



**Alliance Quarterly Meeting  
June 12, 2020**

Attendees

Amber Ziring, Ariana Brooks, Brandy Hemsley, Carlos Benson Martinez, Cheryl Ramirez, Colbie Caughlan, Dan Foster, Dana Cohen, Danette Killinger, David Westbrook, Don Erickson, Donna Libemday, Emily Moser, Frances Purdy, Galli Murray, Gary McConahay, Gordon Clay, Jenna Oh, Jeremy Wells, Jill Baker, Jim Hanson, John Seeley, Jonathan Rochelle, Judah Largent, Julie Magers, Julie Scholz, Justin Potts, Karen Cellarius, Karli Read, Kimberlee Jones, Kirk Wolfe, Kristin Fettig, Laura Chisholm, Laura Rose, Leslie Golden, Lev Schneidman, Liz Thorne, Mavis Gallo, Maya Bryant, Megan, Meghan Crane, Michelle Bangen, Mikah Rotman, Nicholas Rogers, Noah Rogers, Olive Vigna, Olivia Nilsson, Parker Sczepanik, Peggy Hosltedt, Roxanne Wilson, Ryan Price, Sarah Rea, Sarah Spafford, Shanda Hochstetler, Spencer Delbridge, Shane Roberts, Stephanie Cisneros, Stephanie Willard, Sunshine Mason, Suzie Stadelman, Tanya Pritt, Tony Martins, Wren Fulner, Zev Braun, D. Burgey

Staff

Alliance: Annette Marcus, Jenn Fraga, Kris Bifulco; Linda Hockman, Consultant  
Youth ERA: Emily Morrissey  
AOCMHP: Sierra Henderson, Tim Glascock, Maria Gdontakis Pos

**Agenda and Minutes  
Draft, Pending Approval at September 2020 Meeting**

8:30 Orientation to the Alliance  
Annette Marcus, Liaison, Alliance

Annette Marcus provided an overview to the Alliance (background, structure, purpose and goals). Orientation materials on file. (Attendees, Attachment 1)

9:30 Welcome and Agenda Review  
David Westbrook, Alliance Chair  
Chief Operating Officer, Lines for Life  
Annette Marcus, Liaison, Alliance

David Westbrook, Chair, called the meeting to order and welcomed attendees. He asked for approval of the minutes for the March quarterly meeting. Galli Murray motioned for approval; John Seeley, seconded. Hearing no opposition, the motion passed unanimously. David’s opening comments included acknowledgement of these trying times and the Alliance’s commitment to increase representation of communities of color on the council. To fully embrace Black Lives Matter, we must do better at diversifying our membership and we will. The Executive Committee is forming a membership recruitment workgroup, if you are interested please contact Annette.

Today we’re going to focus on two priority items. First, the timeline and process for developing the second Youth Suicide Intervention and Prevention Plan (YSIPP). Second, is the policy agenda and priorities for the upcoming year.



Annette reminded attendees our discussions and presentations today may bring up feelings of sadness and loss. We want all here to feel safe and supported. Staff are here to provide support, please reach out through the chat option to contact us. She also reminded attendees of the importance of selfcare.

9:50 Oregon Health Authority Update

Meghan Crane, Zero Suicide Program Coordinator, Oregon Health Authority

Jill Baker and Shandra Hochstetler, Youth Suicide Prevention Coordinators, Oregon Health Authority

Meghan shared her reflections about what is happening in Oregon and across the nation since the death of George Floyd and so many other Black, Indigenous and People of Color, and within a pandemic that is disproportionately affecting people of color. She also shared her personal feelings and commitment to listen, educate herself and take anti-racism action. Meghan posted an open letter on the Youth Suicide Prevention Network listserv and it is included in the attachments. (Attachment 2)

Meghan provided an update on the Public Health Division funding. To date, no significant cuts to suicide prevention resources. The SAMHSA Garrett Lee Smith Youth Suicide Prevention Grant is going forward. Several grant applications have been submitted or are in process: CDC Comprehensive Suicide Prevention (Submitted); SAMHSA Zero Suicide (Submitted); CDC Core State Injury & Violence Prevention Program supplemental grant (Submitted); CDC Firearm Injury Surveillance Through Emergency Rooms (In process)

Jill shared budget exercises underway and that the 2019 suicide prevention funds are being maintained at current levels. She reminded that budget cuts aren't in place, the budget exercise process is the stage we're in right now. Emergency grants through the CARES Act and other COVID-19 related funding streams are in place for behavioral health services. There has been amazing support from OHA leadership on suicide prevention funding.

