The Oregon Alliance to Prevent Suicide Quarterly Meeting March 12, 2021

Meeting Materials

- I. <u>Alliance Orientation Slideshow</u>
- II. <u>Alliance Quarterly Meeting PowerPoint</u>
- III. OHA Suicide Prevention Framework DRAFT
- IV. OHA Data Presentation by Drew Allen and Meghan Crane
- V. <u>Alliance Lethal Means Workgroup Presentation</u>
- VI. <u>Alliance Committee Updates</u>

Orientation to the Oregon Alliance to Prevent Suicide

HOPE, HELP AND HEALING



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 sate 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.



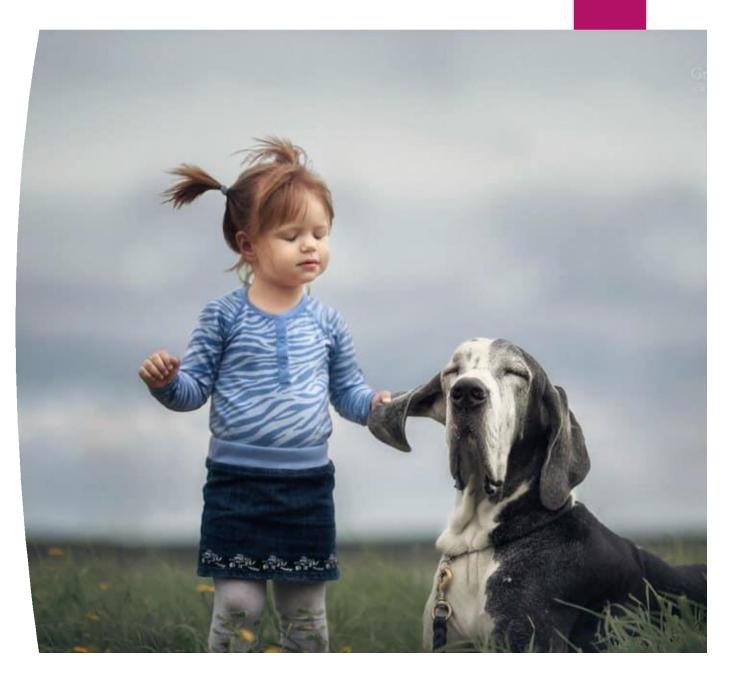
Let's Take Good Care of Each Other and Ourselves

► Let us know with a private chat if you're having a tough time and need someone to talk with. USE THE CHAT

► Take a break when you need to – get up and stretch, get yourself a cup of tea or a bite to eat. Please mute yourself unless you have a comment.

Draw, doodles, take notes or pat your cat or dog during the meeting



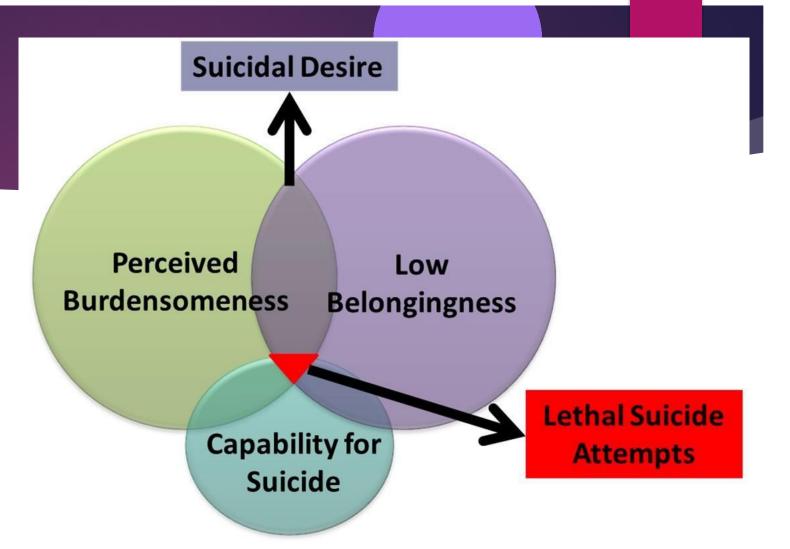




- Established to advise OHA on statewide integration and coordination of youth/young adult suicide prevention, intervention and postvention activities.
- Members are appointed by OHA director. Our Members and Friends: Young People, Loss Survivors, Attempt Survivors, Families, State Agencies, Subject Matter Experts, Regional Coalitions and more
- Passed into statute SB707 in 2019
- Staffed by the Oregon Association of Community Mental Health Programs

Interpersonal Psychological Theory of Suicide

This figure illustrates the circles of Influence that affect suicide risk and must be addressed in suicide prevention activities.



FRAMING MESSAGES

HOPE

Promote a sense of hope and highlight resilience.

HELP

Make it safe to ask for help and ensuring that the right help is available at the right time.

HEALING

Work with individuals and communities in the healing process after an attempt or suicide

TRANSFORMATION

Youth Suicide Intervention and Prevention Plan - YSIPP

2016 – 2021 YSIPP 1.0

- Healthy and Empowered Communities
- Clinical and Community Preventive Services
- Treatment and Support Services
- Surveillance, Research and Evaluation

2021-2025 YSIPP 2.0

- New Framework
- Learning from past 5 years
- You can be part of the process and will be today!

Alliance Structure and Committees:

Standing Committees

- Executive
- Workforce Development
- Transitions of Care
- Schools
- Outreach and Awareness

Note: Each Committee Has Specific Policy Priorities

Key Advisory and Work Groups

- LGBTQ+ Advisory
- Youth and Young Adult Engagement
- Attempt and Loss Survivors
- Lethal Means Access
- University of Oregon Suicide Prevention Lab - Community Academic Partnership with the Alliance



A Few Key People

Just a Few Members

- Chair, Galli Murray Suicide Prevention Coordinator, Clackamas County
- Vice- Chair, Ryan Price Director Oregon and Idaho, American Foundation to Prevent Suicide
- Youth Members Maya Bryant, Karli Lea Reed and Olivia Nilson
- OHA Youth Suicide Prevention Coordinators Jill Baker, Shanda Hochstetler

Staff

- Annette Marcus Policy Manager/Coordinator
- Jennifer Fraga Youth and Young Adults, Communication,
- Kris Bifulco Postvention (Connect)

2019 Successes: Legislation Designed to Prevent Suicide

- Expanded funding for youth suicide prevention through the Oregon Health Authority to \$6 million
- Passed SB 52, Adi's Act, which requires all Oregon schools to have a suicide prevention plan
- Passed SB485/918, to increase collaboration between schools, local mental health authorities and others in a youth suicide postvention response and ensure the youth suicides are reported to OHA
- Passed SB707 which establishes the Oregon Alliance to Prevent Suicide as a legislatively mandated advisory body to OHA

Connecting the Field

- Identified regional suicide prevention coalitions across the state
- Our hope is that each coalition becomes a "communication hub" for the Alliance and will share local highlights and challenges to help the Alliance have a meaningful understanding of local needs and opportunities. See www.oregonalliancetopreventsuicide. org



How to get involved with the Alliance

Attend quarterly meetings and sign up for the Alliance listserv 2

Volunteer for one of the committees or workgroups Participate in policy advocacy – by testifying, working with legislators, providing feedback on Oregon Administrative Rules



WELCOME – Please enter your name in chat, pronoun, and your organization and/or role Alliance Quarterly Meeting

MARCH 12, 2021

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Draw, doodles, take notes or pat your cat or dog during the meeting





