American Association of Suicidology
2021 – 2025 Strategic Plan

AMERICAN
ASSOCIATION OF SUICIDOLOGY
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Executive Summary
Board Authorization

Suicide is a tragic public health challenge that causes immeasurable pain, suffering, and grief for individuals, families, and communities nationwide. Recent data released by the CDC identified suicide being the 10th leading cause of death in the United States (U.S.) and the 2nd leading cause of death for teenagers. Every day, approximately 123 individuals take their life in the U.S., and for every one suicide, there are about 24 suicide attempts. These numbers reflect a stubborn and tragic trend of increasingly high rates of suicide for the last decade. The interconnected complexity surrounding the issue of suicide cannot be overstated. There are numerous known risk factors impacting the scourge of suicides, including economic disparities, homelessness, legal issues, relationship struggles, and mental health.

The nation has made significant investments and advancements in suicide prevention. However, responsibility for suicide prevention lies with the whole community. Specifically, a diverse multidisciplinary organization such as the American Association of Suicidology can ensure that prevention gets the attention it deserves and those collective impact initiatives are integrated, and best practices are disseminated.

The following strategy builds on the work the American Association of Suicidology has accomplished over the past XX years and that is embedded into a more significant national effort and strategy put forth by the National Action Alliance. This approach also recognizes the role of other key partners such as the American Foundation for Suicide Prevention (AFSP), the Jed Foundation, the Trevor Project, the Substance Abuse and Mental Health Services Administration (SAMHSA), LivingWorks, the QPR Institute, and the National Suicide Prevention Lifeline, as well as the state and local efforts occurring across the nation. The purpose of this strategic plan is to bring together the means (methods) to the ends (resources) that the American Association of Suicidology intends to embark on to continue our legacy to prevent suicide across the nation.

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Organizational History and Description

The American Association of Suicidology (AAS) was founded by clinical psychologist Edwin S. Shneidman, Ph.D., in 1968. After co-directing the Los Angeles Suicide Prevention Center (LASPC) since 1958, Dr. Shneidman was appointed co-director of the Center for Suicide Prevention at the National Institute of Mental Health (NIMH) in Bethesda, MD. There he had the opportunity to closely observe the limited available knowledge base regarding suicide.

Consequently, under the sponsorship of the NIMH, Dr. Shneidman organized a meeting of several world-renowned scholars in Chicago. This group of scholars identified the need for and launched a national organization devoted to research, education, and practice in suicidology and in advancing suicide prevention.

With his years of leadership directing a suicide prevention center, Shneidman was quickly recognized a contemporary and rapid expansion of the crisis center/hotline movement across the United States (U.S.).

The newly established AAS embraced these crisis centers as sources of information for the field of suicidology. Soon, the relationship between AAS and these centers was symbolic. AAS became the central clearinghouse for support and the hub of a multi-spoked wheel, networking these centers to common needs, training materials, and goals.

Certification & Training

This marriage of suicide prevention research and crisis counseling led AAS to develop a set of standards and criteria for certification of crisis centers throughout the U.S. Since certifying its first center in 1976, AAS now has over 120 centers meeting stringent standards of services and training.

In 1989, AAS began a certification program for individual crisis workers as well. By the end of 2015, over 1,000 individuals had passed a rigorous examination of their knowledge and application of crisis theory. AAS continues to lead the crisis service movement lead

AAS Becomes a Membership Organization (taken from the website need to update the current status)

In addition to crisis center staff and volunteers, AAS membership includes over 1,400 members comprising researchers, mental health clinicians, public health specialists, school districts, survivors of suicide loss, attempt survivors, students, and impacted families.

Evolving from a handful of leaders who met in Chicago in 1968, AAS now boasts a membership of almost 1,400 individuals and over 150 organizations. AAS produces a referral directory that currently lists over 600 suicide prevention and crisis centers nationwide and a directory of nearly 300 survivor support groups.
AAS History


Public outreach, education information and referral are core functions of AAS. To that end, AAS leads the effort to improve public awareness about suicide risk and prevention. They have produced an array of fact sheets, brochures, statistical reports, books, and resources targeted for both public and professional communities.

Annually, AAS leads a major conference with sessions spanning a broad scope of topics in the field of suicide prevention. These annual conferences provide an opportunity to bring together the field of suicide prevention into a transdisciplinary network of professionals through research presentations and panels, training workshops, and interactive discussions. Both significant scientific papers and independently submitted research case studies presented at these conferences often appear in the association’s peer-reviewed journal, *Suicide and Life-Threatening Behavior*.

Each year, AAS also sponsors a second conference, Healing After Suicide Loss, which brings together professionals and survivors to share information specific to working through suicide bereavement.