Jill reviewed progress the OHA COVID-19 Suicide Prevention, Intervention, & Postvention Team (S-PIP) and commented that historically OHA divisions haven't always coordinated well across programs. The S-SIP group, however, is making headway in aligning each side of the structure. They are focusing on data, access to care, equipped workforce, and consumer voice across the lifespan. Their accomplishments include:

- Monitoring suicide data weekly – lots of interest in data and broadening access to better understand where to place prevention efforts; group is working on data use agreements. First report to the Alliance is June 15, 2020.
- Leadership buy in – strong leadership support for S-PIP and its work
- Social media outreach campaign – in development and with help from youth
- Consumer voice ongoing
- LGBTQ Community Mini-grants - up to \$10k (may increase if funding becomes available). AOCMHP will provide grant management for these funds
- Connecting with new partners – collaboration is in the forefront
- CAMS availability through AOCMHP
- Guidance for in-person behavioral health appointments

Shanda provided an update on the Big 6 which addresses a spectrum of prevention, intervention and postvention training options. Coordinator for the Big 6 is now in place providing strong collaboration across the programs. Key partnerships include: four regional ODE Suicide Prevention Specialists at Lines for Life; Big Six Statewide Coordinators at AOCMHP, Lines for Life, and Matchstick; and, School Suicide Prevention



Specialist (Adi's Act support) at Lines for Life. Currently working on a structure to provide a connected and efficient program at the community and school level. (Attachment 3)

10:10 YSIPP 2.0 Tasks and Timeline

John Seeley, Director, University of Oregon Suicide Prevention Lab

John reported on the process and timeline for developing and submitting YSIPP 2.0. The goal is to put together an actionable plan rather than aspirational one. Key tasks for developing the new YSIPP are:

[Develop a YSIPP 1.0 Activity Report \(2016-2020\)](#) – include a summary of state-wide activities and Alliance committees completed and ongoing activities; and, compile Oregon youth suicide and suicidal behavior data/trends across the year period.

[Review and Synthesize State Prevention Plans \(SPRC\)](#) – summarize state plans and prevention strategies by states with the five lowest suicide rates; identify and summarize exemplary state prevention plans; and, summarize concepts from SPRC State Plan Webinar Series

[Solicit Input from Key Stakeholder Groups](#) - conduct focus group discussions with Alliance committees; leverage current SMART goals and generate overarching goals for YSIPP 2.0; survey Alliance members and affiliates on needs and gaps; and, conduct formative interviews, focus groups, and surveys from other key stakeholder groups for input.

[Develop Framework and Action Plan for YSIPP 2.0](#) - link to Alliance committee structure; draw upon the Institute of Medicine Prevention Framework; align with the National Strategy for Suicide Prevention (NSSP) 2012 Strategic Directions; focus on interagency collaboration; implementation and evaluation infrastructure; and, legislative policy and follow-up.

Julie Magers suggested that as a follow-up to YSIPP 1.0, monitor implementation of the Mental Health Transition legislation (2015-17) for enforcement and evaluation. Seeing them operational in practice as part of YSIPP 2.0 would ensure follow through on HB 2948, HB 2030, HB 3090, HB 3091.

Emily Morrissey offered to provide John contact information and assistance connecting with various youth councils across the state as potential participants in focus groups. Roxanne Wilson suggested the Oregon Family Support Network for stakeholder input as well.

John referenced the San Diego County Action Plan update 2018. The plan incorporates research-based strategies with an emphasis on “community engagement, targeted outreach to members of groups that are at increased risk for suicide and analysis of strategic models and planning frameworks”.

[http://www.sdchip.org/wp-content/uploads/2018/06/6-5-18-FINAL\\_BIGSPCSPAPUpdate2018FINAL\\_rev1.pdf](http://www.sdchip.org/wp-content/uploads/2018/06/6-5-18-FINAL_BIGSPCSPAPUpdate2018FINAL_rev1.pdf)

John also reviewed update requirements per ORS 481.773.

