

Recommendations from the Oregon Alliance to Prevent Suicide: Organized by Sector and/or Committee*

Note – recommendations from the Lived Experience Advisory Group are integrated throughout the document, especially in the Workforce, Schools and Outreach sections. Perspectives of suicide loss and attempt survivors along with those of people who struggle with persistent thoughts of suicide are critical to this work and the group requests that YSIPP 2.0 include a statement about this and how it was informed by their perspectives.

Workforce Committee Recommendations

Goals and Objectives

Background Sources: Suicide Prevention Resource Center, Action Alliance, SB48 Report, AFSP Policy Priorities, Alliance workplace papers

Source of Recommendations: Workforce Committee, Quarterly Alliance Feedback Sessions, Lived Experience Advisory

Proposed Sectors: Behavioral Healthcare, Physical Healthcare

Goal:

Ensure that healthcare and behavioral healthcare workforce are trained to identify, manage, and treat suicidality. (SPRC Strategies: Identify and Assist/effective care and treatment/reduce access to means) (Data: SB48 report; increased number of BH and health professionals have completed training re: suicide screening and treatment.; number of departments that have instituted in-house training for staff evidence healthcare professionals feel more competent in identifying and managing suicidality)

Objective 1: Ensure that peer support and behavioral health providers in Oregon are prepared to identify and assist youth and young adults who are considering suicide, provide basic safety planning and directly provide or connect individuals to the appropriate resources through effective implementation of HB 2315.

Suggested Actions:

- Members of Alliance, including youth and family members, participate in the Rules Advisory Committee for HB2315.
- Partner with professional behavioral health organizations (e.g., NASW, MHACBO) to educate Behavioral Healthcare workforce on requirements and help to develop standards for developmental levels of training.
- Develop statewide training resource page similar to the Get Trained to Help website.
- OHA and/or Alliance partner with Behavioral Healthcare professional organizations (e.g., AOCMHP, NASW).
- Alliance will annually review SB 48 Report and make recommendations to OHA on professional development based on evaluation of results.

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Objective 2: Healthcare providers that serve children, youth, and families receive suicide risk assessment, safety planning, and intervention training.

- Assess current Oregon landscape of SP training for healthcare sector to identify gaps and opportunities for improvement
- Support and build on existing initiatives to train healthcare workforce including Zero Suicide. OHA Zero Suicide staff and/or Zero Suicide system leaders advise the Alliance on health-care related policy and facilitate linkage between regional suicide prevention coalitions, public health departments and Zero Suicide teams.
- Alliance partner with key suicide prevention advocates (AFSP, Lines for Life, Prevention Coalitions) to promote legislation requiring health workforce to receive suicide prevention training

Proposed Sector: Community/Employers

Goal: Information about recognizing the warning signs for suicide, knowing how to have the conversation, and finding the right help at the right time are available to youth and young adults in the Oregon workforce.

Objective 1: Oregon employers of individuals 24 years of age and younger have access to guidance regarding how to create a suicide safer work environment.

Suggested Actions:

- Gather data to identify where 16- to 24-year-old young adults are employed in Oregon and share with regional coalitions and GLS Counties .
- Develop a partnership with regional coalitions, CMHP's, Lines for Life and public health agencies to provide and/or develop guidance for employers.
- Create and implement a dissemination plan.

Objective 2: Business and community organizations that employ people 24 years and younger promote and participate in gatekeeper trainings.

- Regional coalitions engage employers and distribute suicide prevention information to youth employers, for example, targeted outreach to fast food, construction, job training programs and government agencies assisting job seekers with unemployment.
- OHA Public Health, with support from the Alliance, Lines for Life, AFSP and Suicide Prevention Coalitions, develops or shares "OSHA" type suicide prevention information for employers to be posted in employee break rooms and bathrooms.
- Coalitions and public health providers identify key youth employers in their community and disseminate prevention materials.

Outreach and Awareness Committee Recommendation

Goals and Objectives

Background Sources: Alliance Communication Plan, Maryland State Plan, National Council of Nonprofits: Collective Impact, Stanford Social Innovations Review

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Source of Recommendations: Outreach and Awareness Committee; Alliance Members/Affiliates

Proposed Sector: Communications

Goal

Suicide prevention messaging reaches youth, young adults, and families throughout Oregon. (Measures: Number of “hits” on social media; feedback from coalitions, schools, youth, or others on impact of campaigns, number of times suicide prevention highlighted in Oregon media; evaluation data from Sources of Strength campaigns)

Objective 1: Invest in broad public health-type campaigns to educate the public, prioritizing messaging to high priority youth and families about suicide prevention.

Suggested Actions:

- OHA invests in working with a public relations or other organization with communication expertise to develop the campaign, with consultation from subject matter experts.
- Employ a broad-based social marketing campaign based on the accepted safe messaging model using identified audiences and message through a variety of media.
- Target outreach to youth-serving organization such as the YMCA, Parks and Recreation, youth sports and culturally specific organizations or clubs.
- Messaging re: suicide prevention is vetted by people with lived experience and highlights resources for suicide prevention and intervention that are culturally responsive, adaptive, and likely to be used by young people and their families.

Objective 2: Annually coordinate statewide public messaging campaigns with regional coalitions and public health departments.

Suggested Actions:

- Fold this messaging campaign into current suicide prevention efforts such as coalitions, suicide prevention month, and OHA funded youth and family contracts.
- Convene an opportunity for other state departments, such as OYA and Forestry, to provide input about the messaging campaign and how they could/would use it.
- OHA host a kickoff event when the messaging campaign launches with other state departments.
- Coordinate with the Alliance to share the information out to coalition and public health leaders.
- Host webinars or other learning opportunities to highlight messaging campaigns and strategies developed by the Garret Lee Smith counties

Goal: Suicide prevention in Oregon is a coordinated statewide effort with clear lines of communications and opportunities for setting shared suicide prevention goals and strategies with counties and regional coalitions. (Measure:

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Objective :1 OHA and Alliance promote and support collaboration, learning and communication between regional coalitions, local public health and mental health authorities, and state agencies to build capacity for local leadership for suicide prevention, intervention and postvention.

Suggested Actions:

- Leverage regional and statewide conferences to highlight statewide initiatives, promote effective local suicide prevention efforts, and amplify the perspectives of youth, young adults, and families with lived experience of behavioral health struggles, suicide loss or attempt survivors.
- Alliance continues to facilitate quarterly meetings of regional coalitions leaders for mutual learning and support.
- Alliance and other OHA funded suicide prevention websites feature list of suicide prevention coordinators and coalitions statewide with contact information.

Transitions of Care Committee

Goals and Objectives

Background Sources: Zero Suicide, Suicide Prevention Resource Center

Source of Recommendations: Transitions of Care Committee, Alliance Membership/Affiliates

Proposed Sectors: Behavioral Health, Physical Health, Education/Schools

Goal: Ensure full implementation of legislation related to care transitions (HB3090/3091 in partnership with healthcare and behavioral healthcare systems, schools, and families.

Objective 1: Create a community of practice focused on implementation policies related to care transitions as outlined in ORS 441.015 to 441.063 and ORS 441.196 (HB3090, HB2023) to increase compliance and understanding of the law and best practice.

Suggested Actions:

- Convene key stakeholders for community of practice including key healthcare entities, peer providers, families, and youth.
- Identify system issues related to implementation of HB3090, HB2023 and propose next steps to address these issues based in part on HB3090/3092 survey results.
- Identify a point of contact within each stakeholder group for all work related to ORS 441.015 to 441.063 and ORS 441.196 (HB3090, HB2023).
- Collaborate with DCBS and commercial insurers to determine a method to track and report on efforts and findings regarding implementation, enforcement and complaint procedures associated with ORS 743A.168 (HB3091).
- Work with Legislative Assembly on hearings to get updates on implementation, enforcement, complaints, and barriers to implementation and develop any follow up actions based on reports made during the hearings.

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Objective 2: Create shared resource for cross-system transitions (e.g., Schools/Hospitals/Behavioral Health) such as completed work, forms, implementation tools and transition strategies from acute crisis care to stabilization/recovery to foster safety and care for youth and young adults at risk of suicide.

Suggested Actions:

- Work with OHA to create a forum for the sharing of completed work, including audit forms, implementation tools, and contact lists.
- Work with OHA to develop a plan for dissemination and use of existing tools and documents (such as OAHHS' Interpretative Guidelines for Oregon Hospitals regarding discharge planning from hospitals, OHA HB3090 Reports resulting from hospital surveys, etc.).
- OHA establishes a page on its website, easily accessible to the public, that describes the requirements associated with Oregon's safe transition laws and a defined procedure for grievance or complaint submission. Encourage OAHHS to replicate this effort on their website.
- Identify community resources and strategies that may assist with transitions from acute crisis care to stabilization and recovery.

