The Oregon Alliance for the Prevention of Suicide

Quarterly Meeting

June 26, 2019

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?**

    - Set measurable expectations (such as attendance).
    - Distinguish between voting member and attending but non-voting membership. Consider attendance as one criteria.
    - Onboarding activities? Re-engagement activities?
    - Review purpose, "whose who?" – process checks at every meeting
    - Distribute bylaws (structure, who is involved, roles?)
    - Establish terms
    - Website as a means of communication
    - Communication to other groups (eg: designated tribal seat)
    - Big view/review/preview
    - Represent their sphere of influence to the Alliance as a whole – everyone should be on a committee – chairs of committees actively convene their committees regularly
    - New member packet/orientation providing info on Alliance, expectations, and how the Alliances advises the SB707 committee advisory body and vice-versa
    - Communicate all info on website (multiple ways to participate – meetings, phone, email,etc.
    - Turn to other efforts (like CSAC) for succession of membership, terms, and session planning
    - Engagement should be supported by a flow of information that is scheduled throughout the year, rather than a "fire hose" right before meeting – Planful Process!
    - Annually, the whole Alliance should discuss the schedule and lines of effort for the coming year

- Be planful every two years to understand that during legislative session, a large part of agenda will be dedicated to legislation and during short session, we can fill "gap" with planned topic – proactive rather than reactive planning
- Develop expectations for staff expansion (new FTE and contracts) – what does Alliance need vs. what does OHA think the Alliance needs?
- Fair expectations (attendance by phone/in person, attendance requirements (can you send alternate representative?), agency vs. individual, new member orientation, mentoring, inclusion of more geographic areas (what are barriers?), zoom meetings)
- CE for others – teachers, admins, DHS staff – professional development
- Free CE/CEU's
- Build relationships
- Orientation kit? Onboarding?
- Centralized website
- Consumer and family involvement
- Youth involvement and leadership in YSIPP development

2. **During your involvement in the Alliance, what are strengths you have identified related to the structure or functioning of Alliance? What are aspects of the Alliance structure or functioning that could be improved?**

- Working well: committee structure and function is robust; solid foundation and strong leadership; good communication with members.
- Areas for improvement: increase diversity of membership to include those not at table (i.e. hard of hearing, vets, disabled, etc.); everybody and every voice welcome; need to be clear on expectations and on voting membership. Values – how to operationalize is key.
- Develop allies in legislature to require continuing education for mental health and healthcare workers
- More efficient ways to connect (text updates on bills, social media)
- Awareness of positive – talk about success stories and keeping people alive

- Keep focus on youth/young adults
- Harm reduction around means – transition age and youth (males) – connecting with communities
- Piggyback on other related trainings to promote the concept of more training (ASSIST, NAMI, professional conferences)
- Medical community CME – may need to develop physician related trainings
- Replicate ECCHO to provide CME specific to suicide and target refresher opportunities
- Alliance members feel heard!
- Anticipating the need and responding accordingly to legislative work
- We need better communication
- Coordinating body of executive team
- Talking points
- Recommend subcommittee to focus on advocacy
- Lines for Life = (:
- Consolidation of information via website
- External trainings

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?**

- Don't put members bios on website; list by name/affiliation only and filter request for contact through Annette
- Oversight of different grants
- "Opportunities" section on website

- Outreach emails (for grants, opportunities, etc.)
- Use website for promoting training opportunities
- Use MACBO as a model to share
- Americore Vistas
- Membership by-laws: what's the process?
- List Alliance members w/ bio on website – promote connections

4. What is one specific issue that would motivate your ongoing engagement in the Alliance?

- Tie the adult suicide prevention plan to the continuity of care and training.
- Planning process: be sure YSIPP and Adult Plan is coordinated and there is active engagement in planning. Develop metrics to be able to see our progress; metrics would be helpful for legislative work.
- Workforce development is critical issue across the state – difficult to find qualified people to hire; need to generate interest in doing the work – recruitment should start with internships; find ways for Alliance members to bring young people into the field.
- The Alliance has done lots of good work, need to finish what has been started.
- Engagement of faith-based community – more focus needed here.
- Be sure next YSIP is easier to understand – use the Hope, Health, Healing theme and base on logic model.
- Systems vs. individual importance
- Connect to subsets – getting to know who is doing what?

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Responses to the Annual Report

- Data collection
- Include men
- Suicide prevention that is culturally aware and responsive – learn from the culture, not only ethnicity (construction workers, first responders, etc.)
- Continuity of care – lack of inpatient facilities for YMH and addiction
- Partnership with OSSTF
- How do we connect the 20-24 yo group? (thru restaurant association?)
- Training youth
- Focus on asphyxiation means, etc., rather than firearms (belts, etc.) for lethal means
- Talk about evidence-based treatment for suicidality (eg: CAMS)

JUNE 26, 2019

Executive Committee

Highlight FY 18-19

- Tracked suicide prevention/intervention/postvention bills through this legislative session and provided testimony
- Raised Alliance profile (Conference, legislative session)

Priority FY 19 - 20

- Adapt by-laws to align with public meeting laws
- To be determined

Outreach and Awareness Committee

Highlight FY 18-19

- Communication Plan
- Branding
- Messaging: Hope, Help and Healing
- Suicide Prevention Conference

Priority FY 19-20

- Develop a communication strategy that fosters a more well-connected and effective youth suicide prevention and intervention field in Oregon
  - Communication Hubs
  - Populating Website
  - Cultural Responsiveness and Engagement

How should we engage the "hubs" in our statewide work and stay informed about their local work?

