



Alliance Quarterly Meeting

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

Join Zoom Meeting

<https://uoregon.zoom.us/j/99269094255?pwd=bGU4UjIEN1IDWFBEeU9jRm1Fb2lwUT09>

Meeting ID: 992 6909 4255

Passcode: 635881

One tap mobile

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Attendance Attached

### **Mission**

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.

### **Vision**

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.

## **Meeting Minutes**

### **9:30 – 9:45 Welcome, Introductions and Agenda Overview**

Annette Marcus, Suicide Prevention Policy Manager, Alliance

Galli Murray, Co-Chair of the Alliance, Suicide Prevention Coordinator in Clackamas County

Ryan Price, Co-Chair of the Alliance, AFSP Area Director for Oregon and Idaho

Galli welcomed attendees and asked everyone to introduce themselves in the chat feature.

Annette reminded it is important to care for each other even though the meeting is virtual. Let us know with a private chat if you’re having a tough time and need someone to talk with. Use the private chat with Jenn and she will direct you to a support person. Take a break when you need to – get up and stretch, get a cup of tea or a bite to eat. It can help to draw doodles, take notes or pat your cat or dog during the meeting. Remember, this is a group of advocates that includes youth and young adults, experts in the field of suicide, people who have lost a loved one to suicide, and people who have survived one or more suicide attempt.

Annette provided an overview of the Zoom meeting feature for asking questions. Today we’re asking that if you have a question, please use the word “Stack” before your question, this will enable us to readily spot questions and take them in the order received. Today we do not have anything scheduled



that requires a vote, however, should something spontaneously emerge that necessitates a vote, we will do so electronically. Please mute yourself unless you have a comment.

Galli stated we have much to be proud of – numerous achievements, positive momentum and continued opportunity to inform essential systems that support suicide prevention across Oregon. She thanked everyone for helping move this important work forward. Galli reviewed the agenda. To remind us of why we do this work, Galli read the Alliance mission statement and Laura Rose read the vision statement.

**9:45 – 10:15 Alliance Business**

Annette Marcus, Suicide Prevention Policy Manager, Alliance  
Laura Rose Misaras, Lived Experience Advisory Chair  
Julie Magers, Transitions of Care Co-Chair  
Wren Fulner, LGBTQ+ Advisory Group Co-Chair  
Kimberlee Jones, Chair of Schools Committee

Staff Report - highlights from Annette’s presentation include:

- This is a time of Opportunity, Change and Challenge. One change that is coming is a national 988 crisis line for suicide prevention; it is a very good thing and when it is ready to rollout, we need to be aware of how it may challenge our resources. It isn’t yet active. A positive change due to meeting virtually is greater representation from across the state.
- Jenn has done a great deal of work on the Website Development, please check it out. She continues to develop a hub for Alliance communications – our meeting announcements, agendas, materials and minutes are posted. She is working on setting up committee specific communication hubs. Jenn asked if broken links or errors are found let her know. During break today a short video of the site will be available. <https://oregonalliancetopreventsuicide.org/>
- Legislative Work – the Workforce Development committee is working on legislation re: training for behavioral health workers. This is an example of how the Alliance is responding to the OHA report on SB48 and supporting OHA work.
- Today’s presentation on Community Mental Health Programs (CMHP) will provide information on work at the local/county level.
- We entered into a contract with the Uprise Collective to conduct an assessment and evaluation for equity and core values for the Alliance. They have joined us today to learn more about the Alliance, check out their website for more information <http://www.theuprisecollective.org/>

Galli reminded everyone that a small group did a lot of work on the selection process for the consultants. We’re looking forward to the work ahead. Check the meeting materials for a timeline of the process.

Committee and Advisory Reports – highlights of progress, challenges and needs.

**Lived Experience Advisory** – Laura Rose Misaras, Chair



The strategic priority for the group is to ensure perspectives of loss survivors, attempt survivors and people who struggle with suicidality, family and natural supports help shape the next 5-year YSIPP and to date:

- The group determined a survey was best way to reach a larger number for input
- Provided robust input to UO team on the survey, audiences and dissemination strategies
- Their focus is a strong youth involvement and contribution
- Next Step - survey dissemination in January

### **Transitions of Care Committee – Julie Magers, Chair**

#### Committee Mission

The *Transition of Care Committee* identifies best practices, innovative approaches, and gaps to safe and uninterrupted transitions for youth, young adults and their caregivers when experiencing mental health crisis or risk of crisis. It promotes policies and practices that effectively support their needs for continuity during the period in which intentional coordination of care is imperative.