Schools Committee

Goals and Objectives

Background Sources: SB52, ODE Guidance, Trevor Project, Step-by-Step Guide, JED Foundation

Source of Recommendations: Schools Committee (Discussion/Jam board), Alliance membership/affiliates, YYEA, Lived Experience Advisory, LGBTQ Advisory

Proposed Sector: Education

GOAL: Successful implementation of Adi's Act (SB52) in partnership with cross-sector collaboration including state agencies, schools, communities, regional coalitions, crisis response and behavioral health. **Measures:** School plans include community partners and local coalitions; School Climate Surveys and Student Health Surveys. **Acquisition of Skills, Skills Applied; Penetration within the sector of trainings**

Objective 1: Foster mutual accountability in preventing suicide by ensuring that schools, students, families, and community work together, and are supported by sustained investments in financial and human infrastructure.

Suggested Actions:

- Provide guidance on skills, expertise, training, and licensing necessary to develop, adopt and implement suicide prevention, intervention and postvention plans.
- Develop a systems map that is featured on multiple relevant websites of organizations/teams providing suicide prevention supports and capacity building in Oregon schools.
- Develop a shared understanding and clear processes for referral, connection, and collaboration with organizations providing suicide prevention support and capacity building in Oregon schools.

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- Promote the “no wrong door” approach that has been initiated by the schools’ team at Lines for Life and OHA
- Formalize the advisory role of the Alliance to ODE regarding Adi’s Act implementation.
- Assist districts with conducting needs assessments and prioritizing human and financial resource allocation to support integration of suicide prevention and broad mental health promotion activities.
- Facilitate coordination between community groups, families, and schools by providing contact information and collaborative opportunities.
- Link ODE suicide prevention resource pages on key suicide prevention websites (Lines for Life, Alliance, etc.)
- Increase school and district leadership (from building to superintendent levels) superintendent engagement in the ODE/OHA and the Alliance suicide prevention partnership through presentations at COSA and including COSA in the Alliance membership.
- Advocate for local and state Children Systems of Care executive and advisory groups to prioritize suicide prevention by partnering with schools to develop shared goals and approaches to prevent youth suicide.
- Support the integration of suicide prevention into schools’ Multi-Tiered Systems of Support (MTSS) across academic, behavior, health, and wellness activities.
- Pilot suicide prevention initiatives in selected school districts (urban, suburban, and rural) evaluate and share learning at conferences and in resource materials.

Objective 2: Ensure all district and school staff who may interact with students can recognize the warning signs for suicide, know how to engage in conversation and access helping resources by promoting evidence-based suicide intervention training including reduction of access to lethal means.

Suggested Actions:

- Provide and require QPR and Mental Health First Aid, and ASIST training (and refresher courses) to school staff.
- ODE and OHA develop and disseminate guidelines to schools (public and private) which outlines training available and appropriate target audience (e.g., QPR or MHFA for clerical, janitorial and teachers; ASIST for counselors and administrators; CALM for social workers, counselors, school-based health center staff)
- If schools employ Student Resource Officers (SRO), ensure that they receive adequate training in suicide prevention, intervention and postvention, and can demonstrate competence with a wide range of student populations (i.e., students of color, LGBTQIA2+, grade ranges, etc.)
- Big 7 and CALM coordinators develop shared strategic goals focused on schools for their training initiatives.

Objective 3: Build supportive and resilient K-12 school systems by promoting integrated models of mental health and well-being.

Suggested Actions:

- ODE provides a guidance document, with feedback from the Alliance and other partners, which includes existing policies/modules for K-12 schools.

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- Use evidence-based social / emotional curriculum and programs such as Roots of Empathy, and 5 Radical Minutes at the elementary-school and middle school level to help children build coping and social/emotional skills that help prevent suicide.
- Integrate information on mental health and suicide into school curriculum (like health and/or physical education).
- Invest in programs like Sources of Strength that build resilience, promote help-seeking, and help create an affirming school climate
- Support and monitor implementation of [ODE Integrated Model of Mental Health](#)
- Pilot suicide prevention initiatives in selected Oregon school districts (urban, suburban, and rural), evaluate and share learning at conferences and in resource materials.

Objective 4: Build positive school climate for all with focused investment and attention on students who are currently underserved, experiencing houselessness, or impacted by racism or homophobia.

Suggested Actions:

- Support and learn from ODE's LGBTQ2SIA African American/Black, Latino/a/x, American Indian/Alaska Native Student Success Plans. Consider a phased approach – focusing on one plan each year.
- Suicide prevention subject matter experts work with the advisory groups for each plan on identifying priority areas for action related to suicide.
- ODE/OHA and Alliance collaborate with Advisory groups to develop, identify, or promote population specific, interventions and supports to prevent suicide. (See the action items from the Alliance's LGBTQ Advisory for sample population specific plan.)
- Provide education and supports to school administrators, teachers, coaches, and students to promote a school culture of belonging where identities are not just tolerated, but affirmed and celebrated.

Sample Population Specific Actions-LGBTQ2SIA

- Alliance member attends advisory group for LGBTQIA2S Student Success Plan
- Increase family and community acceptance of LGBTQ+ students and decrease rejecting behaviors through pilot of Family Acceptance Project posters and training.
- Support training for school staff around school climate, acceptance/rejection and LGBTQ-specific issues related to suicide:
 - Address school climate including bullying targeted at students who are, or are perceived as being, gay or gender non-conforming.
 - Find partners who do this training (w/r/t/ LGBTQ) and partner to develop specific content around suicidality
- Coordinate with ODE and Safe Schools and Communities Coalition to analyze & address gaps between existing policies and implementation of policies
- Coordinate with Governor's School Safety Taskforce to ensure accurate understanding of LGBTQ-specific safety needs are addressed

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- Ensure that LGBTQ+ affirming initiatives include attention to the intersectionality – i.e., the strengths and challenges of holding multiple identities. (e.g., bi/African American; trans/immigrant/English learner.)

Objective 5: Teams in every school district in Oregon receive postvention training and every school has a postvention plan that links to their county postvention plan.

Suggested Actions:

- Provide Connect Training for Trainers to key state and local school personnel to make postvention trainers easily available to schools across the state.
- Connect Coordinator partners with ODE SSPW teams and Lines for Life to develop a 5-year plan to ensure that every school district has received postvention training.
- School suicide prevention plans include clear postvention planning that aligns with and includes communication paths with their local county plans

Objective 6: . Ensure that students who return to school after a mental health crisis are supported in the school setting and appropriate school staff are aware of their needs.

Suggested Actions:

- School districts collaborate with partners including CMHP's, CCO's, System of Care councils and hospitals, to establish cross system communication processes (MOU's) for student's healthy reintegration after a hospitalization or attempt (including mobile crisis services, law enforcement, EMTs, 988 Line) and practitioners.
- Youth peer and family peer support specialists, whether working for schools or community-based organizations, are consulted regarding the development and implementation of transition policies.
- Schools engage youth and/or family support peer providers to support youth and their families who have experienced a mental health crisis.
- ODE provide guidance regarding best practices for supporting a student after they have been in the +hospital or residential treatment.
- ODE track and reports on progress, in partnership with UO Alliance and OHA, regarding smooth transitions between hospitals, residential treatment, behavioral health services and schools.
- Alliance work with students and families, especially those with lived experience of suicide or engagement in mental health systems, to determine whether further legislation is needed to address this issue.

Objective 7: Facilitate youth and school community engagement in activities that support suicide prevention efforts.

Suggested Actions:

- Partner with family support and youth support organizations to provide suicide prevention training to families.
- Regional coalitions host events on school campuses with incentives for family participation.
- Engage PTAs in trainings to reduce access to lethal means
- Engage in Sources of Strength type campaigns to educate families about suicide prevention and mental health stigma reduction.

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- Provide suicide prevention information at events that already attract families and students (e.g., sports events, school plays or music performances.)
- Co-create activities to build protective factors with families and youth.

Objective 8: Oregon schools have well-trained mental health providers, such as psychologists, social workers, QMHA/P's working closely with students, families, and staff.

Suggested Actions:

- ODE and school districts prioritize funding mental health positions.
- Alliance and other suicide prevention advocates make the case for policy prioritizing bringing mental health professionals to schools as an essential suicide prevention activity.
- School districts actively recruit, or partner with CMHP's to actively recruit, qualified mental health providers who are culturally responsive.

Lethal Means Workgroup Recommendations

Goals and Objectives

Background Sources: Report, Input from Oregon Gun Owners on Firearm Safety and Suicide Prevention (June 2020); Suicide Prevention Resource Center; March 2021 Alliance Quarterly meeting

Source of Recommendations: Lethal Means Workgroup

Proposed Sector: Cross Sector Strategies (can be applied to each sector such as schools/healthcare)

Goal: Families, schools and communities engage in activities to keep children, youth, and young adults safe through education about lethal means dangers and reducing their access to lethal means. (Measure: # of lock boxes distributed; Number of people who participate in a firearm suicide prevention training; Decreased number of youth suicide by firearm).

