Alliance Quarterly Meeting
March 12, 2021
9:30 AM – 12:30 PM

Optional Orientation: 8:45 AM – 9:15 AM

https://zoom.us/j/92085409818?pwd=QnRkdlpQYjB4aW5yZzE0c0N0L1p0dz09

Meeting ID: 920 8540 9818
Passcode: 303207
One tap mobile +12532158782,,92085409818# US (Tacoma)
+13462487799,,92085409818# US (Houston)

Attendance:

March 2021 Alliance Quarterly Orientation

1. Annette Marcus
2. Eric Bowling
3. Jenn Fraga
4. Jesus Nunez-Pineda
5. Kaliq Fulton-Matthis
6. Laura Rose Misaras
7. Linda Hockman
8. Pam Pearce
9. Stevie Dyal
10. Tanya Pritt

March 2021 Alliance Quarterly Meeting

1. Alberto Maldonado
2. Anders Kass
3. Annette Marcus
4. Ariana Brooks
5. Arnav Mohindra
6. Charlette Lumby
7. Chelsea Holcomb
8. Chris Hawkins
9. Dan Foster
10. Daniell Zeigler
11. David Westbrook
12. Deb Darmata
13. Don Erickson
14. Donna Marie
15. Drew Allen
16. Elissa Schuler Adair
17. Emily Watson
18. Eric Bowling
19. Gary Mcconahay
20. Gordon Clay
21. Iden Campbell
22. Jammie Gardner
23. Jenn Fraga
24. Jesus Nunez-Pineda
25. Jessica Jacks
26. Jill Baker
27. John Seeley
28. Jonathan Hankins
29. Julie Magers
30. Julie Scholz
31. Justin Potts
32. Kahae Rikeman
33. Kaliq Fulton-Matthis
34. Kara Boulahanis
35. Karen Cellarius
36. Karli Read
37. Katie Slebondnik
38. Khanya Msibi
39. Kimberlee Jones
40. Kimberly Lindsay
41. Kirk Wolfe
42. Kristin Fettig
43. Laura Rose Misaras
44. Leslie Golden
45. Lev Schneidman
46. Lina deMorais
47. Linda Hockman
48. Liz Thorne
49. Lon Staub
50. Mandy Kubisch
51. Maria Gdontakis Pos
52. Mary Massey
53. Maya Bryant
54. Meghan Crane
55. Michelle Bangen
56. Nick Clark
57. Nick Ye
58. Nikobi Petronelli
59. Olivia Nilsson
60. Pam Pearce
61. Roger Brubaker
62. Sandy Bumpus
63. Scott Vu
64. Shane Roberts
65. Shannon Biteng
66. Sierra Henderson
67. Spencer Delbridge
68. Stephanie Willard
69. Stevie Dyal
70. Sunshine Mason
71. Suzie Stadelman
72. Tanya Pritt
73. Tim Glascock
74. 503.793.9892

Minutes

8:45 – 9:15 **Orientation**
Annette Marcus, Alliance Suicide Prevention Policy Manager

9 :30 – 9 :50 **Welcome, Introductions and Agenda**

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

Ryan Price, Co-chair, welcomed attendees and called the meeting to order. He invited Annette Marcus to share her opening comments.

Annette thanked participants for joining the meeting and asked everyone to sign-in using the chat feature. Today we will be breaking into small groups for a few minutes of "meet and greet" before starting our work. She reminded the group that discussion of suicide may trigger uncomfortable feelings. Annette reviewed the Alliance safe environment meeting protocol including how to reach out to either Jenn or Annette through the chat option for support. Remember this is a group of advocates that include youth and young adults, experts from the field, people who have lost a loved one to suicide and people who have survived one or more suicide attempts. Please practice self-care and reach out for support if needed.

Ryan reviewed the agenda and highlighted Uprise Collective work with the Alliance on equity and inclusion. Ryan thanked OHA for funding this important work and encouraged participants to contact Jenn or Annette with questions.

Ryan asked for a motion to approve the December 2020 quarterly meeting minutes. Leslie Golden made a motion to accept the minutes as presented; Dan Foster seconded the motion. Ryan called for voting members to vote; motion to approve minutes passed; no nays; no abstentions.

Breakout groups convened for a short meet and greet.

9:50 – 10:05 **YSIPP 2.0 Update**
Jill Baker, OHA, Youth Suicide Prevention Coordinator

Jill provided an overview of the revised **draft** graphic of YSIPP 2.0. organizing approach. The graphic depicts foundational elements of the next five-year plan and can be found in the meeting materials. Highlights of Jill's presentation include:

- The draft graphic layout shows the relationship of strategic pillars, objectives, direction and initiatives. It places equity at the center of the work with policy and research/evaluation overlaying all work.
- The strategic pillars are: Tier 1 – health and empowered individuals, families and communities (universal); Tier 2 – clinical and community prevention services (selected); Tier 3 – treatment and support services (indicated)
- Strategic Objectives and Directions will be based on the three pillars and are informed by national and state data, focus groups/key informant interviews, Alliance input and national strategic directions as well as an analysis of YSIPP 1.0 implementation. We are in the process of deciding on what to "start, stop, continue" based on lessons learned over the last 5 years.
- We are using a sectors and special population approach to identify tasks and who does what over the next 5 years.
- As information is collected, UO is assisting with "ease and impact" analysis. We need to consider ease (i.e., what resources do we have, how easy is it to implement, etc.) and impact (greatest impact for our effort) as we identify what our focus will be over the next 5 years.
- YSIPP draft will be delayed by 6 – 8 weeks due to Jill being on medical leave.

10:05 – 10:20 **YYEA Update**
Karli Read, YYEA Representative, Alliance Executive Committee
Maya Bryant, YYEA Representative, Alliance Executive Committee
Olivia Nilsson, YYEA Representative, Alliance Executive Committee

Highlights from the YYEA Update include:

Karli – Reported the goal of the Oregon Youth Advocates Mentoring Program is to pair active adult members on state councils with young adult mentees. With the planning process completed, the project launched in February and is going very well. Matches have been made and is a six month test run with the hopes of continuing the program.

Maya – YYEA continues to work on its goal to increase youth leadership and equity and anti-racist practices. The YYEA equity workgroup is an intersection with suicide prevention. YYEA is a place where BIPOC youth leadership is encouraged and supported.

Olivia - Shared YYEA is focusing on policy work in the area of meaningful youth engagement and among key ideas is a focus on equity. The equity workgroup answered the questions "How should youth be engaged? How do we know youth engagement is working?". She shared this graphic of key ideas that have been generated, the items in larger font indicates the ones most often mentioned.

Following the YYEA update, Gordon Clay asked about whether there were men or boys in leadership at YYEA. Nikobi Petronelli, YYEA staff, responded that YYEA includes young people with a variety of gender identities.