Feedback is our friend

INSTANT SURVEYS AT BREAKS AND END OF MEETING

AGENDA TOPICS

- Welcome and Introductions
- YSIPP 2.0 Status Update
- Youth and Young Adult Update
- Oregon Health Authority Data Report followed by small group discussion
- Lethal Means Recommendations from Firearms Owners on Suicide Prevention followed by small group discussion
- Perspective on this Legislative Session, Lina Estrella DeMoraiso on behalf of Senator Gelser
- Alliance Legislative Update
- OHA Update
- 988: A New Federal Initiative . Setting the stage for Oregon
- Adjourn

Vote: Minutes December Meeting

Appointed members indicate yes, no, abstain in chat

If on phone, Ryan will ask for your verbal voted Small Group Meet and Greet – Getting to Know You! Name Role or Agency Name a favorite tv show, move or book This will be your group throughout the day

YSIPP 2.0 Update – Jill Baker

Youth and Young Adult Engagement Update OLIVIA NILSSON, MAYA BRYANT, KARLI READ, NIKOBI PETRONELLI

Oregon Health Authority Data Update

Group Discussion: 18 – 24 year olds

- We learned that the highest number of suicides in the 24 and younger age group are in the 18 -24 year old age group.
- YSIPP 1.0 does not have a strong focus on this age group
- What ideas or hopes do you have about should be included in the next plan to support 18 to 24 year olds?
 - Example: Alliance form a committee focused on this age group
 - Example: Reach out to places that employ lots of young people and provide suicide prevention education
- Choose a person to report out JUST ONE THING

Group Discussion: Lethal Means -Thinking about Young People 24 and younger We've heard recommendations from firearm owners – what additional or different actions

Guns/firearms

Example: Bring forefront firearm safety suicide prevention training to parents at PTA meetings

Opioids/medications/substances

EXAMPLE: Naloxone easily available for anyone 18 years or older



Update, on behalf of Senator Sara Gelser – Lina Estrella DeMoraiso, Chief of Staff

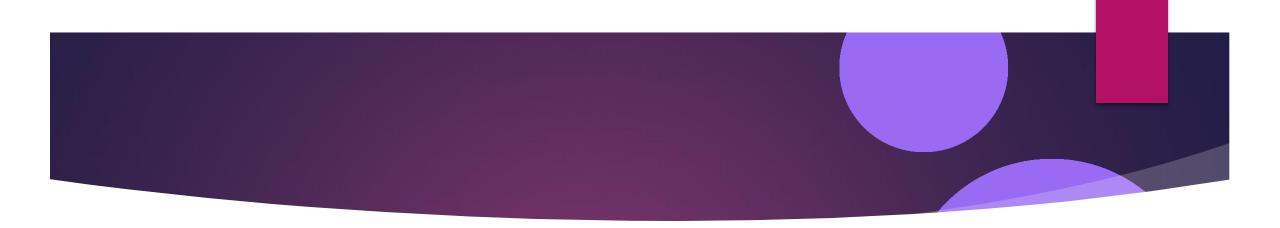
Legislative Update

- HB2315 Continuing Education for Behavioral Health Workforce
- ► HB3037/SB66 Postvention
- SB682 Adult Suicide Prevention Plan
- ► HB2381/SB563 Age Change
- SB52 LGBTQ2SIA Advisory for ODE and Plan
- ▶ HB3139 Parental Notification

Following:

- Gun Storage
- Mental Health Parity
- 988 Line
- M110

Oregon Health Authority Update





Nationwide Task Force Working on Vision and Model Projected increase in calls More to come!



Mission

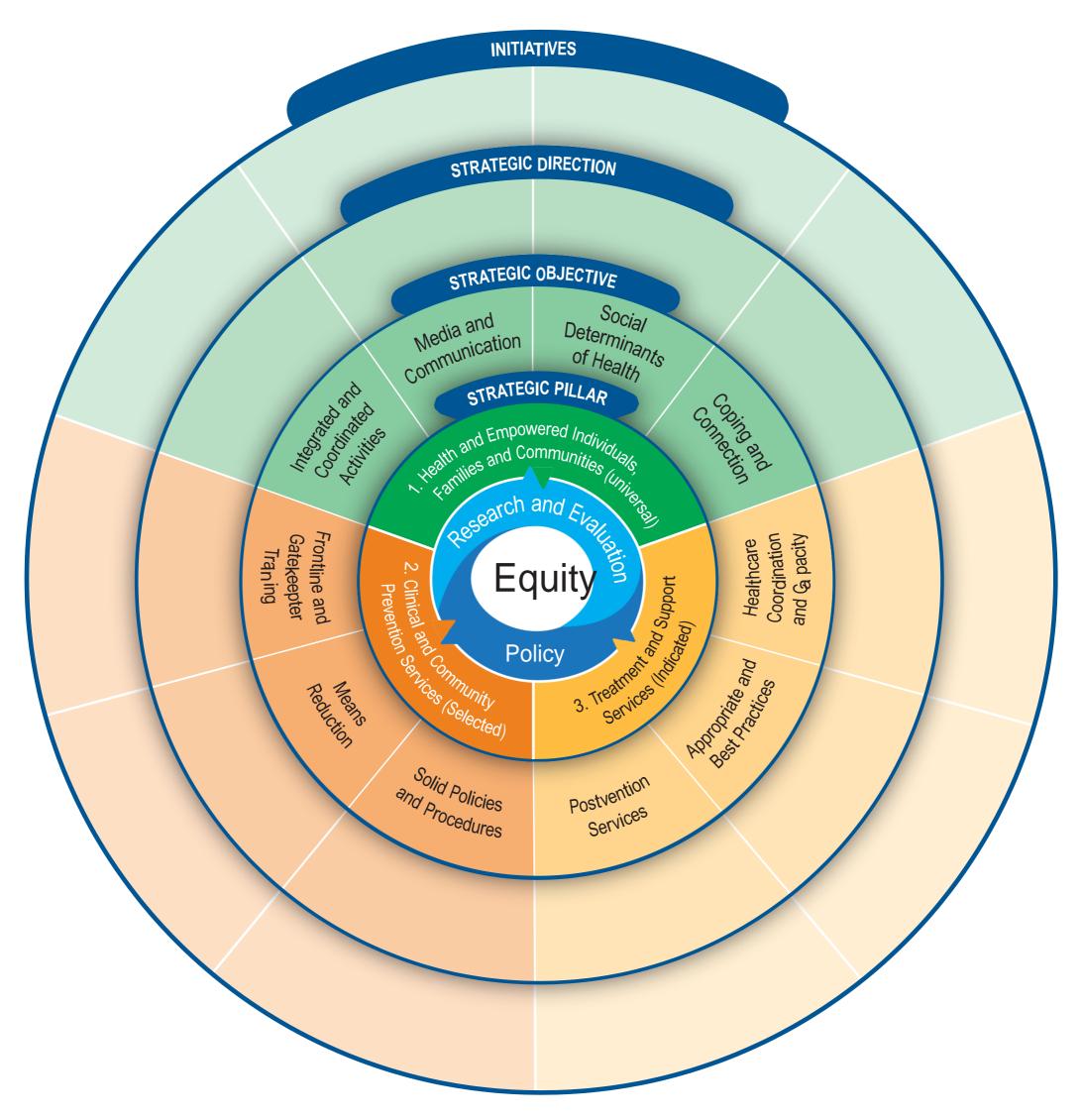
The Alliance advocates and works to inform and strengthen Oregon's suicide prevention, intervention and postvention policies, services and supports to prevent youth and young adults from dying by suicide.

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.