Timeline and Milestones – due to COVID-19 situation, due date will be extended to June 2021 for submission of the YSIPP 2.0 plan to the legislature. [Key milestones](#) for finalizing the plan are: complete the activity report by June 2020; solicit stakeholder input, complete research, and summarize needs and gaps analysis by October 2020; draft YSIPP 2.0 by Feb 2021; circulate draft for input March 2021; incorporate feedback and finalize draft April 2021; and final draft to Publication Division May 2021. (Attachment 4)

10:20 Policy Recommendations: Breakout Discussion Groups

David Westbrook, Alliance Chair

Chief Operating Officer, Lines for Life

Before breaking into small discussion groups on policy recommendations, David shared there is a high level of interest in suicide prevention at legislative level. This is not a time to draw back on our work, it is a time to continue to promote suicide prevention. When considering the proposed policy areas, he reminded the group the Alliance has borrowed the American Foundation for Suicide Prevention (AFSP) approach of separating their policy and advocacy into areas in which they will lead, collaborate and explore. He briefly reviewed:

**Lead** – issues on which Alliance will play a leadership role – developing the policy position, marshaling support, and generating advocacy activity

**Collaborate** – issues on which Alliance will work as part of a coalition or group, providing active support to achieve policy objectives

**Explore** – issues that are rising in importance and require further exploration or policy research and analysis, but have not yet become Alliance policy proposals

The policy areas for consideration are a combination of recommendations submitted by members and items brought forward by the executive committee. David briefly reviewed the proposed legislative items (Attachment 5). The purpose of the breakout groups is threefold: identify policy priorities; provide feedback on advocacy proposals; and, put forth other policy areas for future consideration. For example, a recent JAMA article addressed limiting access to firearms to prevent suicide.

Annette commented that while there are a wide range of areas under consideration, the priority for today is to review and provide feedback on the proposed legislation items. This is time sensitive as we need to submit legislative concepts and find legislative support this summer. Before breaking into groups, Annette reminded that small groups are to review/discuss, make additions to and prioritize the draft legislative recommendations.

After the breakout session, a representative from each group presented a summary of their group's discussion. Notes from the small group discussions are on file, highlights of the discussions are included in the priority list below. The Executive Committee will review the feedback and take it into consideration as they proceed with work on the policy and advocacy agenda. The recommended priority list below is based on a tally of priorities as recommended by the small groups not a vote by the membership.

#### Priority 1

Require behavioral health workforce to receive continuing education on suicide prevention, intervention, and management (Workforce Committee: Note-long term goal is to broaden this to include other health entities in legislative sessions beyond 2021.)

#### Feedback Highlights

Begin with a phased in approach that starts with required training for behavioral health professionals and phase in required training for physical health providers and other professionals. Washington state is a good example of this approach. Need to consider what would constitute CEU qualified training, how often professionals are required to take training, accountability (for example, licensure/renewal of license contingent upon completed training) and how to engage behavioral health professionals early in the process. It is also critical that mandated training is funded.

### Priority 2

Amend current legislation on youth suicide to expand the age range from 10 to 24, to include all school age children (5-24). (Not developed by a specific committee, but reflects conversations at executive and amongst Alliance members and affiliates)

### Feedback Highlights

Keep in mind that the current age range of 10-24 was designated by the federal government and while changing it to 5 – 24 makes sense for Oregon, it may make it difficult to compare state and federal data. Changing the age may help secure funding for mental health services and supports for younger children. Some schools of thought is younger children don't understand, we need to take this into consideration.

### Priority 3

Consider legislation to ensure that appropriate cross-system communication occurs in order to prevent death by suicide. Address the need for hospitals to develop MOUs or other protocols for communication with schools and colleges after a behavioral health crisis. (Committees: Schools and Transitions of Care Committees)

### Feedback Highlights

Due to differing opinions on this proposal, no consensus was reach on this item. At this time the recommendation is to monitor and support effective guidance implementation for SB52/Adi's Act, ensure training across the state and highlight best practices. While the recommendation was not to move forward with a legislative proposal at this time, if collaboration between hospitals and schools falls short, consider it in future legislative years. If legislation does move forward, language must ensures both schools and hospitals are held accountable, not just schools.