AAS Today

AAS has sponsored an active program of externally-supported research and prevention programming. This work complements AAS’s ongoing investment in setting standards for and upgrading the skills and understanding of individuals and organizations in the field of suicide prevention. In addition, AAS is the nationally recognized leader in developing and implementing training and accreditation programs within the field of suicide prevention. Our evidence-based trainings include Recognizing and Responding to Suicide Risk, Psychological Autopsy Certification Training, College and University Suicide Prevention Accreditation, and many more.

As AAS moves into 2022, they will continue to recognize that suicide is a complex and tragic public health crisis. When an individual dies by suicide it is rarely the result of any one single factor. As such, AAS recognizes that suicide prevention efforts are multi-faceted and driven by evidence-based practices within the field of public health. As an organization, AAS also acknowledges that the experiences of family members, friends, and others impacted by suicide loss cannot be understated. Lived experience is a critical component to our continuously evolving knowledge about suicide.

Our goal is not to work alongside federal, state and other non-profit organizations to prevent suicide and build lives worth living, but to….
Mission, Vision, Values

Mission Statement
The mission of AAS is to promote the understanding and prevention of suicide and to support those affected by it.

Vision
AAS is an inclusive community that envisions a world where all people have the tools to prevent suicide and obtain help, hope, and healing.

Values
Four key values drive all AAS activities and are the foundation of everything we do. All AAS activities integrate:

1. Integrity, honesty and transparency
2. Compassion through empathy, dignity, and respect
3. Diversity, equity, and inclusion
4. Impactful, effective, and evidence-based

Integrity, Honesty, and Transparency
At the core of AAS is its accountability to its stakeholders and the public’s trust in its leadership in suicide prevention. To sustain this trust and accountability, AAS will ensure that all of their activities are upfront, transparent, and aligned with their stated mission, vision, goals, and objectives.

Compassion through Empathy, Dignity, and Respect
The practice of showing empathy, dignity, and respect to all individuals is not only a best practice in care delivery, but it is also a critical characteristic of an organization dedicated to understanding and preventing suicide. AAS will integrate compassion throughout its activities through its dedication to cultural competence, community building, equitable partnership, and curiosity for and adaptability to current events and climate.

Diversity, Equity, and Inclusion
Marginalized communities are disproportionately at risk for mental health issues and hindered by multiple barriers to receiving help. The intersection of disparities in mental health and access to care further compound these marginalized communities’ risk of suicidal ideation, attempts, death, and loss. AAS is therefore dedicated to advancing diversity, equity, and inclusion throughout all of their activities and will proactively seek to endorse practices and policies that remove barriers to care.

Impactful, Effective, and Evidence-Based
Scientific rigor is critical to the development of best practices and safe delivery of suicide prevention and intervention services. AAS will therefore hold a high standard for research- and practice-based approaches and will ensure that all activities—including communications, training, outreach materials, and strategic guidance—represent the most current evidence base.
Strategic Goals and Objectives

The 2021-2025 AAS Strategic Plan aims to embrace an integrated approach that incorporates a full complement of prevention-focused initiatives to decrease the suicide rate. Effective suicide prevention is comprehensive—it requires a combination of efforts that work synergistically to address different aspects of the problem.

The Strategic Plan comprises 11 Strategic Goals for which AAS will lead to support suicide prevention efforts across the nation. These are:

1. Promote Evidence-Based Practice
2. Advocate for Suicide Prevention Policy
3. Uphold Accreditation Standards
4. Strengthen Postvention Programming
5. Amplify Best Practices in Media
6. Lead in Community Outreach and Engagement
7. Build a Community of Practice
8. Integrate Lived Experience
9. Implement Emerging Standards and Practices
10. Lead Prevention Efforts for School-Aged Children

Strategic Goal 1: Promote Evidence-Based Practice

As research extends our understanding of suicide and the underlying risk and protective factors, it is critical that research, clinical, crisis, and community professionals have access to the latest evidence and best practices. AAS has been a recognized leader in suicide prevention training and will continue to uphold this leadership position by ensuring that the full complement of our training and certification programs are updated and evidence-based.

Strategic Objective 1a: Communicate the Availability of Training to the Community

AAS will engage in a very proactive approach to showcase the various AAS training opportunities available. They will take all actions to minimize waitlists by providing multiple trainings simultaneously in order to meet the needs of the customer.

Strategic Objective 1b: Produce Ongoing Research and Environmental Scans

AAS will conduct ongoing scans of recently published research to identify emerging and best practices. AAS staff will develop and implement a standardized review process, including an evaluation matrix to ensure that research findings are robust and relevant before recommending updates to training tools and programs.