10:20 – 10:47 **Oregon Health Authority Data Report**
Meghan Crane, OHA Zero Suicide Program Coordinator
Drew Allen, Injury Surveillance Research Analyst, Injury and Violence Prevention Program

Meghan opened the presentation and let participants know that Drew would be the primary presenter and she would field questions through the chat feature. Today's suicide death and suicide-related data is a preview of a report that will be finalized in mid-April once CDC finalizes data. Meghan reminded this data is just one aspect of suicide prevention in Oregon.

Drew reviewed the data, highlights from his presentation include:

Trends indicate 2019 rate of suicide in Oregon, compared to the national average, is similar to 2018. Oregon has a higher rate than the national average on suicide deaths per 100,000.

Youth Suicide in Oregon

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.

Drew reviewed data related to the mechanism of suicide by percentage of age group, 2015-2019. The mechanisms were broken down by firearms, poisoning, suffocation and other. For 18-24 year-olds, firearms accounted for 50.2% and for 10-17 year-olds, suffocation accounted for 48.5% and firearms, 40.4%.

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 survey). 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. Until more finalized data become available, it is premature to speculate on the impact that COVID-19 has had on suicide rates.
- While we saw a decrease in suicide deaths in 2020, we know that many Oregonians are 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.

Drew reviewed the data on suicide-related visits to emergency departments, urgent care centers and suicide and self-harm hospital admissions. He also shared details on data sources. Meghan Crane invited everyone to sign up for the OHA Suicide Prevention Network listserv for ongoing information:
http://listsmart.osl.state.or.us/mailman/listinfo/yspnetwork

For full details on the data Drew reviewed, see meeting materials.

Prior to the break, Annette took a pause to comment on the earlier conversation re: gender/leadership within YYEA. She acknowledged that that suicide rates for men and boys are higher than for girls and women, and she suggested that the Alliance plan for fuller discussions about this at future meetings. Gordon noted that their comment wasn't intended to diminish the excellent work of YYEA and particularly the work of Karli, Maya and Olivia. Nikobi talked about honoring youth voice and perspective. They noted that members of YYEA include young people with a variety of ways of understanding and

relating to their gender identity. She also highlighted the many ways Olivia, Maya and Karli have stepped into leadership roles.

Annette shared that, as we've been learning, urgency is a part of white culture and we need to think about how we are agenda driven. Ryan added today's conversation about youth leadership is an example of how we need to have space within our agenda so we don't rush our discussions. The executive committee will take a look at future quarterly meeting agendas and how to create more flexibility while getting our work completed.

11: 09 – 11:19 **BREAK**

11:20 – 11:45 **Data Discussion**
Small Group Discussion

Attendees broke into to small groups to reflect on the data that indicates suicide deaths are highest amongst 18-24 year-old population. The groups brainstormed what actions need to be prioritized in YSIPP 2.0. The full list from each group is included in the attached meeting materials. Each group was asked to report one key idea, see meeting materials for Jamboards:

- Create an awareness campaign – be sure to go where the young people are so you reach them directly.
- Identify the different populations within the young adult group and reach out in ways that engagement them based on their specific population.
- Work with peer supports and resources to best match how and where to meet the young adults; this is especially important to help with transition from high school to adulthood.
- Engage with youth on college campuses as well as those who did not complete high school.
- Focus on youth outside of college setting – there is a wide range of life needs including young parents, employed/unemployed, etc. Consider a variety of ways to reach out and reach them.
- Increase engagement of 18-24 year-olds on Alliance; maintain connections, relationships, and support after high school graduation/transition to adulthood.
- Youth need a safe place to share and get support; we need better predictors of difficulties for youth.

- Develop resources and find ways to share that reach this population, for example DMV, bars/social gathering places.

11:45 – 12:07 **Perspectives on 2021 Legislation Session**
Lina Estrella DeMoraiso, Chief of Staff for Senator Gelser

Lina briefly shared her personal story and how she came to the important work of suicide prevention. Before speaking to current legislative activity, Lena responded to this question from Annette. "Lina, thank you for sharing your story. I'm wondering if you are seeing more interest in suicide prevention at the legislature level?"

"Yes, I have seen so much change." She noted there is an increase in understanding and interest in suicide prevention at the legislative level and in society. One reflection that that stigma is going down is that legislators are feeling increasingly comfortable sharing personal stories about how suicide has impacted their lives, which has been powerful.

Senator Gelser's priority areas are:
- Helplines – Implementation of 988 and 211 helplines.
- Measure 110 – the legislature is working on how to implement Measure 110 in the context of Oregon's existing systems, rules and law. See information on Measure 110 https://www.oregon.gov/OHA/HSD/AMH/Pages/Measure110.aspx
- Out-of-state youth placement – focus is on three key areas: transportation by third party companies, use of restraints, and licensing of referral organizations. There is a very high incidence of substance abuse and suicide for youth treated at these institutions.

Lina thanked the Alliance for its support with legislative activity, it has been a big help.

12:08 – 12:27 **Lethal Means Report and Recommendations**
Jonathan Hankins, Lines for Life
Jenn Fraga, Alliance Suicide Prevention Project Specialist,

Highlights from Jenn and Jonathan's presentation included:

- Formation of Workgroup – Workgroup was formed in response YSIPP 1.0 objective: "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." The workgroup began in 2020 and its first focus has been on firearm safety as this is the leading means/method used in suicide attempts and is the most lethal.

- Coordinating Focus Groups – Building on Susan Keys work with OHA, focus groups were convened and 32 individuals participated (including firearm owners) from 11 Oregon counties. It was noted that there was a lack of 18-24 year-old participants.

- Findings from Focus Groups and Recommendations of Firearm Owners:
    - 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 coerciveness from policy makers; costs of safe storage; and categorization of gun owners at risk.
    - It was clear that 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.
    - Recommendations & Strategic Goals: 1) Create messaging directed at firearm owners; due to lack of trust of government data so do not rely on this for messaging. 2) Support creation of an OR firearms coalitions, this should not be an OHA initiative. 3) Clarify ORS 166.435 re: liability and what constitutes an emergency. 4) Foster safe storage through shooting ranges, firearm stores, sheriff's offices and home storage; have and promote a safe storage map. 5) Create standards for firearms training that includes a suicide prevention module. 6) Convene a cross-sector task force, mission would be to model collective responsibility and logistical coordination not regulation.

- Recent Developments in Oregon Firearm Initiatives
  Since the finalization of the focus group report several steps have been taken to promote firearm safety: 1) formation of Oregon Firearm Safety Coalition; 2) conversations with National "Hold My Guns" initiative; 3) collaboration with WSU on bringing firearm safety courses to Oregon; and, 4) AOCMHP coordinating purchase of lockboxes and safe for every local mental health program. See meeting materials for report.