Continuity of Care

Highlights FY18-19

- Ongoing work to assess compliance with HB2023/3090 (caring contacts)
- 3090 Brochures – working with Oregon Hospital Association
- CATS report to Alliance

Priorities FY 19-20

- In Development-discussion around the focus on transitions of care. The committee has set monthly meetings and will determine focus moving forward

Schools Committee

Highlights FY 18-19

- Survey by UO of schools, data
- Advocacy for Adi's Act
- Advocacy for HB485-to ensure that schools are at the table for postvention planning and response
- Initial engagement with the Oregon College and University Suicide Prevention Coalition

Priority FY 19-20

- Support ODE implementation of Adi's Act and new focus on student mental health. What is a "model" suicide prevention plan
- Resources to address HIPPA/FERPA

What should the Alliance be doing to have focused action that addresses the needs of 18 – 24 year olds? (Whether they are in college or not?)

Workforce Development

Highlights FY 18-19

- Supported work with DHS to develop a plan and begin to train 8,000 staff in suicide prevention
- Faith Leaders Training
- Making the Case Paper for Organizations Considering Training Staff in Suicide Prevention

Priority FY 19-20

- Focus on developing strategic support for requiring continuing education on suicide prevention, intervention and treatment for behavioral health and healthcare workforce.
- Continue to create toolkit, case studies of workforce development

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

LGBTQ Advisory Group

Highlight FY 18-19

- Formed group
- Family Acceptance Project
  - Full Day Training attended by 200
  - Keynote and workshop at Suicide Prevention Conference
  - Beginning partnership with Caitlin Ryan

Priority FY 19-20

- Develop approach for disseminating Family Acceptance Project
- Explore best way to support LGBTQ youth themselves
- Participate in next YSIPP development

2019 Oregon Suicide Prevention Legislation

June 26, 2019

Suicide Prevention Budget – SB 5525 POP 402

What: $13.1 million to provide suicide prevention and school mental health.

Outcome: $10 million appropriated for the biennium.

Why it's important: We can't prevent suicide without resources. The YSIPP legislation put no money towards implementation other than 1 fte in OHA.

Alliance Next Step: Advise and support OHA

Adi’s Act-SB52

What it is: Requires school district to adopt policy requiring comprehensive district plan on student suicide prevention.

Why it’s important: Brings Oregon in line with national practice and ensures that each district is addressing suicide prevention

Alliance Role: Provide guidance re best practice, work with ODE, OSBA and COSA on implementation and participate in the RAC for OAR’s.

Adi's Act – SB 52

What: Requires school district to adopt policy requiring comprehensive district plan on student suicide prevention.

Outcome: Passed

Why it's important: Addresses need for best-practice suicide prevention plans at schools which are also sensitive to higher risk populations. Oregon was one of only 3 states without a similar statute on the books.

Alliance Next Step: Schools Committee track, provide resources and collaborate with OHA, ODE and OSBA

Suicide Related CEs for MH Professionals HB 2813/SB808

What it does: Requires MH professionals to take 6 hours of CEs every six years

Outcome: Not passed this session

Why it's important: 40% of people who die by suicide have a diagnosed mental illness. In Oregon no mental health care education program requires training in suicide prevention.

Alliance Next Step: Workforce Committee has prioritized collaboration and advocacy in next year on this issue.

Adult Suicide Prevention – HB 2667

What it is: Mandates the creation of an adult suicide prevention plan and requires OHA to hire 1 person to focus on it.

Why it's important: 90% of all suicides in Oregon are over 24. We can never significantly drop our suicide numbers without focusing on adults.

Outcome: Did not pass; however, some of the $10 million allocated through OHA POP will go towards hiring a state coordinator.

Alliance Next Step: More Discussion Needed

Oregon Alliance to Prevent Suicide - SB 707

What it is: Establishes the Oregon Alliance to Prevent Suicide as a legislative mandate

Why it's important: Ensures the existence of the Alliance which monitors the implementation of the YSIPP and recommends policy to OHA and Leg.

Status: Passed.

Alliance Next Steps: Executive committee will look at by-laws, membership to align with public meeting laws and bring back to full Alliance.

Suicide Reporting and Postvention Planning- SB485

What it is: Ensures that suicide postvention will be well coordinated when a school-aged youth or college student dies by suicide.

Why it's important: After families schools are often the first to learn of a student's death by suicide and are crucial players in effective postvention.

Status: Passed

What's Next: Alliance Schools Committee track implementation. Connect training. Update AOCMHP on new legislation

LMHAs to Share Information on Suicide – SB 918

What it is: This bill requires SB 561 reporters (LMHAs) to share information 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.

Why it's important: Allows the community to mount a better, more coordinated and complete postvention response.

Current Status: Passed

Alliance Next Steps: Track to see if OAR's related to this. Publicize Connect and website.

Oregon Department of Education

As a result of new funding and legislation, ODE is establishing a new division: Welcoming Safe and Inclusive for ALL Students

New positions at ESD's to address suicide/bullying and safety.