Suicide Prevention Framework]-[Calth





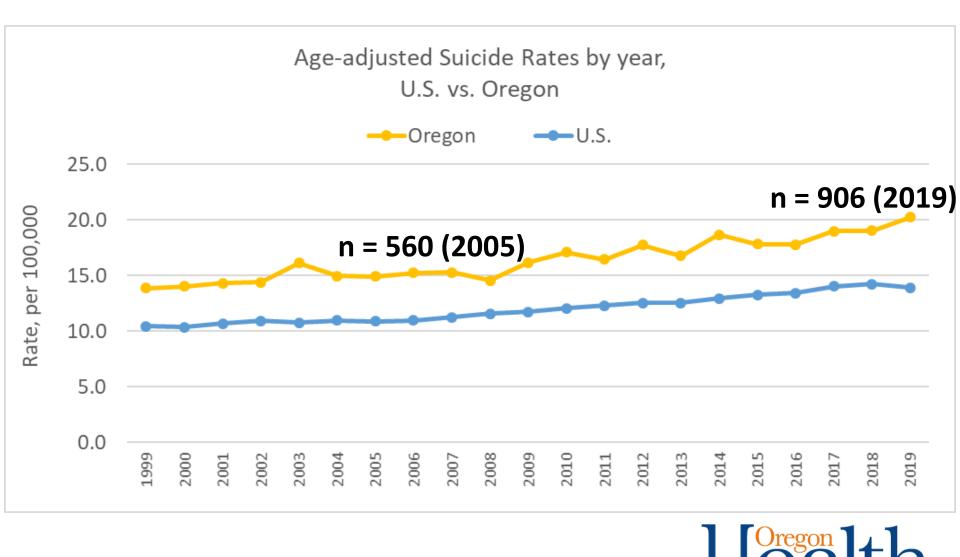
Suicide Death and Suicide-Related Data

Presented to Oregon Alliance to Prevent Suicide March 12, 2021

Drew Allen, Injury Surveillance Research Analyst Meghan Crane, Zero Suicide in Health Systems Coordinator



Suicide in Oregon



Youth Suicide in Oregon

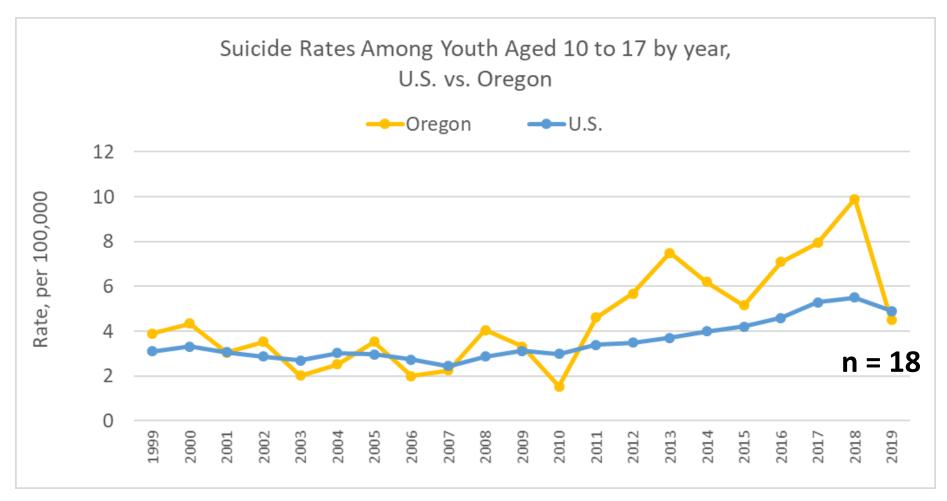
Oregon suicide deaths and rates among those aged 10 to 24 compared to national rate

Year	Number of youth suicides	Suicide death rate per 100,000	Rank among 50 states (50 is lowest rate)
2014	97	12.9	12
2015	90	12.0	16
2016	98	13.0	15
2017	107	14.1	17
2018	129	17.0	11
2019	116*	15.3	11

*In addition to these deaths among Oregonians aged 10-24, there were two suicide deaths among children younger than 10 in 2019.

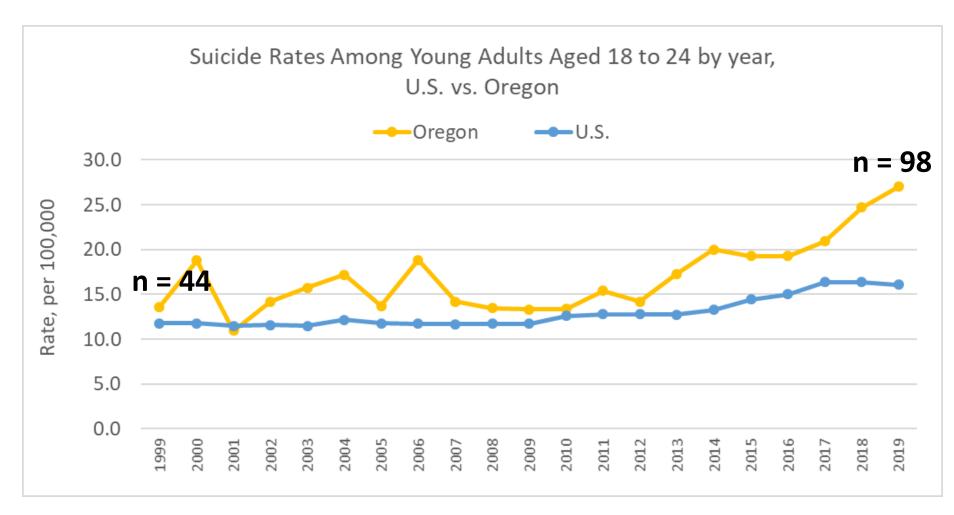


Youth Suicide in Oregon



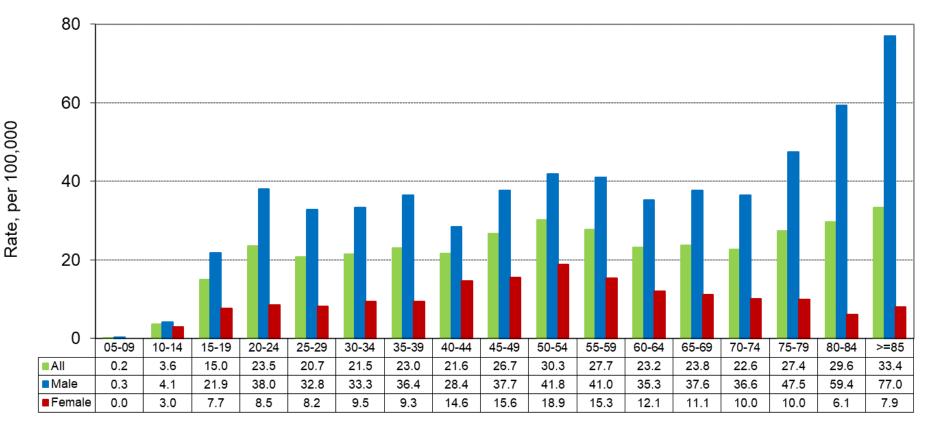


Youth Suicide in Oregon



Health Authority

Age-specific rate of suicide by sex, Oregon 2015-2019



Age group, years



Characteristics of youth suicide aged 24 and younger, Oregon 2019

		Deaths*	% of total
Age	5-14	9	8%
	15-19	33	29%
	20-24	71	63%
Sex	Male	92	81%
	Female	21	19%
Race/Ethnicity	White	105	93%
	African American	5	4%
	American Indian/Native Alaskan	6	5%
	Asian/Pacific Islander	2	2%
	Multiple race	5	4%
	Other/Unknown	4	4%
	Hispanic	17	15%

* Five out-of-state deaths are not included because their death certificate information is not accessible.