- Next Steps for Lethal Means Workgroup
    - Identified areas to focus work are: training in suicide for firearms owners when securing concealed carry permit; clarification on details and liability for people temporarily holding firearms for someone at risk; follow up/assessment/development of safety plan for individuals discharged from ER; looking into Opioid and substances as a lethal means.
    - Workgroup will move forward with the above priorities. First step will be selecting individuals and subject matter experts related to priorities who will report back to full workgroup to support development of specific SMART goals and recommendations for the field.

Tabled Items

- Small Group Discussion – Lethal Means
- Legislative Update
- OHA Update
- Looking Forward, Setting the Stage for 988 and Future Discussions

12:27 – 12:30 **Public Comment and Adjourn**

Ryan and Annette thanked attendees for their time and participation. Ryan adjourned the meeting.

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 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 recruited a new co-chair – Maya Bryant. A high school student, YYEA 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

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.
- 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, America 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 s 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

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

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, 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 ate 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

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 reductio, 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.

Alliance Meeting Calendar for FY2021 -2022

Updated May 2021

Data & Evaluation Committee Meetings

First Thursday of the month from 9:30 AM – 11:00 AM

1. July 1, 2021
2. August 5, 2021
3. September 2, 2021
4. October 7, 2021
5. November 4, 2021
6. December 2, 2021
7. January 6, 2022
8. February 3, 2022
9. March 3, 2022
10. April 7, 2022
11. May 5, 2022
12. June 2, 2022

Executive Committee Meetings

First Monday of the month from 2:30 PM – 4:00 PM

1. July 2021
2. August 2, 2021
3. September 2021
4. October 4, 2021
5. November 1, 2021
6. December 6, 2021
7. January 3, 2022
8. February 7, 2022
9. March 7, 2022
10. April 4, 2022
11. May 2, 2022
12. June 6, 2022

Outreach & Awareness Committee Meetings

Third Tuesday of the month from 1:00 PM – 2:30 PM

1. July 20, 2021
2. August 17, 2021
3. September 21, 2021
4. October 19, 2021
5. November 16, 2021
6. December 21, 2021
7. January 18, 2022
8. February 15, 2022
9. March 15, 2022
10. April 19, 2022
11. May 17, 2022
12. June 21, 2022

Schools Committee Meetings

Third Wednesday of the month from 8:30 AM – 10:00 AM

1. July 14, 20201
2. August 18, 2021
3. September 15, 2021
4. October 20, 2021
5. November 17, 2021
6. December 15, 2021
7. January 19, 2022
8. February 16, 2022
9. March 16, 2022
10. April 20, 2022
11. May 18, 2022
12. June 15, 2022

Transitions of Care Committee Meetings

Second Thursday of the month from 1:00 PM – 3:00 PM

1. July 8, 2021
2. August 12, 2021
3. September 9, 2021
4. October 14, 2021
5. November 11, 2021
6. December 9, 2021
7. January 13, 2022
8. February 10, 2022
9. March 10, 2022
10. April 14, 2022
11. May 12, 2022
12. June 9, 2022

Workforce Committee Meetings

Second Friday of the month from 9:00 AM – 10:00 AM (Months when the Quarterly Meeting happens will be canceled or rescheduled)

7. July 9, 2021
8. August 13, 2021
9. September – Unknown
10. October 8, 2021
11. November 12, 2021
12. December - Unknown
7. January 14, 2022
8. February 11, 2022
9. March- Unknown
10. April 8, 2022
11. May 13, 2022
12. June – Unknown

Alliance Meeting Calendar for FY2021 -2022

Updated May 2021

Alliance Quarterly Meetings

Second Friday of the month from 9:30 AM – 12:30 PM with an orientation occurring before from 8:30 AM – 9:15 AM

1. September 10, 2021
2. December 10, 2021
3. March 11, 2022
4. June 10, 2022

Alliance Suicide Prevention Coalition Webinars

Alliance Staff hold Quarterly Webinars for Regional Suicide Prevention Coalitions to discuss successes and problem solve tricky areas. Webinars feature one Coalition each Quarter and other current events are discussed. These Webinars are open to the public. Days and times vary quarter-to-quarter but are typically 2 months after the Alliance Quarterly Meetings.

Alliance Suicide Prevention Coalition Leadership Webinars

Alliance Staff hold Quarterly Webinars for Leadership of Regional Suicide Prevention Coalitions to discuss successes, problem solve tricky areas, and see how we can have join efforts across the state to widen our impact. Coalition Leaders are invited to these Webinars and Alliance staff work to make sure each Coalition has representation. If you are starting a new Coalition or have one that has not been invited, please contact Alliance Staff to learn how you can get involved. Days and times vary quarter-to-quarter but are typically the month after the Alliance Quarterly Meetings.

Orientation to the Oregon Alliance to Prevent Suicide

HOPE, HELP AND HEALING

Oregon Alliance to Prevent Suicide

AOCMHP

Funded by Oregon Health Authority

Oregon Alliance to Prevent Suicide

Hope • Help • Healing

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.

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.

