

## Alliance September Quarterly Meeting Materials

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**Quarterly Meeting**

Date: Friday, September 11, 2020 Time 9: 30 a.m. – 12:30 p.m. Orientation 8:45 a.m.

Join the meeting from your computer, tablet or smartphone.

Join Zoom Meeting

Meeting ID: 810 114 8442

<https://uoregon.zoom.us/j/8101148442>

Call In information: 253.215.8782; Access Code: 8101148442#

Time	Topic/What	Notes/Attachments
8:45 – 9:15	<b>Orientation</b> Annette Marcus, Alliance Liaison	<b>Optional:</b> Newcomers Encouraged to Attend All Welcome
9:15 – 9:25	<b>Thanking Susan Keys</b> David Westbrook, Alliance Chair, Lines for Life, Chief Operating Officer	
9:30 - 9:50	<b>Welcome, Introductions and Agenda Overview</b> Annette Marcus, Policy Manager, Alliance David Westbrook, Alliance Chair, Lines for Life, Chief Operating Officer Galli Murray, Co-Chair of the Alliance, Suicide Prevention Coordinator in Clackamas County	<b>Big View, Review and Preview</b>
9:50 – 10:15	<b>Alliance Business</b> Galli Murray, Co-Chair of the Alliance, Suicide Prevention Coordinator in Clackamas County	<b>Vote on Changes made to align By-Laws with the State Fiscal Year</b> <b>Vote on Nominations (See Attachment 1)</b> <b>Discuss and Vote on Proposed Vision and Mission</b> <b>Draft Mission</b> <i>The Alliance advocates and works to inform and strengthen Oregon’s suicide prevention, intervention and postvention policies, services and supports to prevent youth and young adults from dying by suicide.</i> <b>Draft Vision</b> <i>In Oregon all young people have hope, feel safe asking for help, can find access to the right help at the right time to prevent suicide, and live in communities that foster healing, connection, and wellness.</i>

10:15 – 10:25	<b>YYEA Update</b> Karli Read, YYEA Representative on Executive Committee Maya Bryant, YYEA Representative on Executive Committee Olivia Nilsson, YYEA Representative on Executive Committee	
10:25 – 10:35	<b>YSIPP 2.0 Overview</b> Annette Marcus, Policy Manager, Alliance John Seeley, University of Oregon Suicide Prevention Lab	<b>Small Group Activity, Report Out, and Recommendations to OHA and U of O Suicide Prevention Lab</b>
10:35 – 10:45	<b>Break</b>	
10:45 – 11:30	<b>YSIPP 2.0 Small Group Activity</b> Group Facilitators	
11:30 – 12:00	<b>Report Out from Small Group Activity</b>	
12:00 – 12:15	<b>OHA Update</b> Jill Baker, OHA, Youth Suicide Prevention Coordinator Meghan Crane, OHA, Zero Suicide Program Coordinator Shanda Hochstetler, OHA, Youth Suicide Prevention Coordinator	
12:15 - 12:25	<b>Alliance Staff Update</b> Annette Marcus, Policy Manager, Alliance	
12:25 – 12:30	<b>Public Comment(s) and Adjourn</b> David Westbrook, Alliance Chair, Lines for Life, Chief Operating Officer	



## Attachment 1

### Current Executive Members and their Roles:

- Galli Murray, Co-Chair to the Alliance (Will be transitioning to Chair)
- Don Erickson, Workforce Committee Co-Chair
- Laura Rose Misaras, Someone having direct lived experience
- Ryan Price, Outreach & Awareness Committee Co-Chair
- John Seeley, Data & Evaluation Committee Chair
- Kimberlee Jones, Schools Committee Chair
- Jill Baker, OHA
- Shanda Hochstetler, OHA
- Kirk Wolfe, Healthcare Provider
- Meghan Crane, OHA
- Deb Darmata, OHA
- Emily Morrissey, Youth Era staff to YVEA (Youth and Young Adult Engagement Advisory)
- Karli Read, Youth Member
- Olivia Nilsson, Youth Member
- Maya Bryant, Youth Proxy Member

### Positions that need to be filled:

- Vice-Chair to the Alliance
- Representative from K-12 School, College, or University
- Someone having direct lived experience of intrusive suicidal thoughts, urges and/or behaviors (including suicidal attempts).
- A person with lived experience identifying as a bereavement loss survivor (i.e. family member of a person who attempted or dies by suicide)
- Up to two at large members



List of Current Voting Members (September 2020 – July 2023)

- Aniceto, Juanita
- Baker, Jill
- Barnes, Tia
- Botero, Maria Antonia
- Brubaker, Roger
- Bryant, Maya
- Bumpus, Sandy
- Campbell, Iden
- Chisholm, Laura
- Clay, Gordon
- Cooper, Emma
- Crane, Meghan
- Delbridge, Spencer
- Erickson, Donald
- Fettig, Kristin
- Foster, Dan
- Fulner, Wren
- Gelser, Sara, Senator
- Goldon, Leslie
- Hochstetler, Shanda
- Holcomb, Chelsea
- Jackson, Rosanna
- Jones, Kimberlee
- Larson, Crystal
- Largent, Judah
- Lewis, Spencer
- Lumby, Charlette
- Magers, Julie
- Marshall, Rebecca
- McConahay, Gary
- Misaras, Laura Rose
- Murray, Galli
- Nilsson, Olivia
- Nunez-Pineda, Jesus
- Pearce, Pam
- Pearson, Fran
- Potts, Justin
- Price, Ryan
- Pritt, Tanya
- Read, Karli
- Roberts, Shane
- Ruona, Amy
- Schneidman, Lev
- Scholz, Julie
- Seeley, John
- Staub, Lon
- Stepaneko, Joseph
- Stadelman, Suzie
- Stringer, Sydney
- Vigna, Olive
- Willard, Stephanie
- Wilson, Roxanne
- Wolfe, Kirk, M.D.