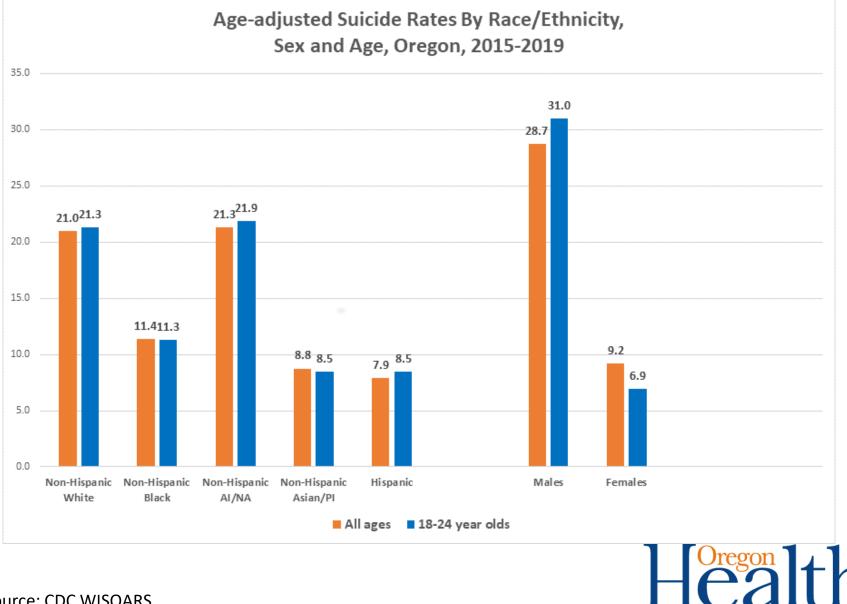
**Includes any race (one or more, any mention) and ethnicity mention. Race categories will not sum to the total since multiple race selections could be made for each decedent.

Source: Oregon Violent Death Reporting System

Note: According to the National Center for Health Statistics, CDC, there were 118 suicide deaths among Oregon residents 5-24 years old in 2019; two were younger than age 10.

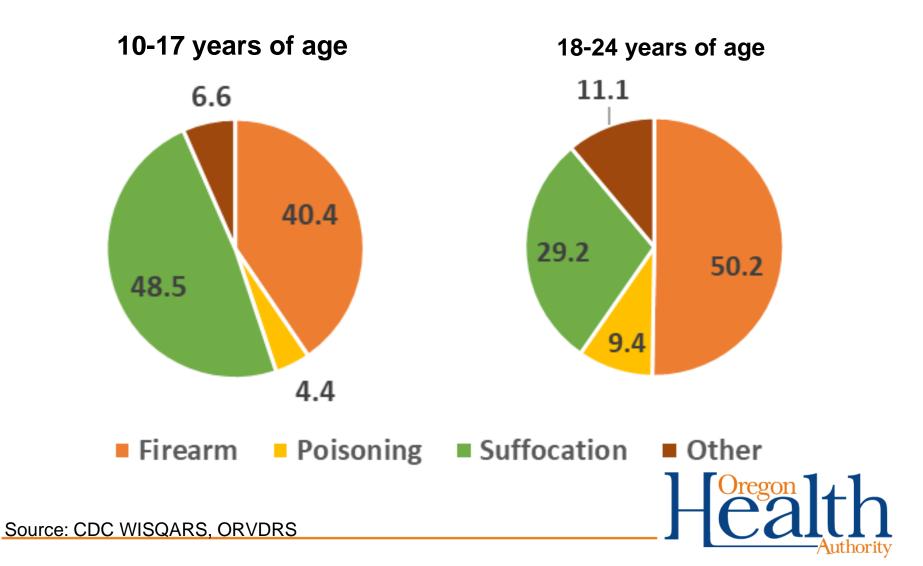


Race/Ethnicity and Sex Data



Source: CDC WISQARS

Mechanism of suicide by percentage of age group, 2015-2019



What we know about 2020

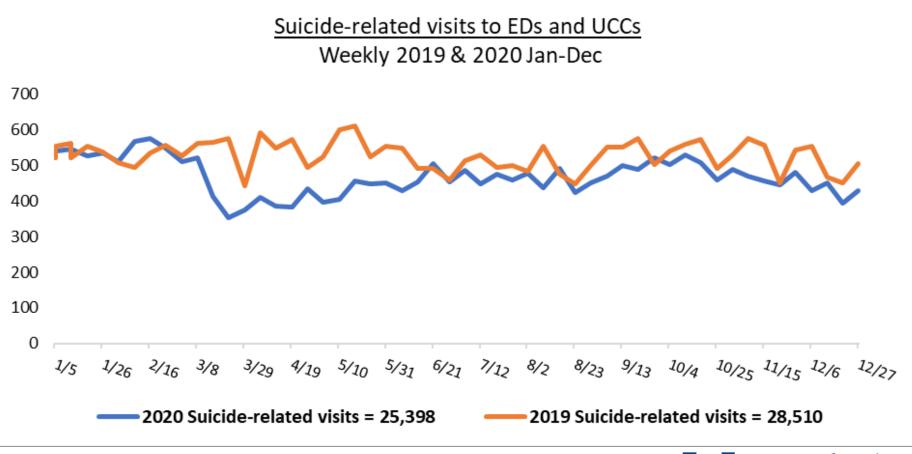
- Based on preliminary data, Oregon has **not** seen an increase in the number of suicides for 2020 when compared to the same time period in 2019. There were about 90 fewer suicides across all ages in Oregon in 2020 than in 2019, and about 28 fewer than in 2018.
- Preliminary data indicate that suicides among children 17 and younger increased in 2020 to 27 compared to 2019, when 21 suicides occurred. The preliminary number of suicides for this age group in 2020 (27) was less than the number of suicides in 2016 (28), 2017 (31), and 2018 (41).
- Oregonians are experiencing high levels of stress and mental distress due to compounding traumas. (Source: CDC Household Pulse <u>survey</u>) Stress and mental distress do not automatically result in increased suicide activity.
- Speculating on the potential impact of COVID-19 on suicide rates can lead to normalizing suicide as a response to the pandemic and could result in increased suicide contagion.
- While we saw a decrease in suicide deaths in 2020, we know that many Oregonians experiencing stress and mental distress. We acknowledge this and the impact that suicide has on different state communities. OHA continues to keep a laser focus on suicide activity in Oregon and will adjust programming and resources to be responsive to the data.

Note: Until more finalized data become available, it is premature to speculate on the impact that COVID-19 has had on suicide rates.



Suicide-related visits to Emergency Depts. and Urgent Care Centers

Suicide-related visits to EDs and UCCs declined 10.91%

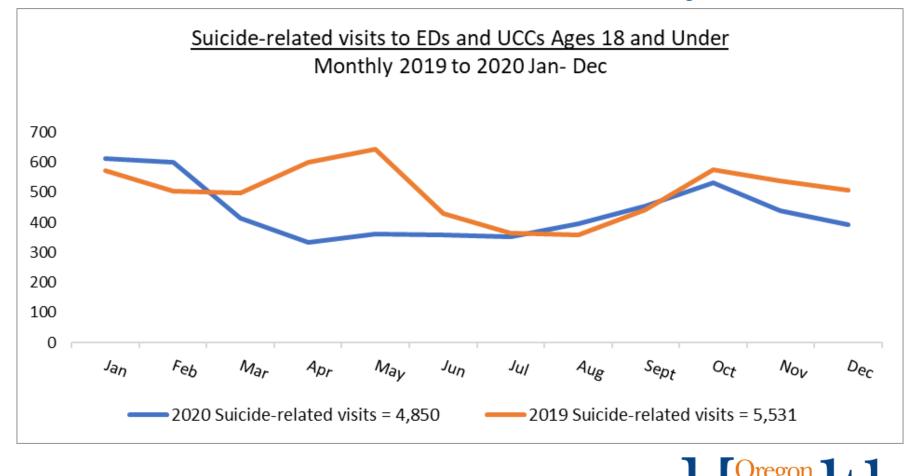


Source: Oregon Electronic Surveillance System for Early Notification of Community-Based Epidemics (ESSENCE). Available through the <u>OHA Monthly Suicide-Related Data Report</u>