Strategic Objective 1c: Conduct Gap Analyses of Current Training

AAS will regularly conduct a gap analysis of current training tools and programs to ensure that content is up-to-date, supported by science, and relevant to the current sociocultural climate. AAS will then use findings from Strategic Objective 1a to revise their current training tools and/or develop novel programs as needed.

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Strategic Goal 2: Advocate for Suicide Prevention Policy

Because suicide is a public health crisis, the most impactful change will occur at the most senior level, oftentimes working with Congress and other national stakeholder bodies. AAS has historically been a strong advocate for policies that reduce suicide and stigma and promote resiliency and wellness. AAS will continue to provide policy-level advocacy on all matters of congressional interest to the field of suicide prevention.

Strategic Objective 2a: Develop Advocacy Messaging and Communication Tools
AAS will ensure that organizations and programs are given the tools to create suicide prevention policies that provide guidance, consistency, accountability, efficiency, and clarity on how an organization/program operates its suicide prevention programming. AAS will maintain, and regularly update as needed, a battery of standardized communication guides, toolkits, and best practices.

Strategic Objective 2b: Partner with Community Advocacy Groups
Continue to develop and nurture partnerships with public, private, NGO, non-profit, and academic sectors interested in similar goals regarding prevention.

Strategic Objective 2c: Engage with Policymakers
AAS will attend suicide prevention hearings, offer official position statements and, testimony and subject matter expertise to the advocacy community to advance all facets of suicide prevention.

Strategic Goal 3: Uphold Accreditation Standards

With the arrival of a three-digit 988 hotline for National Suicide Prevention Lifeline network crisis centers, the accreditation of both network and non-network crisis centers will become increasingly important. AAS will serve as an authority to accredit all crisis centers, ensure that all crisis centers uphold standards, and provide technical assistance to crisis centers seeking accreditation. These training and technical assistance activities will span the continuum of comprehensive care for individuals in crisis including recovery, peer support, and trauma-informed care principles; suicide-safe care approaches; safety and security protocols; and collaboration between law enforcement and emergency medical services.

Strategic Objective 3a: Provide Comprehensive Technical Support and Accreditation for Crisis Call Centers nationwide.
AAS will develop and execute an accreditation program that will be available for all 988 crisis call centers. AAS will continuously train its technical support staff on the latest updates and protocols to AAS accreditations as well as in customer service delivery to enhance the extensive accreditation process for the customer.

Strategic Objective 3b: Conduct Policy and Practice Environmental Scans
AAS will continually scan updates to policies and best practices to ensure that its standards and technical assistance to crisis centers are up-to-date, relevant, and actionable.

Strategic Objective 3c: Develop Evidence-Based Crisis Support Tools

Commented [AM2]: Did we agree on this in NY? How do we plan to “ensure” all of this?

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AAS will develop up-to-date checklists, decision trees, and other crisis support tools for assessing and treating individuals identified as being at risk for suicide.

**Strategic Goal 4: Strengthen Postvention Programming**
Postvention describes the support needed by suicide survivors to help them cope with the aftermath of a suicide event, reduce their feelings of social stigma, and find support systems within the community. Postvention also extends to first responders who provide services to individuals in a suicide crisis and whose exposure to the trauma may increase their own risk for suicide. AAS is dedicated to becoming a safe and welcoming community to those who have lost a friend, colleague or loved one to suicide, as well as the first responders affected by suicide.

**Strategic Objective 4a: Develop Postvention Training and Certification**
AAS will develop training and postvention protocols for dissemination with partner organizations and communities across the nation.

**Strategic Objective 4b: Conduct Proactive Outreach Activities**
Through trainings, resource repository, and speaking engagements, AAS will be a leader in postvention.

**Strategic Objective 4c: Postvention Resource Repository**
AAS will be the primary source that individuals, partners and communities seek for direction and resources after a suicide loss.

**Strategic Goal 5: Amplify Best Practices in Media**
There is significant evidence of an association between news media reports of suicides and subsequent suicide rates, as well as emerging evidence of a similar influence across social media. It is therefore critical that all media platforms portray suicidal ideation, suicidal behavior, suicide deaths and suicide loss accurately and effectively to ensure the community is not exposed to unhelpful messaging. AAS will be proactive in encouraging and engaging researchers to better understand the specific roles that different types of media play in their interactions with suicide experiences.

**Strategic Objective 5a: Develop and Disseminate Effective Messaging Standards and Practices**
AAS will take a proactive approach to reach out and educate news outlets when the identified outlet is not using effective messaging protocols. AAS will also proactively reach out to journalists and media outlets who consistently show effective reporting on suicide as models of best practices. AAS will ensure that all AAS messaging follows the effective messaging protocols as outlined in its Media as Partners Toolkit.