**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/1AUW1I2rCUDYgIIV3EdW8jCM6DhA9liuo/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



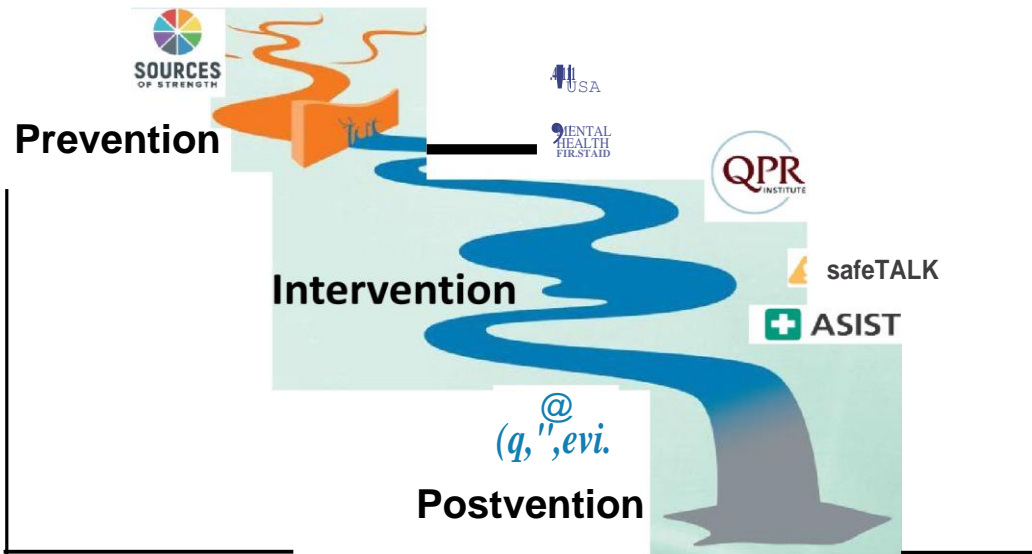
## Funding

- 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





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!

[Mechan.Crane@state.or.us](mailto:Mechan.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 list serv:

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

## **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.

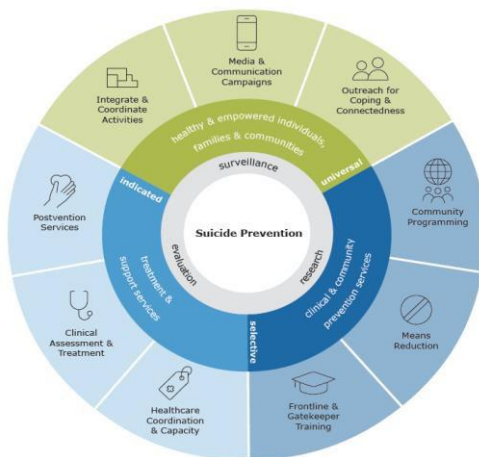
### **Review and Synthesize State Prevention Plans (SPRC)**

- 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).

## 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

## Committee Updates – Oregon Alliance to Prevent Suicide 09.11.2020

Committee / Advisory Group	Area of Focus FY 19-20 Focus 20/21 TBD	Progress: July - September 2020
<b>Executive Committee</b> Chair-David Westbrook, Vice-Chair-Galli Murray	<ol style="list-style-type: none"> <li>Oversight of Alliance activities and organizational development</li> <li>Coordinate Alliance policy work</li> <li>Ensure Alliance work aligns with YSIPP</li> </ol>	<ul style="list-style-type: none"> <li>Revised by-laws to align with state fiscal year to submit for vote by members</li> <li>Drafted mission and vision</li> <li>Identified policy priorities and next steps</li> <li>Reviewed evaluation feedback from Alliance members and attenders for quality improvement</li> <li>Assigned workgroup to plan for how the Alliance will work on anti-racism and inclusivity</li> </ul>
<b>Outreach and Awareness Committee</b> Chairs, Ryan Price and Laura Rose Misaras	<ol style="list-style-type: none"> <li>Foster a more well-connected field; engage regional coalitions</li> <li>Develop materials for press, legislators using Hope, Help and Healing Framework and panel of subject matter experts to respond to media.</li> </ol>	<ul style="list-style-type: none"> <li>Alliance overview materials revised</li> <li>Website updated and more user friendly</li> <li>Conducted 3 webinars to engage local suicide prevention coalitions</li> <li>Developed press release for Suicide Prevention Month</li> <li>Met with Rep. Keny-Guyer re policy priorities and next steps</li> </ul>
<b>Schools Committee</b> Chair, Kimberlee Jones	<ol style="list-style-type: none"> <li>Support implementation of Adi’s Act – SB52</li> </ol>	<ul style="list-style-type: none"> <li>Provided feedback to Oregon Dept. of Education on guidance for SB52</li> <li>Alliance and UO Suicide Prevention lab sent suicide prevention resource list to all 197 school districts</li> </ul>
<b>Workforce Committee</b> Chairs, Donald Erickson and Julie Scholz	<ol style="list-style-type: none"> <li>Lay the groundwork for passage of legislation to require behavioral health professionals to receive suicide prevention/intervention training.</li> <li>Disseminate (and develop if needed) resources to employers of youth on suicide prevention training</li> </ol>	<ul style="list-style-type: none"> <li>Met with Reps. Roblan and Salinas re CEU legislation and refined advocacy strategies</li> <li>Posted “Making the Case for Suicide Prevention Training” paper and focus interviews on the Alliance website</li> </ul>
<b>Transitions of Care Committee</b> Chairs, Julie Magers and Galli Murray	<ol style="list-style-type: none"> <li>Promoting effective implementation and monitoring of HB 3090/3091 and HB2023</li> </ol>	<ul style="list-style-type: none"> <li>The committee paused from April through August due to COVID 19 and the fact that OHA was deeply engaged with responding to public health emergency</li> <li>August - Chairs met with Rep. Keny-Guyer to strategize next steps</li> </ul>