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

Oregon Alliance to Prevent Suicide

AOCMHP

Funded by Oregon Health Authority

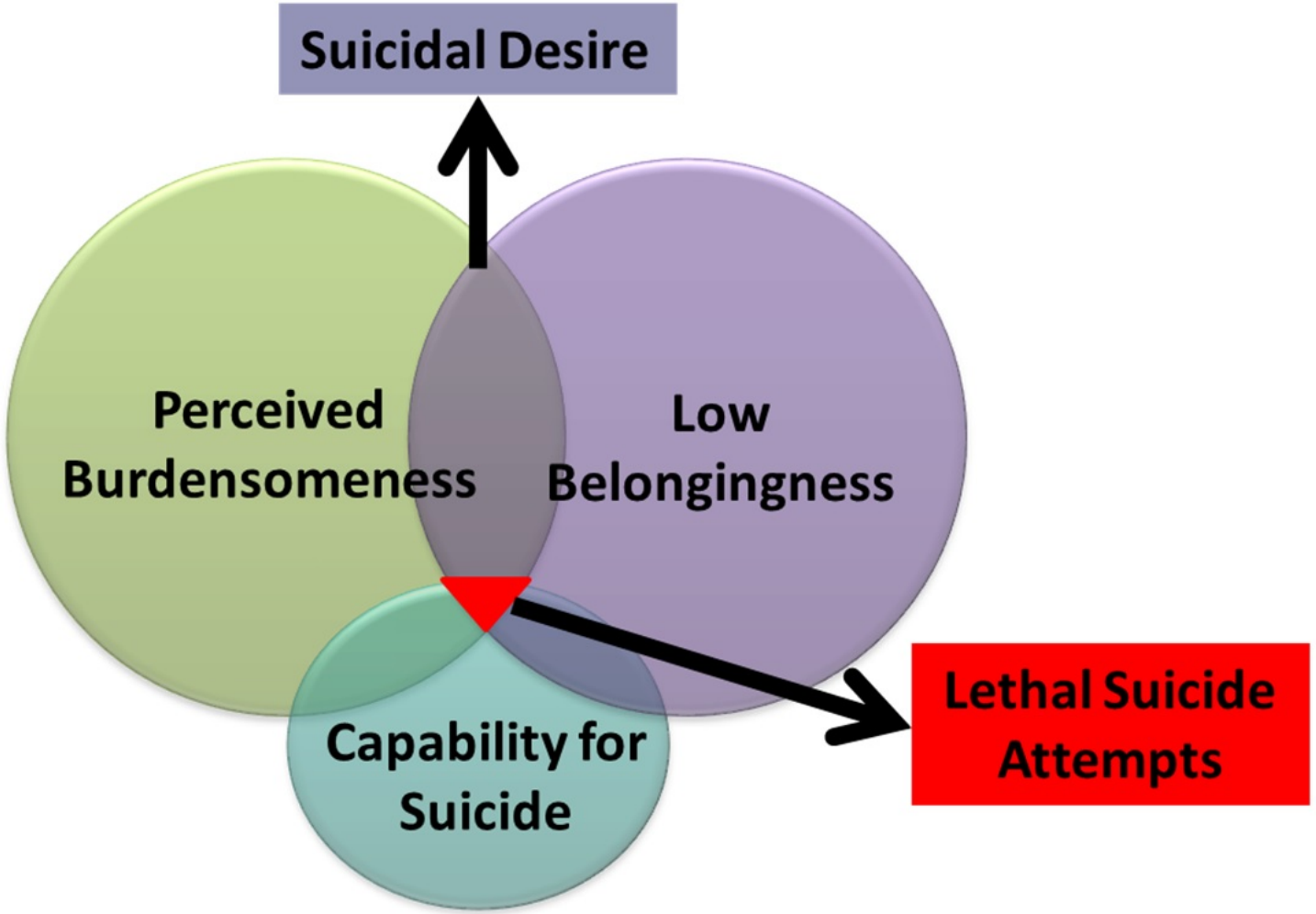
- Established to advise OHA on statewide integration and coordination of youth/young adult suicide prevention, intervention and postvention activities.
- Members are appointed by OHA director. Our Members and Friends: Young People, Loss Survivors, Attempt Survivors, Families, State Agencies, Subject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

*Youth Suicide Annual Report, 2014-2015

Oregon Health Authority

Interpersonal Psychological Theory of Suicide

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



Interpersonal Psychological Theory of Suicide was developed by Thomas Joiner

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

Alliance Focus

- Monitoring and advising OHA to reduce youth/young adult suicide
- Equity and liberatory practice
- Connecting the field of suicide prevention in Oregon
- Policy development and implementation

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
- Lethal Means Access
- University of Oregon Suicide Prevention Lab - Community Academic Partnership with the Alliance

Oregon Alliance to Prevent Suicide

AOCMHP

Funded by Oregon Health Authority

A Few Key People

Just a Few Members

- Chair, Galli Murray – Suicide Prevention Coordinator, Clackamas County
- Vice- Chair, Ryan Price –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)

How to get involved with the Alliance

1

Attend quarterly meetings and sign up for the Alliance listserv

2

Volunteer for one of the committees or workgroups

3

Participate in policy advocacy – by testifying, working with legislators, providing feedback on Oregon Administrative Rules

Oregon Alliance to Prevent Suicide

Hope • Help • Healing

Alliance Quarterly Meeting

JUNE 11, 2021

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

Oregon Alliance to Prevent Suicide

Hope • Help • Healing

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.

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.

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

Oregon Alliance to Prevent Suicide

AOCMHP

Funded by Oregon Health Authority

Welcome: Big View, Review, Preview

Small Group Meet and Greet – Getting to Know You!

- Name
- Role or Agency
- Something that grounds or motivates you

Vote: Minutes March Meeting

Appointed members indicate yes, no, abstain in chat

If on phone, Galli will ask for your verbal vote

Suicide Prevention Legislation 2021 Update

- HB2315 – Continuing Education for Behavioral Health Workforce
- HB3037 – Medical Examiners Reporting of Suicides
- SB682 – Adult Suicide Prevention Plan –
- HB2381– YSIPP Age Change (to include all school age children)
- SB52 - LGBTQ2SIA Advisory for ODE and Plan
- HB3139 – Parental Notification regarding suicide

Each of these will require Alliance monitoring and/or guidance re: implementation and may need participation in a Rules Advisory Committee

Other Major Legislation Relevant to Suicide Prevention

- Mental Health Parity
- 988 Line Implementation
- Measure 110 Implementation
- Measures to expand behavioral health workforce and attract more BIPOC providers
- Gun Storage

We Did It: Celebrating HB2315

Vibrant, Thoughtful, Kind, Fierce, Advocate, Leader

Youth and Young Adult Engagement Update

OLIVIA NILSSON, MAYA BRYANT, KARLI READ, NIKOBI PETRONELLI

Summer Suicide Prevention Summit

Theme: Seeking Healing During COVID-19 for the Black and Native American Communities

Goal: Promote an increase in the attendee's understanding of the experiences, needs, and wisdom of Black and Indigenous people in relation to suicide prevention, intervention, and postvention.

When: Networking – July 13th

Virtual Summit – July 14th

Website: www. www.twelve6.org

YSIPP 2020 Update and YSIPP 2021-25 Next Steps

JILL BAKER - OHA

2020

Youth Suicide Intervention and Prevention Plan Annual Report







Oregon Health Authority

PUBLIC HEALTH DIVISION
HEALTH SYSTEMS DIVISION

Contents

Executive summary

In 2019, the rate of youth suicide in Oregon decreased from the prior year for the first time since 2015. OHA projects the rate of youth suicide will decrease again in 2020, based on preliminary data. This is the first two-year decrease in youth suicide since 2008-2010. While this is encouraging news, Oregon's suicide rate continues to be well above the national average, despite brave and relentless work by many involved in suicide prevention. The ripples of a youth suicide death are far-reaching and take years to heal. In 2019, there were 116 reported youth suicide deaths, making suicide the second leading cause of death for people ages 10-24 in Oregon.

What was different in 2019 and 2020?

1. Funding – the Legislature allocated more than six million dollars for youth suicide prevention work for the 2019-2021 biennium. OHA also applied for and received several grants related to suicide prevention across the lifespan. These funds allowed OHA, its contractors, and the Alliance to Prevent Suicide to stand up seven sustainable statewide programs for suicide prevention, intervention and postvention. The funding also allowed for increased data collection and evaluation to better inform suicide prevention partners. Strategic partnerships flourished between the Oregon Department of Education, OHA, and local stakeholders. Finally, more funds were crucial for OHA's Suicide Prevention staff to be responsive to the unique circumstances that occurred in 2020 due to COVID-19.