**Strategic Objective 5b: Continually Scan for Emerging Communication Tools**
AAS understands that technological advances can evolve quickly in this fast-paced culture of immediate access to information. AAS will continually scan for emerging technologies (e.g., TikTok and Meta) to assess whether there is a need to update best practices.
Strategic Objective 5c: Execute a Broad-based Social Media Campaign
AAS will execute a broad-based social media campaign to share messages of hope and strength for the suicide prevention community and the general population. This campaign will be thoughtful and strategic to align with partner organizations and with a goal of vast reach.

Strategic Goal 6: Lead in Community Outreach and Engagement
Community engagement offers a bottom-up approach to suicide prevention through its insights in local culture and context, as well as their influence in local policies and services. AAS is therefore committed to acting as a beacon to communities for the resources, tools, and information they need to advance their suicide prevention efforts.

Strategic Objective 6a Promote Accessible Suicide Prevention Tools Awareness
AAS will promote awareness by creating practical, high-quality educational products, training, and toolkits tailored to different communities and disseminate these widely via our website or in-person venues to communities and public and private industry partners.

Strategic Objective 6b: Improve Community Suicide Prevention Efforts through Outreach and Engagement
AAS understands the importance of a public health approach to suicide prevention and its focus on impacting communities and populations. AAS is therefore committed to implementing and disseminating a new Communications and Outreach Plan that is aligned with community and population-based suicide prevention strategies, emphasizing the education, training, outreach, and community engagement needed to decrease suicide risk.

Strategic Objective 6c: Leverage Technology to Advance Reach
AAS will advance and expand our community outreach capabilities in collaboration with technology and interactive media platform advancements such as innovative applications such as virtual reality and gaming platforms.

Strategic Goal 7: Build a Community of Practice
A community of practice is a group of individuals and organizations with a common goal that can create more meaningful change through a collaborative process of knowledge generation, sharing, and dissemination. AAS will represent to the public that they are an accepting and diverse organization that advocates for inclusion of all communities to participate in suicide prevention and will seek to proactively establish new partnerships.

Strategic Objective 7a: Foster Collaboration for Knowledge Generation
AAS will develop a roadmap to identify existing communities AAS will work with communities they want to include in a larger, global community of practice. AAS will then collaborate to integrate these communities with the aim of furthering knowledge generation and establishing AAS as a space for all communities who work toward preventing suicide.

Strategic Objective 7b: Cultivate a Spirit of Innovation
Knowledge transfer is critical to a community of practice. The collective knowledge from a group of subject matter experts is only useful if there is a spirit of curiosity and sharing in support of innovation. AAS will cultivate this spirit through tools and practices for safely sharing subject matter expertise, cultural and historical context, technological advances, and novel frameworks that advance the understanding and prevention of suicide. These tools and practices may include open dialogue platforms, online community spaces, informal “brown bag” meetings or trainings, and community events that promote new alliances and friendships.

**Strategic Goal 9: Integrate Lived Experience**
Voices from those with lived experience provide a valuable perspective that can inform the understanding of suicide, as well as practical solutions to prevention suicide. AAS values these perspectives and aims to incorporate lived experience into every suicide prevention training, outreach, wellness, and crisis strategy. AAS promotes an inclusive environment that embraces, and uplifts lived experience and will grow and enhance AAS’s reputation as the leader in suicide death and attempts, lived experience, and impacted family & friends.

**Strategic Objective 9a: Engage Individuals with Lived Experience**
AAS will actively seek the experiences, perceptions, and recommendations from individuals with lived experience, including their family and friends, throughout each stage of their strategic plan and activities. AAS will define and articulate their strategies for reaching those with lived experience and incorporating their perspectives into education, training, and outreach tools.

**Strategic Objective 9b: Provide Safe Practices for Storytelling**
Building upon AAS’s current work in integrating lived experience, AAS will develop an action plan to guide strategies for providing a voice to those who want to share their story to help others. This action plan will follow best practices for engaging with individuals with lived experience, which include assessing readiness, preparing for public reactions, self-care for the individual, and media guidelines for sharing their stories. AAS will also develop a safe platform to share these stories to help ease the stigma and pain of all who are affected by suicide, including individuals and their impacted family and friends.

**Strategic Goal 10: Implement Emerging Standards and Practices**
AAS will serve as an information repository for the dissemination and implementation of emerging standards and best practices for suicide prevention. This repository will include a battery of resources, tools, and practical guides for the implementation of the most current standards and best practices that research, clinical, and public health professionals need in their academic, clinical, or community settings.