#### Prior to March 2020 (pre-COVID)

- Completed root cause analysis
- Developed specific recommendations for OHA to improve implementation of transitions legislation
- Sent letters to Rep. Keny-Guyer and OHA with these recommendations

Transition of Care focus is improving implementation and accountability for HB 3090/3091. Where we are now:

- Reconvened this quarter after a pause
- Provided orientation for new committee members
- Requested and received OHA update on 3090/2023 efforts
- Mentoring new leadership for the committee – succession for leadership in progress.

The committee recognizes that effective implementation of HB3090/3091 would benefit from a collaboration of an interconnected group of stakeholders, a convening authority, designated communication channels, and clarity of roles.

If you are interested in joining this dynamic committee, please contact Annette. For more information about the committee see the Alliance website. <https://oregonalliancetopreventsuicide.org/transitions-of-care-committee/>

### **LGBTQ+ Advisory Group – Wren Fulner**

- The advisory group and UO developed a survey to ensure that perspectives of LGBTQ+ youth are included in YSIPP 2.0 and inform advisory group work.
- The group is developing a model for LGBTQ+ intervention which ranges from harm reduction to liberation and will provide a recommendation that it is included in the next YSIPP.



- The group also worked closely with OHA to develop LGBTQ+ mini-grant low-barrier application. Received 81 applications, funded 18 grants. Mini-grant applications also served as informal needs assessment and will be used to disseminate LGBTQ+ survey. For more information about the mini grants and recipients, see the Alliance website <https://oregonalliancetopreventsuicide.org/lgbtq-advisory-group/>

Annette asked members to help with distribution of the survey to youth statewide. If you know LGBTQ+ who would complete the survey, please contact either Jenn or Annette to arrange sending the survey.

### **Schools Committee** – Kimberlee Jones, Chair

We have taken time to do a deep dive into Adi’s Act plans and materials created by OHA and Oregon Department of Education for schools. The committee reviewed and provided feedback on changes and adaptations to shape plans in Oregon. The committee is promoting best practices/policies and supporting system accountability. A strong focus of our work is to strengthen response/support through community partners. The healthy teens survey indicated that 25% of youth didn’t feel as if they have a trusted adult in their life.

Thanks to Jenn, we have a dedicated Google drive so committee members can easily access, edit and upload materials. Looking forward, the committee:

- Will track implementation of Adi’s Act; help link schools to local suicide prevention coalitions
- Provide ongoing guidance to OHA and ODE
- Longer term - assess whether future legislation is needed

### **10:15 – 1025 YVEA Updates**

Karli Read, YVEA Representative on Executive Committee

Maya Bryant, YVEA Representative on Executive Committee

Olivia Nilsson, YVEA Representative on Executive Committee

Karli provided an update on the Oregon Youth Advocates Mentoring Program (OYAMP) which is a pilot project of Youth Era. The goal of the program is to pair active adult mentors on state councils with young adult mentees to:

- Create equity and amplification of youth voice on three councils: Children Systems Advisory Council (CSAC), The Oregon Alliance to Prevent Suicide (Alliance) and Healthy Transitions Statewide Steering Committee
- Ensure that youth voice is present and an integral part in areas of decision-making, policy creation and service delivery.

Kali walked through a timeline for the mentoring project beginning with gathering applications from adult mentors and young mentees from now until February 15. The pilot will end with a participation survey September 2021. The four requirements for participating are:

- Regular attendance and active participation in one of the councils



- Commitment to serving as a mentor/mentee for the 6-month duration of the program
- Willingness to spend time and regularly communicate in order to foster a positive and productive mentoring relationship
- Willingness to communicate with and accept guidance from Mentoring Program Coordinators to get the most out of the program

She asked anyone who is interested to contact Nikobi Petronelli ([npetronelli@youthera.org](mailto:npetronelli@youthera.org)); Emilie Lamson-Siu ([emiliel@pdx.edu](mailto:emiliel@pdx.edu)) or Karli Read ([Readk@oregonstate.edu](mailto:Readk@oregonstate.edu)).

Nikobi Petronelli introduced herself. She will be the Program Coordinator for YYEA while Emily is on parental leave.