2. Staffing – The OHA Suicide Prevention team grew from 2.0 FTE to 5.0 FTE, with the addition of:
   - An adult suicide prevention and intervention coordinator
   - A second youth suicide prevention coordinator, and
   - a zero suicide in healthcare coordinator.

   This robust team coordinates efforts across all divisions of OHA.

3. Statewide access to best practices – Oregon is one of the only states in the nation to offer low or no-cost suicide prevention programming to communities. (Find more information here) The programs are designed to:
   - Increase protective factors for Oregon's children, youth and young adults
   - Train adults to recognize warning signs of suicide, and
   - Equip youth-serving providers with critical skills to treat suicide ideation.

The programming provides for the option of having local or statewide trainers.

4. COVID-19 response team – In March 2020, OHA convened a team of internal subject matter experts and external stakeholders, including older adults, veterans, school-based health centers, school-based mental health providers, and epidemiologists, to address COVID-19-related suicide concerns. This Suicide Prevention, Intervention and Prevention (SPIP) Team has focused on timely data (see ESSENCE report), access to care, equipping providers to transition to a virtual environment and listening to consumer voices.

What was the focus of the 2020 suicide prevention work?

In 2020, OHA (Health Systems and Public Health), and community partners and stakeholders saw incredible gains in suicide prevention work in Oregon. It was a year of building infrastructure to make best practices available to all Oregon youth. The following programs were launched or reinforced with OHA funding in 2020. More information about each of these programs and initiatives is in the endnotes of this report.

January 2020	Matchstick Consulting, LCC launched statewide Sources of Strength programming for grade 6-12 and colleges/universities
February 2020	Lines for Life received support for YouthLine programming
	Lines for Life launched an initial School Suicide Prevention and Wellness program to support schools with Adi's Act implementation per SB 52 (2019)
March 2020	Association of Oregon Community Mental Health Programs launched statewide safeTALK and Applied Suicide Intervention Skills Training (ASIST) programming
	Lines for Life launched statewide Question, Persuade, Refer (QPR) programming
	OHA convened the Suicide Prevention, Intervention, and Postvention (SPIP) team to address COVID-19 needs in Oregon
	Lines for Life added the Suicide Risk Assessment Line for K-12 administration and school counselors to ensure access to risk assessment and safety planning for students statewide
April 2020	SPIP released a toolkit for suicide care in virtual environments

	Robust evaluation of the Big Seven suicide prevention programs began, led by the University of Oregon's Suicide Prevention Lab
May 2020	Start of a training program for therapists (100+) in Collaborative Assessment and Management of Suicidality
	Oregon Department of Education and OHA collaborated to add 4.0 FTE to the Lines for Life School Suicide Prevention and Wellness Program to support K-12 school districts with suicide prevention planning
June 2020	OHA released the first report tracking suicide-related data involving emergency departments and Urgent Care Centers in Oregon, continued monthly
August 2020	The Alliance to Prevent Suicide and the Association of Oregon Community Mental Health Programs awarded 18 mini-grants to local partners supporting COVID-19-appropriate services to LGTBQ+ Oregonians
September 2020	OHA launched a social media campaign aimed at increasing awareness of Oregon supports for youth experiencing mental distress
November 2020	Oregon Pediatric Society and the Association of Oregon Community Mental Health Programs launched Youth Suicide Assessment in Virtual Environments (Youth SAVE) for providers responsible for suicide assessments and safety planning of youth ages 10-17.
December 2020	Pending projects include: - Elementary Suicide Prevention coordinator and programming - Advanced Skills and best practices for providers in suicide treatment - Oregon Youth Suicide Intervention and Prevention Plan (2020-2024) scheduled to be released June 2021 (delay due to COVID-19 related barriers)

Oregon made huge strides in suicide prevention programming in 2020. While there will always be more work to do in prevention, intervention and postvention response, we believe Oregon has a solid foundation. OHA Suicide Prevention staff remain committed to this work and are honored to be a part of the suicide prevention workforce. Together, we can create a state that is safer from suicide for our children.

Evaluation report

Throughout the 2019-2020 contract year, the University of Oregon (UO) evaluation team continued its evaluative partnership with the Oregon Health Authority (OHA) and the Oregon Alliance to Prevent Suicide (Alliance) to support and evaluate the implementation efforts of the Oregon Youth Suicide Intervention and Prevention Plan (YSIPP).

Key accomplishments and recommendations are outlined by YSIPP strategic directions:

Strategic Direction 1: Healthy and empowered individuals, families and communities

Key accomplishments:

- Evaluation of the Oregon Suicide Prevention Conference (OSPC)
- Implementation of a Tribal Networking Framework
- Support of Regional Coalitions and Suicide Prevention Coordinators
- LGBTQ+ Initiative

Summary and recommendations:

The 2019 OSPC was informative and useful for conference attendees, especially on topics involving the school sector. Future conferences should focus on increasing skills and emphasizing self-care and safe messaging. The Tribal Networking Framework is being used to guide the gathering of suicide prevention community feedback from the Klamath Tribe. The UO recommends continued support and development of coalition and coordinator to allow for shared problem-solving and collaboration efforts. The LGBTQ initiative team continues to work with the Family Acceptance Project (FAP) and is currently gathering stakeholder input for the next iteration of the YSIPP.

Strategic Direction 2: Clinical and community preventative services

Key accomplishments:

- School Suicide Prevention Scan, Resource Development, and Support
- Delivery of Workshop on Implementation Science
- Evaluation of "Big Seven" initiative - Mental Health First Aid (MHFA), Question Persuade Refer (QPR), Applied Suicide Intervention Skills Training (ASIST), safeTALK, Connect Postvention, and Sources of Strength

Summary and recommendations:

The Alliance School Committee partnered with ODE to disseminate the School Suicide Prevention Resource Catalogue developed by the UO lab. School-sector efforts continue to focus on actively supporting the successful implementation of Adi's Act. As part of the Big Six initiative, the UO team delivered a four-part workshop on implementation science and the strategies involved in effective program delivery. Current Big Six evaluation activities are concentrated on supporting implementation and ways to scale up programming, while concurrently assessing training impact and implementation-related outcomes (for example, readiness, feasibility, fidelity, etc.).

Strategic Direction 3: Treatment and support services

Key accomplishments:

- Hospitals House-Bill 3090 Scan and Summary
- Senate Bill-48 Summary Report

Summary and recommendations:

The House-Bill (HB) 3090 scan found 10 hospital locations to be compliant with publicly posting discharge policies online. The UO evaluation team and the Alliance Transitions of Care committee drafted a letter addressing concerns and recommendations regarding the implementation of HB-3090, which was sent to Oregon legislators.

