



Quarterly Meeting

Date: Friday, March 13, 2020

Time: 9:30 A.M. – 11:00 a.m.

Attendance

Members: Jill Baker, Laura Chisholm, Jammie Gardner, Shandra Hochstetler, Peggy Holstedt, Rosana Johnson, Judah Largent, Julie Magers, Gary McConahay, Laura Rose Misaras, Emily Moser, Galli Murray, Ryan Price, Tanya Pritt, Cheryl Ramirez, John Seeley, Suzie Stedelman, David Westbrook, Stephanie Willard, Kirk Wolf.

Affiliates: Michelle Bangen, Tracy Blue, Maya Bryant, Stephanie Cisneros, Gordon Clay, Debra Damata, Kristin Fettig, Mavis Gallo, Maria Gdnotakis-Pos, Shelagh Jackson, Justin Potts, Kahae Rikeman, Shane Roberts, Mila Rodriguez-Adair, Sarah Spafford, Joseph Stepanenko, Elizabeth Thorne, Amber Ziring.

Staff: Annette Marcus, Jenn Fraga, Emily Morrison; Linda Hockman, Consultant

Agenda

9:30 – 9:45 Introductions and Overview – David Westbrook, Chair

Today's meeting was held virtually rather than in person due to COVID-19. The meeting time was also shortened. Annette Marcus read the attendance to confirm attendance. Annette requested that attendees use the chat function to submit comments and questions to help ensure all have the opportunity to provide input. David thanked Annette, welcomed everyone and thanked attendees for understanding about the need for a virtual meeting arrangement. He also remarked that it important to stay safe and keep family and friends safe.

David reviewed the agenda and let attendees know a primary focus for today will be a discussion on policy focus for the Alliance. Because the meeting time has been shortened, attendees are asked to send additional thoughts/comments re: the policy section to Annette. The comments will then be sent to the appropriate Alliance committee for further discussion.

9:45 – 10:05 Data Highlights Youth Suicide – John Seeley

John provide an overview of the National Center for Health Stats and noted the map of Suicide Mortality by State (see attached PowerPoint) indicates that nationally the rate per 100,000 is going down for ages 10 – 24 yrs. yet at the same time, in Oregon the rate is going up. This is troubling particularly in the context that more work in suicide prevention is underway. John shared that more students (18-25 years old) on college campuses are seeking help/support and it is overwhelming college resources. This situation is creating a mental health crisis. Both undergraduates and graduate students are more likely than they were even in recent years to struggle with mental health. He emphasized this should be an area for future policy work for the Alliance.

Gary McConahay commented the recommendations from the Task Force on Student Mental Health Support that focused on a systematic suicide prevention approach of mental health substance abuse, suicide and suicide ideation for higher education be applied at the high school level. For the full report:

<https://www.oregon.gov/highered/research/Documents/Legislative/SB-231-Mental-Health-Task-Force.pdf>

John reviewed areas of the Healthy Teens Survey and noted troubling trends that could inform future policy items for the Alliance: Depression and Suicide – students are experiencing at a higher rate (chart 10); Access to Firearms – troubling that approximately 42% of 8th graders and approximately 47% of 11th graders responding to survey could get

and be ready to fire a gun in less than 24 hours (chart 11). John suggested that the next YSIPP and the Alliance policy agenda address these areas in particular. He also suggested that the Alliance consider ways to reach the 18-25 years old population on campus and find ways to reach those not in college. What sectors could be targeted? What outreach strategies and technologies beyond social media are viable options?

Data collected is across the state and until we disaggregate data we can't tell what suicide prevention/intervention strategies are working for a specific population and/or geographic area. This is critical in terms of understanding what approaches to apply for the best results – this also informs securing funding. John suggested that going forward, the Alliance have conversations with OHA on survey questions and how to disaggregate data to get into micro-discretions to help better understand which policy and program areas to pursue.

10:05 – 10:25 YSIPP – Process for Updating Next 5-year Plan –
Jill Baker, Liz Thorne, Annette Marcus

Jill shared that the data released by the CDC for 2018 is in and it is troubling. Suicide is the leading cause of death for youth 10 – 24 years old in Oregon, up from second cause in 2017. Oregon is now ranked 11th highest in the nation (up from 17th in 2017). This change is due to several factors, most notably there was a rise in the suicide rate and a drop in the rate of unintentional injury deaths, the previous leading cause. Unintentional injury includes overdose deaths and motor vehicle accidents.

