



Evaluation and Data Committee: Thursday August 6, 2019 9:30 a.m. – 11:00 a.m.

Committee Members in Attendance: Chris Sorvari, Debra Darmata, Elissa Adair, Jill Baker, John Seeley, Jon Rochelle, Joseph Stepanenko, Karen Cellarius, Sarah Spafford, Shanda Hochstetler

Committee not Members in Attendance: Cherryl Ramirez, Sandy Bumpus

Staff: Annette Marcus, Jennifer Fraga, Kris Bifulco

Please join my meeting from your computer, tablet or smartphone.

<https://www.gotomeet.me/AnnetteMarcus/data-and-evaluation-alliance>

You can also dial in using your phone.

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Time	Topic	How	Notes
9:30	Welcome Approve previous minutes	Round Robin Review July Notes Approve Minutes and Introductions	Meeting minute approval tabled for next meeting
9:40	YSIPP – Overview Data and Evaluation-Review	Overview of proposed process for next YSIPP Feedback from participants Suggestions re: key informants, process, questions	<ul style="list-style-type: none"> •Aims center on What have we don't and where are we headed? Need to ID all/broad determinants of health whether or not this group can affect change on them •Overall framework aligns with National Strategy

			<p>Q: are levels of care (primary, secondary, tertiary) embedded in strategies or so certain strategies apply to specific levels of care? A: both—depends on strategy and sub-strategy/context</p> <ul style="list-style-type: none">•Looking to start taking a sector-based approach-Including a new focus on leveraging online and social media resources <p>Q: Where do we get assessment data and what is the current state of it in Oregon? Need baseline measures Karen: suggested breaking data out by what is available publicly vs on private insurance Jill: reflects that OHA data is largely from Oregon Health Plan John: we can leverage Medicare data, then. How do we access/approach private insurance data? Karen: can be a coverage/availability assessment Chris: can't get actual private data, but access information might be surprising. OHP tends to provide better access to mental healthcare</p> <p>John: who can help execute this data gathering at OHA? Jill can take the lead</p>
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			<p>Q from Karen: For YSIPP 2.0, does this assessment need to happen prior, or is it part of the workplan? A: both. Need baseline and ongoing data</p> <p>Q from Karen: What is the role of the Alliance in developing YSIPP 2.0 vs the role of this workgroup? A: workgroup is part of Alliance. We can develop and give input to OHA. Can also get input from other committees to vet the process and its potential impact; ask other committees for external stakeholders to get broader input as well. A: (from Jill) this committee helps to illuminate holes in the current plan/surveillance. Ultimately, OHA will write YSIPP 2.0 with feedback and direction from the Alliance JS: noticed that statute asks for information on depression, but not a lot of focus has been spent on preventing/surveilling/intervening with depression for youth. Suggest prioritizing a focus on depression.</p> <p>Q for group: How frequently do we look at our state data? Does it make sense to wait until the data has been cleaned or not? Need to talk about this going forward (possibly as standing</p>
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			<p>agenda item), especially with COVID influence and need for increased vigilance.</p> <p>Jill: would be helpful to have a formal recommendation given to OHA around data, timing, and scope. Need to clearly define this question. Suggested formation of a subgroup to write official recommendation. Reflected that certain layers of data, particularly death data, are hard to get in a timely fashion as it stands.</p> <p>Relatedly, we need to identify who the new SP data person at OHA is and invite them to attend this committee. Jill will investigate.</p> <p>Annette: reflected on layer of opioid-related deaths and suicide behavior</p> <p>Chris: role is to translate data, wants to know what data they have access to that would be helpful to this group?</p> <p>In looking at plans from states with lowest youth suicide rates, have also identified some county-level plans. San Diego stands out because of how action-oriented it is. Jenn will attach this plan to notes to send out</p> <p>How do we do a better job with our infrastructure and vertical systems to help</p>
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			<p>coordinate SP efforts at local/county/regional levels?</p> <p>Jill reflects that its likely more of a regional approach in Oregon, suggests goal of strengthening relationships & efforts with regional groups</p> <p>Need to look at teams within these setting and how they all work together</p> <p>Data questions suggested from MA state plan</p> <p>Jill asks to add “What data do you have access to?”</p> <p>Kris reflected that MA SP Coalition also created a toolkit for racial equity work within SP coalitions, will send out</p> <p>John notes that these questions are not youth specific, but a boarder approach can be helpful to developing adult SP plan as well. Then also needs to follow up with looking at alignment of YSIPP and ASPIP and whether or not we need a statutory change to allow both topics to be covered by the Alliance</p> <p>Doing more concentrated county-level work in Clackamas and Klamath right now, plans to do</p>
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			<p>similar process with Deschutes, Lane, and one other county. (readiness, needs assessment, gap analysis, resource mapping). Doing this statewide is daunting and maybe not possible</p> <p>Karen suggests online survey format concurrently for broad and diverse group of stakeholders; John affirms this is in the plan already</p> <p>Deb asks about timeline? Ongoing, goal to have plan drafted by end October</p> <p>Ellisa asks about methodology? Formative virtual interviews, saved to the cloud and transcribed. Focus groups for youth voice, maybe for other stakeholder groups as well. Considering mixed methods approach with addition of quantitative questions on survey, development in progress</p> <p>Back to looking at sector-specific work, John reflects need to expand school sector past K-12 into postsecondary education, need to look more into depression and mental healthcare; wants to see what is already in place and track improvement over time</p>
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			<p>Joseph notes that 18-24/emerging adults often get lost in these plans and appreciates the focus</p> <p>Note that focus groups are getting planned with Youth ERA and YYEA.</p>
10:10	Clarify Scope of Evaluation Committee	<ul style="list-style-type: none"> - Potential tasks for Data & Eval Committee (brainstorm ideas) <ul style="list-style-type: none"> ○ Catalog a list of data sources. ○ Learning collaborative for people working in suicide prevention who are working in data, best practice, gap identification. ○ Score Card—assess how we are doing to get aligned with national standards of suicide prevention data. Focus on how to improve this. ○ Improving the data literacy and competency of people across the state. ○ Build the capacity of the field to be more data driven ○ Data coordination—what metrics are most important to collect on a local level and how do we feed these into the larger scheme of things. Review the 	<p>The committee decided as a starting place to focus on advising and supporting the process of developing the next YSIPP.</p>