Results from the Senate Bill-48 evaluation suggest that licensed providers are less likely to take optional courses in suicide assessment, treatment or management at licensure renewal. Recommendations include legislative mandates requiring continued suicide prevention education and training for physical and behavioral health professionals.

Strategic Direction 4: Surveillance, research and evaluation

Key accomplishments:

- Background Research for Development of YSIPP 2.0
- Scanning of State Suicide Prevention Plans
- Key Stakeholder Focus Groups

Summary and recommendations:

The UO team compiled a summary report detailing completed and ongoing activities related to YSIPP efforts over the last four years. A scan of state suicide prevention plans among states with the lowest suicide rates among youth was completed to help build a framework for the next iteration of the YSIPP. Key

stakeholders throughout the state including youth, Alliance members, and individuals with lived experience have been interviewed to provide input on initiatives and recommendations. The UO team continues to use current research and data, best practices, and stakeholder perspectives to inform the development of YSIPP 2.0.

Significant progress has been made by the UO evaluation team and its partners over the past four years in identifying and mapping out state and local resources, initiatives, stakeholder groups, and organizations. The UO team recommends that future directions concentrate on developing networks and infrastructure to better connect, coordinate, and support these groups and efforts across the state. The evaluation team continues to develop community-academic partnerships throughout the state by a) regularly meeting with partner organizations (for example, Lines for Life, ODE, and OHA), b) attending meetings for each Alliance committee and initiative, and c) striving for continual suicide prevention collaboration and systems improvement across the state and local level. Additionally, the evaluation team has begun a phase of participatory evaluation that involves the installation and use of statewide networks to facilitate the collection and dissemination of data, tools, and other resources through a network hub.

Policy highlights and legislative follow-up

ORS 339.343 – Adi's Act (2019)

The Alliance to Prevent Suicide, as well as many other community partners and agencies, supported this bill. Adi's Act requires school districts to develop plans for:

- Suicide prevention
- Intervention, and
- Postvention.

The Oregon Department of Education (ODE) coordinated a rule-writing process for this legislation in 2020. OHA made schools a priority for receiving access to the Big Seven suicide prevention, intervention and postvention programs – which were launched between October 2019 – March 2020. This gave school districts a menu of low or no-cost programming options to include in their Adi's Act plans. Additionally, in April 2020, OHA and ODE partnered to contract with Lines for Life to increase technical help and mini-grants of up to $1500 to school districts through a program called the School Suicide Prevention and Wellness (SSPW) program. The SSPW program has provided technical help to 76 school districts and awarded nearly $100,000 in mini-grant funding for suicide prevention to school districts.

In 2021, the University of Oregon's Suicide Prevention Lab will coordinate an intensive evaluation effort with up to 10 school districts in various stages of implementation of their Adi's Act plan.

SB 485 and SB 918 (2019)

These bills directed youth-serving organizations (such as K-12 schools) to inform OHA within seven days of becoming aware of a youth suicide death and directed local mental health authorities to include youth-serving organizations in a coordinated response after a youth suicide death. OHA was tasked to write the administrative rules for these bills. Due to the sensitive nature of suicide postvention response, work began in 2019 and continued into 2020 to carefully gather input from stakeholder groups such as:

- SB 561 (2015) reporters
- Higher education
- K-12 schools
- Local mental health authority directors.

OHA filed a Notice of Proposed Rulemaking in November 2020.

ORS 418.735 – Postvention Response Plans

This law aims to reduce the risk of suicide contagion after a youth suicide death. It mandates that each Local Mental Health Authority in Oregon develop a postvention plan for a response after a youth suicide death. This includes reporting the death to OHA within seven days of being aware of the death. Although progress has been made, compliance has remained an issue since this legislation passed in 2015. OHA is working on developing the relationship between Youth Suicide Prevention staff and Postvention Response Leads (also referred to as SB 561 reporters) for each county. Strategies have included:

- Regular communication emails to the Postvention Response Leads listserv
- Creation of an assessment tool for Postvention Response Leads to evaluate their current postvention communication plan for best practices
- Hosting and coordinating quarterly meetings of Postvention Response Leads
- Reminders of deadlines to submit the county-level postvention plan.

This outreach resulted in 100% compliance for postvention plans (Tables 1 and 2). However, there is more work to do to ensure death reporting compliance.

Table 1 – ORS 418.735 suicide death reporting compliance

Year	Number of youth suicide deaths reports to OHA	Number of youth suicide deaths reported via violent death data dashboard	Percentage by ORS 418.735 reports
2016	Data not available	98	n/a
2017	56	107	52%
2018	65	129	50%
2019	63	116	54%
2020	66	TBD in 2021 report	

Table 2 – ORS 418.735 postvention plan submission compliance

Year	Number of LMHAs	Number of LMHAs that submitted postvention plans to OHA	Percentage of LMHAs in compliance
2017	33	17	52%
2018	33	22	67%
2019	36	36	100%
2020	36	36	100%

Senate Bill 48 (2017)

Behavioral medical professional licensing boards and the Teachers Standards and Practices Commission (regulating school counselors) are collecting data relevant to Senate Bill (SB) 48:Licensees report courses they take at license renewal on suicide, including assessment, treatment and management.

The boards must report these at re-licensure. OHA staff administers a survey to most behavioral and medical licensees. The boards asked OHA to add questions to that survey, relevant to SB 48. Both the Oregon Board of Medicine and Teachers Standards and Practices Commission are conducting their surveys:

SB 48 addresses continuing education for these professions:

- Social workers
- Marriage and family therapists
- Counselors
- Psychologists
- Occupational and physical therapists
- School counselors
- Nurses
- Chiropractors
- Naturopaths
- Physicians
- Physician assistants