**Strategic Objective 10a: Identify Suicide Prevention Standards and Best Practices**
AAS will develop a process of identifying and evaluating emerging practices to ensure their scientific rigor, safety, relevancy, and feasibility for implementation. This foundation of knowledge will establish AAS as a leading organization for current public health standards and technical assistance for suicide prevention.
Strategic Objective 10b: Create a Resource Platform
AAS will build a public health platform on their website to disseminate suicide prevention standards and best practices. This platform will include a function for stakeholders to nominate emerging practices for consideration and evaluation. AAS will also publish the results of their review and evaluation, develop articles and tools to disseminate the accepted practices, and continuously evaluate their findings and resources to ensure that they are up-to-date and reflect current scientific understanding.

Strategic Goal 11: Lead Prevention Efforts for School-Aged Children
Suicide is the 2nd leading cause of death for preteen and teenage children. Additionally, the rate of suspected suicide attempts among adolescent children was more than twice as high after spring 2020 than in 2019. In response to these concerning trends, AAS will continue to lead and grow their portfolio in child and youth suicide prevention programs, training, and policy advocacy.

Strategic Objective 11a: Create Accessible, Innovative Approaches for School Settings
AAS will expand beyond school-based programming to develop novel and public health approaches to lead in the area of child and youth suicide prevention, such as social-emotional learning strategies. Social-emotional learning promotes lifelong coping and problem-solving skills from an early age. Upstream strategies such as these can be both accessible and impactful in school settings. AAS will explore ways to reorient schools towards a collaborative and integrative strategies for reducing the incidence of suicide and attempts in this high-risk population.

Strategic Objective 11b: Develop an Action Plan for the NCPYS
Through its National Center for the Prevention of Youth Suicide (NCPYS), AAS will develop an action plan that highlights areas of opportunity and prioritize gaps in child and youth suicide prevention and outlines a implementation strategies and measures of effectiveness.

Collaborative Goals and Objectives
Collaborating within the larger suicide prevention community is critical to our work efforts. Therefore the 2021-2025 AAS Strategic Plan also comprises eight Collaborative Goals within which AAS will work hand-in-hand with other national organizations to foster collaboration and build capacity to further prevent suicide. These goals are:

1. Conduct Surveillance and Share Data
2. Pilot Novel Interventions
3. Promote Screening and Safety Planning
4. Improve Mental Health Literacy to Reduce Stigma
5. Develop Community Coalitions and Public-Private Partnerships
6. Advance the Delivery of Evidence-Based Clinical Care
7. Advocate for Policies Affecting Access to Lethal Means
8. Strengthen Peer Support Efforts
Collaborative Goal 1: Conduct Surveillance and Share Data
A core competency for suicide prevention efforts is understanding the data necessary to identify how programming efforts mitigate risk factors associated with suicide, determine where to focus efforts, and identify appropriate program strategies. Collecting timely and accurate suicide-related data is critical to developing successful suicide prevention efforts and measuring its impact.

Collaborative Objective 1a: Conduct an Environmental Scan of Data Sources
AAS will work with partners to understand the available data sources related to suicide prevention. Upon identifying available relevant data sources, AAS will maintain a list of the key data elements that are being collected. This repository will include the source name, description, accessibility, and a list of the data elements available, and a point of contact.

Collaborative Objective 1b: Report on Data Trends
AAS will review data trends and offer insights from the data released from the CDC, DoD, VA and other national organizations.

Collaborative Goal 2: Pilot Novel Interventions
Broad public health approaches call for consistently testing and implementing new interventions. Innovative ideas such as the use of artificial intelligence, speech recognition, wearable tracking devices, and training can work toward understanding and addressing suicide and suicidal behavior more fully, thereby uncovering the best ways to reach and treat those at risk.

Collaborative Objective 2a: Track Emerging Practices and Innovative Approaches
AAS will continue to keep abreast of and support promising, emerging practices and new innovative interventions that focus on the prevention of suicide across universal, selected and indicated populations.

Collaborative Objective 2b: Endorse Pilot Intervention Studies?

Collaborative Goal 3: Promote Screening and Safety Planning
Early detection is a critical prevention strategy. Prior to screening for suicide risk, a plan should be in place to manage individuals who screen positive. The safety plan is a prioritized written list of coping strategies and sources of support that individuals who have been deemed to be at high risk for suicide and can be use before or during a crisis. AAS will identify or develop evidence-based screening and safety planning resources and disseminate these tools on their website.

Collaborative Objective 3a: Standardize and Disseminate Screening and Planning Tools
AAS will work with other organizations to standardize suicide prevention screening and safety planning protocols. AAS will then provide education and resources supporting the application of these tools on their website.
Collaborative Goal 4: Improve Mental Health Literacy to Reduce Stigma
Mental health literacy and stigma reduction efforts are critical to suicide prevention. Mental health literacy helps individuals better understand their own mental health thereby enabling them to make better decisions about their wellbeing. More accurate knowledge leads to agency over their own mental health and enhances help-seeking, decreasing stigma associated with mental health and suicide.

