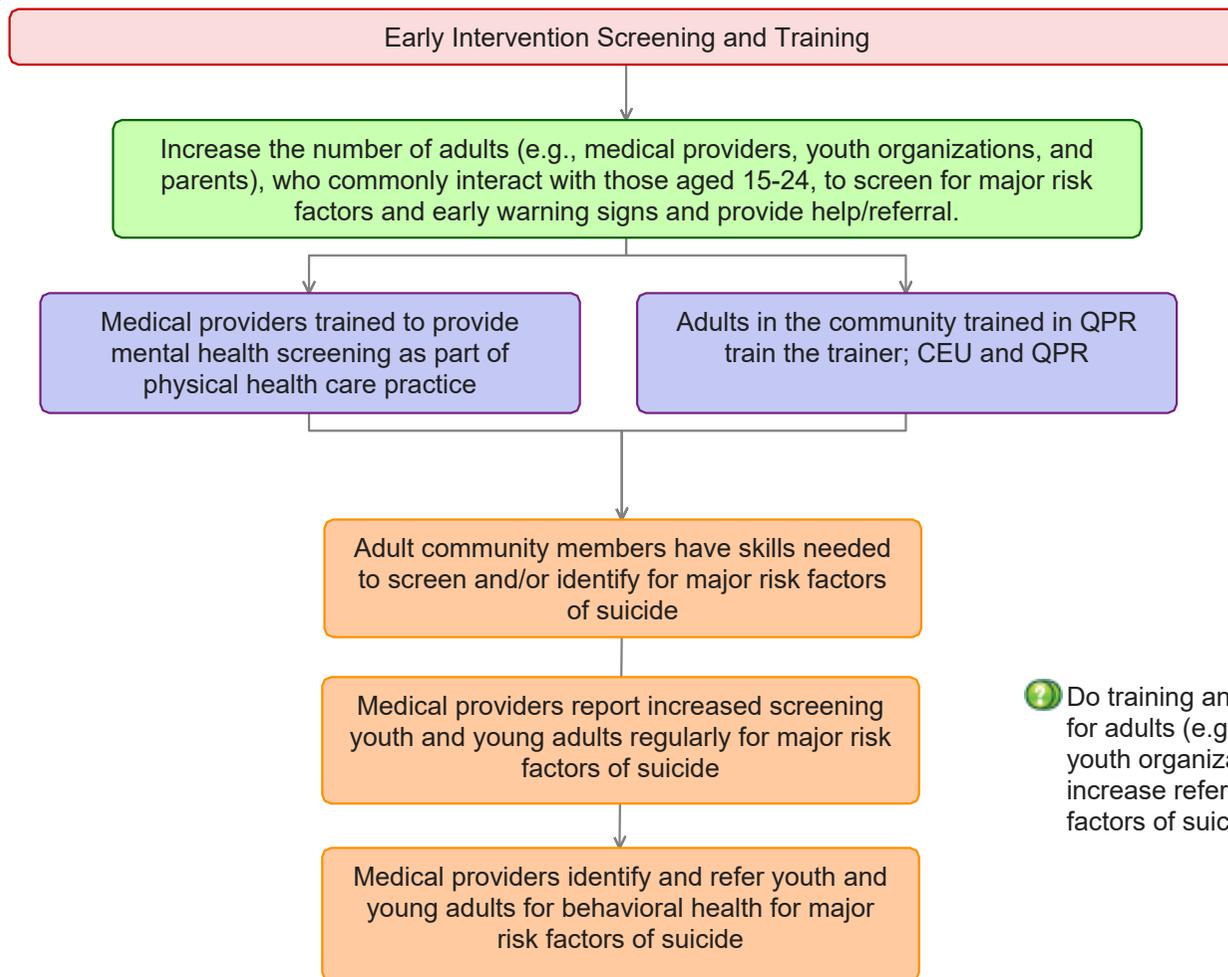
Tools for Evaluating Outcomes

- Community Perception Survey

Notes: The Community Perception survey will be disseminated in April 2018; baselines are from April 2015

- Community Readiness Assessment

Notes: Post data will be collected in April 2018



❓ Do training and outreach activities for adults (e.g., medical providers, youth organizations, and parents) increase referrals for major risk factors of suicide? ▲

2 Do training and outreach activities for adults (e.g., medical providers, youth organizations, and parents) increase referrals for major risk factors of suicide? ▲

Indicators of Progress toward Outcomes

- Community members are able to identify suicide risk factors
- Medical Providers are motivated to screen for major risk factors of suicide
- Trainers have the skills needed to provide QPR training

- Number of providers who refer for major risk factors of suicide each year
- Increase number/ percent of medical providers who report screening youth and young adults regularly for major risk factors of suicide from pre to post-survey