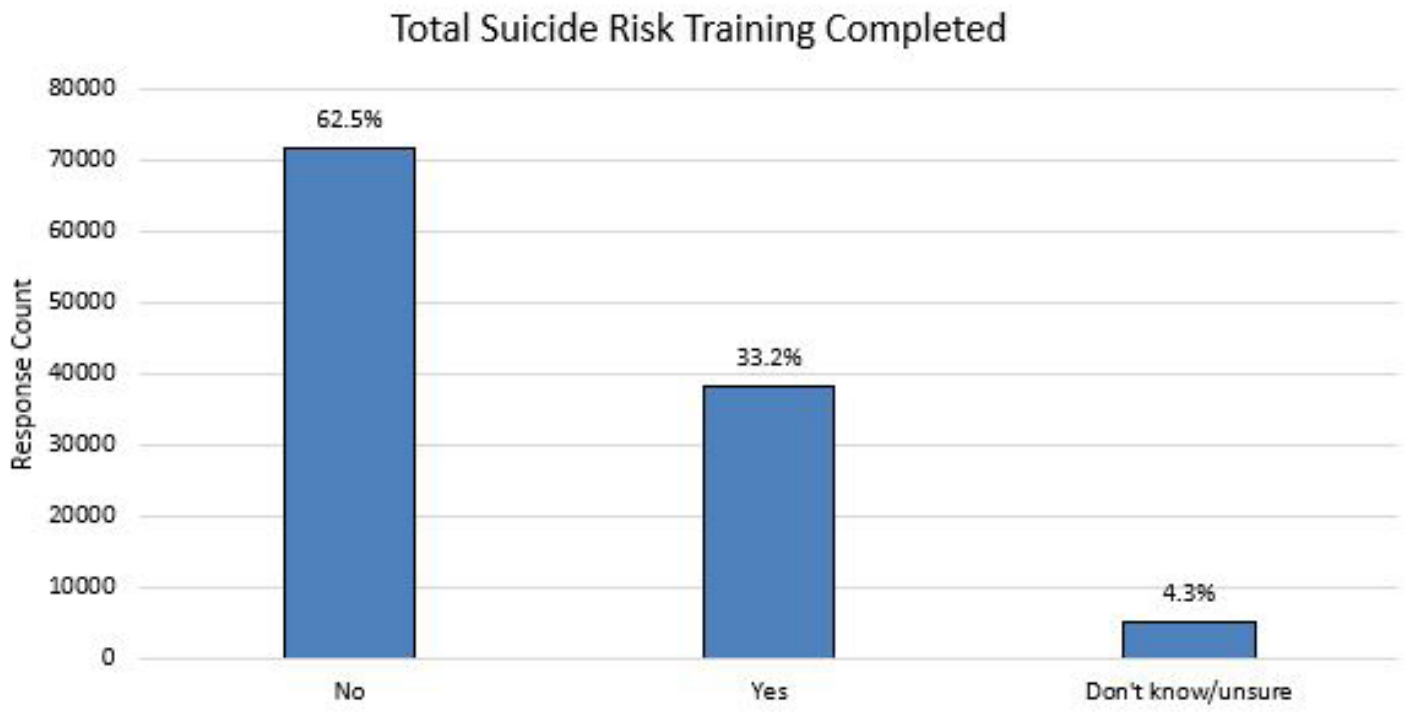


Figure 1. Total reported continued education in suicide assessment, treatment or management by all licensing boards' licensees.

OHA releases a report on even-numbered years. The Legislature received a data report from OHA in October 2020. Results showed that 62.5% of respondents marked that they did not take training to improve their competency and confidence in suicide assessment, treatment and management. OHA anticipates the percentage of professionals who report taking suicide prevention continuing education will remain low. This is because Oregon law does not require it.

OHA activities in 2020

Legislatively mandated sections for this report (ORS 418.704) are below. Each section has a bulleted list of action items completed or underway. This is the fifth and final year of the current YSIPP's implementation. OHA is drafting the next five-year YSIPP, which is anticipated to be released in June 2021. For the many activities and initiatives completed in prior years, please reference the annual reports from 2016, 2017, 2018, and 2019.

Section 1

Section 1 (2)(a): OHA hired a suicide intervention and prevention coordinator on Dec. 1, 2014. The position has been filled since then, except for a three-month gap in early 2019.

Status: Completed

Progress: Completed. Another youth suicide intervention and prevention coordinator position was hired in December 2019.

Section 1 (2)(b): Outreach to special populations.

Status: Ongoing

Progress in 2020:

OHA, its contractors, and the Alliance to Prevent Suicide completed the following activities to have a positive effect on these Oregon youth populations:

LGBTQ+: The Alliance to Prevent Suicide's LGBTQ+ work group continued to meet in 2020. In August, this workgroup collaborated with OHA to offer 18 mini-grants to local organizations supporting LGBTQ+ wellness.

American Indian and Alaska Native youth: In 2020, OHA funded Oregon's nine federally recognized Tribes and NARA for suicide prevention-specific activities. Each Tribe submitted a plan for suicide prevention-specific activities for this funding. The University of Oregon's Suicide Prevention Lab also conducted evaluation efforts in collaboration with the Klamath Tribes.

Oregonians with lived experience (loss survivors, attempt survivors, people with chronic suicidal ideation): The Alliance to Prevent Suicide convened a work group to recommend best practices to the executive committee for a trauma-informed environment for persons with lived experience to take part in Alliance work in 2019, and this work continued in 2020. A recent survey of Alliance to Prevent Suicide members and affiliates revealed that more than 50% of those actively working with the Alliance are people with lived experience or people who have loved ones with lived experience.

Veterans: In 2020, OHA contracted with Lines for Life to create a suicide prevention training program designed for veterans and military-connected families. OHA also sustained funding for the veteran module of Mental Health First Aid, including increasing the number of trainers available for that course.

Youth engagement: The Alliance to Prevent Suicide added youth-specific positions to each working committee, including the Executive Committee. Youth report on their projects at each quarterly Alliance to Prevent Suicide meeting with the entire membership. OHA supports this effort with funding for staffing at YouthERA and Alliance staff dedicated to youth engagement. OHA also partnered with YouthLine and YouthERA in 2020 to hold youth focus groups on various topics to gain input and feedback.

Section 1 (2)(c): Identify barriers to accessing intervention services.

Status: Ongoing

Progress:

Action items in the plan address barriers to accessing intervention services.

The work on this section in 2020 includes:

- Improving discharge and safety planning for youth in emergency or inpatient care. OHA worked with providers and stakeholders on rules for services to individuals in behavioral health crisis at release from emergency departments (HB 3090 and 3091) (2018). ORS 441.053 (HB 3090) (2018) rules were finalized in 2018.
- A survey report released in 2019 with a response rate of 36% of hospitals indicated that 62% of hospital staff responding to the survey implemented procedures to comply with HB 3090's requirement. The requirement is for hospitals to schedule a behavioral health appointment within seven days of release from an emergency department. Less than half of hospitals (43%) reported that all patients with suicide ideation were released with a suicide safety plan.
- In February 2020, the Alliance to Prevent Suicide issued a letter to OHA asking that the survey be conducted again, due to the low response rate and concerns with the methodology. The second survey is scheduled to be disseminated in the spring of 2021 and the report to be released in June 2021.

- The Oregon Pediatric Society developed a new training course for school-based mental health professionals, including school counselors, called Youth Suicide Assessment in Virtual Environment. This course covers:
  - How to do a suicide risk assessment
  - Creating psychological safety for youth in a virtual environment
  - Creating a strengths-based safety plan with a youth
  - Implementation guide to incorporate this training into current school policies and practices
- Crisis and acute transition services (CATS)

  Funding for the Emergency Room Diversion Project, currently called CATS (crisis and acute transition services), originally rolled out in late 2014 and early 2015 to four sites. It then expanded to 11 sites in 2018. CATS programming addresses the needs of youth discharged from emergency departments, and their families, to reduce re-hospitalizations later. CATS provides care until the youth is connected with the proper level of outpatient support. Early data suggests that CATS is effective in diverting youth from emergency department stays. Hospitals give families receive quick responses and connect them to needed supports. From January–June 2019, CATS served 389 youth. Approximately 62% of youth seen in the program presented at the emergency department with suicidal ideation or after a suicide attempt. Only 9% of youth served by CATS returned to the emergency department. In 2019, services were available in these counties:
  - Benton
  - Clackamas
  - Deschutes
  - Jackson
  - Klamath
  - Linn
  - Malheur
  - Marion
  - Multnomah
  - Umatilla
  - Washington
- Oregon Health & Science University (OHSU) is conducting an evaluation. OHSU will recommend outcomes and promising practices. There will be a statement of results in future reports. The study needs to include monitoring returns to emergency departments for youth at 12 months post-program.

