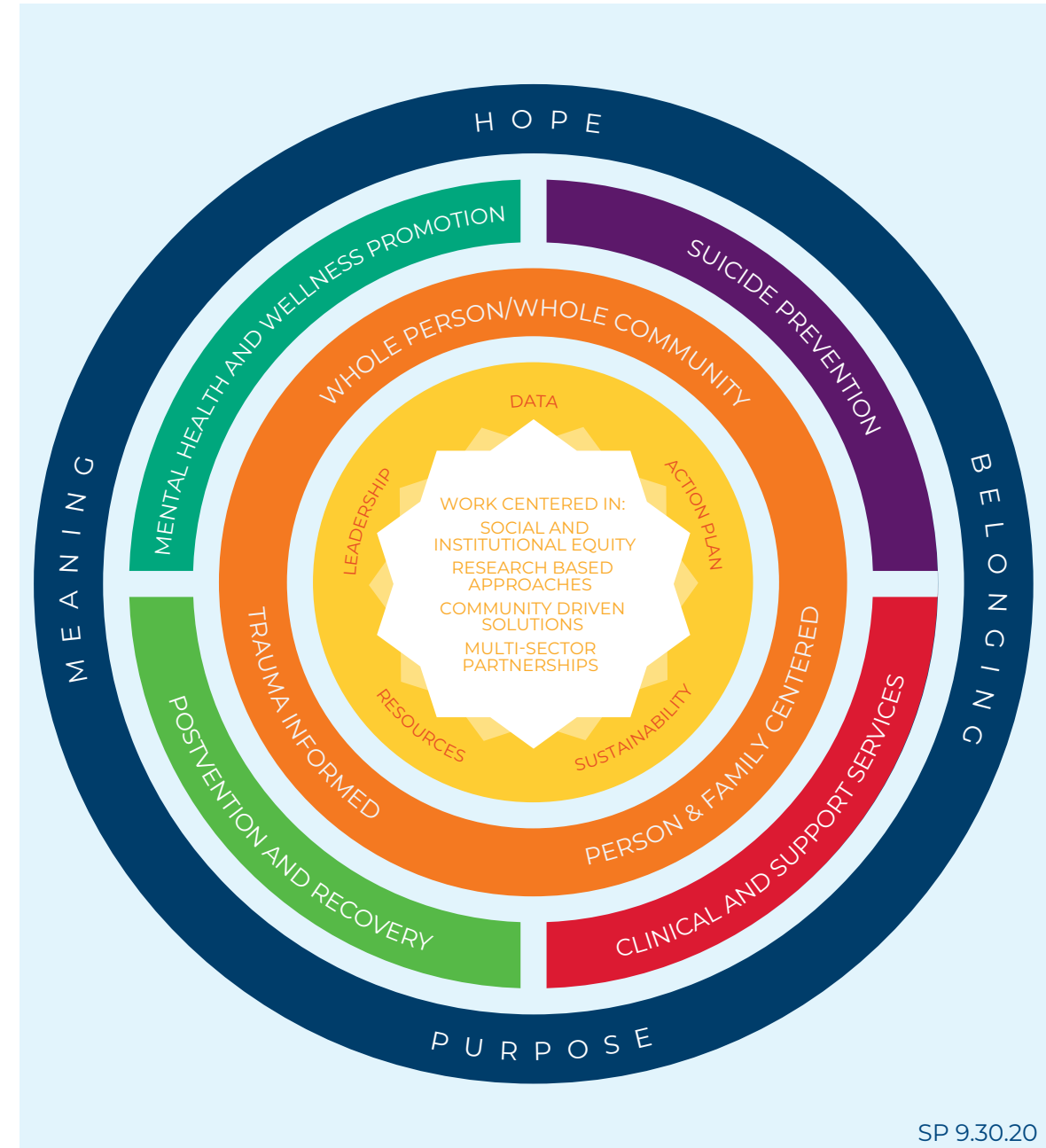


<p><b>MENTAL HEALTH AND WELLNESS PROMOTION</b></p> <p>Strategies designed to optimize mental health and promote emotional wellbeing by addressing the determinants of mental health through the creation of environments and relationships that support emotional wellbeing and build individual and community resilience when faced with adverse events.</p>	<p><b>KEY STRATEGIES</b></p> <p><b>Strategy 1:</b> Embrace the concept of health in all policies. Develop a policy agenda and plan of action related to public policies that address the determinants of mental health, such as the unequal distribution of opportunity, discrimination or social inclusion.</p> <p><b>Strategy 2:</b> Improve social cohesion or community connectedness, including school connectedness and connection to trusted adults. Connectedness refers to the level at which community members connect and interact with one another and access support formally (e.g. government services, civic engagement) and informally (e.g. community clubs or groups, community kitchens, built environments).</p> <p><b>Strategy 3:</b> Improve organizational or employer practices and policies to support employees and their families.</p>
<p><b>SUICIDE PREVENTION</b></p> <p>Strategies to prevent and reduce the incidence, prevalence, and recurrence of suicidal ideation and behavior through mitigation of risk factors and increasing protective factors.</p>	<p><b>KEY STRATEGIES</b></p> <p><b>Strategy 1:</b> Reduce access to lethal means.</p> <p><b>Strategy 2:</b> Increase implementation of research-informed programs that build resilience, problem solving skills and connection in schools, including connection to trusted adults and reduce stigma.</p> <p><b>Strategy 3:</b> Increase ability in multiple settings to identify and support people at risk for suicide.</p>
<p><b>CLINICAL AND SUPPORT SERVICES</b></p> <p>Strategies to improve access and engagement in services for people with a mental health concern or diagnosis.</p>	<p><b>KEY STRATEGIES</b></p> <p><b>Strategy 1:</b> Implement treatment system change with the Zero Suicide Framework.</p> <p><b>Strategy 2:</b> Increase use of programs to prevent re-attempts.</p> <p><b>Strategy 3:</b> Support training sessions for mental health providers on interventions for suicidal clients.</p> <p><b>Strategy 4:</b> Support training for sessions for social services and other professionals on interventions for suicidal clients.</p> <p><b>Strategy 5:</b> Increase quality referrals and sustained engagement in culturally relevant services.</p>