Indicators for Evaluating Outcomes

- Number/percent of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months
- Number/percent of Community Perception Survey respondents will feel that it is difficult or very difficult for people with mental health problems to get help in FNSB

Tools for Monitoring Progress toward Outcomes

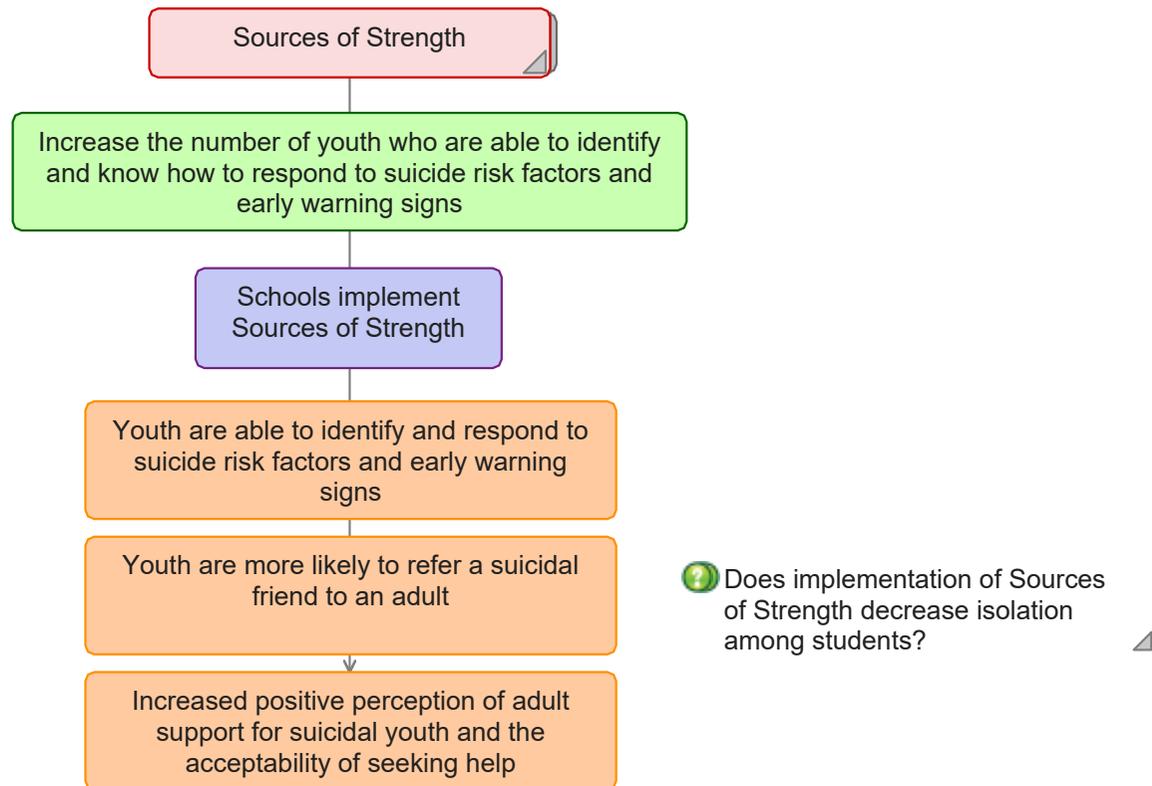
- Post Training Surveys
Notes: Post-training surveys will measure skills gained, attitudes toward screening for major risk factors of suicide, and intentions to screen/ identify

- Pre/Post Medical Provider Survey
Notes: Survey will measure the number of medical health providers who regularly screen youth and young adults for major risk factors of suicide (are they screening, what tool, any training for screening, what referrals they make); pre-survey will be Aug 2016 and post-survey will be April 2018 and after training events

Tools for Evaluating Outcomes

- Youth Risk Behavior Survey

- Community Perception Survey
Notes: The Community Perception survey will be disseminated in April 2017 and 2018



 Does implementation of Sources of Strength decrease isolation among students? 

Indicators of Progress toward Outcomes

-  Participating youth are able to identify and respond to suicide risk factors and early warning signs
-  Participating youth are more likely to refer to suicidal friend to an adult
-  Participating youth have an increased positive perception of adult support for suicidal youth and the acceptability of seeking help