**10:25 – 10:45 Understanding the Role of Community Mental Health Programs in Crisis Response, Suicide Prevention, Intervention and Postvention**

Kimberlee Lindsay, AOCMHP and Executive Director, Community Counseling Solutions (Gilliam, Grant, Morrow, Wheeler)

Stan Gilbert, Secretary/Treasurer, AOCMHP and Executive Director, Klamath Basin Behavioral Health

Highlights of the presentation include:

**Overview** of Community Mental Health Programs (CMHP):

- Responsible for Oregon’s essential behavioral health safety net services for counties; every CMHP is a contractor for behavioral health services; services are available 24/7, 365 days a year, from prevention to crisis services including housing, transitions between levels of care, employment and school supports
- Provide a system of appropriate, accessible, coordinated, effective and efficient services to meet the behavioral health needs of community members; services must be timely and no person shall be denied community mental health services based on ability to pay.

**Structure** of CMHP

- 32 CMHPs in Oregon, including two with multiple counties and one tribal CMHP – Warm Springs
- Half are not-for-profit agencies contracted by the county or state and half are county departments
- Most CMHPs oversee Community Developmental Disability Programs, part of the not-for-profit or county structure
- CMHPs offer a wide range of services
- By statute, CMHP provide a 24-hour crisis response system to individuals with mental health and substance use disorders regardless of insurance coverage/ability to pay; services include 24-hour phone access, mobile crisis teams, triage centers, drop-in centers, and same day appointments are coordinated by CMHPs using Medicaid, State and County funding streams.

**Prioritizing** Marginalized and Underserved Population during the pandemic

- CMHPs have always been on the front lines of serving marginalized populations.



- The COVID-19 crisis has magnified the need for all services, including cultural/language-specific care
- Infrastructure gaps and health disparities among populations have become more apparent
- Behavioral health demand expected to double and CMHPs and will need short-term funding to respond to COVID-19; long-term funding to build and maintain local behavioral health system infrastructure and safety net services; and, federal and state policy changes to ensure true parity between behavioral health and physical health.

11:03 – 11:13 Break

11:14 – 11:28 **OHA Update**

Jill Baker, OHA, Youth Suicide Prevention Coordinator

Deb Darmata, OHA, Youth Suicide Prevention Coordinator

Meghan Crane, OHA, Zero Suicide Program Coordinator

Shanda Hochstetler, OHA, Youth Suicide Prevention Coordinator

OHA full written report is available at <https://oregonalliancetopreventsuicide.org/about-us/quarterly-meetings/>

Key points from the written report include:

- The revised rules for OAR 309-027 incorporating SB918 (2019) and SB485 (2019) have been submitted to the OHA rules Coordinator. You can view these and other recent rulemaking notices at <https://www.oregon.gov/oha/HSD/OHP/Pages/Rule-Notices.aspx>
- HB 3090 project update: stakeholder meeting to gather input on survey questions and methodology set for January 15, 2021; written feedback will be accepted prior to that. In addition to the re-survey project the OHA SPIP team is amplifying and supporting Caring Contacts.
- YSIPP 2.0 update: meeting weekly with UO/John Seeley to align goals and stakeholder feedback; on track to complete stakeholder feedback and YSIPP 2.0 for June 2021 publication.
- Development of the ASIPP is underway; stakeholder input begun with a stakeholder meeting in November; next step, break into smaller groups based on high-risk groups to focus information gathering. Contact Debra if you are interested in joining the group.
- Work on the Early Response Suicide Prevention Grant is underway.
- Big Seven suicide prevention training update: Coordinators provide ongoing support and assistance to trainers, coordinate T4Ts, meet with UO Suicide Prevention Lab to plan evaluation and are building partnerships with local suicide prevention leaders to bring suicide prevention programming to all of Oregon.

Highlights of presentation:

- The SPIP team continues to meet weekly
- OHA redirected funds from ASIST and safeTALK to develop Youth Suicide Assessment in Virtual Environments (Youth SAVE) in partnership with AOCMHP and the Oregon Pediatric Society. The training is most appropriate for school counselors or other you-serving mental health professionals with a base knowledge of MH and suicide. It focuses on assessment and safety.



Two highly successful training were held in November; we've added capacity throughout the spring due to high demand.