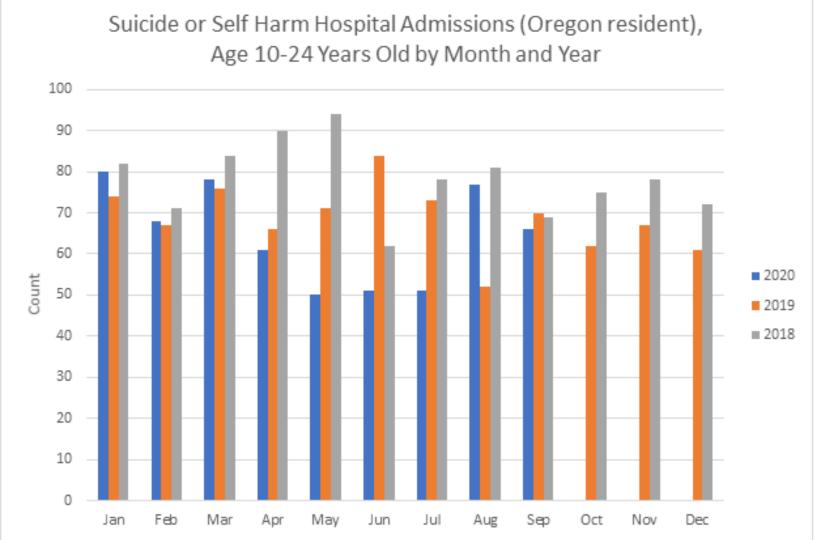
Suicide-related visits to Emergency Depts. and Urgent Care Centers

Suicide-related visits to EDs and UCCs decreased 12.31% for ages 18 and under.



Source: Oregon ESSENCE. Available through the OHA Monthly Suicide-Related Data Report

Suicide and Self-Harm Hospital Admissions



Source: Hospitalization discharge data and ED data (Oregon Association of Hospitals and Health Systems). Note: ED and hospital data are mutually exclusive. If a patient is first seen in an ED and then admitted as an inpatient the record will ONLY appear in the hospital record and not the ED record.



Suicide Death and Suicide-Related Data Sources

- Oregon Violent Death Reporting System (ORVDRS): Tied to National Violent Death Report System that all states provide violent death data to. ORVDRS is a statewide, active surveillance system that collects detailed information on all homicides, suicides, deaths of undetermined intent, deaths resulting from legal intervention, and deaths related to unintentional firearm injuries. ORVDRS obtains data from Oregon medical examiners, local police agencies, death certificates, and the Homicide Incident Tracking System. ORVDRS only collects the violent deaths that occur in Oregon, outof-state deaths are excluded. Also usually reports occurrence deaths, which include all deaths that occur in Oregon regardless of their residence state.
- Data is available through the Oregon <u>Violent Death Data Dashboard</u> (includes suicide, homicide, firearm data).
 - Data on sex and age groups available through 2018 at state and county level.
 - Data on mechanism and factors associated with suicide through 2018 at state and some at county level.



Suicide Death and Suicide-Related Data Sources

- Oregon Center for Health Statistics (Vital Statistics Mortality Data): Oregon's Center for Health Statistics (CHS) collects and analyzes health information, including deaths, from vital event records. The CHS only registers those vital events that occur in Oregon. However, information on Oregon resident deaths occurring out-of-state is collected through an interstate exchange agreement. Data may be tabulated by residence (where the person lived) or by occurrence (where the event occurred). CHS usually reports leading causes of death including suicide, homicide, legal intervention and unintentional injury among Oregon residents. The resident deaths include all deaths of Oregon residents, regardless of where the death occurred.
- Data is available through the new Oregon Death Data Dashboards:
 - Data on sex, race, mechanism, and age groups available through 2019 at state level. Number of deaths by county available.
 - Can search by number of deaths, median age at death and Years of Potential Life Lost before age 75 (YPLL-75)
- Preliminary* 2020 suicide data by county available via the <u>Vital Statistics Death</u> <u>Data webpage</u> (click on the Manner of Death by County of Residence link in the data tables section

*Preliminary data are undergoing editing procedures which result in frequent & significant changes.



YouthLine 1-877-968-8491 (text teen2teen at 839863)





Resources

- Sign up for the OHA Suicide Prevention Network: <u>http://listsmart.osl.state.or.us/mailman/listinfo/yspnet</u> <u>work</u>
- Oregon Violent Death Data Dashboards
- Oregon Vital Statistics Annual Report
- OHA Monthly Suicide-Related Data Report
- <u>Oregon ESSENCE</u> (syndromic surveillance)
- <u>2016-2020 Youth Suicide Intervention and Prevention</u> <u>Plan</u> and <u>Youth Suicide Intervention and Prevention Plan</u> <u>2019 Annual Report</u> (includes youth suicide data)
- Oregon Veterans Behavioral Health Services
 Improvement Study

Drew Allen, MS

Injury Surveillance Research Analyst Public Health Division Injury and Violence Prevention Program p: 503-880-5362 e: drew.r.allen@dhsoha.state.or.us

Meghan Crane, MPH

Zero Suicide in Health Systems Coordinator Public Health Division Injury and Violence Prevention Program p: 971-673-1023 e: meghan.crane@dhsoha.state.or.us



Lethal Means Resources

- OHA Reducing Opioid Overdose and Misuse webpage
 - New Report: Opioid Overdose in Oregon
 - Monthly Opioid Overdose Data Report (sign up to receive directly by email)
 - Overdose-Related Services & Projects Summary by Oregon County
- CDC: <u>Adverse Childhood Experiences</u>. Overdose and Suicide: intersection and prevention
- CDC: <u>Connecting the dots: Exploring the overlaps between multiple form of violence and collaborative</u> <u>prevention.</u>
- <u>Trends in Intentional and Unintentional Opioid Overdose Deaths in the United States. 2000-2017</u>
- Suicide: A Silent Contributor to Opioid-Overdose Deaths
- Understanding Links among Opioid Use, Overdose and Suicide
- Substance Use Disorders in the Zero Suicide Framework (webinar and materials)
- SAMHSA: Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment
- SAMHSA: Substance Use and Suicide: A Nexus Requiring A Public Health Approach
- SAMHSA: <u>The Intersection of Opioid Abuse</u>, <u>Overdose</u>, and <u>Suicide</u>: <u>Understanding the Connections</u> (webinar and materials)
- SAMHSA: <u>The Intersection of Opioid Abuse</u>, <u>Overdose and Suicide</u>: <u>The Role of Chronic Pain</u> (webinar and materials)
- New England Journal of Medicine (2018). Suicide: A Silent Contributor to Opioid-Overdose Deaths.
- OHA Addressing Firearm Safety with Patients at Risk of Suicide (1-credit CME)
- People Who Love Guns Love You Brochure: <u>http://oregonfirearmsafety.org/wp-</u> <u>content/uploads/42796 Suicide-Prevention-Brochure PROOF.pdf</u>
- Research Brief for Clinicians: Addressing Firearm Safety in Your Suicidal Patient: <u>http://oregonfirearmsafety.org/addressing-firearm-safety/</u>