Firearms

Objective 1: Gun owners have access to accurate and consistent information about how to keep themselves and their loved ones safer from suicide.

Suggested Actions:

- OHA convene a cross-sector task force that includes 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 endorse and coordinate dissemination of consistent education materials and curricula. (Note- the goal is to model collective responsibility not regulation).
- List existing points of contact with gun owners such as retailers, gun clubs, hunting licensing agencies and shooting ranges

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- Create and distribute a pamphlet “Suicide-Proofing” your home to include: Firearms, Medications, Storage of Suffocants/hanging devices, and offering support similar to these: <https://ccsme.org/wp-content/uploads/2017/01/Suicide-Proof-Your-Home-Infographic1.pdf>
<https://www.nationwidechildrens.org/family-resources-education/health-wellness-and-safety-resources/helping-hands/children-at-risk-for-self-harm-or-harm-to-others-home-safety-guidelines-for-families>

Objective 2: Reduce access to firearms for youth and young adults who are at risk of suicide by firearms.

Suggested Actions:

- OHA, AFSP, Alliance and Lines for Life collaborate with community groups/organizations and public agencies to promote safe storage of firearms.
- OHA Public Health Division creates, or contracts for, a messaging campaign that is culturally responsive and highlights how gun ownership can increase suicide risk in a time of stress and highlight strategies for safety planning and gun storage.
- Foster Safe Storage by partnering with shooting rangers, firearm stores, sheriff’s offices, for safe storage. Create and promote a Safe Storage Map and making lock boxes for firearms available for free through CMHP’s. Consider legislation.
- Assess whether legislation to allow firing ranges, firearm stores, friends, and family to store firearms in an emergency is needed; if needed, advocate for this legislation.
- Alliance Lethal Means Advisory, working with Forefront and firearm owners, create standards for firearms training that includes suicide prevention module.
- CALM training is provided as standard part of onboarding for behavioral health professionals.
- OPS, in partnership with OHA and the Alliance, promote CALM, or other evidence-based firearm safety training, to pediatricians statewide.

Objective 2: Gun owners understand the safe storage laws and have their concerns about liability clarified.

Suggested Actions:

- OHA asks the Attorney General requesting clarification on liability and definitions of “immediate emergency” for friends, family, gun owners, gun shops and law enforcement. (ORS 166.435)
- Alliance lethal means advisory and Safe Gun Coalition collaborate to inform firearm owners their families, friends, law enforcement and others in the gun community through a public messaging campaign that clearly explains the law and responsibilities and resources for safe storage.

Opioids

Objective 3: Families and youth/young adults understand how addictive opioids and the increased danger of death by overdose for those at risk of suicide or those struggling with substance abuse.

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Suggested Actions:

- Use multiple modalities to educate and communicate with families and youth 24 and under about how deadly opioids, especially fentanyl, can be.
- Suicide Prevention Coalitions, Alliance, OHA include information about opioid overdose in suicide prevention materials, including data from the 2020 Opioid Overdose in Oregon Report.
- Convene a group including Public Health, SPIP, Medical Examiners and evaluators to explore with Public Health, SPIP, Medical Examiners and evaluators potential for identifying which deaths by overdose were intentional.
- Work with OFSN, OPS, CMHP's and youth and family organizations to promote harm reduction strategies such as naloxone.

Objective 4: Collaborate with community groups/organizations and schools to abuse of prescription medications by youth and young adults to reduce risk of suicide.

Suggested Actions:

- Alliance Lethal Means Advisory partner with the Opioid Task Force to look at the intersection of suicide and overdose and areas for shared action.
- Providers are educated about the high co-occurrence of substance abuse and suicidality.
- Health providers and behavioral health providers consistently screen for co-occurrence to reduce the risk of suicide.
- Compile and disseminate suicide and substance abuse screening tools for physical and behavioral health professionals.
- Work with the Opioid Task Force to ensure strategies for harm reduction, screening and safety planning process.
- Lethal Means Advisory and Lines for Life collaborate to hold focus groups similar to the firearm owners focus groups to learn about messaging and language from people and/or family members of people who have struggled with Opioid use about Opioids. Examples of materials include things that are from patients to patients webpage/pamphlet/FAQ with testimonials and data about their pain treatment options -- example here:
<https://www.consumerreports.org/opioids/do-you-really-need-that-opioid-prescription>

Suffocation

Objective 3: Increase understanding in Oregon through research, child fatality reviews, and psychological autopsies, about suffocation as a means of suicide to identify prevention strategies.

Suggested Actions:

- Conduct a comprehensive overview of data around youth and young adults suicide by suffocation (i.e., inhalants, plastic bags, hanging). Potential sources for review and data include:
 - Information reported by the counties
 - Psychological Autopsy for a more in-depth review

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- County & State Child Fatality Review Teams
- Available data from hospitals, correctional facilities, and residential facilities
- Qualitative data from focus groups conducted with youth and families. (CATS maybe one source)

Objective 4: Families and youth/young adults have access to information about suicide-proofing and means safety.

Suggested Actions:

- Create a pamphlet of “Suicide-Proofing” your home to include: Firearms, Medications, Storage of Suffocants/hanging devices, and offering support similar to these: <https://ccsme.org/wp-content/uploads/2017/01/Suicide-Proof-Your-Home-Infographic1.pdf>
<https://www.nationwidechildrens.org/family-resources-education/health-wellness-and-safety-resources/helping-hands/children-at-risk-for-self-harm-or-harm-to-others-home-safety-guidelines-for-families>
- ODE encourages schools to include harm reduction and means safety education in health classes and counseling.

LGBTQ Advisory

Goals and Objectives

Background Sources: Trevor Project, Suicide Prevention Resource Center, SB52, Basic Rights Oregon, Healthy Teens Survey, State of State Schools Report, Family Acceptance Project

Source of Recommendations: LGBTQ Advisory, YVEA, Alliance membership/affiliates

Proposed Sectors: Education, Youth Serving Entities, Physical and Behavioral Healthcare, Schools

Goal: Youth-serving systems specifically address LGBTQ+ suicide prevention and intervention strategies through a trauma-informed lens embracing strategies that range from harm reduction to liberatory practices; youth experience these systems as being affirming of their LGBTQ+ identity.

Objective 1: OHA collaborates with state departments to assess whether their organization is experienced by youth as LGBTQ+ affirming. /ODE/DHS/UO and Alliance work with youth systems (OYA, Schools, Child Welfare etc.) to assess their current organizational climate vis-à-vis LGBTQ+ youth and young adults, analyze and address gaps between policy and practice and promote strategies to create an affirming culture within their organizations.

Suggested Actions:

- OHA reviews suicide related data and prioritizes one youth serving department each year to collaborate with on assessing organization climate, policies and practices related to LGBTQ+ youth, families, and adults.
- If needed, develop assessment tool to determine organizational climate, policies and practices related to LGBTQ+ youth, families, and adults.

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- Support partners to make their organization welcoming and affirming to LGBTQ+ youth, young adults, families, and staff .
- Highlight promising and best practices in Oregon's youth serving systems through listservs, conferences, webinars, and coalitions.
- Share the Alliances' LGBTQ+ suicide prevention framework with youth/young adult serving systems including examples of safety planning, stories and LGBTQ+ resiliency and connection.

Objective 2: Support effective implementation of the LGBTQ2SIA Student Success Plan (note Suggested Actions are nested in the Schools section.)

Objective 3: Build capacity for robust gathering and analysis of Sexual Orientation and Gender Identity (SOGI) data related to mental health, suicide, and suicide attempts to develop data driven strategies to prevent LGBTQ youth and young adult suicide.

Suggested Actions:

- Collect data on number and percentage of LGBTQ+ youth within systems such as juvenile justice, child welfare DD services.
- Ensure LGBTQ+ experience is reflected in analyses whenever LGBTQ+ demographics are collected. Work with public health and Data and Eval committee to advocate for disaggregated data (LGBTQ+).
- Increased outreach to rural and frontier areas, especially to LGBTQ and youth serving organizations to understand their unique experience(s)
- OHA and Alliance Data and Evaluation Committee advocate for collection and sharing of SOGI-related death data.
- Analyze & address gaps between existing LGBTQ-related policies and implementation of policies across systems
- Embrace qualitative approaches such as focus groups to gain a better understanding of queer youth culture & its relationship with suicide

Objective 4: Continue targeted funding, including both significant investments and mini-grants, to LGBTQ+ organizations to engage in activities that promote and highlight LGBTQ+ community strengths and address suicide risk factors.