<p><b>POSTVENTION AND RECOVERY</b></p> <p>Strategies to support services for individuals and communities responding to a suicide death or attempt and/or individuals who have attempted suicide.</p>	<p><b>KEY STRATEGIES</b></p> <p><b>Strategy 1:</b> Develop a coordinated response, including the availability of resources and support services, in the aftermath of a suicide death for families and community organizations.</p> <p><b>Strategy 2:</b> Educate and advocate for safe reporting of suicide in the media.</p> <p><b>Strategy 3:</b> Establish and communicate clear policies and procedures across systems (e.g. schools, jails, hospitals, courts) to support individuals returning to school or another community setting after seeking care for suicidal ideation or other mental health concerns.</p>



## ABOUT THE FRAMEWORK

The Mental Health Framework, and its embedded Suicide Prevention Framework, is designed to act as a catalyst for implementation of shared strategies among cross-sector partners working to improve mental health and prevent suicide in the Tri County Region. These frameworks provide clarification about guiding principles, core values, how work can be accomplished and strategies across the mental health and suicide prevention continuum and spanning the life course, with a particular focus on the unique role of public health.

## INDIVIDUAL AND COMMUNITY OUTCOMES

This layer of the framework conveys the overarching outcomes desired for a mentally healthy, suicide free community. Hope, purpose, belonging and meaning, while felt by individuals, contribute to a community sense of these concepts.

**Hope** - Individuals have hope for their future and those of their families that is grounded in a sense of identity, unique values and having a belief in spirit.

**Belonging** - Individuals have a sense of belonging and connectedness within their families and to community and culture.

**Purpose** - Individuals have purpose in their daily lives, whether it is through education, employment and caregiving activities or through cultural ways of being and doing.