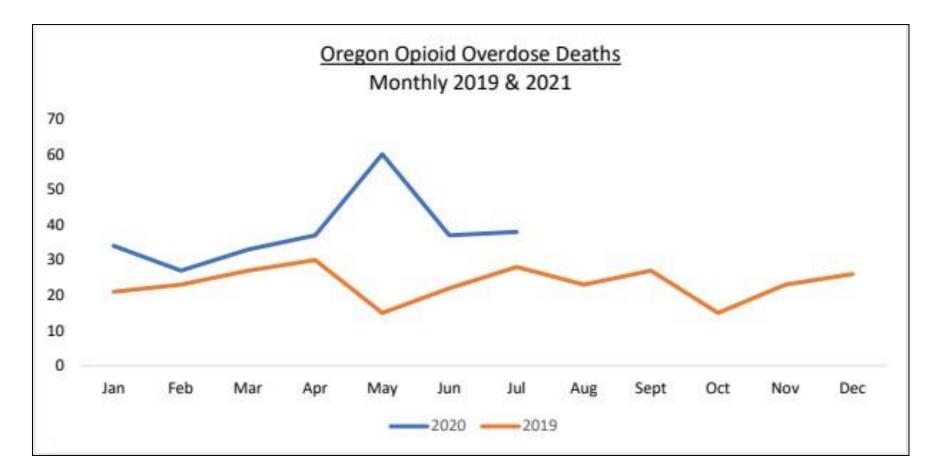
Intersection: Opioids and Suicide

- Since a peak in 2006, prescription opioid deaths in Oregon have decreased by 50%
- Heroin overdose deaths increased in 2018 after remaining relatively steady since 2007
- Recently, accidental deaths due to methamphetamine and psychostimulants have surpassed accidental deaths due to pharmaceutical opioids and due to heroin
- Accidental deaths due to synthetic opioid other than methadone, such as fentanyl, are an emerging concern
- Between 2013-2018, a problem with a substance other than alcohol was present in:
 - Suicide deaths age 10-17: 10%
 - Suicide deaths age 18-24: 22%
- Opiates (including heroin and prescription painkillers) were present in 20 percent of suicide deaths (CDC, 2014)

Source: <u>OHA: Opioid Overdose in Oregon</u>. Note: An opiate is a substance made from opium, such as heroin. The term opioid includes opiates as well as synthetic substances such as methadone, oxycodone and fentanyl that act on opioid receptors in the central nervous system.



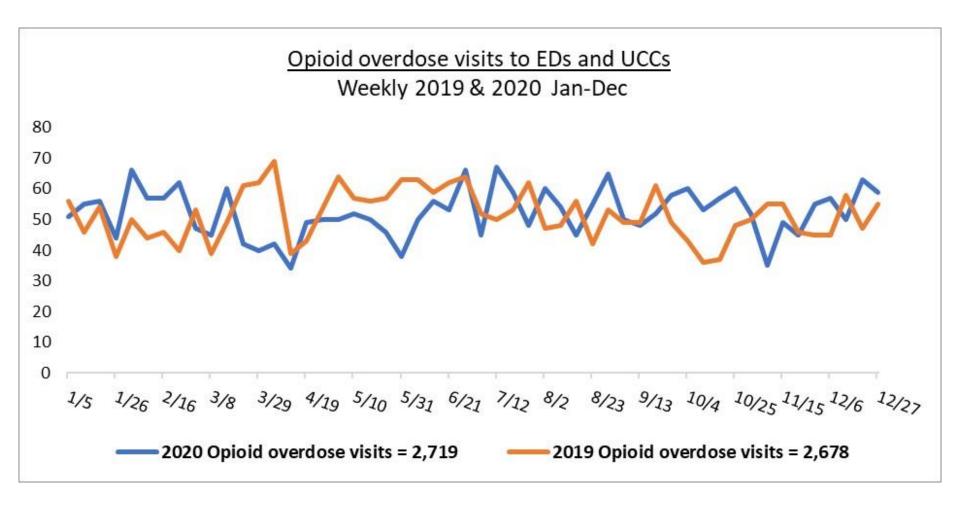
Opioid Overdose



Source: National Violent Death Reporting System. Available through the <u>OHA Monthly Opioid</u> <u>Overdose Data Report</u>



Opioid Overdose





Source: Oregon ESSENCE. Available through the OHA Monthly Opioid Overdose Data Report

Lethal Means Workgroup

Alliance March Quarterly Meeting

Lethal Means Workgroup Updates

- Formation of Workgroup and Objectives
- Coordinating Focus Groups *Building on Susan Keys work with OHA*
- Findings from Focus Groups & Recommendations of Firearm Owners
- Recent Developments in Oregon Firearm Initiatives
- Next Steps for Lethal Means Workgroup

Formation of Firearm Safety and Lethal Means Workgroup

- YSIPP 1.0:
- Objective 5.1.a. By March 2018, the Alliance will oversee a strategic plan for developing, implementing, and evaluating means safety counseling and other programs that are research-informed, culturally relevant, and respectful of community values.
- This group started meeting in the past year and at first focused on firearm safety as this is the leading means / method used in suicide attempts and is the most lethal
- This specific objective from YSIPP 1.0 is an example of an action item that can be pulled forward to YSIPP 2.0
- While the strategic plan isn't complete, there has been progress which Jonathan Hankins from Lines for Life will go over with us now.

Focus Group Participants

18-25	0
26-35	6
36-45	11
46-55	1
56-65	6
Over 65	7
TOTAL	31

County: Region	#
Clackamas County: Happy Valley	1
Curry County: Tillamook	1
Deschutes County: Bend, LaPine, Redmond, Sunriver	6
Klamath County: Klamath Falls	2
Lane County: Eugene	1
Linn-Benton Co: Philomath	3
Linn County: Albany	7
Lake County: Christmas Valley	1
Marion County: Woodburn	1
Multnomah County: Portland, Gresham	7
Polk County: Monmoth	1

Acknowledgements:

This work was produced with support and accompaniment from many including the community members who participated and/or recruited participants as well as volunteers and staff at the Alliance, the American Foundation for Suicide Prevention (Oregon and Idaho), the University of Oregon, the Oregon Health Authority and Lines for Life.

Focus Group Facilitation: Dr. Susan Keyes

Data Reporter: Elissa Adair

Project Coordinator: Jonathan Hankins

Firearm Owner Focus Groups

"We want to ensure the voice of firearm owners is representated when the Alliance makes recommendations to legislation."

- Dr. Susan Keys

Barriers to Adoption and Promotion of Firearm Safety and Suicide Prevention

- Mental Health Stigma
- Underlying Belief of Suicide Not Being Preventable
- Lack of Information
- Perceived Coersiveness From Policy Makers
- Costs of Safe Storage
- Categorization of Gun Owners at Rist

Suicide Prevention with At-Risk Firearm Owners:

It was clear temporary separation from firearms is appropriate if the person in crisis reaches out for assistance. It was important that the person responding to a person of concern ask for permission.

Phrases or strategies gun owners thought they might use:

"I'd expect you to do the same for me because we care about each other."

"I am coming from a place of love."

"Is it okay for me to hold your guns for now?"

"How about I take the cylinder out and keep it for a while? How about you lock them up and I take the key?"

1) Create Messaging directed at firearm owners:

Make it clear that suicide can happen when you experience a crisis for the very first time

Data is met with great suspicion There is a general lack of trust of government data so do not rely on this for messaging

Meet firearm owners where they're at: Respect core beliefs

2) Support the creation of an Oregon Firearms CoalitionsGetting the right people on board for a coalitionThis should not be an OHA initiative as OHA

3) Clarify ORS 166.435

Ask Atty. General to clarify ORS 166.435 and what liability there might or might not be for returning firearms. What constitutes an immediate emergency? Could it also be that a child is having thoughts of suicide. What is the liability of the person who is holding the gun?