Suggested Actions:

- Review evaluation outcomes from the 2020/21 LGBTQ mini-grant process for lessons learned.
- Alliance/AOCMHP host a community of practice with recipients of mini-grants and invite other LGBTQ+ organizations to participate with a goal of shared learning and mutual support.
- OHA/ODE and other state agencies seek federal funding to provide supports to LGBTQ+ organizations.
- Consult with LGBTQ+ organizations and youth regarding suicide prevention outreach material targeted to LGBTQ+ youth

Objective 5: Gender affirming healthcare is available to youth and young adults in Oregon.

Suggested Actions:

- Assess barriers in Oregon to youth and young adults receiving gender affirming healthcare via literature scan and feedback from LGBTQ+ organizations, youth, and families.
- OHA partner with OPS, OHSU, or other appropriate statewide healthcare organizations to share information with healthcare providers regarding gender affirming healthcare.
- Highlight promising practices in gender affirming healthcare in OHA public communications.



June 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*): Debra Darmata, Elissa Adair, Grace Bullock, Jill Baker, John Seeley, Jonathan Rochelle, *Joseph Stepanenko*, Kara Boulahanis, Karen Cellarius, Miranda Sitney, Michelle Bangen, Rebecca Marshall, Roger Brubaker, Sandy Bumpus, Sarah Spafford, Shanda Hochstetler, Spencer Delbridge

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

- Committee is continuing to build up specific priorities. The current focus is learning what data is available and who provides 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 reviewed some YSIPP 2.0 recommendations from other Alliance Committees and Advisory Group to help create measurable outcomes.
- They are continuing to create and expand on their workplan.
- Data and Evaluation did not submit specific recommendations for YSIPP 2.0 but they will play a role in evaluating and creating metrics for objectives and initiatives in the future.

Request for Feedback from Executive Committee: Yes ☐ No ☒

If yes, what type of feedback is needed? N/A

Discussion or Presentation Needed at Quarterly: Yes ☐ No ☒

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):

- The Executive team received regular updates on the YSIPP 2.0 data collection process and provided input along the way.
- Work with UPRISE is continuing. A separate workgroup focusing in liberation and equity work was created and this will continue with UPRISE's help. UPRISE also facilitated a training for Alliance members on equity and liberation work in the behavioral health and suicide prevention fields.
- HB 2315 passed through the session and is awaiting a signature from the Governor.
- Members of this committee continue to participate in the ASIPP workgroups to provide input and feedback.

Request for Feedback from Executive Committee: Yes ☐ No ☒

If yes, what type of feedback is needed? N/A

Discussion or Presentation Needed at Quarterly: Yes ☐ No ☒

N/A



Name of Committee: Outreach & Awareness Committee

Chair(s): Ryan Price

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 a webinar specifically for Suicide Prevention Coalition Leadership. The Coalition Leadership webinar is meant to serve as a way for leaders to connect on what is working well, problem solve issue areas, and work together to create common messaging across the state.
- This Committee worked to create recommendations for OHA on YSIPP 2.0. These recommendations are below.

Request for Feedback from Executive Committee: Yes ☐ No ☒

If yes, what type of feedback is needed? N/A

Discussion or Presentation Needed at Quarterly: Yes ☐ No ☒

Topic: N/A



Outreach and Awareness Committee Recommendation

Goals and Objectives

Background Sources: Alliance Communication Plan, Maryland State Plan, National Council of Nonprofits: Collective Impact, Stanford Social Innovations Review

Source of Recommendations: Outreach and Awareness Committee; Alliance Members/Affiliates

Proposed Sector: Communications

Goal

Suicide prevention messaging reaches youth, young adults, and families throughout Oregon. (Measures: Number of “hits” on social media; feedback from coalitions, schools, youth, or others on impact of campaigns, number of times suicide prevention highlighted in Oregon media; evaluation data from Sources of Strength campaigns)

Objective 1: Invest in broad public health-type campaigns to educate the public, prioritizing messaging to high priority youth and families about suicide prevention.

Suggested Actions:

- OHA invests in working with a public relations or other organization with communication expertise to develop the campaign, with consultation from subject matter experts.
- Employ a broad-based social marketing campaign based on the accepted safe messaging model using identified audiences and message through a variety of media.
- Target outreach to youth-serving organization such as the YMCA, Parks and Recreation, youth sports and culturally specific organizations or clubs.
- Messaging re: suicide prevention is vetted by people with lived experience and highlights resources for suicide prevention and intervention that are culturally responsive, adaptive, and likely to be used by young people and their families.

Objective 2: Annually coordinate statewide public messaging campaigns with regional coalitions and public health departments.

Suggested Actions:

- Fold this messaging campaign into current suicide prevention efforts such as coalitions, suicide prevention month, and OHA funded youth and family contracts.
- Convene an opportunity for other state departments, such as OYA and Forestry, to provide input about the messaging campaign and how they could/would use it.
- OHA host a kickoff event when the messaging campaign launches with other state departments.
- Coordinate with the Alliance to share the information out to coalition and public health leaders.
- Host webinars or other learning opportunities to highlight messaging campaigns and strategies developed by the Garret Lee Smith counties

Goal: Suicide prevention in Oregon is a coordinated statewide effort with clear lines of communications and opportunities for setting shared suicide prevention goals and strategies with counties and regional coalitions.

Objective :1 OHA and Alliance promote and support collaboration, learning and communication between regional coalitions, local public health and mental health authorities, and state agencies to build capacity for local leadership for suicide prevention, intervention and postvention.

Suggested Actions:

- Leverage regional and statewide conferences to highlight statewide initiatives, promote effective local suicide prevention efforts, and amplify the perspectives of youth, young adults, and families with lived experience of behavioral health struggles, suicide loss or attempt survivors.
- Alliance continues to facilitate quarterly meetings of regional coalitions leaders for mutual learning and support.
- Alliance and other OHA funded suicide prevention websites feature list of suicide prevention coordinators and coalitions statewide with contact information.

Name of Committee: Schools Committee

Chair(s): Kimberlee Jones & *Maya Bryant*

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 Sczeapanik, 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 recruited a new co-chair – Maya Bryant. A high school student, YVEA Member, and YouthLine volunteer.
- This Committee worked to create recommendations for OHA on YSIPP 2.0. These recommendations are below.

Request for Feedback from Executive Committee: Yes ☐ No ☒

If yes, what type of feedback is needed? N/A

Discussion or Presentation Needed at Quarterly: Yes ☐ No ☒

Topic: N/A



Goals and Objectives

Background Sources: SB52, ODE Guidance, Trevor Project, Step-by-Step Guide, JED Foundation

Source of Recommendations: Schools Committee (Discussion/Jam board), Alliance membership/affiliates, YYEA, Lived Experience Advisory, LGBTQ Advisory

Proposed Sector: Education

GOAL: Successful implementation of Adi's Act (SB52) in partnership with cross-sector collaboration including state agencies, schools, communities, regional coalitions, crisis response and behavioral health. Measures: School plans include community partners and local coalitions; School Climate Surveys and Student Health Surveys; Acquisition of Skills, Skills Applied; Penetration within the sector of trainings

Objective 1: Foster mutual accountability in preventing suicide by ensuring that schools, students, families, and community work together, and are supported by sustained investments in financial and human infrastructure.

Suggested Actions:

- Provide guidance on skills, expertise, training, and licensing necessary to develop, adopt and implement suicide prevention, intervention and postvention plans.
- Develop a systems map that is featured on multiple relevant websites of organizations/teams providing suicide prevention supports and capacity building in Oregon schools.
- Develop a shared understanding and clear processes for referral, connection, and collaboration with organizations providing suicide prevention support and capacity building in Oregon schools.
- Promote the "no wrong door" approach that has been initiated by the schools' team at Lines for Life and OHA
- Formalize the advisory role of the Alliance to ODE regarding Adi's Act implementation.
- Assist districts with conducting needs assessments and prioritizing human and financial resource allocation to support integration of suicide prevention and broad mental health promotion activities.

- Facilitate coordination between community groups, families, and schools by providing contact information and collaborative opportunities.
- Link ODE suicide prevention resource pages on key suicide prevention websites (Lines for Life, Alliance, etc.)
- Increase school and district leadership (from building to superintendent levels) superintendent engagement in the ODE/OHA and the Alliance suicide prevention partnership through presentations at COSA and including COSA in the Alliance membership.
- Advocate for local and state Children Systems of Care executive and advisory groups to prioritize suicide prevention by partnering with schools to develop shared goals and approaches to prevent youth suicide.
- Support the integration of suicide prevention into schools' Multi-Tiered Systems of Support (MTSS) across academic, behavior, health, and wellness activities.
- Pilot suicide prevention initiatives in selected school districts (urban, suburban, and rural) evaluate and share learning at conferences and in resource materials.

Objective 2: Ensure all district and school staff who may interact with students can recognize the warning signs for suicide, know how to engage in conversation and access helping resources by promoting evidence-based suicide intervention training including reduction of access to lethal means.