**Meaning** - Individuals have a sense of meaning and an understanding of how their lives and those of their families and communities are part of creation and a rich history.

## THE NORTH STAR

**Social and Institutional Equity** - TCHD and partners approach their work in mental health promotion and suicide prevention with an understanding that health disparities are rooted in institutional and social inequities-organizations, social norms, practices and policies that routinely advantage White, heterosexual, cisgender and Christian people. TCHD and partners include in their work approaches that address systemic inequities through interventions as the community and societal levels of the social ecology. They include in their development of strategies a reflection of their identities, power and privilege. They respectfully and meaningfully engage communities to inform strategies for mental health promotion and suicide prevention. They continuously evolve their understanding about social and institutional inequities and the specific role that discrimination plays as a determinant of poor mental health.

**Research Based Approaches** - TCHD and partners develop strategies that are informed by current research when there is not an evidence base and utilize evidence-based strategies when they exist. TCHD and partners strive to contribute what is known about mental health promotion and suicide prevention strategies through data collection and evaluation. TCHD and partners look to the research and experts to ensure strategies are culturally relevant.

**Community Driven Solutions** - TCHD and partners recognize the unique strengths and challenges of the communities served in the Tri-County Region. They seek to engage partners at the community level in the development of strategies that maximize the strengths and best meet the unique needs of the community.

**Multi Sector Partnerships** - TCHD and partners address mental health promotion and suicide prevention along a continuum from the promotion of mental wellness, to the delivery of treatment supports for mental and substance use disorders, to recovery and reclamation of health. They recognize that this requires multi-sector partnership with mutually reinforcing activities, accountability and strong communication.

## CORE VALUES

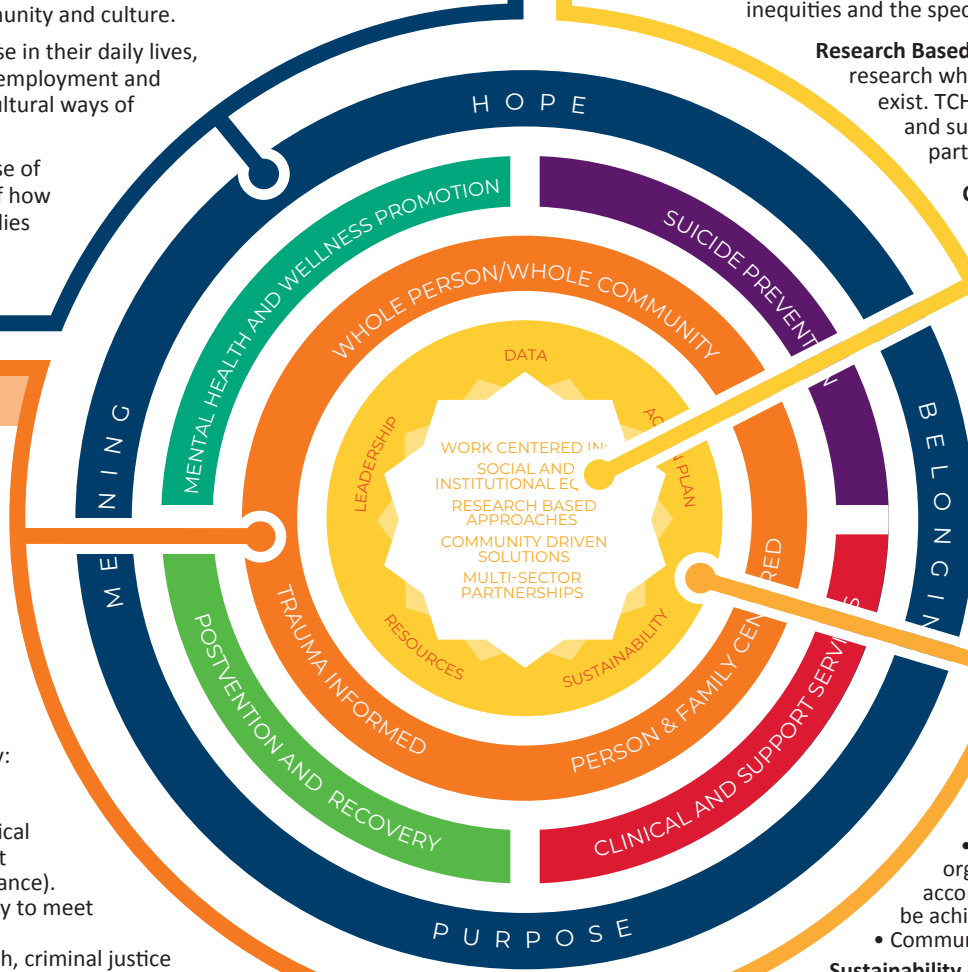
**Person and Family Centered** - Person centered means belief in other's potential and ability to make the right choices for themselves, regardless of one's own values, beliefs and ideas. Individual needs are met with services and resources available at the right time, in the right place and are available, accessible and affordable. Family centered means belief that the best way to meet a person's needs, particularly children and youth, is within their families. This includes a focus on creating the conditions within which caregivers and families can thrive.