Indicators for Evaluating Outcomes

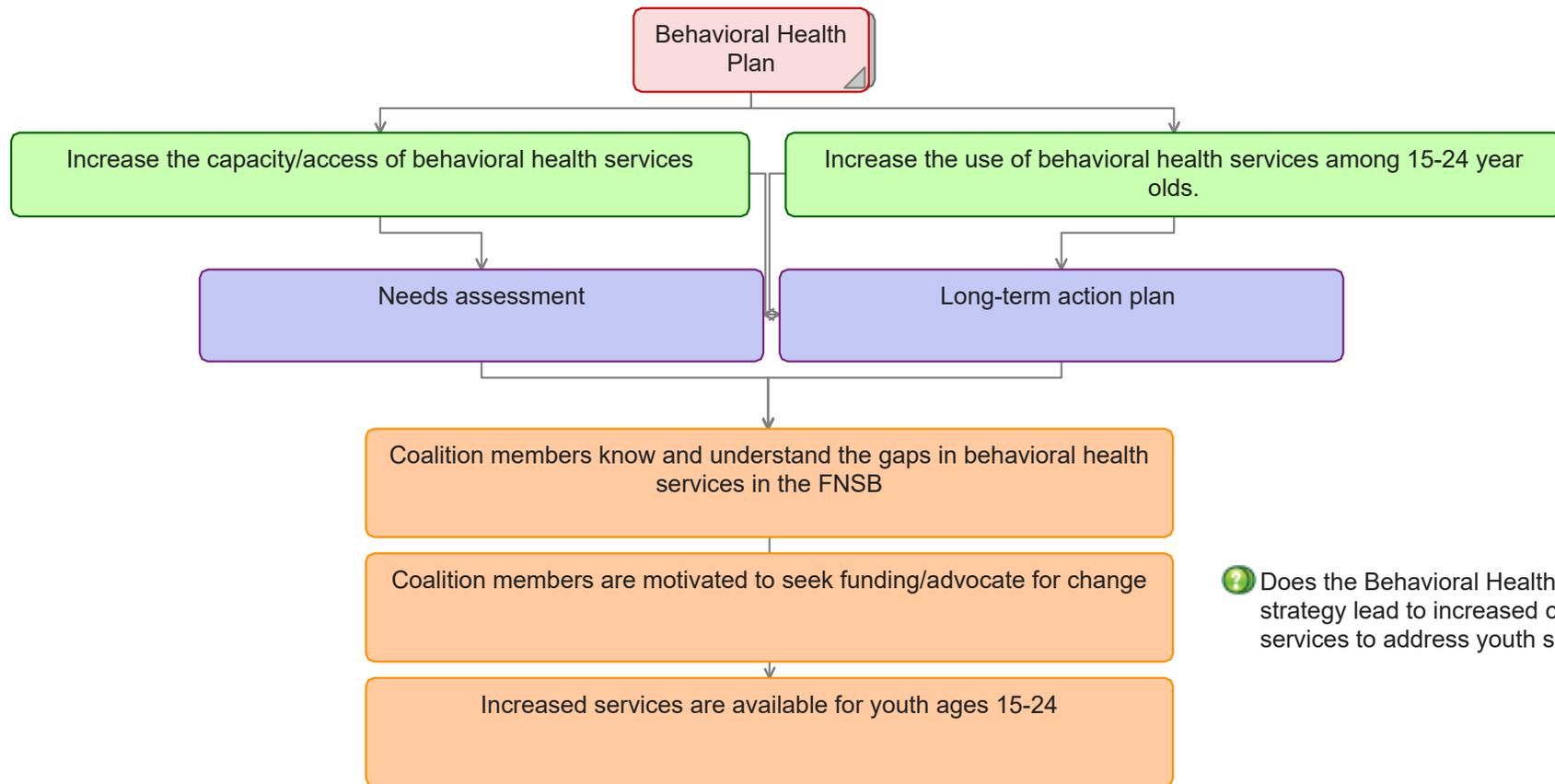
-  Decrease in the reported isolation of FNSB students.

Tools for Monitoring Progress toward Outcomes

-  Pre/Post Sources of Strength survey
Notes: The pre/post survey is disseminated to students as part of the program design

Tools for Evaluating Outcomes

-  Youth Risk Behavior Survey
Notes: The following specific questions will be used to measure the indicator:
Percent of students who feel alone in their life
Percent of students who feel like they matter to people
Percent of students who feel comfortable seeking help from at least one adult besides their parents



Does the Behavioral Health Plan strategy lead to increased community services to address youth suicide?

❓ Does the Behavioral Health Plan strategy lead to increased community services to address youth suicide? ▲

Indicators of Progress toward Outcomes

- 📊 Increased understanding about the gaps in behavioral health services in the FNSB among Coalition members.
- 📊 Increased motivation among Coalition members to fill gaps in behavioral health services in the FNSB.

Tools for Monitoring Progress toward Outcomes

- 📄 Pre/Post Coalition Survey

Indicators for Evaluating Outcomes

- 📊 Increased number of youth served with support from Medicaid and State Behavioral Health Funds

Tools for Evaluating Outcomes

- 📄 Alaska Behavioral Health Systems Assessment 2014-2019 Data Report
Notes: Baselines from the 2009-2013 Alaska Behavioral Health Systems Assessment Data Report (http://mhtrust.org/mhtawp/wp-content/uploads/2015/11/Fairbanks_Regional_Data_Report.pdf)