Suggested Actions:

- Provide and require QPR and Mental Health First Aid, and ASIST training (and refresher courses) to school staff.
- ODE and OHA develop and disseminate guidelines to schools (public and private) which outlines training available and appropriate target audience (e.g., QPR or MHFA for clerical, janitorial and teachers; ASIST for counselors and administrators; CALM for social workers, counselors, school-based health center staff)
- If schools employ Student Resource Officers (SRO), ensure that they receive adequate training in suicide prevention, intervention and postvention, and can demonstrate competence with a wide range of student populations (i.e., students of color, LGBTQIA2+, grade ranges, etc.)
- Big 7 and CALM coordinators develop shared strategic goals focused on schools for their training initiatives.

Objective 3: Build supportive and resilient K-12 school systems by promoting integrated models of mental health and well-being.

Suggested Actions:

- ODE provides a guidance document, with feedback from the Alliance and other partners, which includes existing policies/modules for K-12 schools.
- Use evidence-based social / emotional curriculum and programs such as Roots of Empathy, and 5 Radical Minutes at the elementary-school and middle school level to help children build coping and social/emotional skills that help prevent suicide.
- Integrate information on mental health and suicide into school curriculum (like health and/or physical education).
- Invest in programs like Sources of Strength that build resilience, promote help-seeking, and help create an affirming school climate
- Support and monitor implementation of [ODE Integrated Model of Mental Health](#)
- Pilot suicide prevention initiatives in selected Oregon school districts (urban, suburban, and rural), evaluate and share learning at conferences and in resource materials.

Objective 4: Build positive school climate for all with focused investment and attention on students who are currently underserved, experiencing houselessness, or impacted by racism or homophobia.

Suggested Actions:

- Support and learn from ODE’S LGBTQ2SIA African American/Black, Latino/a/x, American Indian/Alaska Native Student Success Plans. Consider a phased approach – focusing on one plan each year.
- Suicide prevention subject matter experts work with the advisory groups for each plan on identifying priority areas for action related to suicide.
- ODE/OHA and Alliance collaborate with Advisory groups to develop, identify, or promote population specific, interventions and supports to prevent suicide. (See the action items from the Alliance’s LGBTQ Advisory for sample population specific plan.)
- Provide education and supports to school administrators, teachers, coaches, and students to promote a school culture of belonging where identities are not just tolerated, but affirmed and celebrated.

Sample Population Specific Actions-LGBTQ2SIA

- Alliance member attends advisory group for LGBTQIA2S Student Success Plan
- Increase family and community acceptance of LGBTQ+ students and decrease rejecting behaviors through pilot of Family Acceptance Project posters and training.
- Support training for school staff around school climate, acceptance/rejection and LGBTQ-specific issues related to suicide:
 - Address school climate including bullying targeted at students who are, or are perceived as being, gay or gender non-conforming.
 - Find partners who do this training (w/r/t/ LGBTQ) and partner to develop specific content around suicidality
- Coordinate with ODE and Safe Schools and Communities Coalition to analyze & address gaps between existing policies and implementation of policies
- Coordinate with Governor's School Safety Taskforce to ensure accurate understanding of LGBTQ-specific safety needs are addressed
- Ensure that LGBTQ+ affirming initiatives include attention to the intersectionality – i.e., the strengths and challenges of holding multiple identities. (e.g., bi/African American; trans/immigrant/English learner.)

Objective 5: Teams in every school district in Oregon receive postvention training and every school has a postvention plan that links to their county postvention plan.

Suggested Actions:

- Provide Connect Training for Trainers to key state and local school personnel to make postvention trainers easily available to schools across the state.
- Connect Coordinator partners with ODE SSPW teams and Lines for Life to develop a 5-year plan to ensure that every school district has received postvention training.
- School suicide prevention plans include clear postvention planning that aligns with and includes communication paths with their local county plans

Objective 6: Ensure that students who return to school after a mental health crisis are supported in the school setting and appropriate school staff are aware of their needs.

Suggested Actions:

- School districts collaborate with partners including CMHP's, CCO's, System of Care councils and hospitals, to establish cross system communication processes (MOU's) for student's healthy reintegration after a hospitalization or attempt (including mobile crisis services, law enforcement, EMTs, 988 Line) and practitioners.
- Youth peer and family peer support specialists, whether working for schools or community-based organizations, are consulted regarding the development and implementation of transition policies.
- Schools engage youth and/or family support peer providers to support youth and their families who have experienced a mental health crisis.
- ODE provide guidance regarding best practices for supporting a student after they have been in the +hospital or residential treatment.
- ODE track and reports on progress, in partnership with UO Alliance and OHA, regarding smooth transitions between hospitals, residential treatment, behavioral health services and schools.
- Alliance work with students and families, especially those with lived experience of suicide or engagement in mental health systems, to determine whether further legislation is needed to address this issue.

Objective 7: Facilitate youth and school community engagement in activities that support suicide prevention efforts.

Suggested Actions:

- Partner with family support and youth support organizations to provide suicide prevention training to families.
- Regional coalitions host events on school campuses with incentives for family participation.
- Engage PTAs in trainings to reduce access to lethal means
- Engage in Sources of Strength type campaigns to educate families about suicide prevention and mental health stigma reduction.
- Provide suicide prevention information at events that already attract families and students (e.g., sports events, school plays or music performances.)

- Co-create activities to build protective factors with families and youth.

Objective 8: Oregon schools have well-trained mental health providers, such as psychologists, social workers, QMHA/P's working closely with students, families, and staff.

Suggested Actions:

- ODE and school districts prioritize funding mental health positions.
- Alliance and other suicide prevention advocates make the case for policy prioritizing bringing mental health professionals to schools as an essential suicide prevention activity.
- School districts actively recruit, or partner with CMHP's to actively recruit, qualified mental health providers who are culturally responsive.

Name of Committee: Transitions of Care Committee

Chair(s): Charlette Lumby and *Joseph Stepanenko*

Committee Members (*italicized members are either youth or young adult members*): Alex Considine, Anders Kass, Charlette Lumby, Galli Murray, Jill Baker, Jonathan Rochelle, *Joseph Stepanenko*, Julie Magers, Kaliq Fulton-Mathis, Kristin Fettig, Liz Schwartz, Lon Staub, Rachel Ford, 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 leadership has fully transferred over to Charlette Lumby and Joseph Stepaneko. Thank you so much to Galli Murray and Julie Magers for all of your time, effort, and dedication in leading this work for so long and for taking the time to help the new leaders feel comfortable in their roles.
- The committee continues to build up it's membership and create a clear direction for their work moving forward.
- Some recommendations for YSIPP 2.0 were submitted and these recommendations, along with a previously submitted letter to Alissa Keny-Guyer, will help the committee to create a workplan for the upcoming year. See below for submitted recommendations.

Request for Feedback from Executive Committee: Yes ☐ No ☒

If yes, what type of feedback is needed? N/A

Discussion or Presentation Needed at Quarterly: Yes ☐ No ☒

Topic: N/A



Transitions of Care Committee

Goals and Objectives

Background Sources : Zero Suicide, Suicide Prevention Resource Center

Source of Recommendations: Transitions of Care Committee, Alliance Membership/Affiliates

Proposed Sectors: Behavioral Health, Physical Health, Education/Schools

Goal: Ensure full implementation of legislation related to care transitions (HB3090/3091 in partnership with healthcare and behavioral healthcare systems, schools, and families.

Objective 1: Create a community of practice focused on implementation policies related to care transitions as outlined in ORS 441.015 to 441.063 and ORS 441.196 (HB3090, HB2023) to increase compliance and understanding of the law and best practice.

Suggested Actions:

- Convene key stakeholders for community of practice including key healthcare entities, peer providers, families, and youth.
- Identify system issues related to implementation of HB3090, HB2023 and propose next steps to address these issues based in part on HB3090/3092 survey results.
- Identify a point of contact within each stakeholder group for all work related to ORS 441.015 to 441.063 and ORS 441.196 (HB3090, HB2023).
- Collaborate with DCBS and commercial insurers to determine a method to track and report on efforts and findings regarding implementation, enforcement and complaint procedures associated with ORS 743A.168 (HB3091).
- Work with Legislative Assembly on hearings to get updates on implementation, enforcement, complaints, and barriers to implementation and develop any follow up actions based on reports made during the hearings.

Objective 2: Create shared resource for cross-system transitions (e.g., Schools/Hospitals/Behavioral Health) such as completed work, forms, implementation tools and transition strategies from acute crisis care to stabilization/recovery to foster safety and care for youth and young adults at risk of suicide.

Suggested Actions:

- Work with OHA to create a forum for the sharing of completed work, including audit forms, implementation tools, and contact lists.
- Work with OHA to develop a plan for dissemination and use of existing tools and documents (such as OAHHS' Interpretative Guidelines for Oregon Hospitals regarding discharge planning from hospitals, OHA HB3090 Reports resulting from hospital surveys, etc.).
- OHA establishes a page on its website, easily accessible to the public, that describes the requirements associated with Oregon's safe transition laws and a defined procedure for grievance or complaint submission. Encourage OAHHS to replicate this effort on their website.