## Committee Updates – Oregon Alliance to Prevent Suicide 09.11.2020

Committee / Advisory Group	Area of Focus FY 19-20 Focus 20/21 TBD	Progress: July - September 2020
<b>Youth / Young Adult Engagement Advisory (YYEA)</b> Youth Era Staff / Alliance Liaison, Emily Morrissey	<ol style="list-style-type: none"> <li>Increase youth and young adult engagement with the Alliance.</li> </ol>	<ul style="list-style-type: none"> <li>See Wonderful YYEA report attached for details</li> <li>7 new youth and young adults became members of the Alliance</li> <li>2 new Alliance executive committee appointees and 1 proxy</li> </ul>
<b>LGBTQ+ Advisory</b> Co-chairs, Khanya Msibi and Wren Fulner	<ol style="list-style-type: none"> <li>Family Acceptance Project implementation</li> <li>Promote policies to youth-serving systems to support LGBTQ youth</li> </ol>	<ul style="list-style-type: none"> <li>Advised OHA on how to promote and evaluate LGBTQ mini-grants; reviewed applications and made funding recommendations</li> <li>Developed group norms and began discussion of priorities for YSIPP 2.0</li> </ul>
<b>Reduce Lethal Means Access Workgroup</b> Chair, David Westbrook	<ol style="list-style-type: none"> <li>Develop strategic plan for the Alliance to work on reducing access to lethal means</li> </ol>	<ul style="list-style-type: none"> <li>At request of workgroup, OHA contracted with Lines for Life to conduct qualitative research with gun owners</li> <li>Research conducted and report issued with recommendations</li> <li>Exploring splitting into two groups – one to focus on gun safety and a second to focus on overdose</li> </ul>
<b>Lived Experience Advisory</b> Chair, Laura Rose Misaras	<ol style="list-style-type: none"> <li>Slowly building group membership</li> <li>Creating group norms and priorities</li> <li>Providing input on YSIPP 2.0</li> </ol>	<ul style="list-style-type: none"> <li>A group of seven members, four youth / young adult and three adults, have meet monthly for three months and are focusing on getting to know one another and discuss group norms and priorities / projects</li> <li>Discussing how the group can best provide input on YSIPP 2.0</li> </ul>
<b>Faith Community Advisory Group</b>	<ol style="list-style-type: none"> <li>Meet with individuals that are interested in joining this advisory</li> <li>Create a living document that describes who the Advisory is and what they hope to accomplish</li> </ol>	<ul style="list-style-type: none"> <li>Alliance staff met with two separate individuals and have scheduled meetings with other interested parties to discuss this advisory</li> <li>Plan is to have a meeting in October with all individuals to start introductions and group norm creation</li> </ul>



# Updating the Oregon Youth Suicide Intervention and Prevention Plan (YSIPP)

Hope • Help • Healing

## Background & Purpose

The YSIPP is a five-year road map for reducing youth and young adult suicide in Oregon. Statute requires the YSIPP to be updated every five years.

Youth and young adult suicide continues to be a major concern in Oregon. In updating the YSIPP, we hope to identify what's working well and areas for growth in suicide prevention efforts. Informed by stakeholder perspectives and expertise, YSIPP 2.0 should reflect the current landscape and serve as an evolving action plan for moving Oregon forward on youth suicide prevention.

## Snapshot of YSIPP 1.0 Activities

Some YSIPP 1.0 accomplishments ([a samRling. not comRrehensive](#)):

- *Policy*: \$6 million secured for addressing youth suicide; addressing safe transitions of care from ER; pioneering state legislation around postvention; establishing Alliance in statute; SB 52 Adi's Act requiring school districts to have suicide prevention plan; HB 3090; HB 2023
- *Community programming*: Support of prevention, intervention and postvention programs (e.g. Sources of Strength, CATS, CONNECT, Mental Health First Aid, QPR, safeTALK, ASIST, Kognito, Pax Good Behavior Game)
- *Communications*: social media campaign across OR with Lines for Life
- *Building workforce capacity*: implementation of gatekeeper trainings, trainings for health care providers
- Establishment of UO Suicide Prevention lab

## Goals for YSIPP 2.0

Goals and priorities for YSIPP 2.0 will evolve based on your input and the input of stakeholders across Oregon.

- Map out action steps toward a more connected, integrated suicide prevention network in OR
- Identify interagency collaborations (e.g., ODE SSA Section 36; Adi's Act)
- Identify implementation and evaluation infrastructure
- Inform legislative policy goals to prevent youth suicide
- Address key behavioral health needs including substance abuse and depression
- Clearly delineate roles and responsibilities across sectors
- Engage diverse voices including youth and community members with lived experience
- Take an inclusive, participatory, and stakeholder-driven approach
- Expand the stakeholder network



**Please fill out the short survey (see email) by WED. SEPT. 9 to [RSVP and indicate your preferences for break-out sessions.](#)**

In break-out sessions, we will reflect on current suicide prevention efforts in particular sectors, discuss what's working well and what the main challenges are, and explore priorities for moving forward.

These discussions will help inform YSIPP 2.0.

[Thank you!](#)

Participations will be placed in sector-based break-out rooms:

- K-12 education
- Higher education (four-year institutions, community colleges, and vocational school settings)
- Communications and media (public health promotion, public media services, social media/online)
- Health care (primary care, hospitals)
- Behavioral health (mental health, substance abuse)
- Child welfare and juvenile justice
- Faith-based and religious organizations
- Policy, government, state legislature

**We will do our best to accommodate your break-out group preference, while also balancing group sizes.**

**Thank you for your input and flexibility.**

# Executive Summary, Youth Suicide Intervention and Prevention Plan, 2014-2015

ORS 418.704 requires preparation of an Oregon Youth Suicide Intervention and Prevention Plan in 2015, with updates a minimum of every five years. The enabling legislation enacted in 2014 (HB 4124) also requires that an annual report be submitted to the Legislature. HB 4124 established a position of youth suicide intervention and prevention coordinator in the Oregon Health Authority Health Systems Division (formerly Addictions and Mental Health), to help stakeholders prepare the plan and submit the annual reports.

Starting on December 1, 2014, the coordinator worked with staff in the Health Systems Division and Public Health Division and groups of diverse stakeholders to write the plan. Approximately 100 subject matter experts were recruited from across disciplines, including youth and families, and from all geographic areas for a steering committee and seven work groups to prepare the plan between March and November 2015.

Modeled after the National Strategy for Suicide Prevention, the state's document addresses key priorities and best practice interventions for suicide prevention and customizes national approaches for use in Oregon.

The plan includes approximately 80 action items under four general themes: Healthy and empowered individuals, families and communities; Clinical and community preventive services; Treatment and support services; and Surveillance, research and evaluation. Below are example action items under each category:

## Healthy and empowered individuals, families and communities

- Develop an Oregon Alliance to Prevent Suicide of public and private partners to establish priorities and a public policy agenda to guide implementation of the plan over five years, including recommendations for providing suicide risk assessment and crisis counseling as essential health benefits.
- Develop materials to promote mental health literacy and system understanding among parents and youth.
- Establish a work group involving youth to prepare a plan for use of social media.

## Clinical and community preventive services

- Supplement trauma-informed care with suicide prevention strategies.
- Analyze suicide risk assessments used in medical and behavioral health care settings and disseminate best practice assessment tools.
- Train medical and behavioral health providers in assessing, managing and treating individuals at risk for suicide or self-harm.

- Expand the Oregon Pediatric Society’s trainings for primary care physicians on depression and substance use screening.
- Disseminate best practice guidelines on recommended activities after a suicide (postvention) to schools and a wide range of community members, and provide technical assistance to those communities/individuals.
- Establish information-sharing protocols at the local and state levels in forming postvention activities (2015 SB 561).