Focus areas of the YSIPP

- Building human connections
- Increasing resiliency and positive decision making
- Upstream prevention for all youth
- Increasing access to competent and confident behavioral and physical health care providers
- Addressing post suicide intervention to reduce the risk of contagion (multiple suicides/clusters)

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

Accomplishments

- Formation of the Alliance
- Legislative Agenda
- Zero Suicide Academies
- Alliance Communication Plan
- Sources of Strength
- Annual Conference

Let's Check In

- Resource Website
- Legislative Agenda with Specific Fiscal Asks
- Communication Hubs
- Engagement of School Leadership

Strategic Direction 2:
Clinical and Community Prevention Services

Accomplishments

- Publish annual YSIPP update
- 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
- Schools Survey
- Family Acceptance Project

Let's Check In

- Assess availability of culturally appropriate cross-system practices
- Alliance oversee strategic plan for means safety counseling
- Training for clinicians and impact

Strategic Direction 3:
Treatment and Support Services

Accomplishments

- Zero Suicide Initiative
- CATS (ED Diversion)
- Passage of bills to provide caring contact after ED visit
- 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

- **Much is Underway—we will discuss further at a future meeting**

Established

- LGBTQ ADVISORY GROUP
- 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

Crisis and Transition Services (CATS)

ESSENTIAL ELEMENTS OF AN EMERGING STATEWIDE MODEL

The Need

- Increasing numbers of youth presenting to EDs in mental health crisis
- Statewide shortage of inpatient beds
- Lack of intensive outpatient services for high-risk youth, or commercially insured youth unable to access

The Result of Unmet Need

- High rates of “boarding” in EDs or pediatric wards
- Inappropriate discharges at times
- Repeat presentations to EDs
- Unnecessary admissions to higher LOC
- Youth and families in crisis not getting their needs met
- Avoidable deaths by suicide

Current Reality (without CATS)

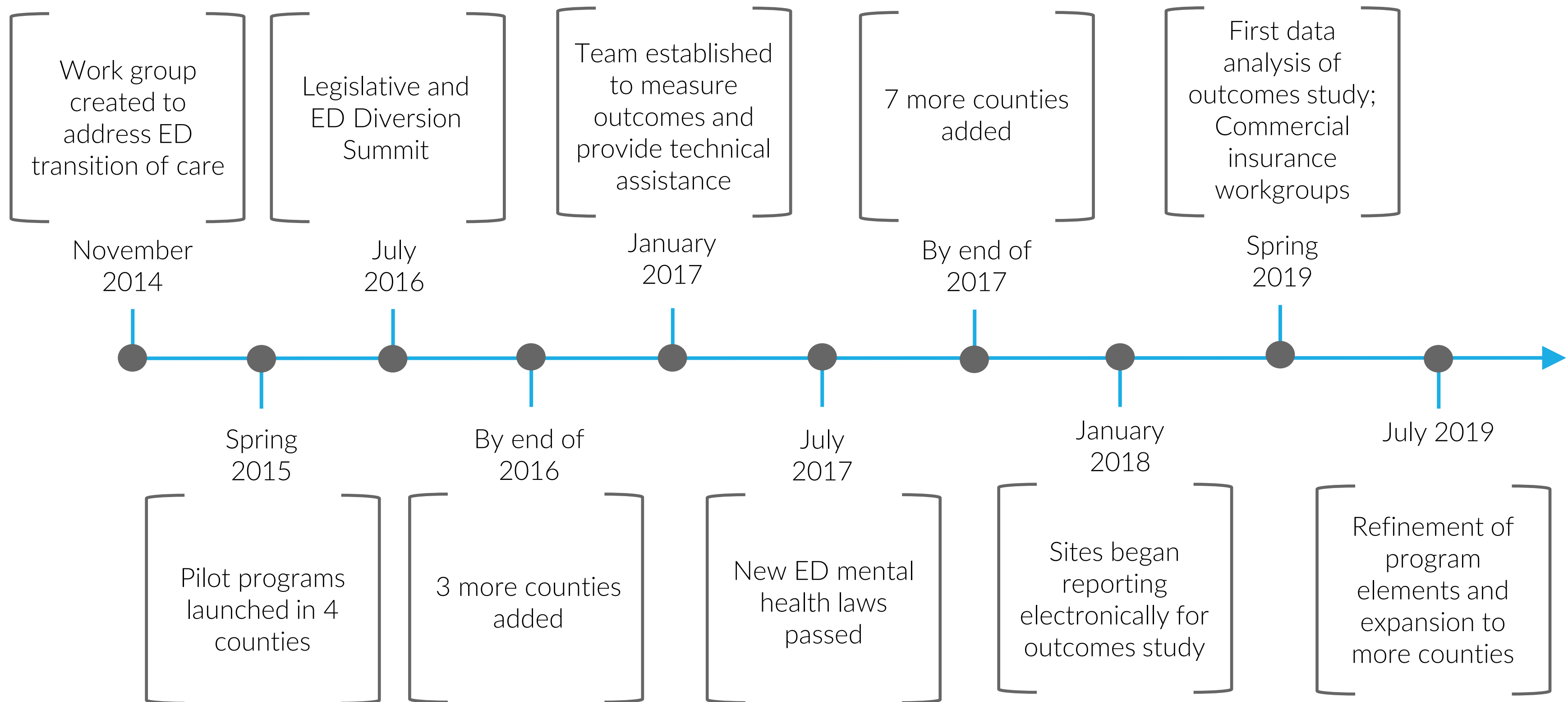
Discharge without support

- Youth are not getting the treatment that they need while in crisis
- Families likely lack knowledge, coping, skilled natural support
- Families and youth may not have support/skill to use safety plan
- No transitional support during wait for services
- ED crisis stabilization is temporary, crisis may spike again if no treatment

Boarding in ED

- Most EDs are not providing mental health treatment during stay
- Traumatizing to languish without a plan
- Youth can be placed in the first available bed, even if it is not the appropriate level of care