Identify community resources and strategies that may assist with transitions from acute crisis care to stabilization and recovery.

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 passed through the session and is awaiting a signature from the Governor.
- Committee members worked to create YSIPP 2.0 recommendations that were submitted to OHA. See below.

Request for Feedback from Executive Committee: Yes ☐ No ☒

If yes, what type of feedback is needed? N/A

Discussion or Presentation Needed at Quarterly: Yes ☐ No ☒

Topic: N/A



Workforce Committee Recommendations

Goals and Objectives

Background Sources: Suicide Prevention Resource Center, Action Alliance, SB48 Report, AFSP Policy Priorities, Alliance workplace papers

Source of Recommendations: Workforce Committee, Quarterly Alliance Feedback Sessions, Lived Experience Advisory

Proposed Sectors: Behavioral Healthcare, Physical Healthcare

Goal:

Ensure that healthcare and behavioral healthcare workforce are trained to identify, manage, and treat suicidality. (SPRC Strategies: Identify and Assist/effective care and treatment/reduce access to means) (Data: SB48 report; increased number of BH and health professionals have completed training re: suicide screening and treatment.; number of departments that have instituted in-house training for staff evidence healthcare professionals feel more competent in identifying and managing suicidality)

Objective 1: Ensure that peer support and behavioral health providers in Oregon are prepared to identify and assist youth and young adults who are considering suicide, provide basic safety planning and directly provide or connect individuals to the appropriate resources through effective implementation of HB 2315.

Suggested Actions:

- Members of Alliance, including youth and family members, participate in the Rules Advisory Committee for HB2315.
- Partner with professional behavioral health organizations (e.g., NASW, MHACBO) to educate Behavioral Healthcare workforce on requirements and help to develop standards for developmental levels of training.
- Develop statewide training resource page similar to the Get Trained to Help website.
- OHA and/or Alliance partner with Behavioral Healthcare professional organizations (e.g., AOCMHP, NASW).
- Alliance will annually review SB 48 Report and make recommendations to OHA on professional development based on evaluation of results.

Objective 2: Healthcare providers that serve children, youth, and families receive suicide risk assessment, safety planning, and intervention training.

- Assess current Oregon landscape of SP training for healthcare sector to identify gaps and opportunities for improvement
- Support and build on existing initiatives to train healthcare workforce including Zero Suicide. OHA Zero Suicide staff and/or Zero Suicide system leaders advise the Alliance on health-care related policy and facilitate linkage between regional suicide prevention coalitions, public health departments and Zero Suicide teams.
- Alliance partner with key suicide prevention advocates (AFSP, Lines for Life, Prevention Coalitions) to promote legislation requiring health workforce to receive suicide prevention training

Proposed Sector: Community/Employers

Goal: Information about recognizing the warning signs for suicide, knowing how to have the conversation, and finding the right help at the right time are available to youth and young adults in the Oregon workforce.

Objective 1: Oregon employers of individuals 24 years of age and younger have access to guidance regarding how to create a suicide safer work environment.

Suggested Actions:

- Gather data to identify where 16- to 24-year-old young adults are employed in Oregon and share with regional coalitions and GLS Counties .
- Develop a partnership with regional coalitions, CMHP's, Lines for Life and public health agencies to provide and/or develop guidance for employers.
- Create and implement a dissemination plan.

Objective 2: Business and community organizations that employ people 24 years and younger promote and participate in gatekeeper trainings.

- Regional coalitions engage employers and distribute suicide prevention information to youth employers, for example, targeted outreach to fast food, construction, job training programs and government agencies assisting job seekers with unemployment.



- OHA Public Health, with support from the Alliance, Lines for Life, AFSP and Suicide Prevention Coalitions, develops or shares “OSHA” type suicide prevention information for employers to be posted in employee break rooms and bathrooms.
- Coalitions and public health providers identify key youth employers in their community and disseminate prevention materials.

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.
- Committee members worked to create YSIPP 2.0 recommendations that were submitted to OHA. See below.

Request for Feedback from Executive Committee: Yes ☐ No ☒

If yes, what type of feedback is needed? N/A

Discussion or Presentation Needed at Quarterly: Yes ☐ No ☒

Topic: N/A

Goals and Objectives

Background Sources: Trevor Project, Suicide Prevention Resource Center, SB52, Basic Rights Oregon, Healthy Teens Survey, State of State Schools Report, Family Acceptance Project

Source of Recommendations: LGBTQ Advisory, YYEA, Alliance membership/affiliates

Proposed Sectors: Education, Youth Serving Entities, Physical and Behavioral Healthcare, Schools

Goal: Youth-serving systems specifically address LGBTQ+ suicide prevention and intervention strategies through a trauma-informed lens embracing strategies that range from harm reduction to liberatory practices; youth experience these systems as being affirming of their LGBTQ+ identity.

Objective 1: OHA collaborates with state departments to assess whether their organization is experienced by youth as LGBTQ+ affirming. /ODE/DHS/UO and Alliance work with youth systems (OYA, Schools, Child Welfare etc.) to assess their current organizational climate vis-à-vis LGBTQ+ youth and young adults, analyze and address gaps between policy and practice and promote strategies to create an affirming culture within their organizations.

Suggested Actions:

- OHA reviews suicide related data and prioritizes one youth serving department each year to collaborate with on assessing organization climate, policies and practices related to LGBTQ+ youth, families, and adults.
- If needed, develop assessment tool to determine organizational climate, policies and practices related to LGBTQ+ youth, families, and adults.
- Support partners to make their organization welcoming and affirming to LGBTQ+ youth, young adults, families, and staff .
- Highlight promising and best practices in Oregon’s youth serving systems through listservs, conferences, webinars, and coalitions.
- Share the Alliances’ LGBTQ+ suicide prevention framework with youth/young adult serving systems including examples of safety planning, stories and LGBTQ+ resiliency and connection.

Objective 2: Support effective implementation of the LGBTQ2SIA Student Success Plan (note Suggested Actions are nested in the Schools section.)

Objective 3: Build capacity for robust gathering and analysis of Sexual Orientation and Gender Identity (SOGI) data related to mental health, suicide, and suicide attempts to develop data driven strategies to prevent LGBTQ youth and young adult suicide.

Suggested Actions:

- Collect data on number and percentage of LGBTQ+ youth within systems such as juvenile justice, child welfare DD services.
- Ensure LGBTQ+ experience is reflected in analyses whenever LGBTQ+ demographics are collected. Work with public health and Data and Eval committee to advocate for disaggregated data (LGBTQ+).
- Increased outreach to rural and frontier areas, especially to LGBTQ and youth serving organizations to understand their unique experience(s)
- OHA and Alliance Data and Evaluation Committee advocate for collection and sharing of SOGI-related death data.
- Analyze & address gaps between existing LGBTQ-related policies and implementation of policies across systems
- Embrace qualitative approaches such as focus groups to gain a better understanding of queer youth culture & its relationship with suicide

Objective 4: Continue targeted funding, including both significant investments and mini-grants, to LGBTQ+ organizations to engage in activities that promote and highlight LGBTQ+ community strengths and address suicide risk factors.

Suggested Actions:

- Review evaluation outcomes from the 2020/21 LGBTQ mini-grant process for lessons learned.
- Alliance/AOCMHP host a community of practice with recipients of mini-grants and invite other LGBTQ+ organizations to participate with a goal of shared learning and mutual support.
- OHA/ODE and other state agencies seek federal funding to provide supports to LGBTQ+ organizations.
- Consult with LGBTQ+ organizations and youth regarding suicide prevention outreach material targeted to LGBTQ+ youth

Objective 5: Gender affirming healthcare is available to youth and young adults in Oregon.

Suggested Actions:

- Assess barriers in Oregon to youth and young adults receiving gender affirming healthcare via literature scan and feedback from LGBTQ+ organizations, youth, and families.
- OHA partner with OPS, OHSU, or other appropriate statewide healthcare organizations to share information with healthcare providers regarding gender affirming healthcare.
- Highlight promising practices in gender affirming healthcare in OHA public communications.

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):

- The advisory group created recommendations for YSIPP 2.0 that were submitted to OHA. The recommendations fit a variety of sectors and areas so they are spread throughout the plan and don't have one specific section.
- This group was invited to present to the statewide System of Care Advisory Council.
- The group spent a time establishing group agreements and relationship building, and we feel that it has deepened our work together.
- Advocating for passage of SB52 which will put the LGBTQ2SIA Student Success plan into statute. We hope that a member or two of the Alliance will be on the advisory group formed to monitor and support that legislation.

