



Evaluation and Data Committee: Thursday September 3, 2020 9:30 a.m. – 11:00 a.m.

Committee Members in Attendance: Chris Sorvari, Elissa Adair, Jill Baker, John Seeley, Jon Rochelle, Joseph Stepanenko, Karen Cellarius, Sandy Bumpus, Sarah Spafford, Shanda Hochstetler, Spencer Delbridge, Roger Brubaker

Committee not Members in Attendance: Debra Darmata

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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Focus of the Data and Evaluation Committee: Advising and supporting the process of developing the next YSIPP.



Time	Topic	How	Notes
9:30	Welcome Approve previous minutes	Review July and August Notes Group Introductions Review purpose of this Committee	<p>Different parts of this Committee:</p> <ol style="list-style-type: none"> 1. Learning community – ongoing reporting on / assessment on the 5-year plan that can be shared with the larger Alliance Hands on trouble shooting arena to figure things out that we can't solve with what is currently available What are we reporting out to the larger Alliance? 2. Provide feedback / input on the next YSIPP 3. Help us share data/evaluation gaps, needs, progress with the Alliance; Data harmonization
9:40	August Action Items Check-In	<p>Report out:</p> <p>-Jill: were you able to identify who the new suicide prevention data person is at OHA? -Small Group: Deb and Sarah, were you able to meet to make recommendations 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? OHA</p>	<p>Jill said that there is not something for all payors that is accessible for OHA. CCOs have to report back wait times between when people ask for services vs. their first appointment. There is a data dashboard being created that combines Medicaid data, child welfare, disability services and OYA that allows us to come up with conclusions on youth and young adults that are in more than one system.</p> <p>Elissa asked if this will be a public report and Jill said that the hope for this is it will be</p>

		<p>members part of the group will be there to provide information and answer questions.</p> <p>-Assessing private insurance: look at what coverage is for private insurance companies, do they have any data in terms of availability. Kaiser is an example of who to look into. Jill thinks licensing organizations may track this.</p> <p>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>external facing but doesn't have a timeline for when this will happen.</p> <p>Jill said that the dashboard is broad and includes any Medicaid data – behavioral health, substance abuse treatment, dental, etc.</p> <p>Statutory requirement is for us to look at youth that are experiencing depression and suicidal ideation and John says that it would be good to broaden this to the substance abuse world.</p> <p>Vital Statistics in Public Health have been updating cause of death by county on a monthly basis. This lists suicide in the overall table but the data is not listed by age. Data is gleaned from death certificates and is not the same as the medical examiner data which has ages attached to it. Jill said that they need to look into the data usage agreements. Hoping that this can be the difference between getting data “now” and in two years.</p> <p>Three data sources – national violent death reporting system used by CDC that takes two years to report final data; preliminary</p>
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			<p>data comes from medical examiners and the vital statistics from death certificates. A person goes through the national violent death reporting system which is why we are able to get specific indicators and is also why it takes longer to receive data.</p> <p>Sandy brought up the Healthy Teens survey and that she thinks this does a good job of speaking to how teens are feeling. Jill said that this is a good survey and, since it's not a requirement, it doesn't represent all teens.</p> <p>Elissa said that it could be a good idea of looking at California's survey as a way to learn how to address target groups like California does.</p> <p>Chris said they are mapping NVDRS, ME, Vital stats, ESSENCE, PDMP, and some EMS data---for overdose and suicide data. Goal is to have this done in November. Dashboards are going to be upgraded with the hope of them becoming more user friendly.</p> <p>Annette said we could crosswalk some data with the school safety taskforce.</p>
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<p>10:10</p>	<p>Update on YSIPP 2.0, plan for Alliance Quarterly Meeting, and Data Collected</p>		<p>Next part of the YSIPP 2.0 data gathering is taking place at the Alliance quarterly Meeting Friday, September 11th. There will be a breakout session where attendees will be separated by workforce sector and will discuss specific themes. (Breakout sessions will be divided into 8 different work sectors – K-12 education, higher education (18+), communications and media, healthcare (currently combined physical and behavioral but if there are enough people at the meeting, we may split this), child systems (child welfare and juvenile justice), business employment, faith based / religious organizations, policy / government / statewide legislation.)</p> <p>Feedback will go to committees for them to reflect on and provide additional feedback for the development of the next YSIPP.</p> <p>Additional focus groups will also be planned with youth / young adult groups like YYEA (Youth and Young Adult Engagement Advisory) and those with lived experience, like the Alliance Lived Experience Advisory.</p> <p>Other stakeholder groups that will provide feedback on YSIPP 2.0:</p>
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			<p>EMRC – group of people connected to emergency child medical services, both behavioral and physical health.</p> <p>Gaps in previous stakeholder input for the first YSIPP – lived experience, direct care providers, medical community.</p> <p>How do we leverage existing data and when do we go out to gather new data? If you know of existing data, send to Annette / Jenn and we can get this to John's team.</p> <p>Annette asked if there is a program ask for organizations like OFSN / Lines for Life.</p> <p>Sandy advocated that we hear from families and BIPOC community. Sandy said that she would be interested in coordinating connecting with families and said that there are other family support networks that we can reach out to for additional input.</p> <p>Jill said that Brandy Hemsley at OHA would be a good source to connecting to the consumer voice.</p> <p>Jill said that Donna Harrell at Lines for Life has been engaging communities of color</p>
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			<p>and may be a good resource for this connection.</p> <p>Annette said that this group could be helpful in identifying gaps for where work needs to be done going forward; what kind of information is missing; what resources do you want the state to develop; what do you need to know to understand the field. This gap analysis could be an activity that this committee could help with.</p> <p>John and Jill will work on coordinating the gap analysis for our next meeting.</p>
10:45	Set Next Agenda		<p>Decide on a chair / co-chair during next meeting.</p> <p>John and Jill - Gap analysis for stakeholder group, input on YSIPP 2.0</p> <p>What could go on a survey to find gap in available data for next YSIPP (what is currently available for U of O Lab to use and what needs to be researched) Jill asked if this could be a survey that is sent out to this group rather than a committee agenda item? What data would be useful to you in your role in suicide prevention?</p>

			<p>Google sheet – process</p> <p>YSIPP 2.0 update – how will the committee function to distill the data</p> <p>Annette & Jenn type up synopsis of this group and send out for review before we meet next. Pull notes from previous meetings.</p> <p>Long-ish term goal – create / update SMART Goals for this committee</p>
11:00	Adjourn		

Potential tasks for Data & Eval Committee (brainstorm ideas)

- 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 data dashboard on a routine basis
- 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.



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.	