Legislation and Program Evolution



Crisis and Transition Services (CATS) – The Model

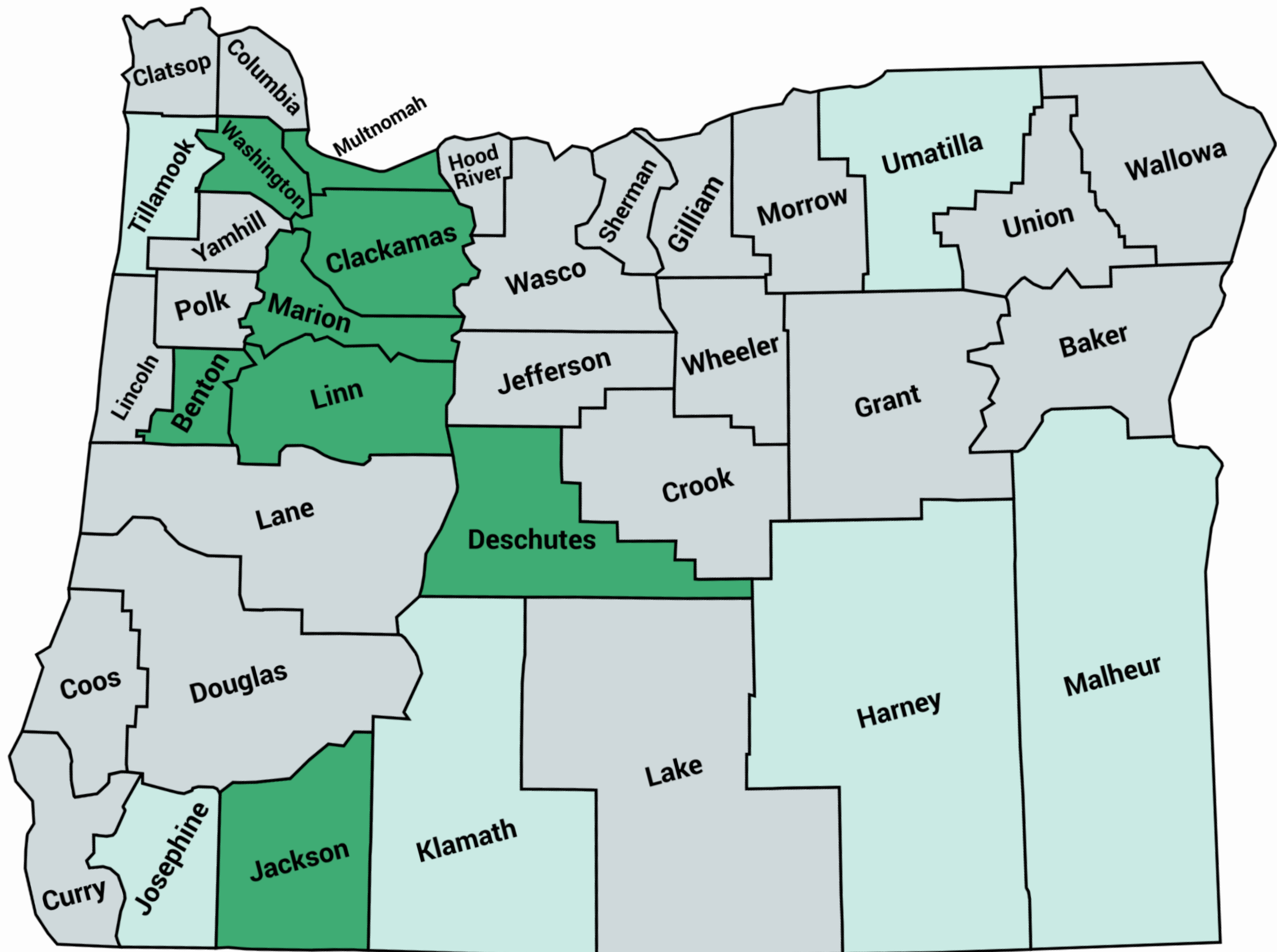
- Team-based crisis service, serving youth ages 0-18 that would otherwise be boarded in ED due to their high acuity or needs
- Alternative to inpatient psychiatric treatment and boarding
- State funding allows sites to serve both publicly and privately insured children and families

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)