Request for Feedback from Executive Committee: Yes ☐ No ☒

If yes, what type of feedback is needed? N/A

Discussion or Presentation Needed at Quarterly: Yes ☐ No ☒

Topic: N/A

Name of Committee: Lethal Means and Firearm Safety Advisory Group

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 continues to strengthen their workplan for future work.
- Members voted to change group status from a time limited to workgroup to an ongoing advisory group.
- The workgroup created and submitted recommendations for YSIPP 2.0. See below for specifics.

Request for Feedback from Executive Committee: Yes ☐ No ☒

If yes, what type of feedback is needed? N/A

Discussion or Presentation Needed at Quarterly: Yes ☐ No ☒

Topic: N/A



Lethal Means Workgroup Recommendations

Goals and Objectives

Background Sources: Report, Input from Oregon Gun Owners on Firearm Safety and Suicide Prevention (June 2020); Suicide Prevention Resource Center; March 2021 Alliance Quarterly meeting

Source of Recommendations: Lethal Means Workgroup

Proposed Sector: Cross Sector Strategies (can be applied to each sector such as schools/healthcare)

Goal: Families, schools and communities engage in activities to keep children, youth, and young adults safe through education about lethal means dangers and reducing their access to lethal means. (Measure: # of lock boxes distributed; Number of people who participate in a firearm suicide prevention training; Decreased number of youth suicide by firearm).

Firearms

Objective 1: Gun owners have access to accurate and consistent information about how to keep themselves and their loved ones safer from suicide.

Suggested Actions:

- OHA convene a cross-sector task force that includes 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 endorse and coordinate dissemination of consistent education materials and curricula. (Note- the goal is to model collective responsibility not regulation).
- List existing points of contact with gun owners such as retailers, gun clubs, hunting licensing agencies and shooting ranges
- Create and distribute a pamphlet "Suicide-Proofing" your home to include: Firearms, Medications, Storage of Suffocants/hanging devices, and offering support similar to these: <https://ccsme.org/wp-content/uploads/2017/01/Suicide-Proof-Your-Home-Infographic1.pdf>
<https://www.nationwidechildrens.org/family-resources-education/health-wellness-and-safety-resources/helping-hands/children-at-risk-for-self-harm-or-harm-to-others-home-safety-guidelines-for-families>

Objective 2: Reduce access to firearms for youth and young adults who are at risk of suicide by firearms.

Suggested Actions:

- OHA, AFSP, Alliance and Lines for Life collaborate with community groups/organizations and public agencies to promote safe storage of firearms.
- OHA Public Health Division creates, or contracts for, a messaging campaign that is culturally responsive and highlights how gun ownership can increase suicide risk in a time of stress and highlight strategies for safety planning and gun storage.
- Foster Safe Storage by partnering with shooting rangers, firearm stores, sheriff's offices, for safe storage. Create and promote a Safe Storage Map and making lock boxes for firearms available for free through CMHP's. Consider legislation.
- Assess whether legislation to allow firing ranges, firearm stores, friends, and family to store firearms in an emergency is needed; if needed, advocate for this legislation.
- Alliance Lethal Means Advisory, working with Forefront and firearm owners, create standards for firearms training that includes suicide prevention module.
- CALM training is provided as standard part of onboarding for behavioral health professionals.
- OPS, in partnership with OHA and the Alliance, promote CALM, or other evidence-based firearm safety training, to pediatricians statewide.

Objective 2: Gun owners understand the safe storage laws and have their concerns about liability clarified.

Suggested Actions:

- OHA asks the Attorney General requesting clarification on liability and definitions of "immediate emergency" for friends, family, gun owners, gun shops and law enforcement. (ORS 166.435)
- Alliance lethal means advisory and Safe Gun Coalition collaborate to inform firearm owners their families, friends, law enforcement and others in the gun community through a public messaging campaign that clearly explains the law and responsibilities and resources for safe storage.

Opioids

Objective 3: Families and youth/young adults understand how addictive opioids and the increased danger of death by overdose for those at risk of suicide or those struggling with substance abuse.

Suggested Actions:

- Use multiple modalities to educate and communicate with families and youth 24 and under about how deadly opioids, especially fentanyl, can be.
- Suicide Prevention Coalitions, Alliance, OHA include information about opioid overdose in suicide prevention materials, including data from the 2020 Opioid Overdose in Oregon Report.
- Convene a group including Public Health, SPIP, Medical Examiners and evaluators to explore with Public Health, SPIP, Medical Examiners and evaluators potential for identifying which deaths by overdose were intentional.
- Work with OFSN, OPS, CMHP's and youth and family organizations to promote harm reduction strategies such as naloxone.

Objective 4: Collaborate with community groups/organizations and schools to abuse of prescription medications by youth and young adults to reduce risk of suicide.

Suggested Actions:

- Alliance Lethal Means Advisory partner with the Opioid Task Force to look at the intersection of suicide and overdose and areas for shared action.
- Providers are educated about the high co-occurrence of substance abuse and suicidality.
- Health providers and behavioral health providers consistently screen for co-occurrence to reduce the risk of suicide.
- Compile and disseminate suicide and substance abuse screening tools for physical and behavioral health professionals.
- Work with the Opioid Task Force to ensure strategies for harm reduction, screening and safety planning process.
- Lethal Means Advisory and Lines for Life collaborate to hold focus groups similar to the firearm owners focus groups to learn about messaging and language from people and/or family members of people who have struggled with Opioid use about Opioids. Examples of materials include

things that are from patients to patients webpage/pamphlet/FAQ with testimonials and data about their pain treatment options -- example here: <https://www.consumerreports.org/opioids/do-you-really-need-that-opioid-prescription>

Suffocation

Objective 3: Increase understanding in Oregon through research, child fatality reviews, and psychological autopsies, about suffocation as a means of suicide to identify prevention strategies.

Suggested Actions:

- Conduct a comprehensive overview of data around youth and young adults suicide by suffocation (i.e., inhalants, plastic bags, hanging). Potential sources for review and data include:
 - Information reported by the counties
 - Psychological Autopsy for a more in-depth review
 - County & State Child Fatality Review Teams
 - Available data from hospitals, correctional facilities, and residential facilities
 - Qualitative data from focus groups conducted with youth and families. (CATS maybe one source)

Objective 4: Families and youth/young adults have access to information about suicide-proofing and means safety.

Suggested Actions:

- Create a pamphlet of “Suicide-Proofing” your home to include: Firearms, Medications, Storage of Suffocants/hanging devices, and offering support similar to these: <https://ccsme.org/wp-content/uploads/2017/01/Suicide-Proof-Your-Home-Infographic1.pdf>

<https://www.nationwidechildrens.org/family-resources-education/health-wellness-and-safety-resources/helping-hands/children-at-risk-for-self-harm-or-harm-to-others-home-safety-guidelines-for-families>
- ODE encourages schools to include harm reduction and means safety education in health classes and counseling.



LGBTQ Youth in Oregon

Presenters:

Khanya Msibi

Wren Fulner

Nikobi Petronelli

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Introduction

- Established by the Oregon Health Authority in 2016 to oversee statewide integration and coordination of suicide prevention, intervention and postvention activities.
- Members are appointed by OHA and include policy influencers, subject matter experts, youth, and people with lived experience with suicide.
- Focus: Implementing the 2016-2020 Youth Suicide Intervention and Prevention Plan.
- Passed into statute SB707 in 2019
- Staffed by the Oregon Association of Community Mental Health Programs