Collaborative Objective 4a: Increase Mental Health Literacy
AAS will continue to support efforts around mental health literacy by ensuring that all of its education, training, resources, and other sources of information are accurate, accessible to a wide audience, culturally and linguistically appropriate, and (when possible) available in multiple languages.

Collaborative Objective 4b: Develop Stigma Reducing Communications
AAS will continue its focus on stigma reduction, developing communication efforts to directly address stigma while identifying the effective, culturally and linguistically appropriate help-seeking messages.

Collaborative Goal 5: Develop Community Coalitions and Public-Private Partnerships
Suicide is a complex problem that requires ongoing solutions implemented across many sectors of society. Responsibility for suicide prevention lies with the whole community. No single agency or sector can solve this complex issue alone. But a diverse, multidisciplinary coalition that is representative of the community can ensure that suicide prevention receives the spotlight it deserves, that their collective impact initiatives are integrated, and that their outcomes are disseminated.

Collaborative Objective 5a: Promote Collaboration to Effect Real Change
AAS will be inclusive, involving representatives from various populations and demographics, local and state communities, and organizations in the planning and carrying out of suicide prevention efforts, ensuring that the synergy results in real change.

Collaborative Goal 6: Advance the Delivery of Evidence-Based Clinical Care
Evidence-based practices use the best available research and data throughout the process of planning and implementing suicide prevention efforts. An evidence-based practice is considered to have a “seal of approval” assuring that the technique, tool, or program has been comprehensively evaluated and considered effective in the mitigation of suicide.

Collaborative Objective 6a: Develop Methods of Evaluation and Dissemination
AAS will work with key stakeholders on ways to evaluate, translate, and disseminate evidence-based practices.
Collaborative Goal 7: Advocate for Policies Affecting Access to Lethal Means
Lethal means is anything that could be used to inflict self-harm (e.g., firearms, medication). Access to lethal means is a risk factor for suicide. Many suicide attempts take place during a short-term crisis, so it is important to consider a person's access to lethal means during these periods of increased risk. Increasing the time and distance between someone with suicidal intent and lethal means can reduce suicide risk and save a life.

Collaborative Objective 7a: Implement Training and Create Communication Tools
AAS will promote safe and supportive environments to reduce access to lethal means of suicide. AAS will also provide Access to Lethal Means Training and create tools on how to communicate about lethal means safety, safer homes and communities to support those who may be struggling with suicidal thoughts, their friends and families.

Collaborative Objective 7a: Integrate Access to Means Reduction across Call Centers
AAS will work with existing call centers to identify ways to assist with caring outreach in the goal to identify access to means and develop a plan to reduce this access. AAS will integrate strategies to reduce access to means across the crisis continuum (i.e., crisis mobile units, crisis stabilization centers).

Collaborative Goal 8: Strengthen Peer Support Efforts
The availability of trained, certified Peer Support Specialists increases the odds that a person needing assistance will receive just-in-time support and be redirected to appropriate resources, if the situation warrants.

Collaborative Objective 8a:
AAS will advocate for those organizations and programs that recognize the important role of peers supporting one another through life and in helping others heal from trauma or other catastrophic injuries.
Appendices
Appendix A: Key Source Documents

The strategy considers and builds upon the existing work and synergetic multidisciplinary approach that is being done across the nation. As such this strategy included a review of the critical source documents below:

- **National Action Alliance for Suicide Prevention** – a national body of over 250 public and private sector partners that developed the National Suicide Prevention Strategy. This strategy released by the Surgeon General has 13 goals and 60 objectives.

- **Center for Disease Control Technical Package of Policy Programs and Practices** – A tool kit that offers technical expertise across seven lines of effort to prevent suicide.

- Reporting on Suicide (SAVE)- Recommendations for Safe Reporting of Suicide:
  - https://reportingonsuicide.org/

- **Substance Abuse and Mental Health Services Administration - Risk and Protective Factor Framework** – A model that provides an approach for understanding how collective risks and protective factors work.

- American Foundation for Suicide Prevention- Safe messaging about suicidal ideation and suicidal attempt lived experience story telling https://afsp.org/sharingyourstory

This strategy is also guided by a set of sixteen bundled public health domains. AAS has unique opportunities to engage in broad strategies across all domains to lead suicide prevention efforts across the nation.
Appendix B: Strategic Planning Process

This appendix might include, for example,

- description of how the strategic plan document was developed
- who was involved in the planning?
- any major problems and lessons learned during the planning process
- etc. Recommendations for future strategic planning
Appendix C: Board of Directors Goals

The board [in the case of corporations!!] is responsible for providing ongoing governance and direction to the organization. Usually, the board decides to carry out their responsibilities by including the role of a chief executive in the organization. The board is responsible for overseeing the performance of the chief executive and evaluating the performance of the chief executive on a regular basis.