Sites that report in REDCap

"Kittens" that don't report in REDCap yet

Youth presents to ED or Crisis Center

Assessment and Referral to CATS

CATS Intake and ED Discharge

CATS Program

CATS Closure

962 youth and families served

Youth presents to ED or Crisis Center

Assessment and Referral to CATS

CATS Intake and ED Discharge

CATS Program

CATS Closure

962 youth and families served

CATS responded to ED within 1 hour for **67%** of cases

CATS responded to ED within 3 hours for **87%** of cases

Youth presents to ED or Crisis Center

Assessment and Referral to CATS

CATS Intake and ED Discharge

CATS Program

CATS Closure

962 youth and families served

74% of youth discharged within 24 hours

91% of youth discharged within 48 hours

Youth presents to ED or Crisis Center

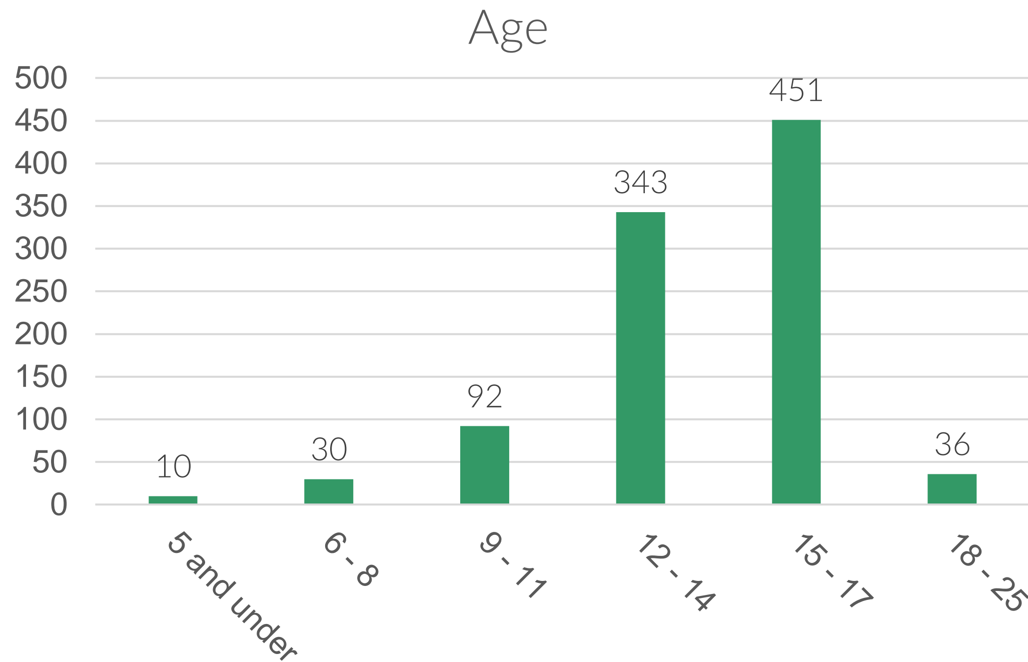
Assessment and Referral to CATS

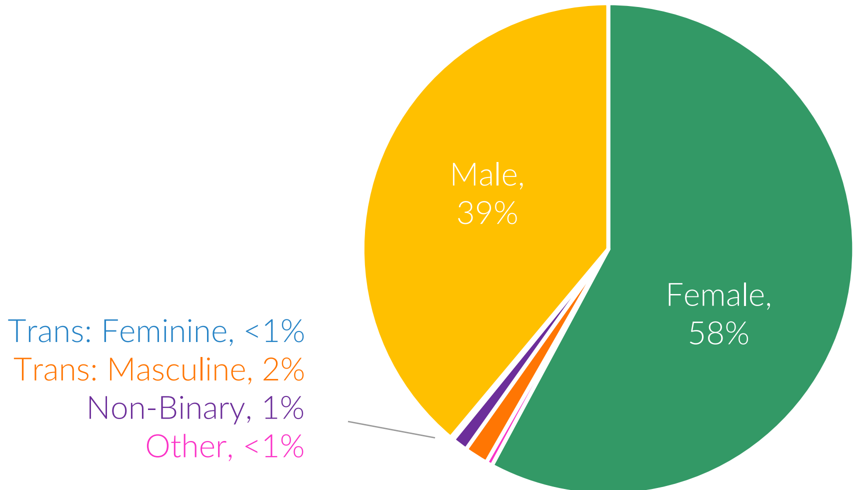
CATS Intake and ED Discharge

CATS Program

CATS Closure

962 youth and families served





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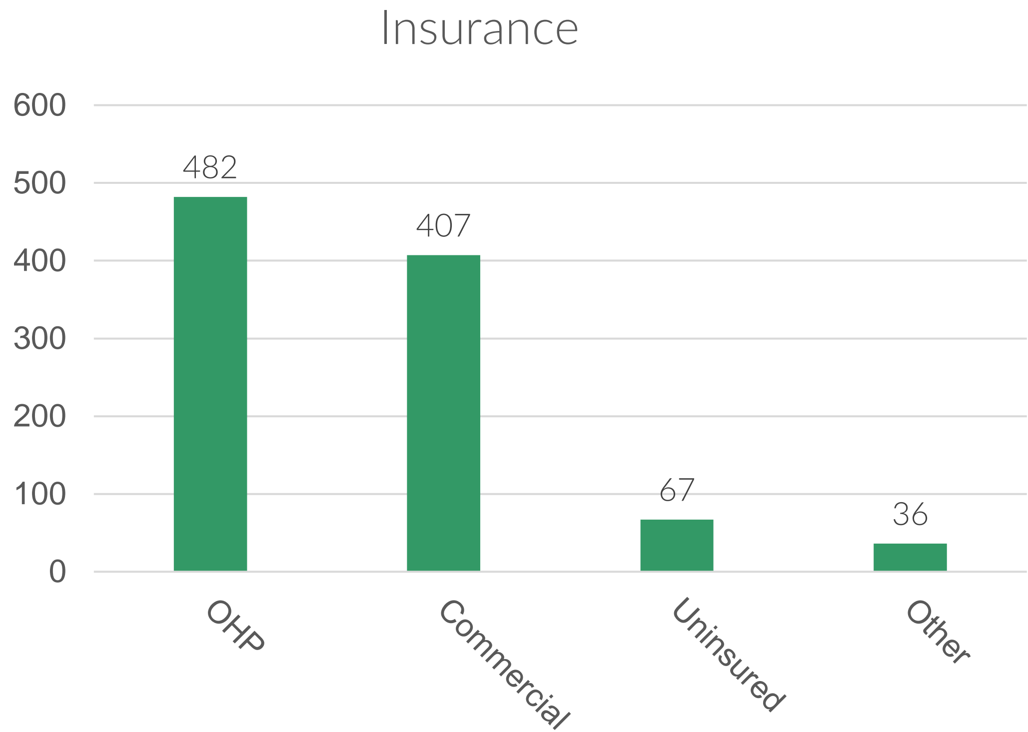