## Treatment and support services

- Establish programs to follow up with youth and families after release from emergency departments to ensure safety and warm handoffs to outpatient care.
- Provide discharge planning at release from emergency departments.
- Develop guidelines on use of peer and family supports in suicide intervention and treatment.
- Collaborate to identify ways stakeholders can implement laws pertaining to confidentiality of information (including HIPAA and 2015 HB 2948) to promote information-sharing across systems (physical and mental health, substance use treatment and schools) and with families and families of choice.
- Encourage integration of behavioral health and primary care.

## Surveillance, research and evaluation

- Establish an OHA Evaluation Committee to identify measures and sources of data to gauge progress on suicide prevention and intervention initiatives and monitor implementation of the plan.
- Compare Oregon’s youth suicide rates with other states ranked the highest and lowest for youth suicide.

Also included are action items related to a grant-funded suicide prevention project administered by the Public Health Division that is currently underway. Through congressional funding to Oregon from the Garrett Lee Smith Memorial Act, the Caring Connections Initiative builds on existing public/private partnerships and health system transformation efforts on youth suicide prevention in Oregon.

Copies of the full plan are available online at: [www.tinyurl.com/hr94228](http://www.tinyurl.com/hr94228)

For information about the plan or to obtain a hard copy, email Ann D. Kirkwood, Suicide Intervention Coordinator, at [ann.d.kirkwood@state.or.us](mailto:ann.d.kirkwood@state.or.us) or call 503-947-5540.

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact the Health Systems Division at 503-945-5763, 711 for TTY, or email [ann.d.kirkwood@state.or.us](mailto:ann.d.kirkwood@state.or.us).



# Alliance Staff Updates September 2020

So much has happened this past Quarter – Oregon is still experiencing COVID-19 and the restrictions it brings, protests continue about social and racial injustices, wildfires have spread across Oregon and the Pacific Northwest, and yet we are rising to meet these challenges and Annette and Jenn have been so impressed by the unflagging commitment from Alliance members, affiliates and partners to end youth suicide. Alliance has accomplished and progressed on many important areas of Suicide Prevention. Below is a snapshot of activities since June. Thank you all for your dedication to help this happen.

## Membership Orientation

The Alliance welcomed 19 new voting members this August. Our group has grown tremendously over the past year in both affiliates and voting members and we are so excited to see the work that we will be able to accomplish together.

To help welcome new members, Alliance Staff hosted three New Member Orientations, attended by 22 Members, in addition to the regular Quarterly Membership Orientation which have been very well attended. Orientation Materials, including the operations manual, were emailed to all voting members. It is a pleasure to see the high interests in our work and invite folks to join our efforts. Additional Orientation sessions will be scheduled in October. Both new and returning members are welcome to join.

## Monthly Webinars

A key goal of our Communication Plan is to develop regional communication hubs around the state as a way to share information and to unify the suicide prevention and intervention field through a network of coalitions. Our primary outreach has been through a series of webinars facilitated by Alliance Staff with presentations from organizational partners like the American Foundation for Suicide Prevention and Regional Suicide Prevention Coalitions. Our past Webinars have covered topics like updates from Lines for Life on Youthline and Rapid Response, Suicide Prevention Media Campaigns in Jackson County, and Safe Messaging. Webinars have been well attended by a variety of folks from Suicide Prevention Regional Coalitions, schools, non-profits, and more.

## Alliance Website

If you haven't had a chance to take a look at the redesigned website, please check it out! Some pages are still under construction but there is lots of good information and new [materials](#) have been added including meeting agendas, materials and minutes. Thanks, Jenn, for all your work on this project – the website was transferred from UO to the Alliance June 2020.

## LGBTQ+ Mini-Grants

Alliance staff assisted with the LGBTQ+ mini-grant application and scoring process of 81 different applications from across Oregon. OHA provided \$215,000 towards organizations in Oregon that are providing resources to the LGBTQ+ Community in Oregon. It was amazing to see the wonderful and innovative work being done in communities throughout Oregon. AOCMHP Staff and CONNECT Postvention Lead Kris Bifulco stepped in to manage this process. Up to 18 organizations will receive funds from OHA and the elected grantees are soon to be announced by OHA.

## Policy Advocacy

Alliance Staff and members have met with some Representative Keny-Guyer, Representative Salinas, Representative Roblan, and Senator Gelsler to prepare for the upcoming Legislative Session by discussing legislation that the Alliance will be putting forward. The Alliance is on track to submit a Legislative Concept related to Behavioral Health CEUs. Representative Salinas has agreed to sponsor this piece of legislation. Please go [here](#) for an overview of The Alliance Policy Agenda for the 2021 Legislative Session.

## Oregon Alliance to Prevent Suicide Bylaws

### Background on the Alliance

Suicide, a major public health issue nationally, is the second most common cause of death for youth and young adults up to age to 24 in Oregon.

In 2014, the Oregon State Legislature mandated development of a 5-year plan to address Oregon's high rate of suicide among individuals aged 10 through 24. The Oregon Youth Suicide Intervention and Prevention Plan (YSIPP) was signed by the Oregon Health Authority (OHA) and submitted to the Legislature in January 2016. The YSIPP calls for the creation of the Oregon Alliance to Prevent Suicide to develop a public policy agenda for suicide intervention and prevention across agencies, systems, and communities.

In 2019 Oregon's legislature passed SB 707 which put the Alliance in statute as the Youth Suicide Intervention and Prevention Advisory Committee, amending ORS 418.731 and 418.733. The Oregon Alliance to Prevent Suicide (Alliance) is serving in this role.

### Purpose and Responsibilities

The Alliance is charged with overseeing implementation of the YSIPP and evaluating outcomes related to suicide prevention in Oregon. The purpose of the Alliance is to serve as an advisory to the OHA with a goal of reducing youth suicides in the state of Oregon. Alliance members are appointed by the OHA to develop a public policy agenda for suicide prevention, intervention, and postvention across agencies, systems, and communities. The Alliance seeks to:

- Promote a sense of **hope** and highlight recovery and resilience,
- Make it safe to ask for **help** and making sure that help is available at the right time.
- Engage individuals and communities in the **healing** process after an attempt or suicide.