This data is included in the annual YSIPP report, released to the legislature last week. [2019 Youth Suicide Intervention and Prevention Plan annual report](#) The data for 2019 will be out in 2021; preliminary indicators show the rate for suicide is going down and may be closer to 2017 numbers. To address the issue, in 2019 the legislature approved \$6 million for suicide prevention for the 2019-2021 biennium, this is the first time this work has been funded by the state. Funding supports increased suicide prevention staffing at OHA: Shandra Shandra Hochstetler, Youth Suicide Prevention Coordinator and Debra DeMata, Adult Suicide Prevention. It also funds the “Big 6”, see [“Big Six” Suicide Prevention Programming](#) for a description of Question, Persuade, Respond; SafeTalk; ASSIST; Sources of Strength; Connect; and, Mental Health First Aide. The trainings are evidenced based, provide a strong foundation for suicide prevention and will be available to communities across the state.

Annette asked Liz Thorne, Matchstick Consulting, to introduce herself and comment on implementation of Sources of Strength. Annette also asked Maria Pos to introduce herself and comment on implementation of Connect. Both look forward to working with the Alliance as the training rolls out.

Jill reviewed the timeline for developing an update to the YSIPP and indicated she and Shanda will be working with Alliance committees throughout the feedback gathering process. The schedule:

- OHA approved plan, guiding questions developed, process submitted to exec
- March – Alliance provides feedback on YSIPP development plan, OHA conducts site visits, Map YSIPP Partners
- April-Collect feedback re gaps and needs from Alliance committees
- May-Series of feedback sessions begin (start, stop, continue)
- June – Gaps/needs consolidated for Alliance feedback. June quarterly focuses on YSIPP (start, stop, continue)
- July – OHA drafts YSIPP, Additional stakeholder feedback collected
- Aug-Sept – OHA continues drafting YSIPP, collects additional feedback, monthly updates to Alliance
- October – OHA submits first draft to Alliance executive. Committees submit feedback edits
- November – Draft to internal/key partners to edit and submit for feedback.
- December-YSIPP '21-'26 released to the public

10:25 – 10:40 Determining Policy Priorities – David Westbrook

Annette and David opened the discussion on setting policy priorities referencing the model that American Foundation for Suicide Prevention (AFSP) uses to categorize their priorities. Ryan Price, Oregon's chapter of AFSP walked through the model and identifying the level priority determines which approach to use. This model provides the Alliance

flexibility to say yes, no, or support only on an issue. It provides a means/freedom to respond quickly to requests for input.

- 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 require further exploration or policy research and analysis, but have not yet become Alliance policy proposals

David said this will be helpful moving forward, asked group to review policy suggestions (see below) and submit comments to Annette. Annette referenced the AFSP slides in the PowerPoint presentation (attached) and noted the stated items are areas of current Alliance work. To date Annette has received the following suggestions:

- 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.)
- 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)
- Replicate Washington County’s Suicide Fatality Review process across Oregon
- 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
- Amend current legislation about youth suicide to expand the age range from 10 to 24, to include all school age children (5-24).
- Promote adding a CCO incentive / performance measure around suicide screening and referral.
- Advocate for more social workers and counselors in schools and that all school social workers and counselors are trained to screen for suicidality.
- 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.
- 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.
- Advocate for more social workers and counselors in schools and that all school social workers and counselors are trained to screen for suicidality.
- Develop or encourage the development and presentation of “Safety planning with your child/youth: by and for parents/caregivers”

Work on developing the policy agenda will continue over the spring. The “lead, collaborate, explore” framework in moving forward.

Gary McConahay noted two Behavioral Health recommendations for funding provided through the SHIP <https://www.oregon.gov/OHA/PH/ABOUT/Pages/ship-suicide.aspx> are consistent with suggestions for the Alliance policy agenda:

1. Support funding for suicide prevention programs specific to LGBTQ and Native American communities
2. Funding for outreach – address payments across private and public sources; the fix is easy through changes to billing codes

This is an area the Alliance could actively support.

Other suggestions for funding included: John Seeley – funding for college campus resources, look for both federal and state options for suicide prevention; David Westbrook – funding for suicide prevention campaigns; Emily Morrissey – prioritize funding for substance abuse treatment for youth.

David asked Joseph and Emily for an update on **youth engagement activities**. They are focused on the SB 52 rules that are currently being developed and support language that requires schools and hospitals communicating after a student experiences hospitalization for a mental health crisis. Youth are:

- Youth are preparing written testimony related to the rules hearing scheduled for March 19th
- They will provide in-person testimony, two speakers with lived experience
- The online petition in support has garnered 500+ signatures to date.

10:40 – 11:00 Committee Updates – Annette Marcus
Schools, Transition of Care, Youth and Young Adult