Add to law that friends as well as family can hold a gun

4) Foster Safe Storage

Create safe storage lockers at shooting rangers, firearm stores, sheriff's offices, for safe storage

Create a law that allows gun stores and ranges to hold guns?

Create and promote a Safe Storage Map

5) Create standards for firearms training that includes suicide prevention module

6) Recommend the convening of a cross-sector task force including representatives across state and federal agencies (health, education, police, secretary of state, fish and wildlife, veteran's affairs, bureau of alcohol, tobacco, firearms and explosives) to list existing points of contact with gun owners, retailers and gun clubs, identify and track data related to firearms, and endorse and coordinate dissemination of consistent education materials and curricula.

The mission of this group would be to model collective responsibility and logistical coordination NOT regulation.

Since The Finalization of the Focus Group Report:

Formation of Oregon Firearm Safety Coalition

Conversations with National 'Hold My Guns' Initiative

Collaboration with WSU on bringing Firearm Safety courses to Oregon

AOCMHP Coordinating Purchase of Lockboxes & Safes for every LMHP

Oregon Firearm Safety Coalition

OFSC Mission Statement

The Oregon Firearm Safety Coalition (OFSC)'s mission is to prevent firearm suicides in Oregon through voluntary-not mandatory--community-led strategies. OFSC will remain a nonpartisan, mission-driven coalition that does not seek to mandate behaviors or restrict the Second Amendment right to bear arms. Rather, we seek to give Oregon firearm owners the resources, information, and skills to support themselves and their loved ones in preventing suicide.

Guiding Principle

Firearm community working together to support suicide prevention by meeting firearm owners where they at without judgment, reducing stigma and myths associated with suicide, and providing information and resources to help keep firearm owners and their families/loved ones safe.

Goals of OFSC:

- Create suicide prevention content for ALL firearm and CHL trainings.
- Create safe and legal offsite storage for firearm owners possibly partnering with 'Hold My Guns' and/or creating an offsite storage map for Oregon.
- Develop community outreach materials to be displayed and given out at in gun shops (Gun Shop Project), gun shows, gun ranges, firearm trainings, competitive shooting competitions, and other firearm community events.



Next Steps for Lethal Means Workgroup

- We looked at needs and strengths for the field and picked some focus areas for us to move forward with
- Some of the need areas identified include:
 - 1. Lack of training in suicide prevention for firearms owners when securing concealed carry permit.
 - 2. Oregon law allows for friends to take ownership of firearm when an owner is at risk but we need more clarification on the details and liability for the people holding the firearms temporarily.
 - 3. Lack of follow up/assessment/development of safety plan for at-risk individuals who are discharged due to lack of beds.
 - 4. We learned about the importance of harm reduction techniques from an Opioid presentation and will be looking deeper into Opioid and substances as a lethal means.

Next Steps for Lethal Means Workgroup

- To move forward with these few priorities, the group is selecting point people / subject matter experts for the different priorities
- These folks will gather information outside of meetings and bring it back to the larger group for us to create specific SMART Goals and recommendations for the field



March Alliance Committee Updates

Name of Committee: Data & Evaluation Committee

Chair(s): John Seeley and Ruger Brubaker

Committee Members *(italicized members are either youth or young adult members)*: John Seeley, Roger Brubaker, Debra Darmata, Drew Allen, Elissa Adair, Gordon Clay, Grace Bullock, Jill Baker, Jonathan Rochelle, *Joseph Stepanenko*, Kara Boulahanis, Karen Cellarius, Michelle Bangen, Rebecca Marshall, Sandy Bumpus, Sarah Spafford, Shanda Hochstetler, Spencer Delbridge

List Committee's Strategic Priority(ies) FY20-21:

- Committee is continuing to build up its infrastructure and specific priorities going forward. Their current focus is learning what data is available, who provides the data, and how to access the data to identify gaps. These are the current priorities listed in their SMART Goals:
 - Healthy and empowered individuals, families, and communities
 - Clinical and community preventive services
 - Surveillance, Research, and Evaluation

Highlights and/or Progress on Priorities (include data if available):

- This committee selected a co-chair for the group, Roger Brubaker.
- OHA provided a presentation on data dashboards to this committee to help them formulate a workplan. The committee is focusing on different areas of their workplan each month so they can identify areas of focus and specific tasks to accomplish.
- The committee is learning more about ESSENCE Reporting and how this can be used for committee, local coalitions, and the larger Alliance work.
- This committee is hoping to take the different pieces they are learning from presentations to use them in their data recommendations to OHA.

Request for Feedback from Executive Committee: Yes \Box No \boxtimes If yes, what type of feedback is needed? N/A

Discussion or Presentation Needed at Quarterly: Yes \Box No \boxtimes N/A.



Name of Committee: Executive Committee

Chair(s): Galli Murray & Ryan Price

Committee Members *(italicized members are either youth or young adult members)*: Dan Foster, Deb Darmata, Don Erickson, Galli Murray, Gordon Clay, Jill Baker, John Seeley, *Karli Read*, Kimberlee Jones, Kirk Wolfe, Laura Rose Misaras, Leslie Golden, Lon Staub, *Maya Bryant*, Meghan Crane, *Olivia Nilsson*, Ryan Price, Shanda Hochstetler

List Committee's Strategic Priority(ies) FY20-21:

- Develop a plan to foster and sustain statewide policy development and leadership in suicide prevention.
- Integrate and coordinate suicide prevention activities across multiple sectors and settings

Highlights and/or Progress on Priorities (include data if available):

- A small workgroup was formed out of this committee to look at long-term policy priorities for the Alliance. This group has met several times to discuss what having a long-term policy vision would look like as well as a framework for their tasks.
- HB 2315 is moving through the legislative process with it's first hearing March 8th. In addition to providing testimony for this bill, Alliance staff and members have provided testimony on other suicide prevention legislation, such as SB 52.
- This committee has met three times with the Equity Consultant Group UPRISE for focus groups that discussed values and resource mapping. This is just the first step in a year-long project with UPRISE.
- Members of this committee participate in the ASIPP workgroups to provide input and feedback on the development of this new plan.

Request for Feedback from Executive Committee: Yes \square No \square

If yes, what type of feedback is needed? Vote needed on SB 48 report.

Discussion or Presentation Needed at Quarterly: Yes \Box No \boxtimes



Name of Committee: Outreach & Awareness Committee

Chair(s): Ryan Price & Laura Rose Misaras

Committee Members *(italicized members are either youth or young adult members)*: Andrea Childreth, Angie Butler, Jill Baker, Laura Rose Misaras, Leslie Golden, Liz Thorne, Sarah Rea, Mark Hammond, Meghan Crane, Nicholas Clark, Ryan Price, Shanda Hochstetler, Tia Barnes

List Committee's Strategic Priority(ies) FY20-21:

- Connect and collaborate with regional coalitions
- Develop sample press releases based on hope, help, and healing framework, and a panel of subject matter experts to respond to legislative, media, and other requests about suicide intervention / prevention
- Support, recruit and retain Alliance membership to align with SB707 and represent BIPOC and frontier communities

Highlights and/or Progress on Priorities (include data if available):

- Alliance staff conducted one Regional Suicide Prevention Coalition Webinar this quarter and conducted outreach with Suicide Prevention Coalition leads to attend the new quarterly Coalition Leadership Network in March.
- The Alliance partnered with The American Foundation for Suicide Prevention in their 3rd annual Capitol Day event that took place virtually. This event provided an overview of some suicide prevention legislation and an orientation on how to talk with legislators and attendees were able to meet with their legislators to advocate for suicide prevention legislation.
- This Committee provided feedback on themes related to Outreach and Awareness for YSIPP 2.0. and finalized a media packet for the Alliance and coalitions.