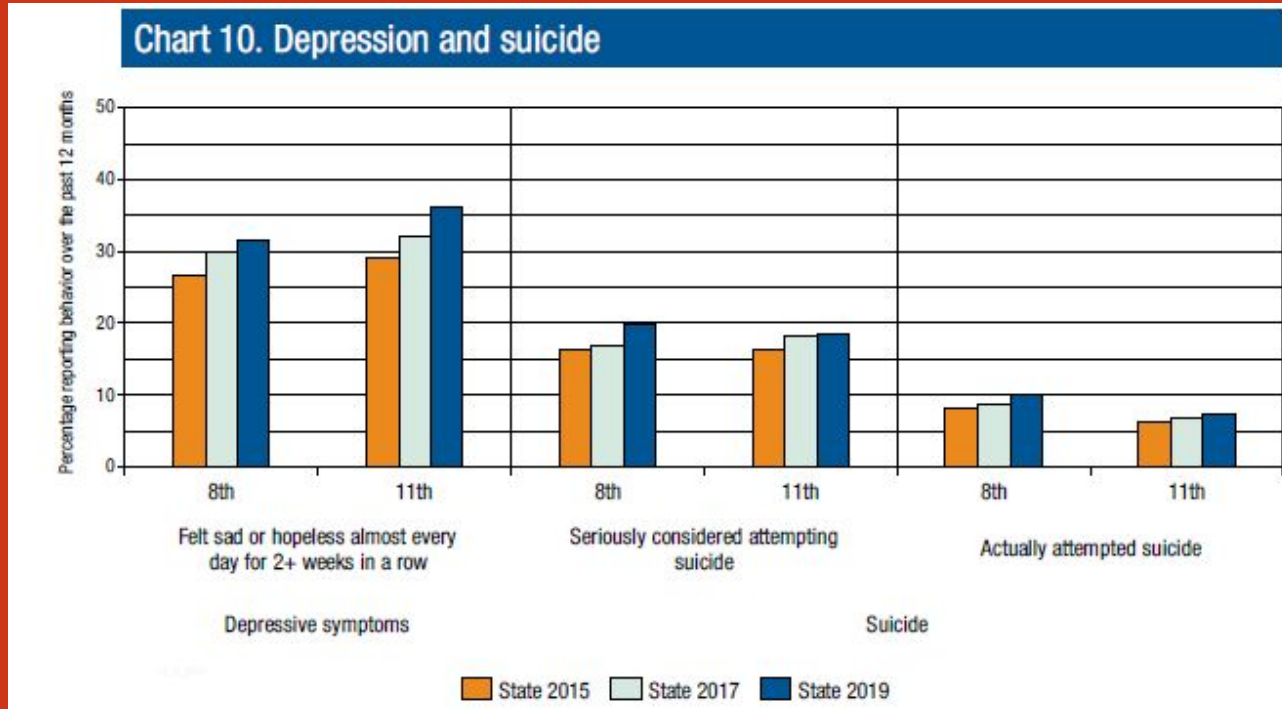
Introduction: LGBTQ Advisory Group

LGBTQ Advisory Group SMART Goals			
Outreach to Special Populations			
Specific Goals			
Reduce the harm of family rejection by promoting the strategies of the Family Acceptance Project.		Promote LGBTQ affirming policies and practice in youth serving organizations to promote resilience and decrease rejection.	
The How			
Work with Dr. Caitlin Ryan adapt Family Acceptance Project strategies for Oregon.	Identify key partners to help promote the work of the Family Acceptance Project.	Develop partnerships with key LGBTQ organizations and youth serving organizations.	Assess needs of LGBTQ youth, especially those in out-of-home placements and make recommendations for next <u>YSIPP</u> .
The Who			
Committee Members/UO/AOCMHP	Committee Members/UO/AOCMHP	Committee Members/UO/AOCMHP	Committee Members/UO/AOCMHP

Oregon Youth Mental Health and Suicide

Data from the Healthy Teen Survey

Suicide is the second leading cause of death for Oregon youth (10-24)



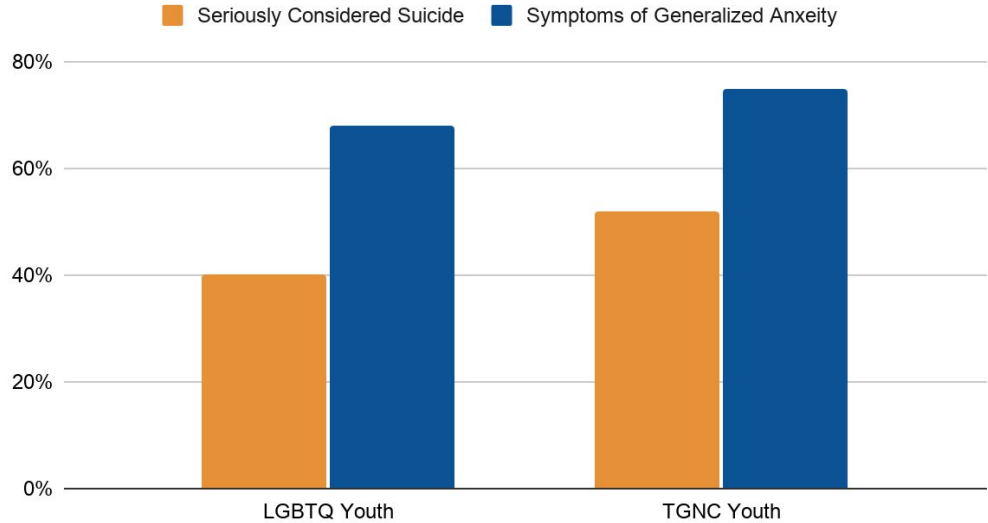
LGBTQ Youth Mental Health and Suicide

National Data from the Trevor Project

Among those who attempted Suicide

- **28%** has experienced housing instability
- **19%** were encouraged to change identity
- **22%** of reported being physically harmed
- **46%** of participants wanted mental health services, but were unable to get it

Those who Seriously Considered Suicide

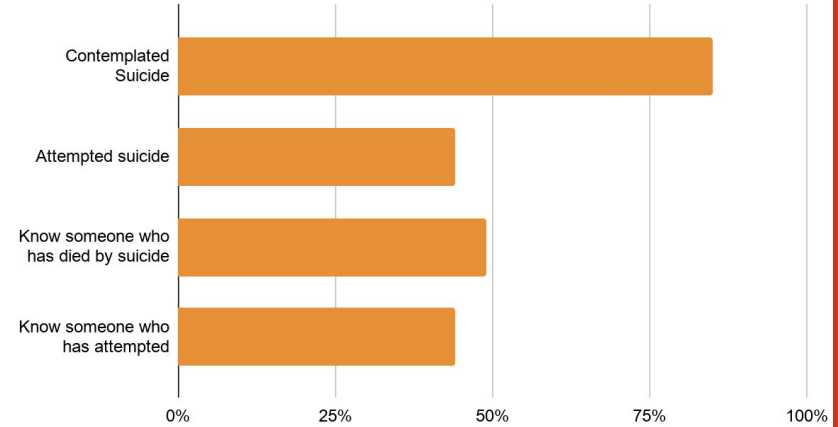


Oregon LGBTQ Youth Services and Discrimination

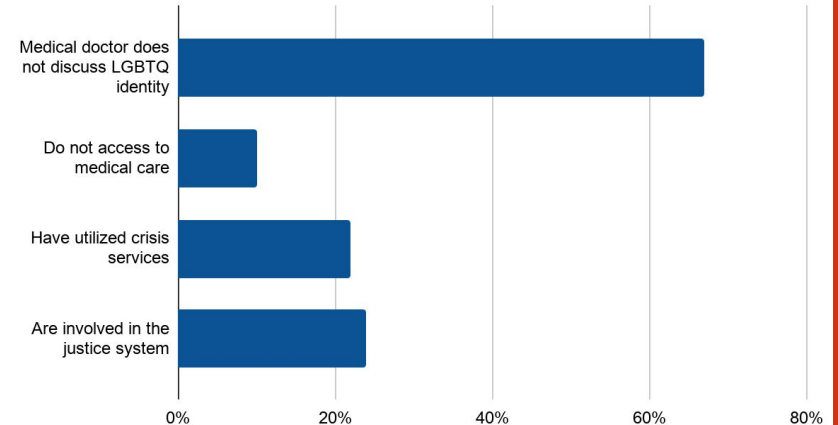
Data from the LGBTQ Advisory Group

- **62 Youth participants**
- **50%** lived in rural areas
- **63%** experienced discrimination in school
- **25%** witnessed negative stereotyping from a staff member
- **68%** witnessed negative stereotyping from another student

Suicidality Among Oregon LGBTQ Youth



Oregon Institutions and LGBTQ Youth



Work and Life Experiences

Supporting LGBTQ Youth

Strategic Directions for Serving Oregon's LGBTQ Youth

01	Support effective implementation of the LGBTQIA2S Student Success Plan	E.g. Support training for school staff around school climate, acceptance/rejection and LGBTQ-specific issues related to suicide
02	Connect and Support other youth-involved systems to better serve LGBTQ+ youth and reduce suicidality	E.g. Outreach to potential systems partners, seek involvement with Alliance and Advisory group
03	Build capacity for robust data collection and analysis of SOGI-related data	E.g. Make sure LGBTQ+ and other intersectional identities experience is reflected in analyses whenever LGBTQ+ demographics are collected and represented in mortality data.
04	Increased and focused funding of LGBTQ+ organizations and initiatives	E.g. Continue intentionally funding small LGBTQ+ led and serving organizations to do life affirming work in community
05	Encouraging LGBTQ+ Youth Affirming Health	E.g. Advocate for better access to gender affirming care within healthcare systems

Conclusion and Current Policy Advocacy

SB 52 – pass, fund, and implement ODE’s LGBTQ2SIA+ Student Success Plan

- Include youth on advisory group for implementation
- Link with Latinx, African American/Black, and American Indian/Alaska Native plans

HB 2315 – continuing education for practitioners on suicide prevention

HB 2381 – change YSIPP age range to 5-24

References & Resources

- [Oregon Healthy Teens Survey \(2019\)](#)
- [The Trevor Project. \(2020\). 2020 National Survey on LGBTQ Youth Mental Health. New York, New York: The Trevor Project.](#)
- [**OREGON LGBTQ+ YOUTH RESOURCE LIST**](#)

