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*COLLEGE
AND
UNIVERSITY
SUICIDE
PREVENTION*

WHERE WE STARTED

- A collection of partners came together wondering: “How can we support college and university student mental health and suicide prevention through a statewide effort?”
- Initial conversations started with understanding what was going on in this space and who were the players



WHERE WE ARE AT

- Who
 - Incite for Change – extensive campus prevention experience
 - OCUSPP (Oregon College and University Suicide Prevention Program) - collection of institutions though has gaps, especially with CC and trade schools
 - Alliance
 - OHA – Youth and Adult
 - UO lab
- What is going on
 - OCUSPP – Collection of institutions across Oregon which initially started as a GLS grant and continue to be a space to share ideas and engage in education (more clinical due to who is present) and is limited in capacity for prevention or coordination
 - HECC (Higher Education Coordinating Commission) provided recommendations though no support
 - JED provides best practice recommendations for SP/MHP in higher ed.
 - No current statewide effort with substantial support

2018 HECC TASK FORCE REPORT

- Process created from SB 231 which established the task force to create recommendations
- Similar to Washington's HB 1138 in 2016 which led to SB 6514 which created statewide resources, data collection, and grant program for suicide prevention programs
- Recommendations:
 - Permanent state-wide Mental Health Task Force to develop, implement, and assess 5-year plan. This includes a full-time OHA position to coordinate.
 - Provide funding for JED Campus for all public institutions (all 7 universities and 17 community colleges)
 - Each institution will have a designated liaison/coordinator who will implement, assess, and collaborate
 - Create implementation and evaluation partnership to consult and provide services to task force including technical assistance, reporting, and conference

*WHERE
WE'RE
GOING*

Understand the lay of
the land and engage
other statewide
partners



Develop a statewide
strategy and identify
funding

DISCUSSION

- Clarifying questions?
- Are there folks interested in participating in this effort?
- How should colleges and university suicide prevention interact and/or align with the Alliance and this committee?

Adi's Act Statement

Present: Kahae Rikeman, Justin Potts, Kimberlee Jones, James Hanson, Spencer Delbridge

- Student Threat assessment might not have the capacity to deal with suicide assessments – mental health clinicians might not be involved in that process
- **Emphasizing a whole systems approach with Adi's Act – not putting all of this work with one department**
 - **Emphasizing that this is NOT a checklist**
- Suicide is a complex issue that requires a complex response from our schools -especially now (COVID, distance learning, racial justice movement, wildfires)
- Building safe relationships and rapport with our youth – involving law enforcement in prevention work might discourage relationship building or increase fear of punishment
 - This is particularly important when speaking about marginalized populations – such as BIPOC youth or LGBTQ+ youth
- Adi's Act is an ongoing process – this is about building our system to have lasting change
- What terms we use matter – using terms like “wellness,” “mental health and suicide,” this work is **separate but connected to threat assessment**. The word “threat” might be counterproductive to kids reaching out for help
- Suicide assessments tend to be more individual than threat assessments – ie, not involving huge teams of folks to protect the student body – rather than a staff member recognizing that a student could be struggling and connecting them to resources/care
 - Suicide, threat, and sexual assault assessments are separate entities
 - Threat assessments are often complex and involving multiple systems over multiple hours, as opposed to a counselor connecting with a young person between classes, more immediate response
 - Importance of considering ROIs and overlaps in student support
- The vast majority of people with thoughts of suicide never experience thoughts of harming others. Folks with mental illness are far more likely to be the victims of violent crime than the perpetrators of violent crime.
 - Youth who die by suicide are often not referred to behavioral issues (**can we get numbers from OHTS or YSIPP?**) – **OHTS 2019 11th graders 37% sad/hopeless for every two weeks, SI 19%, attempts 8%**
 - Behavioral referrals almost always include disciplinary action
- HB 2191 – student MH absences – are we tracking this as a risk indicator?
 - Lincoln HS is the only school in PPS universal screenings with students – within Naviance
 - This could also be an argument for forming relationships with local MH authority – that means that the weight of this doesn't have to be fully supported by the school
- Ending this statement with a collection of resources and guidance
 - LFL School Suicide Prevention program
 - Consultation
 - Mini-Grants
 - Regional coordinators
 - ODE/OHA guidance + resources
 - Sample plans + OSBA guidance
 - Alliance
 - Etc
- Youth voice is incredibly important in this conversation
 - Empowering youth to share their stories and ideas without tokenizing or traumatizing them

YSIPP 1.0 Updates and Recommendations Schools Committee

Instructions

This worksheet presents topics regarding YSIPP 1.0 activities for your committee's review and feedback. Your committee should discuss each part of the worksheet and provide written responses to each prompt. Your answers will be included with other information collected for creating the YSIPP 2.0. Please provide complete responses and note any questions or issues that come up during the conversation.

Part 1. YSIPP 1.0 Activities and Updates

There are many activities regarding YSIPP 1.0, but we still need more details regarding some areas. If you have any knowledge regarding the following two YSIPP 1.0 activities, please record what you know, including information on who is involved (organizations and individuals) and updates on the program(s) status (e.g., complete or on-going).

Activity 1: In 2020, OHA anticipates contracting for other evidence-based programs. OHA is especially looking for programming for elementary-age children.²

Activity 2: In 2019, OHA RFP sought to support schools and school districts to write plans for suicide prevention, intervention and postvention.²

Activity 3: School distribution and utilization of the PAX Good Behavior Game.¹

Part 2. YSIPP Recommendations: SMART Goals Activity

Your committee is particularly well suited to guide the following YSIPP 1.0 activities moving forward, among the various strategic directions. Using SMART criteria (i.e., *Specific, Measurable, Attainable, Relevant, Time-based*), provide at least one recommendation for any of the following YSIPP-related activities. You may address all of the YSIPP activities or just one, and you may include multiple recommendations under each activity.

1. YSIPP Activity: Identify best-practice education programs/services

Description: Trauma Informed Oregon will collaborate with early childhood agencies and other stakeholders to identify and document best-practice education programs and services addressing the relationship between early childhood trauma and suicide risk.²

2. YSIPP Activity: Staff training and suicide prevention protocols

Description: The Oregon Department of Education will collaborate with schools to identify gaps and opportunities for staff training and protocol development on suicide prevention and postvention.²

3. YSIPP Activity: Senate Bill (SB) 52 – Adi's Act: Implementation in school districts

Description: SB 52 mandates every school in Oregon to have a suicide prevention, intervention, postvention plan and school board policy in place for the 2020-2021 school year.²

¹Healthy and Empowered Individuals, Families and Communities

²Clinical and Community Prevention Services