The chief executive should be attending to responsibilities and goals that are directly aligned with the strategic goals of the organization (as should the responsibilities and goals of everyone else in the organization). Therefore, after strategic goals have been identified, it’s time for the board to update the performance goals of the chief executive (who, in turn, updates the performance goals of everyone else in the management and employees in the organization). (For additional information, see Performance Management, Board of Director’s Evaluation of Chief Executive and Employee Performance Management.)

Goals may need to be reworded to be more specific to the authority and resources of the chief executive role.

Goals should be designed and worded to be "SMARTER", that is, specific, measurable, acceptable to the chief executive, realistic, timely, extending the capabilities of the chief executive and rewarding for him or her to accomplish.

(Write goals to be "SMARTER").

1. _________________________
2. _________________________
3. _________________________
4. _________________________
Appendix E: Staffing Plan

Reference each of the strategies to reach the goals and consider what kind of capabilities are needed to implement the strategy. This might seem like a lot of guesswork, particularly if one does not have experience in supervision. However, don’t worry so much about being exactly correct — you will likely refine your staffing plan later on as you design and plan your products in the development process. If one is developing a new organization, you might think about including the following typical roles in your initial staffing plan (but again, consider these roles in terms of implementing the strategies in your plan): chief executive, administrative assistant and product managers for each of your major products. However, it’s expected that the chief executive is also a product manager or the first year or so. You may end up refining the staffing plan as one is completing action planning, along with identifying who will accomplish each of your objectives. (The following link may help you when developing your staffing plan. See Organizing Staff.)

Note that in the following table, staffing is specified in terms of full-time equivalents (FTEs). One FTE is equal to one full-time staff position throughout the year. If staff will start halfway through a year, then include .5FTE, etc.

<table>
<thead>
<tr>
<th>Staff Position</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Administration, General Operating Activities:</td>
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<tr>
<td>Staff for Products [insert name!!]: (have a section for each product)</td>
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</table>

AAS 2021-2025 Strategic Plan
Appendix F: Operating Budget

In the table labeled "Your Budget Planning" included below, list the resources one will need to achieve the goals in the strategic plan and the costs to get and use the resources -- especially over the next year. You don't have to be exactly accurate -- besides, one may end up changing your budget as you give more attention to product design and planning. One should do a budget for each of the years included in the span of time covered by your strategic plan -- but give particular attention to the first year of the time span.

Look at each of your products. Think about how much revenue the product might generate. Next, think about the expenses to run the program, such as human resources, facilities, equipment, special materials, marketing and promotions, etc.

Now think about what resources will be needed for central administration. Will you need a chief executive officer, assistants, etc?

(For additional information, see The Right Way to Prepare a Budget)

Example Operating Budgets

The following multi-year budget is an example to help one think about the types of resources you may need to achieve the goals in our plan and to help you think about how you'll develop your operating budgets.

Note that the following budget includes 40% "fringe" -- this is the extra amount budgeted to cover benefits, for example, medical insurance, social security taxes, retirement contributions, etc. One should find estimates of the current fringe rate for salaries -- or you can budget specific amounts for each of the specific benefits.

Also note that the following is a rather simple budget format and should be modified to suit the needs and nature of your organization.

<table>
<thead>
<tr>
<th>REVENUE:</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product A Sales</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Grants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Product B Sales</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations/Memberships</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earned Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government Contracts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL REVENUE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Central Administration -- Personnel:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Chief executive officer (include yearly salary + 40% for benefits, etc.)</td>
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<tr>
<td>Administrative assistant (include yearly salary + 40% for benefits, etc.)</td>
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<tr>
<td>Travel</td>
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<tr>
<td>Staff development</td>
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<tr>
<td>Total Central Administration -- Personnel Costs:</td>
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<td></td>
<td></td>
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<tr>
<td>Central Administration -- Facilities:</td>
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<tr>
<td>(Can this be adjusted to a hybrid/remote model?)</td>
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<tr>
<td>Rental of office space (central offices and 4 classrooms)</td>
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<td></td>
</tr>
<tr>
<td>Office furniture</td>
<td></td>
<td></td>
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<tr>
<td>Utilities (electricity, water, heat)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone (local &amp; long-distance)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Maintenance and janitorial</td>
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</tbody>
</table>

**Total Central Administration Facilities Costs:**

**Central Administration -- Equipment:**
- Copier leasing
- Computer, printers, networking
- Training equipment, projectors, etc.
- Vans (4 for student transportation)??