		<p>data dashboard on a routine basis</p> <ul style="list-style-type: none"> ○ Who holds the task of providing data sources and the data dashboard for us to review ○ Think tank brain trust for individual research presentations. ○ What are the universe of data metrics? How does this connect -- protective and risk factors ○ We review the data, understand the strengths and gaps, a forum for learning and supporting each other who are doing in research. 	
10:45	Set Next Agenda and Adjourn		<p>August Meeting Action Items:</p> <ul style="list-style-type: none"> -Small group meets to make recommendation to OHA on timing to death data, comparisons, and surveillance. Essence reports look at visits to EDs for suicide attempts and self-harm. These numbers are not separated? (Members: Deb Darmata, Sarah Spafford,) OHA members part of the group will be there to provide information and answer questions. -Assessing private insurance: look at what coverage is for private insurance companies, do they have any data in terms of availability.

			<p>Kaiser is an example of who to look into. Jill thinks licensing organizations may track this. CASPER – Community Assessments for SPER. Karen thinks it would be interesting to look at the methodology for these.</p> <p>-John Seeley will loop Joseph into the process with he and Emily Morrissey on having focus groups with youth</p> <p>September Agenda Items:</p> <p>-Report on August action items</p> <p>-Update on YSIPP 2.0, and data collected (this will be a standing agenda item moving forward)</p>
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Committee Tasks & Date Assigned	Action Items



YSIPP Objective: Objective 6.2 Provide training to mental health and substance abuse providers on recognition, assessment and management of at-risk behavior, and the delivery of effective clinical care for those with suicide risk. (See also Objective 6.2c re requiring training)

Strategic Priority: By the end of June 2021, get legislation passed requiring the behavioral health workforce to take continuing education units on suicide assessment, intervention and management.

Action Steps	Who (Specific names will be added as tasks assigned)	Completed By	Measurable	Progress Notes
Review legislative concept submitted in 2019 session and revise if necessary	Workforce Committee	January 1, 2020	Legislative concept complete. Approval by Alliance members.	
Meet with key behavioral health providers and their organizations to gain support for legislation and address concerns.	Workforce Committee	September 30, 2020	Documentation of meetings and number of contacts	
Meet with legislators (starting with Alliance members) to	Workforce Committee	June 30, 2020	Bill sponsor obtained.	

present the concept and find sponsor(s) for the bill				
Work with legislative counsel on drafting the bill	Workforce Committee	September 30, 2020	Bill drafted	
Bill introduced.	Workforce Committee	February 1, 2021		



YSIPP Objective: 2.1 a Develop, implement and evaluate communication efforts designed to prevent suicide by changing knowledge, attitude and behaviors. And Objective 4.2 Encourage community-based setting to implement effective programs and provide education to promote wellness and prevent suicide.

Strategic Priority: Develop resource papers and case studies as a resource to employers (especially employers of youth in higher risk industries) to use in developing workforce suicide prevention training.

Action Steps	Who (Specific names will be added as tasks assigned)	Completed By	Measurable	Progress Notes
Research and write the papers	AOCMHP	Sept. 30, 2019	Papers completed and reviewed.	
Post papers on the Alliance website	AOCMHP	November 15, 2019	Papers posted on Alliance website.	
Disseminate as resource to regional coalitions	AOCMHP/Committee Members	June 30, 2020	Documentation of outreach and dissemination to coalitions.	
Share with employers in industries that employ young people and are known to be higher risk for suicide.	AOCMHP/Committee Members	June 30, 2020	Documentation of outreach and dissemination to employers and business associations.	