



Quarterly Meeting
Chemekata Center for Business and Industry, Salem, OR
9:30 – 12:30
June 26, 2019

Attendees: Juanita Aniceto, Ariana Brooks, Angie Butler, Shawna Canaga, Donald Erickson, Chelsea Holcomb, Jammie Gardner, Mavis Gallo, Dana Hafter-Manza, Linda Hockman, Shelagh Johnson, Jennie Kendeigh, Jean Lasater, Emily Moser, Peggy Holstedt, Rebecca Marshall, Julie Magers, Cheryl Matushak, Laura Misaras, Galli Murray, Sarah Paige, Joanna Peterson, Maria Pos, Ryan Price, Tanya Pritt, Amanda Ribbers, Amy Ruona, Brad Sargent, Julie Scholz, Renee' Smith-Sumpter, John Seeley, Dan Thoma, Jeremy Welles

By Phone:, Tracy Blue, Laura Chisholm, Christabelle Dragoo, Judah Largent, Deborah Martin, Jeanne McCarty, Gary McConahay, Weston Perkins-Clark, Cherryl Ramirez, Kimberlee Jones

1. Welcome and Introductions – David
2. Update and Data on Crisis and Transition Services (CATS) – Presentation Julie Magers, Rebecca Marshall, Amanda Ribbers OHSU; Dan Thoma (MODA) and Jean Lasater (OHA) [See PowerPoint entitled CATS: Essential Elements](#)

Overview of CATS Program: 14 total counties – 8 pilot; 6 in early stages of implementation.

- Team-based crisis service, serving youth ages 0-18 that would otherwise be boarded in ED due to their high acuity or needs
- Alternative to inpatient psychiatric treatment and boarding
- State funding allows sites to serve both publicly and privately insured children and families

All programs offer:

- Immediate assessment in an emergency department or crisis center
- Safety planning and lethal means restriction counseling
- Care coordination and case management
- Link to ongoing behavioral health services
- 24/7 crisis coverage, including in-home assessment and intervention

Some programs offer:

- Family peer support (required in 2019-2021 biennium)
- Direct access to psychiatry and therapy (required in 2019-2021 biennium)

Of the 962 youth and families served, presenting referrals included:

711 – Mental Health

377 – Developmentally Disability

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91 – Substance Abuse

565 – Suicidality (49% with ideation; 25% with plan/intent; 26% who attempted)
(See attached PowerPoint for additional data)

Five counties are participating in an outcomes study which is measuring effectiveness and identifying core elements of the model. Data is collected at the two-month follow up and shows after finishing the program, 93% of the youth (n 152) had no suicide attempts. Other findings include a high percentage of respondents are confident about what to do in a crisis and youth are engaged in therapeutic services. (See attached PowerPoint for additional data).

The vision is every Oregon youth and their family in need of immediate crisis services will have access to responsive, effective, rapidly-accessible mental health crisis care and transitional supports provided in their community. Currently the capacity isn't there for all who need CATS. To increase funding, the commercial insurance workgroup is looking at how private insurance coverage can cover these services. It is essential to have reliable and equitable funding available to all in need. For now, trying to develop bridge services while kids are waiting for services. All kids receive an assessment, care coordination and case management; level of services vary across counties.

Q & A

What is the cap on services?

State funding limits capacity to serve; looking at how commercial insurance can meet unmet needs. Clinical assessment determines who get served. First come first served – once slots filled then, then no more available.

What does the family peer support look like?

No youth peer support at this time, youth getting professional care. Family served by family peer support (in guide booklet) – family support specialist are bilingual and to degree possible culturally matched.

Are you getting feedback from ED staff?

Feedback isn't part of the outreach/data collection yet. Informally, ED staff pleased with what is available and how approach is addressing an issue that previously was left up to ED's without guidance/structure. Future data collection to include ED staff.

Do you collect data on those not receiving services?

Not yet, future goal to have comparison data. At this time, we don't have data/information about those who are not in program but present with mental health crisis.