11:30 Break

11:50 Sources of Strength  
Liz Thorne, Director, Matchstick Consulting

Liz introduced the video for Sources of Strength 2020 Peer Leader Award winners and shared that during the school closures due COVID-19, peer leaders continued to work as positive agents of change and connectors to help. The video is available here: <https://matchstickpdx.com/sources-of-strength-oregon>

A video of Governor Brown and Senator Sarah Gelsler thanking the winners is available here: <https://youtu.be/NG2KF27-Ct0>

12:00 Membership Appointments  
David Westbrook, Alliance Chair  
Chief Operating Officer, Lines for Life

David recognized and thanked the following Alliance members for their contributions to the field of suicide prevention. He commented that as they step down from the Alliance, it is fitting we acknowledge just a few of their many achievements. Oregon's children and youth have greatly benefited from their dedication.

**Jeremy Wells** - has been a member since the inception of Alliance, worked extensively on SB52 and is a force at ODE for suicide prevention.

**Susan Keys** – has been a great partner for OHA and many organizations in Oregon. She served on the Alliance Lethal Means workgroup, working with communities in central Oregon to bring forward the perspective of gun owners and developing a suicide prevention brochure respectful of gun owners.

**Peggy Hosltedt** – represented the Oregon School Board Association on the Alliance, active in the suicide prevention, and helped steer legislation SB52

Memberships will be renewed in the fall and Director Allen will be issuing new appointment letters at that time. The Alliance has requested that Jill work with Director Allen’s office on letters for both membership renewal and new members. Nominations are currently open, please submit names to Annette for consideration. Annette shared that this summer the Executive Committee will be assessing representation on the Alliance and looking at recruitment strategies.

12:10 Remembering Jerry Gabay

David opened the remembrance with comments on how much we will miss Jerry and his commitment to the suicide prevention field. His legacy is truly a large body of work. David thanked Ryan Price for putting together the slide show.

<https://drive.google.com/file/d/1AUW1I2rCUDYgllV3EdW8jCM6DhA9liuo/view?usp=sharing>

12:20 Public Comment

No comments

12:25 Closing Comments and Adjourn

Galli Murray, Co-Chair, Clackamas County Suicide Prevention Coordinator

Galli thanked all who attended today. Thank you for your continued work for the Alliance, you are deeply appreciated. Please find time for selfcare for the weekend.

Annette also thanked everyone for their work today and encouraged them to time for selfcare.

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**Resource suggestions shared in the Chat option** (transcript of Chat on file)

**Peer Galaxy** – “Connecting with an individual having lived experience who can listen, understand, relate to and grow with us wherever we are in our journey is what we call peer support.” See for calendar and resources: <https://www.peergalaxy.com/>

**Oregon Health Authority** - Sign up for the Youth Suicide Prevention listserv:

<https://omls.oregon.gov/mailman/listinfo/yspnetwork>

**Cultural Competence Continuing Education Advisory Committee – HB2611** - creates requirements for OHA, through OEI, to provide resources and support for improving the cultural competence of regulated health care professionals. <https://www.oregon.gov/oha/OEI/Pages/Cultural-Competence-Continuing-Education-Advisory-Committee.aspx>

# Attachments

Attachment 1 – Orientation Attendance

Attachment 2 – Meghan Crane

Attachment 3 – OHA Update

Attachment 4 – YSIPP 2.0 Tasks and Timeline

Attachment 5 - Policy Agenda for Consideration

## Orientation to the Alliance Attendance

1. Danette Killinger – Linn County Health Services
2. Brandy Hemsley – OHA Office of Consumer Activities & lived experience
3. Carlos Benson Martinez – carlosbm@wolkpackcts.org
4. Don Erickson – Chief Administrative Officer for Oregon DHS
5. Gordon Clay
6. Jenna Oh – jenna\_oh@co.washington.or.us
7. Justin Potts – [potts\\_j@4j.lane.edu](mailto:potts_j@4j.lane.edu) School Psychologist in Eugene 4j SD
8. Karen Cellarius
9. Kris Bifulco - Alliance
10. Kristin Fettig – Suicide Prevention Coordinator, Jackson County MH
11. Laura Rose – laurarosemisaras@yahoo.com
12. Leslie Golden
13. Maria Gdontakis Pos
14. Mikah Rotman – Mikah.rotman@dhsosha.state.or.us
15. Nicholas Rogers – youth with lived experience
16. Noah Rogers
17. Parker Sczepanik
18. Peggy Hosltedt
19. Roxanne Wilson – roxannefranklinwilson@gmail.com
20. Shanda Hochstetler - OHA
21. Sierra Henderson - AOCMHP
22. Spencer Delbridge - youth
23. Spencer Lewis – Director of Policy Services with OSBA
24. Shane Roberts
25. Stephanie Cisneros – scisneros@youthera.org
26. Sunshine Mason
27. Tanya Pritt
28. Tim Glascock
29. Tony Martins – Bethel SD, Matchstick, Sources of Strength
30. Wren Fulner
31. Zev Braun
32. Phone number
33. D. Burg