Youth presents to ED or Crisis Center

Assessment and Referral to CATS

CATS Intake and ED Discharge

CATS Program

CATS Closure

962 youth and families served

8% are currently or previously in foster care

8% are currently or previously involved with juvenile justice

58% have a history of trauma

29% have previous ED mental health visits

12% have previous psych inpatient admissions

27% have previously attempted suicide

Youth presents to ED or Crisis Center

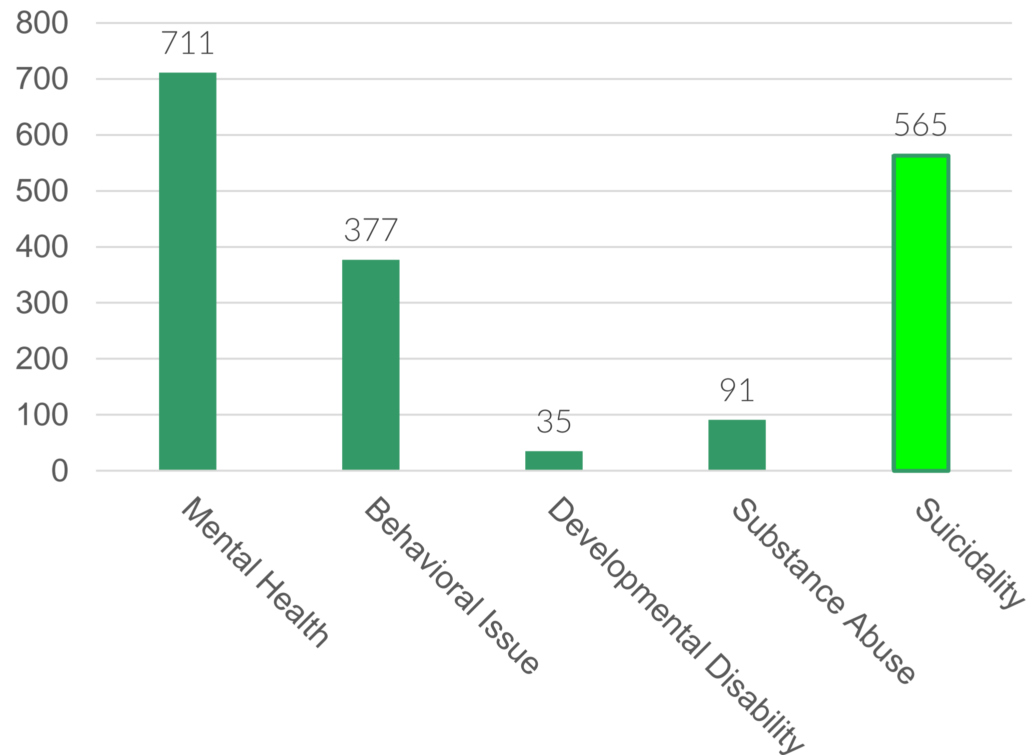
Assessment and Referral to CATS

CATS Intake and ED Discharge

CATS Program

CATS Closure

962 youth and families served



49% with ideation

25% with a plan/intent

26% who attempted

Youth presents to ED or Crisis Center

Assessment and Referral to CATS

CATS Intake and ED Discharge

CATS Program

CATS Closure

962 youth and families served

Average length of clinical care is **28 days**

Average length of family peer support is **57 days**

Youth & Families Leave CATS with...

- A copy of and understanding of treatment recommendations and safety plans
- Connection (and appointments) with community providers and other supports
- Skills and information to effectively address barriers to care, access services and support
- Skills and information for crisis management and de-escalation
- The CATS Family Guide

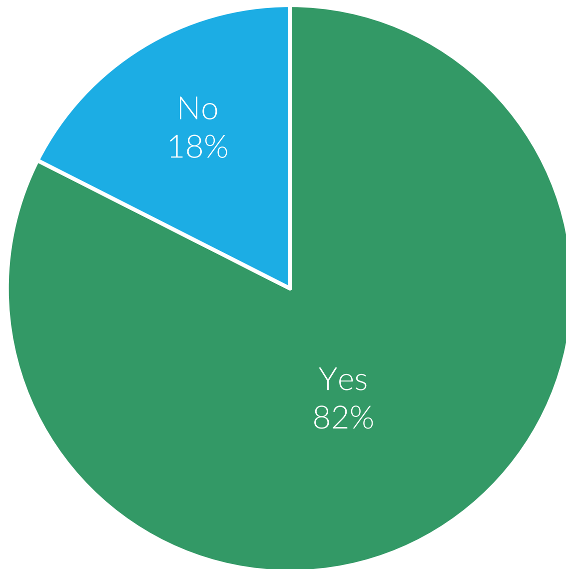
Clatsop
Columbia
Multnomah
Tillamook
Washington
Hood River
Sherman
Gilliam
Morrow
Umatilla
Union
Wallowa
Yamhill
Clackamas
Wasco
Polk
Marion
Lincoln
Benton
Linn
Jefferson
Wheeler
Grant
Baker
Crook
Lane
Deschutes
Coos
Douglas
Harney
Malheur
Lake
Curry
Josephine
Jackson
Klamath

Outcomes study sites
All other CATS sites

Outcomes Study

two-month follow-up

Does your current care meet your child's needs?



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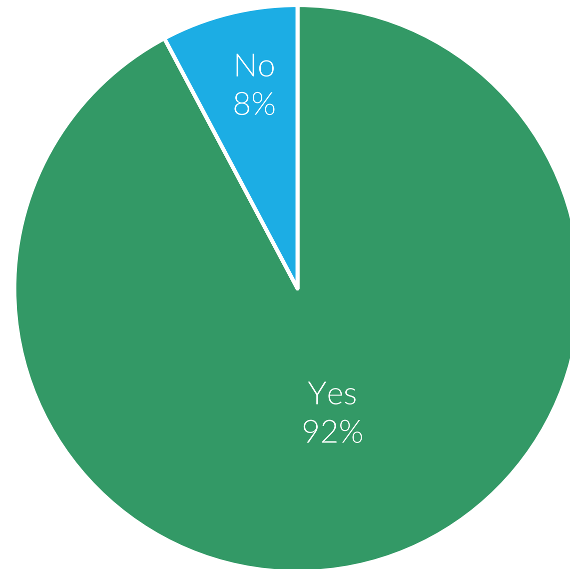
Are you confident about what to do in a crisis?