For information about CATS:

<https://www.ohsu.edu/xd/education/schools/school-of-medicine/departments/clinical-departments/psychiatry/divisions-and-clinics/child-and-adolescent-psychiatry/cats.cfm>

3. Update Legislation: David Westbrook and Chelsea Holcomb (See chart next page)

Legislation	What it is	Outcome	Why Important	Alliance Next Steps
Suicide Prevention Budget – SB 5525 POP 402	\$13.1 million to provide suicide prevention and school mental health.	\$10 million for biennium of which \$6M for suicide prevention	Suicide prevention requires resources; YSIPP legislation did not fund implementation other than 1 FTE in OHA	Advise and support OHA
Suicide Related CEs HB2813/ SB808	Requires MH professionals to take 6 hrs of CEs every six years	Did not pass	40% of people who die by suicide have a diagnosed mental illness. In OR no MH care education program requires training in suicide prevention.	Workforce Committee has prioritized collaboration and advocacy in next year
Adult Suicide Prevention HB 2667	Mandates adult suicide prevention plan; requires OHA to hire 1 FTE	Did not pass; some of \$10 POP will fund a state coordinator.	90% of all suicides in Oregon are over 24. To drop suicide numbers must focus on adults	To be determined
Oregon Alliance to Prevent Suicide SB 707	Establishes the Oregon Alliance to Prevent Suicide as a legislative mandate	Passed	Ensures existence of Alliance (to monitor implementation of YSIPP and recommends policy to OHA and legislature	Executive committee will look at by-laws and membership to align with public meeting laws and bring back to full Alliance
Suicide Reporting and Postvention Planning SB485	Ensures suicide postvention is coordinated when a school-aged youth or college student dies by suicide.	Passed	After families, schools are often the first to learn of a student's death by suicide and are crucial players in effective postvention.	Schools Committee track implementation. Connect training. Update AOCMHP on new legislation
LMHAs to Share Information on Suicide SB 918	SB 561 LMHAs to share info with systems e.g. schools, justice, A&D TX, on any student who has died by suicide and who the system had contact with, within 24 hours	Passed	Allows the community to mount a better, more coordinated and complete postvention response.	Track to see if OAR's related to this. Publicize Connect and website
Adi's Act SB52	Requires school district to adopt policy requiring comprehensive district plan on student suicide prevention.	Passed	Addresses need for best-practice suicide prevention plans at schools which are also sensitive to higher risk populations.	Schools Committee will track implementation. Alliance needs to collaborate with ODE and Oregon School Board Association.

Discussion:

Galli suggested the Alliance be involved in the rule making process and that we have an Alliance members sit on Rule Advisory Committees (RACs) as appropriate.

David notes that the Alliance/Alissa Keny-Guyer put forward HB 2813/SB808 – didn't make it out committee. One of the take-aways: likely not going to move forward with physical medical provides if

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CE required; Workforce Committee is going to work on this. In state of WA, construction industry very active; David thinks if we engage construction industry it will help move it forward next time.

As a result of new funding and legislation, ODE is establishing a new Division (Welcoming Safe and Inclusive for ALL Students) to cover three areas: 1) Walking Safe - ODE will draft policy to share with districts statewide and train on putting together safety plans. 2) SB52 – requires school district to adopt policy requiring comprehensive district plan on student suicide prevention; and, 3) School Safety Task Force (threat assessments area) will cover suicide prevention, intervention and postvention and bullying.

4. Committee Updates – Galli

The following is a brief overview of each Alliance committee’s work for the SFY2018-19 and highlights of priority areas for SFY 2019-20:

Executive Committee

The emphasis for this past year was policy and tracking suicide prevention, intervention and postvention bills through the legislative session and provided testimony. The Committee also raised the Alliance profile through the annual conference and legislative session. For SFY2019-20, the initial focus will be adopting by-laws to align with public meeting laws. Other focus areas are to be determined.

Outreach and Awareness Committee

The Committee focused on the development of a Communication Plan, a branding strategy for the Alliance, messaging (Hope, Health, and Healing), and the Suicide Prevention Conference. Priority areas for the upcoming year: develop a communication approach that fosters a more well-connected and effective youth suicide prevention and intervention field in Oregon through communication hubs, populating the Alliance website, and cultural responsiveness and engagement.

Continuity of Care

This Committee continued ongoing work to assess compliance with HB2030/3090 (caring contacts); worked with Oregon Hospital Association on a HB3090 brochure and CATS report to Alliance. Initial area of focus for next year is transitions of care.

Schools Committee

The Schools Committee work included advising on survey by U of O and review of related data; advocacy for Adi’s Act and HB485 (ensures schools are at the table for postvention and response); and, initial engagement with the Oregon College and University Suicide Prevention Coalition. Priority areas for SFY2019-20 will be to support Oregon Department of Education’s implementation of Adi’s Act, student mental health/model suicide prevention plan, and resources to address HIPPA/FERPA.