### Responsibilities of the Alliance Include:

- Advise the OHA on the development and administration of strategies to address suicide intervention and prevention for children, youth and young adults through 24 years of age.
- Recommend potential members to OHA for appointment to the Alliance
- Promote a coordinated approach with the State for youth suicide prevention.
- Develop a plan to foster and sustain statewide policy development and leadership in suicide prevention.
- The Alliance consults with the Youth Suicide Intervention and Prevention Coordinator on updates to the YSIPP under ORS418 733.
- Develop a policy agenda for suicide prevention that identifies state policy priorities and communicate the agenda to state and local policymakers.

### Alliance Structure and Membership

Members will be appointed by the Director of OHA. Members serve at the discretion of OHA's director and can only be removed by resignation or by the director. Membership will at a minimum align with the SB707 requirements and include a minimum of four youth and young adults age 24 or younger.

Any current member of the Alliance may recommend an individual for membership to the executive committee. The executive committee will submit recommendations to the director of OHA. Candidates must be confirmed and appointed by OHA's director.

Membership is for a period of three years and is renewable every three years. At the end of each term members may ask to stay on the Alliance. The Executive Committee will vet and recommend members to the director of OHA. Members intending to resign shall submit a letter of resignation to the Chair, with a copy to the Alliance Staff and to the OHA Youth Suicide Prevention Coordinator.

Affiliates are individuals interested in participating in Alliance committees, quarterly meetings or other Alliance activities and who have not been appointed as a member by the director of OHA. Affiliates may provide feedback and help in development of policy but are not voting members.

Alliance staff will track membership attendance and terms and notify OHA and the executive committee of terms coming to an end.

**Alliance members must:**

- Be familiar with the Oregon Youth Suicide Intervention and Prevention Plan and the responsibilities it designates for the Alliance.
- Learn about and share best practices in suicide, suicide prevention, intervention, treatment, and postvention.
- Communicate the needs and concerns of their constituencies to the Alliance.
- Communicate issues under consideration by the Alliance to their constituencies to obtain feedback.
- Be open to including youth voice and supporting meaningful youth involvement.
- Maintain a statewide perspective for what will work in Oregon.
- Serve on committees or work groups as appropriate.
- Support Alliance public policy agenda and other initiatives, and advocate for them as appropriate.
- Attend quarterly meetings, preferably in person.
- Participate in decision-making with timely responses and by voting in person, by email or by phone.
- Maintain a perspective on what is in the best interest of the Alliance and make this perspective a priority in matters relevant to the Alliance.

**Stipends:**

The Alliance values participation of youth and young adults, family members and persons with lived experience. Stipends and reimbursement may be provided to individuals not otherwise receiving compensation for time and expenses. Reimbursement under this subsection are subject to the provisions of ORS 292.210 to 292.288

**Alliance Chair and Committees**

To be eligible for nomination as the Alliance Chair or Vice-Chair a member shall have served on a committee prior to their nomination.

The Alliance Chair will lead meetings, and in their absence, the Vice-Chair may take the lead. The Chair and Vice-Chair terms will be for a period of two years. The Alliance Chair and Vice-Chair will be elected by Alliance members at the quarterly meeting held in June.

The work of the Alliance is moved forward through committees. Committees are determined at the June quarterly meeting by the full Alliance. Chairs of these standing committees will serve on the Executive Committee. Ad hoc work groups will be commissioned by the Executive Committee for a specific scope and purpose.

Committees will establish annual goals and action steps each year in the spring. Each committee will meet at least quarterly to assess progress towards the annual goals. Each committee will have a committee chair tasked with facilitating the committee meetings and ensuring goals are met and deliverables are completed.

### **Executive Committee**

The Executive Committee will meet prior to each quarterly meeting of the full Alliance. Additional meetings will be held as needed.

The Executive Committee shall:

- meet to develop and review full Alliance quarterly meeting agendas,
- review and approve recommendations or proposals from each of the committees,
- recommend to the Alliance new or updated policies and procedures,
- review and make recommendations on other items to come before the Alliance,
- make decisions between meetings on behalf of the Alliance membership,
- make recommendations to OHA on new Alliance members, and
- prioritize special projects, especially those focusing on diversity, equity and inclusion and groups that are at disproportionate risk of suicide.

Executive Committee Membership:

- Alliance Chair
- Alliance Vice-chair
- Standing committee chairs
- OHA/Health Systems Division Representative (non-voting)
- OHA Public Health Representative (non-voting)
- Two persons identifying as having direct lived experience of intrusive suicidal thoughts, urges and/or behaviors (including suicidal attempts).
- A person with lived experience identifying as a bereavement loss survivor (i.e. family member of a person who attempted or dies by suicide)
- Two young adult representatives, who may be supported at executive committee meetings by a non-voting adult ally.
- Up to two at-large members
- A healthcare provider
- A person representing schools (K-12) or colleges and universities

### **Committee Chair Determination**

Committee members will recommend a chair or co-chairs. If the committee uses a co-chair structure, only one of the co-chairs shall serve on the Executive Committee. Committee chairs will report to the Executive Committee regarding committee activities and recommendations, and work with the Executive Committee to review, revise and adopt these recommendations. Committees will submit quarterly progress reports to the full Alliance.

### **Decision Making**

#### **Elections**

- Committee chairs shall be elected for a period of one year at the committee meeting immediately preceding the June Alliance meeting. Committee chairs, excluding the Executive Committee chair, shall be elected by majority vote of the committee.

- The Alliance Chair and Vice-Chair shall be nominated and voted upon at the June meeting of the Alliance. Nominations may come from any member and may be for any member, including self-nomination. Members of the Alliance must be present in person or by phone to vote and each member may cast one vote per position.

## **Meetings**

- All meetings will follow Oregon's Public Meeting Law, ORS 192.610 – 192.690.
- Meetings of the full Alliance will be held quarterly. Special meetings via conference calls will be scheduled as needed. A designee may be delegated by an Alliance member to represent the member by attending and voting at a quarterly meeting. Members will notify the Staff of the Alliance and the chairperson in advance if they are sending a designee or will miss a meeting.

## **Voting**

- Each member, regardless of classification, is entitled to one vote on any matter referred to the full membership. Votes will require a quorum.
- A quorum will be 50% plus one of those present who are Alliance appointed members. Decisions will be made by majority vote of the quorum.
- If a motion is made at an Alliance meeting, all members present, as well as those who are in attendance via phone, will participate in the vote. The Alliance Executive Committee will develop a clear protocol for email voting that complies with public meeting law. Committee chairs or any member may submit motions for vote to the Executive Committee and at quarterly meetings.