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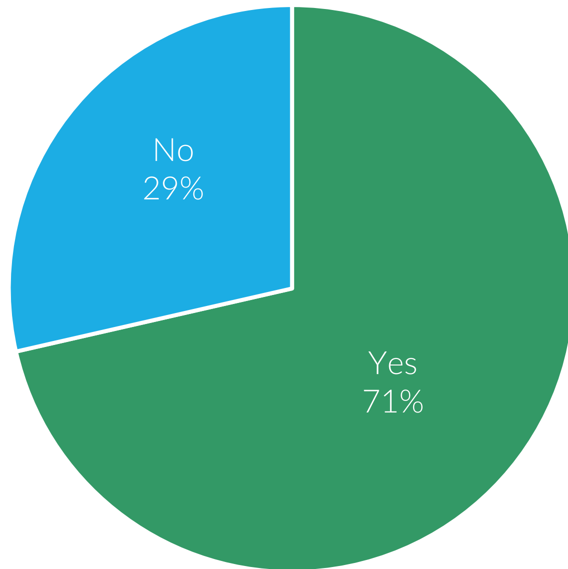
Outcomes study

two-month follow-up

Is youth currently seeing an outpatient therapist?



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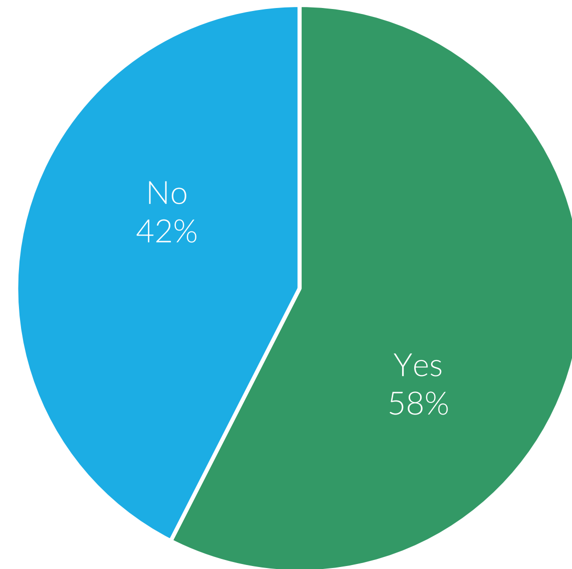
Is youth currently seeing an outpatient prescriber?



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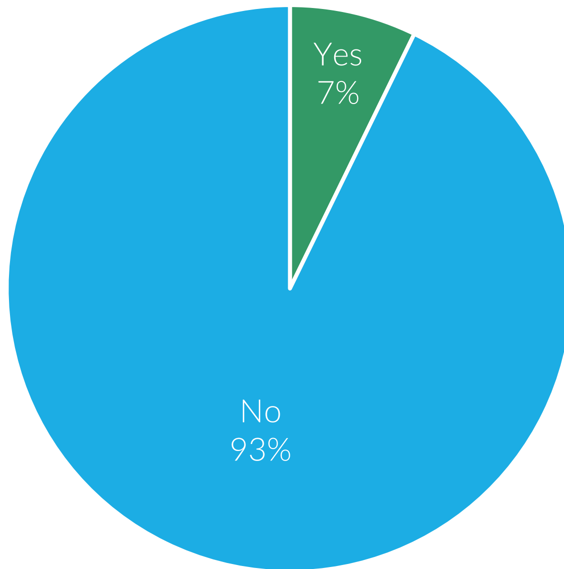
Outcomes study

two-month follow-up

Since finishing the program, has youth had a suicide attempt?



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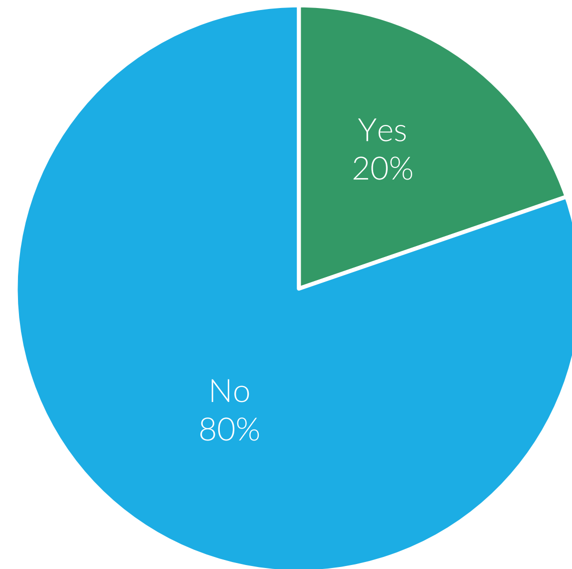
Since finishing the program has youth gone to ED or been admitted to inpatient/subacute?