Workforce Development

Highlight of the past year include: supported work with DHS to develop a plan and begin to train 8,000 staff in suicide prevention; faith leader training; a Making the Case paper for organizations considering training staff in suicide prevention. Priority areas for the upcoming year: developing

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strategic support for requiring continuing education on suicide prevention, intervention and treatment for behavioral health and healthcare workforce; continue to create toolkit for and case studies of workforce development related to suicide prevention.

LGBTQ Advisory Group

This group, formed during SFY2019-20, focused on the Family Acceptance Project (a full day training attended by 200), provided a keynote and workshop at the Suicide Prevention Conference, and initial relationship with Caitlin Ryan. Priorities for next year: develop an approach for disseminating the Family Acceptance Project; explore best way to support LGBTQ youth themselves; and, participate in the development of the next YSIPP.

Following the presentation on committee work, small groups were asked to give feedback on:

Outreach and Awareness Committee - How should we engage the communication hubs in our statewide work and how do we stay informed about the work of the coalitions at the local level?

Workforce Development Committee - How do we develop allies in future legislative sessions to require continuing education for healthcare and mental health professionals?

5. Review YSIPP 2018 Annual Report – Annette

Annette highlighted key points from the March 2019 Alliance meeting presentation (PowerPoint attached). In preparation for small group discussion, she reviewed accomplishments within each Strategic Direction as well as areas to check in on/pay attention to.

Strategic Direction 1: Healthy and empowered individuals, families and communities

Accomplishments: Formation of the Alliance, Legislative Agenda, Zero Suicide Academies, Alliance Communication Plan, Mental Health First Aid (30,000 trained), Annual Conference, Safe Online Spaces (contract with Lines for Life and Youth Era).

Let's Check In

- Resource Website
- Legislative Agenda with Specific Fiscal Asks
- Communication Hubs
- Engagement of School Leadership – ODE new division will help with this

Strategic Direction 2: Clinical and community preventive services

Accomplishments: Support SB 561 implementation and Connect Trainings; Rural initiative around means safety; Sources of Strength, Good Behavior Game, Home Visiting; Trauma Informed Practice; AMSR Trainings; Oregon Pediatric Society Trainings; Schools Survey; and, Family Acceptance

Let's Check In

- Assessing availability of culturally appropriate cross-system practices
- Alliance oversee strategic plan for means safety counseling; David will help put together a workgroup to look at this; Julie –continuity of care committee may work, too.

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Strategic Direction 3: Treatment and support services

Accomplishments: Zero Suicide Initiative, CATS (ED Diversion), Passage of bills to provide caring contact after ED visit and Family Guidebooks.

Let's Check In

- Protocols for CCO's/insurers after release of youth suicide attempt
- HIPPA/FERPA guiding documents
- Loss and attempt survivor training and self-care

Strategic Direction 4: Evaluation and Surveillance

To be discussed at future meeting.

Advisory Groups

Established: LGBTQ and Youth and Young Adult Engagement (YYEA)

In Development: Attempt and Loss Survivors

Groups discussed in YSIPP that haven't been formed yet: Veterans and Military; Tribal Communities

6. Survey Discussion – John Seeley

John shared the approach U of O will be using for ongoing evaluation of the Alliance for quality assurance. He asked the group to discuss and respond to two areas. First, feedback on the 2018 annual report. The second area, discuss and respond to the set of questions related to the Alliance. The questions are:

The Report

Does anything strike you from the 2018 report that is surprising or of particular concern?

Based on the Annual Report and the Committee Reports are there things you would like the Alliance to continue to do, discontinue or new areas of activity needed

The Alliance

1. What are fair expectations for member participation in the Alliance? How can these expectations be clearly and more broadly communicated? How can engagement be better sustained or made more feasible?
2. During your involvement in the Alliance, what are strengths you have identified related to the structure or functioning of the Alliance? What are aspects of the Alliance structure or functioning that could be improved?
3. How can the Alliance better add value to members' professional position, work, or goals? How can members' involvement be better promoted, including through the Alliance website?
4. What is one specific issue that would motivate your ongoing engagement in the Alliance?

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Responses to all small group discussions will be tabulated and distributed to committees, the executive committee and members.

The meeting adjourned at 12:30.