Meghan shared the following on the Youth Suicide Prevention listserv:  
<https://omls.oregon.gov/mailman/listinfo/yspnetwork>

I write this afternoon with an overwhelming number of feelings and reflections over what has occurred in Oregon and cities all over the U.S. since the death of George Floyd and so many other Black, Indigenous and People of Color (BIPOC), and within a pandemic that is disproportionately affecting people of color. I understand that I can never truly understand the lived experience of a person of color. However, I have a responsibility to educate myself and take anti-racist action. I recognize that what pain I feel cannot compare to the experiences of BIPOC and that because I have the privilege to turn away from these injustices; I must actively work against this. And it is a time for me as a white person to listen...really listen. I have worked to do this with the mental health and suicide lived experience community. I have been humbled in how this community and individuals have corrected my, at times, ignorant and incorrect understanding of their experiences and calls for change. And understand that this growth is never complete.

These reflections include recognizing that I work within an institution that has a long way to go in addressing institutional racism. As OHA Director, Patrick Allen recently shared with staff, "The events of the past few days [George Floyd's death and resulting protests], while not directly related to the coronavirus, have certainly served to expose the fundamental injustice of our flawed systems, including in health care. As a result, people are angry, hurting, and afraid. I want to acknowledge those very real feelings, and acknowledge the failings, including ours, including mine, that have contributed to them. OHA will do better. I will do better. We have to."

As June starts, I look forward to Pride Month, albeit in a different kind of celebration due to coronavirus. This celebration, and my ability to live my life as a queer person, would not be possible without the Stonewall demonstrations that took place in 1969 in New York City. People of color were instrumental in these demonstrations and the following decades of work (and continued work) for the LGBTQ+ community.

I recognize that I will not get it right all the time, maybe a lot of the time, and welcome critique to get better and to do better.

Meghan Crane, Zero Suicide Program Coordinator  
Oregon Health Authority



## Funding

- Health Systems Division (HSD)
  - 2019 investments not included in budget exercise
  - All suicide prevention funding from 2019 investments approved to move forward
  - Several emergency grants through CARES Act and other COVID-19 related funding streams for behavioral health.
  - Amazing support from OHA leadership
- Public Health Division
  - No significant cuts to suicide prevention funding
  - SAMHSA Garrett Lee Smith Youth Suicide Prevention Year 2-5 grantee update
  - Several grant applications submitted or in process:
    - CDC Comprehensive Suicide Prevention (Submitted)
    - SAMHSA Zero Suicide (Submitted)
    - CDC Core State Injury & Violence Prevention Program supplemental grant (Submitted)
    - CDC Firearm Injury Surveillance Through Emergency Rooms (In process)

## OHA COVID Suicide Prevention, Intervention, & Postvention Team (S-PIP)

- Data, Access to Care, Equipped Workforce, Consumer Voice
- S-PIP accomplishments
  - Monitoring suicide data weekly
  - Leadership buy in
  - Social media outreach campaign
  - Consumer voice ongoing
  - LGBTQ Mini-grants
  - Connecting with new partners
  - CAMS availability through AOCMHP
  - Guidance for in-person BH appointments



		<p>Stable Funding for Statewide Coordination, Collaboration, &amp; Evaluation</p>
		
		



OHA, Alliance,  
& Local  
Communities:  
Vital partners  
in reducing  
youth suicide

- Oregon Alliance to Prevent Suicide
- Oregon Health Authority staff
- Four regional ODE Suicide Prevention Specialists at Lines for Life
- Big Six Statewide Coordinators at AOCMHP, Lines for Life, and Matchstick
- School Suicide Prevention Specialist (Adi's Act support) at Lines for Life

Questions?