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From Pilot to Statewide Standard

- The model's development and expansion has been in response to the needs of the community
- Legislation is bringing private insurers and hospitals to the table

HB 3090
Hospitals must take suicide prevention measures before discharging a patient in behavioral health crisis

HB 3091
Payers must cover care coordination and case management for patients presenting in behavioral health crisis

https://olis.leg.state.or.us/liz/2017R1/Measures/Overview/HB3090
https://olis.leg.state.or.us/liz/2017R1/Measures/Overview/HB3091

The Vision

- 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

- Reliable and equitable funding from public and private payers will ensure the ongoing viability of Crisis and Transition Services

The Process

- CATS Learning Collaborative is providing a space for team development and training
- Outcomes study is measuring effectiveness and identifying core elements
- The model is adapting to meet the needs of the community and private sector
- Commercial insurance work group is developing plan language and a proposal for a covered service

Areas for Further Growth

- Further integrate EDs into the program
- Develop tiers of care based on acuity
- Improve re-engagement of CATS families that are in crisis at follow-up
- Further standardize the model of care
- Clarify roles and coordination of family support specialists and clinical teams
- Develop more specialized transitions for youth with substance use disorders

Questions & Discussion

Youth Suicide Intervention and Prevention Plan

2018 ANNUAL REPORT

DOUG GOUGE, OREGON HEALTH AUTHORITY, MARCH 2019
ANNETTE MARCUS, OREGON ALLIANCE TO PREVENT SUICIDE, JUNE 2019

Focus areas of the YSIPP

Building human connections

Increasing resiliency and positive decision making

Upstream prevention for all youth

Increasing access to competent and confident behavioral and physical health care providers

Addressing post suicide intervention to reduce the risk of contagion (multiple suicides/clusters)

Oregon Youth Suicide Data

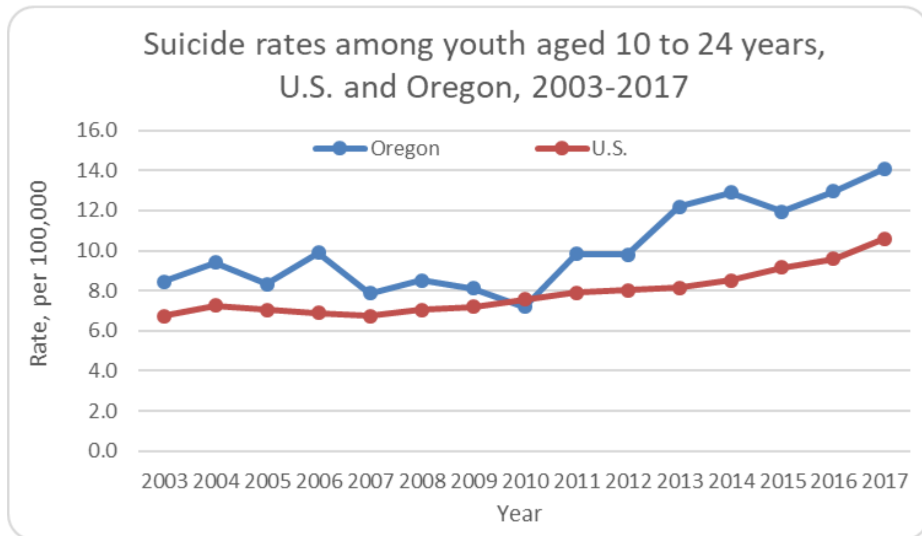

Table 3. The characteristics of youth suicides, Oregon 2017

		Deaths*	% of total
Age	10-14	10	10%
	15-19	37	36%
	20-24	56	54%
Sex	Male	82	80%
	Female	21	20%
Race**/Ethnicity	White	90	87%
	African American	5	5%
	Am. Indian/Native Alaskan	6	6%
	Asian/Pacific Islander	5	5%
	Multiple race	5	5%
	Other/Unknown	3	3%
	Hispanic	9	9%
Student status	Middle School	6	6%
	High School	28	27%
Mechanism of death	Firearm	48	47%
	Hanging/Suffocation	38	37%
	Poisoning	9	9%
	Other	8	8%
Other	Veteran	7	7%

* Four out-of-state deaths are not included because their death certificate information is not accessible.
**Includes any race (one or more, any mention) and ethnicity mention. Race categories will not sum to the total since multiple race selections could be made for each decedent.
Source: Oregon Violent Death Reporting System

Note: According to the center for health statistics, OHA, there were 107 suicides aged 10 to 24 in 2017.

Oregon Youth Suicide Data

17th in the United States in 2017 (15th in 2016)

More than 750 Oregon youth ages 10 to 24 years were hospitalized for self- inflicted injury or attempted suicide in 2017

Females were far more likely to be hospitalized for suicide attempts than males.

Final data reported 107 suicides occurred among Oregon youth aged 10 to 24 years. Most suicides occurred among males (80 percent), White (87 percent) and those aged 20 to 24 years (54 percent).

Thirty-four of the deaths were among middle school and high school students

Oregon Youth Suicide Data

In 2017, these were the most frequently observed mechanisms of injury in suicide deaths among youth

Firearms (47 percent)

Suffocation or hanging (37 percent)

Poisoning (9 percent)

Youth Suicide Rate in 2017 was 14.1 per 100,000

Comparisons in 2017

Oregon Youth Suicide Rate 14.1 (17)

National Average 10.6

New York 5.9 (50)

New Jersey 6.3 (49)

California 7.1 (47)

Idaho 16.3 (11)

Washington 15.0 (15)

Nevada 14.4 (16)

Montana 23.5 (4)

Alaska 31.1 (1)

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
- 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

Strategic Direction 2: Clinical and Community Prevention 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

Family Acceptance Project

LET'S CHECK IN

Assess availability of culturally appropriate cross-system practices

Alliance oversee strategic plan for means safety counseling

Training for clinicians and impact

Strategic Direction 3: Treatment and Support Services

ACCOMPLISHMENTS

Zero Suicide Initiative

CATS (ED Diversion)

Passage of bills to provide caring contact after ED visit

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

Advisory Groups

Established

LGBTQ ADVISORY GROUP

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

Strategic Direction 4: Evaluation and Surveillance

Much is Underway—we will discuss further at a future meeting