## **Time Sensitive Matters**

- Time sensitive matters are those in which a decision is needed before the next scheduled quarterly meeting. When time allows, feedback will be gathered via email from Alliance members and the Executive Committee will discuss. No less than three business days will be allowed between when an issue is raised and voting. Voting will occur in a teleconference call. Voting records shall be contained in Executive Committee minutes and will be shared with Alliance members via email and at quarterly meetings. Any member of the Alliance may propose a time-sensitive matter for a vote by submitting a request to the Alliance staff who will be responsible for bringing the matter to the Executive Committee.
- The Executive Committee is authorized to vote on policy recommendations and take action between quarterly meetings on behalf of the full Alliance as needed. The Executive Committee will only vote to support proposals that align with the Alliance-approved legislative agenda, are specifically mentioned in the YSIPP, or otherwise have been approved by the Alliance membership. If an issue arises other than those in the approved legislative agenda, specifically mentioned in the YSIPP, or have been approved by the Alliance membership, it will be brought to the Executive Committee and the full Alliance will be informed by email and any decisions will be documented in the minutes.



**The OHA Suicide Prevention Team includes:**

**Jill Swiers Baker** and **Shanda Hochstetler** in **Youth Suicide Prevention** (within the Health Systems Division)

**Meghan Crane** in the Zero Suicide Program (within the Public Health Division)

**Emily Watson** in Veteran and Military Suicide Prevention (within the Public Health Division)

**Deb Darmata** in Adult Suicide Prevention (within the Health Systems Division)

**Nirmala Dhar** in Older Adult Suicide Prevention (within the Health Systems Division)

**And here is \*some\* of what we have been working on since June.**

**LGBTQ+ Mini-grants** totaling \$215,000 were awarded to 18 community organizations across Oregon. Kris Bifulco of AOCMHP led this work alongside the Alliance LGBTQ+ Advisory group. Over 80 applications were received representing 30 counties and heaps of thoughtful community projects.

**The Big 6 Suicide Prevention trainings** are up and running. Coordinators offer ongoing support and assistance to trainers, coordinate T4Ts, meet regularly together to collaborate and individually with the U of O Suicide Prevention lab to plan evaluation. They are building partnerships with local suicide prevention leaders and finding creative ways to bring suicide prevention programming to every corner of Oregon. Coordinators for the programs are listed below.

**Kris Bifulco, AOCMHP, Connect: Postvention** An in-person, half-day postvention training teaching adult service providers best practices to respond in a coordinated way in the aftermath of a suicide. AVAILABLE VIRTUALLY.

**Liz Thorne, Matchstick Consulting, Sources of Strength** Youth-led program to help promote healthy norms and coping skills to fellow peers in a school setting with a focus on hope, help, and strength. AVAILABLE VIRTUALLY.

**Tim Glascock, AOCMHP, Applied Suicide Intervention Skills Training (ASIST)** A two-day workshop designed for anyone ages 16+ to learn to provide skilled intervention and safety planning.

**Crystal Larson, Lines for Life, Question, Persuade, Refer (QPR)** A 1.5 hour online or in-person training program for anyone ages 16+ that teaches three easy steps to identify signs someone is thinking about suicide and how to connect them to help. AVAILABLE VIRTUALLY.

**Tim Glascock, AOCMHP, safeTALK** A half-day in-person training program that teaches anyone ages 15+ how to recognize and engage individuals who might be having thoughts of suicide and how to connect them with community resources.

**Maria Gdontakis Pos, AOCMHP, Mental Health First Aid** A broad overview one-day training on recognizing the early signs of mental illness, mental health problems, and substance use. AVAILABLE VIRTUALLY.

(Not a Big 6 program, but also worth noting)

**Collaborative Assessment and Management of Suicidality (CAMS):** “Therapeutic framework for suicide-specific assessment and treatment of a patient’s suicidal risk;” “A flexible approach that can be used across theoretical orientations and disciplines for a wide range of suicidal patients across treatment settings and different treatment modalities.” AVAILABLE VIRTUALLY.

**School Suicide Prevention and Student Wellness Program** is also up and running. This collaboration between OHA, Oregon Department of Education (ODE) and Lines for Life supports the implementation of Adi’s Act and Section 36 of the Student Success Act. See [Press Release here](#).

In short, this program places four regional School Suicide Prevention and Student Wellness Coordinators who are available to help schools and school districts create, develop, and grow their suicide prevention, intervention, and postvention plans. Kahae Rikeman at Lines for Life is already at work and looks forward to getting the four new coordinators hired and trained in the coming months. Job postings for these positions are available [here](#) and can be shared widely.

### **OHA is moving a legislative concept forward around:**

- requiring medical examiners to report to Postvention Response Leads at the local mental health authorities for youth suicide death
- giving OHA a directive to collaboratively draft a consistent postvention response plan with local mental health authorities

**S-PIP Team: OHA’s COVID-19 Response Team for Suicide Prevention, Intervention and Postvention** (includes the OHA SP Team listed above and other OHA staff representing behavioral health, data and analytics, child welfare, consumer voice, community engagement, equity and inclusion, and other OHA units.)

This team works on four focus areas. Listed below are highlights of some of the many projects of SPIP.

#### Data collection/availability

- The [most recent report](#) with publicly releasable data is now posted to the Injury and Violence Prevention – Suicide Prevention Data and Analysis webpage [here](#)
- SPIP is also internally monitoring suicide death data across the lifespan in weekly reports from the Medical Examiner’s office
- Vital stats has temporarily moved to monthly updates of [the manner of death by county of residence 2020 year-to-date tables](#) due to increased interest during COVID-19

#### Access to Care

- Support of projects for increasing access to behavioral health care
- Worked with AOCMHP to issue \$215,000 in mini-grants specific to suicide prevention for LGBTQ+ Mini-grants
- Collaboration with Department of Human Services for a webpage and campaign to advertise [resources](#) available for several key concerns (including suicide prevention)
- Collaboration with Lines for Life’s YouthLine program, to create a Student Suicide Assessment Line ([SSAL](#)) for school personnel to access a master’s level trained person to screen students for suicide risk remotely