## Contact us!

[Meghan.Crane@state.or.us](mailto:Meghan.Crane@state.or.us)  
[Jill.Baker@state.or.us](mailto:Jill.Baker@state.or.us)  
[Shanda.Hochstetler@state.or.us](mailto:Shanda.Hochstetler@state.or.us)

Sign up for the Youth Suicide Prevention listserv:  
<https://omls.oregon.gov/mailman/listinfo/yspnetwork>

## **YSIPP 2021-2025 Tasks & Timeline**

### **YSIPP Activity Report (2016-2020)**

- Create summary of state-wide activities accomplished from 2016-present organized by YSIPP Strategic Directions 1-4.
- Cross reference activities completed to HB 4124, Sections 1-3.
- Summarize Alliance committee completed and ongoing activities.
- Compile Oregon youth suicide and suicidal behavior data and trends across the 5-year period from 2016-2020.

### **Review and Synthesize State Prevention Plans (SPRC)**

- Summarize state plans and prevention strategies used by the states with the five lowest suicide rates.
- Identify and summarize exemplary state prevention plans (e.g., Washington, Minnesota, North Carolina).
- Summarize concepts from SPRC State Plan Webinar Series (June, July, August).

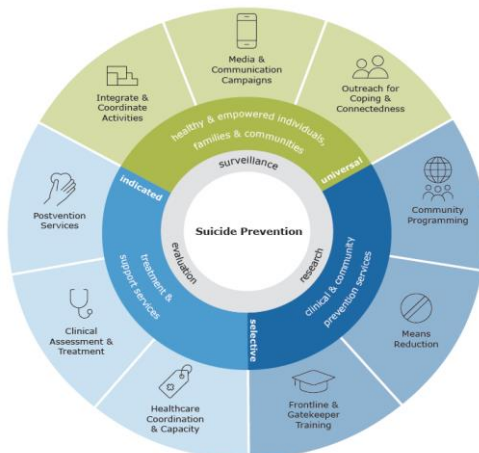
## Solicit Input from Key Stakeholder Groups

- Conduct focus group discussions with Alliance committees and synthesize results with respect to accomplishments and priorities. Leverage current SMART goals and generate overarching goals for YSIPP 2.0.
- Gather input on needs and gaps from Alliance members and affiliates via survey.
- Identify other key stakeholder groups to solicit formative input for YSIPP 2.0 and design formative evaluation methods (formative interviews, focus groups, surveys).

## Develop Framework and Action Plan for YSIPP 2.0

- Link to Alliance committee structure
- IOM Prevention Framework (waterfall metaphor)
- Align with NSSP 2012 Strategic Directions
- Interagency collaboration (e.g., ODE SSA Section 36; Adi's Act)
- Implementation and evaluation infrastructure
- Legislative policy and follow-up

## San Diego County SPAP Update 2018



## **ORS 481.733 Updates to YSIPP (HB 4124, Section 2)**

Updates must include, but are not limited to:

- (1) An assessment of current access to mental health intervention, treatment and support for depressed or suicidal youth, including affordability, timeliness, cultural appropriateness and availability of qualified providers;
- (2) Recommendations to improve access to appropriate mental health intervention, treatment and support for depressed or suicidal youth, including affordability, timeliness, cultural appropriateness and availability of qualified providers;
- (3) Recommendations for best practices to identify and intervene with youth who are depressed, suicidal or at risk for infliction of self-injury;
- (4) Recommendations for collaboration among schools, school-based health clinics and coordinated care organizations for school-based screening for depression and risk of suicide or infliction of self-injury among middle school and high school students;

## **ORS 481.733 Updates to YSIPP (cont.)**

Updates must include, but are not limited to:

- (5) Recommendations related to the use of social media and the Internet to provide opportunities for intervention and prevention of youth suicide and self-inflicted injury;
- (6) Recommendations regarding services and strategies to respond to schools and communities following a completed youth suicide;
- (7) Identification of intervention and prevention strategies used by other states with the five lowest rates of youth suicide and self-inflicted injuries; and
- (8) A comparison of Oregon's youth suicide and self-inflicted injury rates with those of other states.