- Meghan Crane is now full time with new SAMSA grant Zero Suicide program; OHA is in the process of hiring for Meghan's prior position and filling position January 2021.
- Debra's work on the Adult Suicide Intervention and Prevention Plan continues; the adult plan will cover age 18 years and up which creates an overlap with the YSIPP.
- It is anticipated when the 2019 data is finalized, we will see a drop in suicide for the first time since 2010. Jill asked members to use safe messaging and be accurate when reporting data. Number are still preliminary until the data is finalized.

#### 11:30 – 11:50 **YSIPP 2.0 Presentation**

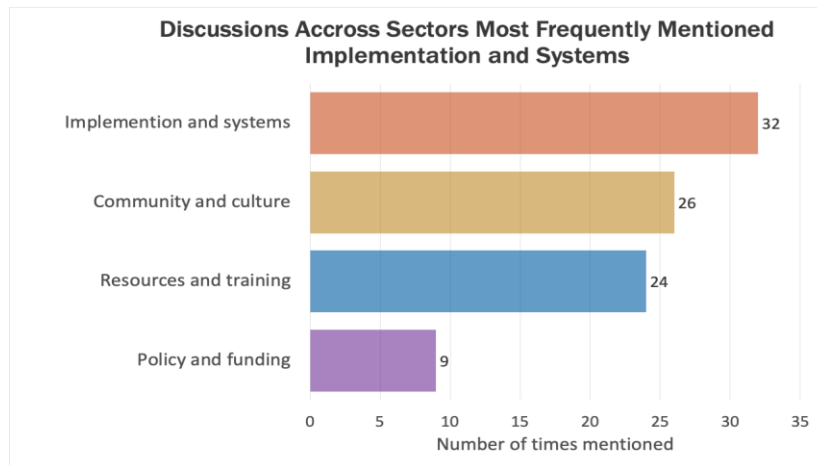
Mark Hammond, University of Oregon Suicide Prevention Lab

Highlights of Mark's presentation include:

- A brief overview of the process for developing YSIPP 2.0: review of evidence-based literature, other state plans, YSIPP 1.0 initiatives and general information gathering. Progress:
  - Summer/Fall 2020: completed research and YSIPP 1.0 activity report
  - Winter 2021: Solicit stakeholder initial input and summarize needs and gap analysis
  - On target to complete draft, circulate and integrate feedback process Spring 202
- An evidence-based review of best practices and what other states are doing covered access to intervention, treatment and support; identification and intervention; social media and internet; collaborative school-based screening; and, postvention for schools and communities.
- States selected for plan review were the five lowest rates of youth suicide, largest reductions in youth suicide and states with exemplary state plans. Plan evaluation criteria was based on being data driven, using a public health approach, comprehensiveness and set priorities, collaborative effort through one convening body, strategic and safe communications, and accountability systems.
- Mark reviewed the graphic below and how it relates to analysis of YSIPP 1.0 implementation and Alliance committees/strategic directions.



- Through information gathering (focus groups, interviews, sector-based discussions at Alliance quarterly meetings) the four emerging themes are:



- As data is collected and feedback is received, YSIPP 2.0 strategies will be modified and
- Today’s breakout session will focus on themes related to policy, community, organizations and the Alliance. The overarching question is: How do we translate these themes into actions?

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**1:50- 12:15 YSIPP 2.0 Feedback**

Annette Marcus, Suicide Prevention Policy Manager, Alliance

Annette set up the process for the breakout session. Each group will focus on a specific theme and brainstorm possible action steps for Oregon in the next 5 years. Each group will report out on one recommendation.





#### **12:15 – 12:25 YSIPP 2.0 Small Group Report Out**

Annette facilitated the report out by group/theme. Notes for each group are on file. Highlights from the recommendations include:

- We need to think about what policy looks like when it hits the ground and do sufficient pre-work to prevent misfires.
- Increase preparation training for front-line workers.
- Empower communities – support a bottom-up approach rather than top-down to reduce barriers to stakeholder involvement.
- Have better training for hospitals and social workers.
- Develop guidelines and benchmarks to support diversifying Alliance membership and participation.
- Address the silos within systems and use state systems of care model with a focus on youth.
- Need recruitment strategies and ways to support the workforce for sustainability.

#### **12:25 – 12:30 Public Comment and Adjournment**

Galli Murray, Chair, thanked everyone for their participation and contributions. She adjourned the meeting at 12:30