#### Consumer Voice

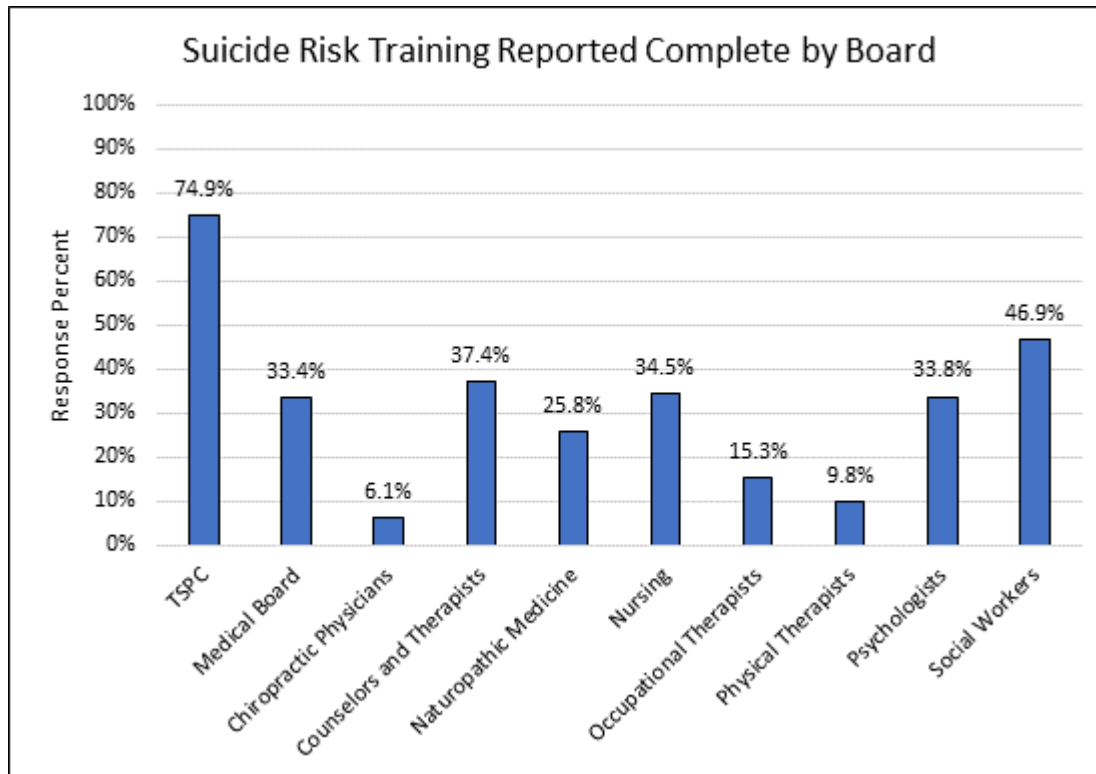
- Convened youth and family focus groups for various projects
- Consumer listening sessions and office hours by Brandy Hemsley
- Connected with updates on Community Partner Outreach Program’s listening sessions which reported out consumer and partner feedback gathered from across the stat

#### Equipping Providers

- Free training opportunities for behavioral and physical health providers around suicide signs, intervention skills, and screening tools
- Issued guidance [document](#) for providers working via telehealth with clients with suicide risk

## SB 48 report release

- A report on how many providers self-reported taking a continuing education course on suicide prevention for re-licensure from 2018-2019 is scheduled to be release by September 30, 2020.
- The report will show that the highest percentage of professionals who self-report taking a course on suicide prevention is School Counselors (74.9%) and the lowest was Chiropractors (6.1%)



Percentage of licensees reporting completion of continued education in suicide assessment, treatment or management by licensing board.

- This information may be useful to the Workforce Committee and the named legislative priority for workforce training requirements for behavioral health providers.

## OHA Veteran's Suicide Prevention Work

- OHA continues to work with Lines for Life to develop a curriculum and deliver a series of statewide trainings to address suicide in the veteran/military service member population. Trainings are anticipated to being in early 2021.
- AOCMHP and OHA are partnering to offer a veteran-specific MHFA instructor training in November 2020 (announcement and one-pager are attached).
- The VA is asking for feedback from Veterans Service Organizations, Veterans, and community organizations regarding Executive Order 13861, the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS). The survey is [linked here](#).

Dear Alliance to Prevent Suicide,

The heaviness of this time is palpable. And yet, and still, there **are** places of hope and light and good. As we give this OHA update, I am co-housed with Shanda's family while we wait to hear about how the merging fires near my home in Scio react. That community is grieving the loss of one of their 8<sup>th</sup> grade student's life who didn't get the notice to evacuate on time. The converging fires seem representative of the merging hard things circling around us right now.

When I was younger, my parents didn't allow us to have video games because they were certain my brothers and I would be instantly corrupted. So, when I would go to my piano lessons at my more worldly neighbor's house, I would play her video games while I waited for my turn for a lesson. One game involved these boxy looking villains trying to attack a fortress. You couldn't do anything to kill or hurt them, you just could frantically stack wooden boxes up around the fortress. Every time a villain would get close enough to bump into the wooden boxes, some would fall away, but you were still safe unless all your wooden boxes had been destroyed.

Friends, we have a tall, tall barrier of protective wooden boxes. Especially when we look at the collective picture of what is happening in Oregon. I could give you a thousand examples of helpers, of heroes, of love and support just from my tiny Scio community.

In the context of the hard work that this group does day in, and day out, here are some of the wooden boxes that have been securely been put into place since our last meeting.

- 18 community-based organizations received funding through the Alliance to Prevent Suicide to provide affirming and protective activities to our LGBTQ+ friends in Oregon. These dollars will transform over the next few months into podcast, dance projects, mentoring opportunities, gender-affirming supplies, and direct access to affirming mental health care providers statewide. Among other things. This was masterfully done through the leadership of Kris Bifulco and the LGBTQ+ workgroup of this Alliance.
- 53 Rockstar champions of suicide prevention were submitted for appointment as members. Our very own Annette and Jen organized, contacted, and affirmed a place and space for a downright beautiful combination of new members and those who have been the giants of suicide prevention since the inception of this Alliance.
- Oregon led the conversation with Livingworks (who give safeTALK and ASIST trainings) to advocate for a virtual training option of some sort. Tim and Maria at the Association of Community Mental Health Programs have been instrumental in creatively adjusting to meet a very evident hole in our defense for suicide prevention in Oregon.
- Alliance members have met with state lawmakers to advocate for better training for behavioral health providers and to move forward the policy you all decided upon at our last meeting.
- Our Big Six coordinators have continued to recruit, train, support, and resource communities all across Oregon. Literally, in every county in Oregon.
- The work that Lon Staub, Basic Rights Oregon, this Alliance to Prevent Suicide has moved forward an important step for Adi's Act – which requires school districts to create and improve suicide prevention, intervention and postvention plan. We have money and resources to get to school districts in Oregon. Please contact

Kahae at Lines for Life to link your local school district and create reinforced wall in your community.