## **Timeline**

- One-year timeframe (complete by June 2021)
- YSIPP 2016-2020 activity report (June 2020)
- SPRC state plan review (June-Aug 2020)
- Solicit input from key stakeholder groups (July-Oct 2020)
- Conduct research for Section 2 updates (June-Oct 2020)
- Summarize needs and gap analysis for review (Oct 2020)
- Draft YSIPP 2.0 (Nov-Feb 2021)
- Circulate draft for input (Mar 2021)
- Incorporate feedback and finalize draft (Apr 2021)
- Final draft to Publication Division (May 2020)



The Alliance  
Policy Agenda for Consideration  
State Fiscal Year 2020-21

**Introduction**

The American Foundation for Suicide Prevention (AFSP) separates their policy and advocacy into areas in which they will lead, collaborate and explore. During the March 2020 quarterly meeting, the Alliance membership reviewed this approach and found it to be a helpful way to guide future **policy and advocacy work**. The table below is based on:

**Lead** – issues on which Alliance will play a leadership role – developing the policy position, marshaling support, and generating advocacy activity

**Collaborate** – issues on which Alliance will work as part of a coalition or group, providing active support to achieve these important policy objectives

**Explore** – issues that are rising in importance and require further exploration or policy research and analysis, but have not yet become Alliance policy proposals

**Legislative Policy**

**Lead**

Consider legislation to ensure that appropriate cross-system communication occurs in order to prevent death by suicide. Address the need for hospitals to develop MOUs or other protocols for communication with schools and colleges after a behavioral health crisis. (Committees: Schools and Transitions of Care Committees)

Require behavioral health workforce to receive continuing education on suicide prevention, intervention, and management (Workforce Committee: Note-long term goal is to broaden this to include other health entities in legislative sessions beyond 2021.)

Amend current legislation on youth suicide to expand the age range from 10 to 24, to include all school age children (5-24). (Not developed by a specific committee, but reflects conversations at executive and amongst Alliance members and affiliates)

**Collaborate**

Support comprehensive K-12 school suicide prevention legislation and policies, including mandated training for school personnel and mandated policies on suicide prevention, intervention, and postvention.

Legislative concept requiring medical examiners to report youth suicide deaths to local mental health authorities including specific reporting timelines. (OHA – lead) (Consider addressing confidentiality concerns in the legislation; this legislation could be an amendment to SB485 or SB918.)

**Explore**

Explore collaborations and priorities for protecting behavioral health budgets for essential services for children, youth and young adults.





Explore legislative concept asking Oregon Health Authority to develop a suicide prevention and intervention plan for adults that incorporates clear connections with the YSIPP. (For further discussion – should this be a separate plan or integrated with the YSIPP?)

### Advocacy Related to Programs, OARS and Practice

#### Lead

Require organizations that serve our most vulnerable youth and young adults such as Child Welfare, Residential Treatment, Juvenile Justice to build LGBTQ affirming organizational cultures by training staff, developing LGBTQ supportive policies and programs to increase protective factors and reduce risk of suicide. (LGBTQ Advisory Group)

Increase the number of health professionals who receive regular, evidence-informed education and training in suicide assessment, treatment, and management. (With the view of working towards legislation in the future.)

Coordinate efforts with coalitions to support workplace policies and programs that promote mental health and prevent suicidal behavior among employees. Emphasis on 24 years and younger.

Promote adding a CCO incentive / performance measure around suicide screening and referral. (Is this something done legislatively, or govt. policy? How does the Alliance impact this?)

Diversify Alliance membership to better reflect people of color and other marginalized groups; and, elevate their voices and perspective in policy advocacy and YSIPP plan development

#### Collaborate

Increase funding for and assist in the implementation and evaluation of state suicide prevention initiatives and plans to prevent suicide across the lifespan.

Advocate for more social workers and counselors in schools and that all school social workers and counselors are trained to screen for suicidality and make appropriate referrals.

Advocate for youth-serving organizations, in particular social service, residential care and judicial system, to actively develop LGBTQ+ affirming cultures and practice in order to promote protective factors and prevent suicide.

Replicate Washington County’s Suicide Fatality Review process across Oregon

Ensure the linkage between substance abuse and suicide is addressed in all aspects of policy work. Push for greater integration of substance abuse treatment and suicide prevention and intervention.

Develop or encourage making widely available presentations of “Safety Planning With Your Child/Youth: By and For Parents/Caregivers”

#### Explore