Request for Feedback from Executive Committee: Yes \Box No \Box If yes, what type of feedback is needed? N/A

Discussion or Presentation Needed at Quarterly: Yes \Box No \boxtimes Topic: N/A



Name of Committee: Schools Committee

Chair(s): Kimberlee Jones

Committee Members *(italicized members are either youth or young adult members)*: Amy Ruona, Caitlin Wentz, Chris Hawkins, Emily Moser, Fran Pearson, Gabi Colton, Jill Baker, Jim Hanson, John Seeley, Jon Rochelle, Justin Potts, Kahae Rikeman, Kimberlee Jones, Liz Thorne, Lon Staub, *Maya Bryant*, Mila Rodriguez-Adair, *Olivia Nilsson*, Parker Sczepanik, Shanda Hochstetler, Spencer Delbridge, Spencer Lewis, Sydney Stringer

List Committee's Strategic Priority(ies) FY20-21:

- Support implementation of SB 52 by providing input during rules making and developing guidance tools for schools.

Highlights and/or Progress on Priorities (include data if available):

- This Committee reviewed the Oregon Department of Education's guide for LGBTQSIA+ on engagement which led to Alliance staff and affiliates providing testimony on SB 52, which directs Department of Education to develop and implement statewide education plan for students who identify as LGBTQSIA+.
- The committee continues to work closely with the ODE and OHA staff who are providing statewide leadership on Adi's Act implementation. The group will be focused on recommendations for YSIPP 2.0 in their next meeting.

Request for Feedback from Executive Committee: Yes \Box No \boxtimes If yes, what type of feedback is needed? N/A

Discussion or Presentation Needed at Quarterly: Yes \Box No \boxtimes Topic: N/A



Name of Committee: Transitions of Care Committee

Chair(s): Galli Murray & Julie Magers (transitioning to Charlette Lumby and Joseph Stepanenko)

Committee Members *(italicized members are either youth or young adult members)*: Anders Kass, Charlette Lumby, Galli Murray, Jill Baker, John Seeley, Jonathan Rochelle, Julie Magers, *Joseph Stepanenko*, Kaliq Fulton-Mathis, Lon Staub, Nikobi Petronelli, Rachel Ford, Rebecca Marshall, Shanda Hochstetler, Tanya Pritt

List Committee's Strategic Priority(ies) FY20-21:

- Prepare committee for a transition in chair leadership that will occur during the next quarter.
- Discuss and decide on scope of work for the committee.
- Continue work on HB 2023 / 3090 / 3091.

Highlights and/or Progress on Priorities (include data if available):

- Committee members attended an OHA led meeting on survey questions for hospitals around HB 3090 and 3091. Feedback was provided.
- New chairs have been selected and transition in leadership has started.
 The group had a presentation from DCBS to discuss HB3091, the payer part of the discharge efforts.

Request for Feedback from Executive Committee: Yes \Box No \boxtimes If yes, what type of feedback is needed? N/A

Discussion or Presentation Needed at Quarterly: Yes \boxtimes No \square Topic: N/A



Name of Committee: Workforce Committee

Chair(s): Don Erickson & Julie Scholz

Committee Members *(italicized members are either youth or young adult members)*: Don Erickson, Amber Ziring, Fran Pearson, Jill Baker, John Seeley, Julie Scholz, Kirk Wolfe, Liz Thorne, Sarah Spafford, Shanda Hochstetler, Stephanie Willard, Tanya Pritt

List Committee's Strategic Priority(ies) FY20-21:

- 2021 Legislation to require behavioral health workforce to take suicide prevention related CEUs
- By the end of June 2021, get legislation passed requiring the behavioral health workforce to take continuing education units on suicide assessment, intervention, and management

Highlights and/or Progress on Priorities (include data if available):

- HB 2315 is moving through the legislative process and has it's first public hearing March 8th.
- Committee members and staff have meet with licensing boards and legislators to discuss the bill, find supporters, and work through any opposition. There will be an amendment to the bill that will change the current requirement of 6 CEUs every 6 years to 2 CEUs every 2 years to meet the need of different licensing boards.

Request for Feedback from Executive Committee: Yes \Box No \boxtimes If yes, what type of feedback is needed? N/A

Discussion or Presentation Needed at Quarterly: Yes ⊠ No ⊠ Topic: Update can be included as part of the legislative update



Name of Committee: LGBTQ+ Advisory Group

Chair(s): Khanya Msibi & Wren Fulner

Committee Members (italicized members are either youth or young adult members):

List Committee's Strategic Priority(ies) FY20-21:

- Promote LGBTQ affirming policies and practice in youth serving organizations to promote resilience and decrease rejection
- Reduce the harm of family rejection by promoting the strategies of the Family Acceptance Project
- Provide survey to LGBTQ+ community for YSIPP 2.0 feedback

Highlights and/or Progress on Priorities (include data if available):

- Advisory group distributed a survey to members of the LGBTQ+ community for feedback on what should go in YSIPP 2.0. The group reviewed data they received and are creating recommendations to be sent for YSIPP 2.0.
- Group is continuing to develop a model for LGBTQ+ intervention which ranges from harm reduction to liberation and will provide recommendation that it is included in the next YSIPP.

Request for Feedback from Executive Committee: Yes \Box No \boxtimes If yes, what type of feedback is needed? N/A

Discussion or Presentation Needed at Quarterly: Yes \Box No \boxtimes Topic: N/A



Name of Committee: Lived Experience Advisory Group

Chair(s): Laura Rose Misaras

Committee Members (*italicized members are either youth or young adult members*): Dan Foster, Elliott Hinkle, Laura Rose Misaras, *Nicholas Rogers, Noah Rogers*, Jennifer Fraga, *Shane Roberts*

List Committee's Strategic Priority(ies) FY20-21:

- Provide input on YSIPP 2.0

Highlights and/or Progress on Priorities (include data if available):

- Advisory distributed a survey to send to folks with lived experience as defined by a youth or young adult with personal experience or parents to youth / young adults with lived experience to gather input on what should go into YSIPP 2.0.
- This group is currently analyzing the survey results to put forward recommendations for YSIPP 2.0.
- There is strong youth participation in this advisory group.

Request for Feedback from Executive Committee: Yes \Box No \boxtimes If yes, what type of feedback is needed? N/A

Discussion or Presentation Needed at Quarterly: Yes \Box No \boxtimes Topic: N/A



Name of Committee: Lethal Means and Firearm Safety Workgroup

Chair(s): Jonathan Hankins

Committee Members *(italicized members are either youth or young adult members)*: Debra Darmata, Elissa Adair, Emily Watson, John Seeley, Jonathan Hankins, Kathleen Carlson, Meghan Crane, Pamela Pearce, Ryan Price, Stephanie Willard, Sunshine Mason, Zev Braun

List Committee's Strategic Priority(ies) FY20-21:

Create a workplan / focus for the workgroup going forward.

Highlights and/or Progress on Priorities (include data if available):

- This workgroup identified need areas in different sectors, such as hospitals, and are discussing different action items that they could recommend addressing these need areas.
- There will be a different topic of focus from these need areas for each meeting going forward with the next one looking at Opioids.
- Members of this workgroup attended a Firearm Safety Course held by Washington State's Forefront group and met with leadership after to discuss how we could bring a training like this to Oregon.

Request for Feedback from Executive Committee: Yes \Box No \boxtimes If yes, what type of feedback is needed? N/A

Discussion or Presentation Needed at Quarterly: Yes \boxtimes No \boxtimes

Topic: Share focus group recommendations and progress with Alliance. Ask for ideas and feedback from Alliance members and affiliates regarding priority areas for work on lethal means reduction in YSIPP 2.0