And although I cannot give you numbers because of data use agreements and to protect the confidentiality of the families that **have** experienced the hardest tragedy of all with the loss of a loved one to suicide, and although this has been harder than any of us knew when the stay-at-home orders began, youth suicide rates have **NOT** increased since the pandemic began. That is good news and should be celebrated as we wrap up suicide prevention week and continue with suicide prevention month. What we are doing matters. It's making a difference. Our work and sweat and tears and passion and good ideas and willingness to set aside ego in the name of collaboration matters. It's making a difference.

Far aside from my role in the Oregon Health Authority, as a human, as a mother, as someone who lives with and loves others with a mental health diagnosis – I am proud of Oregon. And I feel so grateful to be in the place that I am. Literally, today. But also in this work. Thank you for showing up – time and time again.

Holding tightly to hope,

Jill Baker

Youth Suicide Prevention Policy Coordinator

Oregon Health Authority

### **Fire Related Information and Resources:**

You can get real-time updates by following OHA on Twitter [@OHAOregon](#) or on [Facebook](#). Here are some other suggested resources:

- The [Oregon Wildfire Resources](#) webpage compiles all the state's resources in one place.
- Oregon Department of Forestry posts wildfire information on its [Wildfire Information page](#) and on [FlashAlert.net](#).
- Oregon Office of Emergency Management is on [Facebook](#) and [Twitter](#).
- The Public Health Division's [Wildfire and Smoke information](#) website.
- Visit the [Oregon Wildfire Resources](#) webpage to access resources within Oregon state government.
- See the [State of Oregon Fires and Hotspots Dashboard](#) for wildfire information across the state.
- Check [TripCheck](#) for the latest information about road closures in areas impacted by the fires and wind storm.
- Stay tuned to trusted social media sources such as the [Oregon Office of State Fire Marshal](#), [Oregon Department Forestry](#), and your local county emergency management offices.

\*\*\*\* Limited Seats Available \*\*\*\*

**Class:** **Veterans & Military Members Mental Health First Aid Instructor Training (Training for Veterans/Military Members to become Instructors to conduct Veteran Mental Health First Aid Courses)**

**Sponsoring Agency:** Oregon Health Authority & Association of Oregon Community Mental Health Programs

**Target Audience:** Veterans, Military Members, VSOs, Military Family Members, and Mental Health Practitioners who work with Veterans.

**When:** November 18 to November 20, 2020 (Save these dates)

**Hours:** 8:00 AM to 5:00 PM

**Where:** This is a virtual training, equipping you to conduct this training either in person or virtually.

**Cost:** Free. (\$2,000 value). Each participant will be provided a copy of Mental Health First Aid manual and teaching materials

**Facilitators:** National Mental Health First Aid USA Facilitators

**Overview:** The Instructor training is designed for Veterans and Military members to receive training to conduct Mental Health First Aid Courses. In order to obtain instructor certification, individuals are required to complete a 3-day instructor training program offered by the national authorities of Mental Health First Aid USA. The interactive training program introduces the course, overviews adult learning styles and teaching strategies, and provides in-depth instruction on implementing and managing the program. Only participants who have been present for the entire 3-day training will be considered for certification as instructors.

Individuals will receive a Mental Health First Aid Instructor Application to complete. The Mental Health First Aid Instructor Application will be scored and sent to National Mental Health First Aid USA. Individuals will be advised when they are approved as an Instructor Candidate.

**Deadline to Register:** October 23, 2020

**To Register:** Email: [Maria.Gdontakis.Pos\\_mpos@aocmhp.org](mailto:Maria.Gdontakis.Pos_mpos@aocmhp.org)



# September Quarterly Alliance Update

# Maya Bryant (she/her)

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- Youth & Young Adult Advisory Committee Member & Youth Meeting Coordinator
- Schools Committee Member
- Executive Committee Member
- Youthline Volunteer
- Junior at Franklin High School



# YYEA Updates

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New YYEA Goals: Increased youth leadership, equity and anti racist practices

- Youth Leaders
- Youth Meeting Coordinators
- Equity and Inclusion Workgroup
- Team Building Meeting

# Karli Read (she/ her)

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- Honor roll junior at Oregon State University, Majoring in psychology
- Youth & Young Adult Engagement advisory Committee Member
- Executive Committee Member
- Youth Lead for the State Council Mentoring Program
- LGBTQ+ Committee Member
- 2+ years experience in residential mental health work

# Mentoring Program Update

**MISSION:** To amplify youth voice and create equity within the Behavioural Health State Councils.

- YVEA has created a workgroup that has been in the process of creating a state council mentoring program
  - This program will be piloted through councils such as the Childrens System Advisory Council (CSAC) and Healthy Transitions Statewide Steering Committee
- Pairs young adult mentees and adult ally mentors together with the directive of **amplifying youth voice** at the table of state councils
- The workgroup has been engaged in creating:
  - Pairing forms
  - Program guides
  - Support and evaluation materials

## Other Key Points:

- ~ 6 month duration
- Emphasis on a mutually Beneficial relationship

# Olivia Nilsson (she/her)

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- Youth & Young Adult Advisory Committee Member & Youth Meeting Coordinator
- Schools committee member
- Outreach committee member
- Executive committee member
- Youthline Volunteer
- Senior at Sunset High

# LGBTQ+ Mini Grants Update

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- \$216,000 granted by OHA to fund mini-grants
- 81 applications submitted
- Committee gathered to score, review, and debrief
- Takeaways:
  - Gender affirming care
  - Peer support
  - Resilience & creativity
- Themes to be used as needs assessment to inform YSIPP

# YYEA Upcoming Plans

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1. Scheduled to have focus group with Prof. John Seely on October 3rd to provide youth voice in YSIPP2.0.
2. Work with the Healthy Transitions Project and Alliance to provide suicide prevention stories of hope, help and healing for Suicide Prevention Month

# Thank you!

## Your new YYEA Executive Members

Maya Bryant: [maya.bryant.co@gmail.com](mailto:maya.bryant.co@gmail.com)

Karli Read: [readk@oregonstate.edu](mailto:readk@oregonstate.edu)

Olivia Nilsson: [osnilsson4@gmail.com](mailto:osnilsson4@gmail.com)

## Supportive Adult Allies

Emily Morrissey: [emorrissey@youthera.org](mailto:emorrissey@youthera.org)

Jenn Fraga: [jfraga@aocmhp.org](mailto:jfraga@aocmhp.org)