**Whole Person/Whole Community** - Application of an upstream approach to explicitly address the social determinants of health through the coordination of health, behavioral health and social services in a person-centered manner with the goals of improved health outcomes and more efficient and effective use of resources. Specifically, work is guided by:

- The identification and understanding of a priority population.
- Person centered care.
- Coordination of services across sectors, including behavioral health, physical health, and social and community resource and services (i.e. employment assistance, housing assistance, justice, food assistance, enrollment assistance).
- Financial flexibility that allows providers of services to spend funds flexibly to meet individuals' needs rather than funding requirements of public payers.
- Shared data on an individual, including eligibility, health, behavioral health, criminal justice and social services data, to reduce duplication and streamline services.
- Collaborative leadership that creates a unifying vision for system transformation focused on addressing the whole person.

**Trauma Informed** - Acknowledges the widespread impact of trauma on victims and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by integrating knowledge about trauma into policies, procedures, practices and settings (SAMHSA, 2014). Specifically, the work is guided by:

- An organizational movement that is ongoing and infused into every aspect of organizational culture.
- A recognition of socio-cultural trauma.
- A realization of the widespread impact.
- Identification of opportunities to respond by shifting practice.



## HOW THE WORK IS DONE

**Data** - Partners recognize a responsibility to collect, analyze, interpret and report data; and uses data to identify, monitor and advance partnership goals. Data are used to inform where and among whom problems exist and what those problems are.

**Action plan** - Action plans are developed, including decisions about who is going to do what, by when and in what order for the partnership to achieve shared goals. It is also something that includes methods for verifying and evaluating the extent of implementation. The design and implementation of the action planning depends on the nature and needs of the partners, but might include:

- The goal(s) that are to be accomplished.
- How each goal contributes to the organization's overall strategic goals.
- What specific results (or objectives) must be accomplished that, in total, reach the goal of the organization.
- How those results will be achieved.
- When the results will be achieved (or timelines for each objective).
- Communications plan about the work, opportunity for community involvement and results.

**Sustainability** - Sustainability is integrated into every strategy, ensuring that if the strategy is identified as effective, it becomes a permanent part of the community. Sustainability is the active process of establishing the initiative - not merely continuing the program, but developing relationships, practices and procedures that are lasting. For each strategy, partners understand the following:

- Nature of the strategy or initiative.
- Goals of the initiative.
- Accomplishments.
- Publicity received.
- Initiative structured and governance.
- Staffing and resource needs.
- Sufficiency of the budget to cover expected costs now and in the future.
- Potential obstacles and ideas for how to overcome those obstacles.

**Resources** - Resources exist for each strategy and are the community assets and resources leveraged across partners to address cross sector or system problems. Resources may be time and commitment as well as intellectual (i.e., trainings, expertise) or physical (i.e., money, space, technology).

**Leadership** - Sufficient leadership exists that support, garner and channel resources towards the design, implementation, monitoring and evaluation and sustainability of the initiative.