**Total Central Administration Equipment Costs:**

**Central Administration -- Marketing and Promotions:**
- Media plan (brochures, newspaper ads, etc.) Social Media Plan
- Yearly meeting
- Annual report
- Build and maintain mailing list
- Web page development and maintenance

**Total Central Admin. Marketing & Promotions Costs:**

**Other Expenses:**
- General office supplies
- Liability insurance
- Subscriptions, books, etc. Outdated

**Total Central Admin. Other Expenses/Costs:**

**Product A (a training package) -- Personnel:**
- Program manager (include yearly salary + 40% for benefits, etc.)
- Consultant: curriculum design (3 months full-time; 9 months 2 hours per day)
- Consultants: teachers (4 full-time and 4 half-time)??
- Consultants: psychologist/counselor (1 full-time)???
- Misc.

**Total Product A Personnel Costs:**

**Product B -- Materials:**
- GED testing packets (600) Is this a school budget?
- Grading services from Dept of Human Services (600 students)
- 600 self-study guides
- Support group facilitator guides

**Total Product A Materials Costs:**

**Total Expenses**

**TOTAL SURPLUS**
(OR DEFICIT)
(= revenue minus expenses)
Appendix G: Financial Reports
## Appendix H: Strategic Plan Action and Evaluation Plan

In the section labeled “Your Action Plans” below, write down action plans, especially for the next year. Action plans specify how the strategic goals and strategies will be carried out. Action plans often include various objectives to be reached while achieving each goal, who is responsible for achieving each objective and by when. Write objectives to be “SMARTER”. (For additional assistance, see Action Planning.)

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Date of Completion</th>
<th>Responsibility</th>
<th>Status and Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Goal 1:</td>
<td>Strategic Objective 1a:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Strategic Objective 1b:</td>
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<tr>
<td></td>
<td>Strategic Objective 1c:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strategic Goal 2:</td>
<td>Strategic Objective 2a:</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Strategic Objective 2b:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Strategic Goal 3:</td>
<td>Strategic Objective 3a:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strategic Objective 3b:</td>
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</tbody>
</table>

### Key Questions While Monitoring Implementation of the Plan

*(The following questions should be modified to suit the nature and needs of the organization.)*

Monitoring and evaluation activities will consider the following questions:

1. Are goals and objectives being achieved or not? If they are, then acknowledge, reward and communicate the progress. If not, then consider the following questions.

2. Will the goals be achieved according to the timelines specified in the plan? If not, then why?

3. Should the deadlines for completion be changed (be careful about making these changes -- know why efforts are behind schedule before times are changed)?

4. Do personnel have adequate resources (money, equipment, facilities, training, etc.) to achieve the goals?

5. Are the goals and objectives still realistic?

6. Should priorities be changed to put more focus on achieving the goals?

7. Should the goals be changed (be careful about making these changes -- know why efforts are not achieving the goals before changing the goals)?

8. What can be learned from our monitoring and evaluation in order to improve future planning activities and also to improve future monitoring and evaluation efforts?
Additional questions:

**Reporting Status of Implementation**

Results of monitoring and evaluation will be in writing, and will include:

1. Answers to the "Key Questions While Monitoring Implementation of the Plan"
2. Trends regarding the progress (or lack thereof) toward goals, including which goals and objectives
3. Recommendations about the status
4. Any actions needed by management

**Procedure for Changing the Plan**

Regarding any changes to the plan, write down answers to the questions:

1. What is causing changes to be made?
2. Why the changes should be made (the "why" is often different than "what is causing" the changes).
3. What specific changes should be made, including two goals, objectives, responsibilities and timelines?

Reminders:
Manage the various versions of the plan (including by putting a new date on each new version of the plan).
Always keep old copies of the plan.
Appendix I: Communication Plan

Note that certain groups of stakeholders might get complete copies of the plan, including appendices, while other groups (usually outside of the organization) might receive only the body of the plan without its appendices.

Consider:
1. Every board member and member of management should get a copy of the plan.
2. Consider distributing all (or highlights from) the plan to everyone in the organization. It’s amazing how even the newest staff member gains quick context, appreciation, and meaning from review of the strategic plan.
3. Post your mission and vision and values statements on the walls of your main offices. Consider giving each employee a card with the statements (or highlights from them) on the card.
4. Publish portions of your plan in your regular newsletter, and advertising and marketing materials (brochures, ads, etc.).
5. Train board members and employees on portions of the plan during orientations.
6. Include portions of the plan in policies and procedures, including the employee manual.
7. Consider copies of the plan for major stakeholders, for example, funders/investors, trade associations, potential collaborators, vendors/suppliers, etc.

(For additional assistance, see Writing and Communicating the Plan.)

This plan will be widely communicated including through use of the following approaches:

1. _____________________
2. _____________________
3. _____________________
4. _____________________