- The Children's Systems Advisory Council created a parent guide to emergency department services and guidelines. This guide is for use by families for their at-risk youth. More than 3800 guides have been distributed around Oregon, which does not include e-distribution. Guides are available in both Spanish and English.
- The School-Based Mental Health Programs (SBMH) programs administered by the Health Systems Division (HSD) at OHA significantly expanded in 2019-2021 through increased funding, bringing services to 17 counties. These programs are composed of licensed master's level clinicians placed directly in schools to provide person-centered, trauma-informed rapid crisis and clinical interventions directly to youth and families, and to assist teachers with mental health-related issues in their classrooms. During the 2019-2020 school year, 52 mental health clinicians provided services to 1,729 individual students across 95 schools and 38 school districts.
- Continued full funding for a suicide crisis line through Lines for Life. This ensures that Oregonians have access to suicide intervention 24 hours a day, seven days a week.
  - » Funding for a peer-to-peer text, chat and telephone line through Lines for Life's YouthLine Program. In 2020, this program added a School Suicide Prevention and Wellness program and a dedicated support line for suicide risk assessment and safety planning for school administrators and school counselors to access.

Section 1 (2)(d): Technical help

Status: Ongoing

Progress:

As required by ORS 418.704, HSD youth suicide intervention and prevention coordinators provide technical assistance in suicide prevention, intervention and postvention.

The Zero Suicide coordinator (located in the Public Health Division) provides technical help to hospitals and health systems implementing the Zero Suicide initiative. Groups or programs that receive technical help include:

- State boards and commissions
- Schools and Education Service Districts
- K-12 athletic directors, coaches and trainers
- Community mental health programs
- Hospitals and health systems
- Outpatient behavioral health providers
- Parents and groups representing the interests of youth
- Suicide prevention staff and advocates
- Coordinated care organizations and private insurance companies

- Organizations representing groups at disproportionate risk of suicide, and
- Any youth-serving entity, including employers.

The coordinators also provide technical help to OHA departments, including School-based Health Programs, Health Policy and Analytics and Adult Behavioral Health.

Section 2

Section 2 (1): Recommendations for access to mental health intervention, treatment and supports for depressed and suicidal youth.

Status: Ongoing

Progress:

In 2020, the youth suicide intervention and prevention coordinators continued to strengthen the infrastructure for the long-term sustainability of suicide prevention in Oregon. This work included contracted work through various contractors. This will ensure statewide access to youth suicide prevention, intervention and postvention programs and supports. These include:

- Prevention (to create healthy and well Oregon youth):
  - » Sources of Strength statewide coordinator, trainer and supports – Contractor: Matchstick Consulting, LLC
  - » Mental Health First Aid – a skills-based training course to teach participants about mental health (youth version and teen version). – Contractor: Association of Oregon Community Mental Health Programs
  - » Elementary Suicide Prevention programming will become available in 2021
- Intervention (to act when signs of suicide arise):
  - » LifeLine fully funded (24-hour crisis line) – Contractor: Lines for Life
  - » YouthLine funded (Peer-to-peer text, telephone and chat line and youth leadership development program) – Contractor: Lines for Life
  - » Question, Persuade, Refer training and School curriculum support – Contractor: Lines for Life
  - » Applied Suicide Intervention Skills Training (ASIST) – Contractor: Association of Oregon Community Mental Health Programs
  - » Youth Suicide Assessments in Virtual Environments (Youth SAVE) – Contractor: Association of Oregon Community Mental Health Programs. Developed by Oregon Pediatric Society

- Postvention (to respond well after a suicide death):
  - » Connect: Postvention statewide training expansion: Contractor – Association of Oregon Community Mental Health Programs
  - » Quarterly meetings of Postvention Response Leads (also known as SB 561 reporters) for coordination, learning and accountability: OHA led
  - » Suicide rapid response: OHA contractor Lines for Life coordinates with local mental health authorities to deploy services quickly to address contagion risk among youth. Services available include:
    - » Classroom activities
    - » Community listening sessions
    - » Youth peer support
    - » Family peer support
    - » Grief processing
    - » Interventions for staff, and
    - » Parent programs.

Section 2 (2): Recommendations to improve access to care and supports. This includes affordability, timeliness, cultural appropriateness and availability of qualified providers.

Status: Ongoing

Progress:

2020:

OHA convened a new internal team in 2020 called the Suicide Prevention, Intervention, and Postvention (SPIP) team. The SPIP team responded to system barriers for access to care and equipping providers in suicide intervention and management during the COVID-19 pandemic by:

- Creating and disseminating resources for providers.
- Providing funding for advanced skills training in suicide intervention for behavioral health providers through the Association of Oregon Community Mental Health Programs.
- Contracting with the Oregon Pediatric Society to develop a new course called Youth Suicide Assessment in Virtual Environments.
- Monitoring data related to youth suicide, including visits to emergency departments, suicide death data, and calls to crisis lines.

Section 2 (3): Recommendations including best practices to identify and intervene with youth who are depressed, suicidal or at risk of self-injury.

Status: Ongoing

Progress:

- OHA contracted with the Oregon Pediatric Society to train primary care doctors on depression and substance use screening to include adverse childhood experiences. This includes best practices in suicide risk assessment and depression screening, safety planning and lethal means counseling.

In 2019, approximately 368 doctors were trained in this complex and critical topic.

- OHA funds statewide access for several best-practice programs and training. The six current OHA sponsored best practices programs to include:
  a. Sources of Strength training
  b. Youth Mental Health First Aid (for adults working with youth)
  c. Question, Persuade, Refer training
  d. Applied Suicide Intervention Skills Training (ASIST)
  e. CONNECT postvention training
  f. Youth Suicide Assessments in Virtual Environments (Youth SAVE) training
- In 2021, OHA will launch suicide prevention programming for elementary-age children and expand advanced skills training options for providers.

Section 2 (4): Recommendations for collaborations among schools, school-based health clinics and CCOs for school-based programs.

Status: Ongoing

Progress:

2020:

- OHA continues to support the suicide rapid response team, which is available to local mental health authorities (LMHAs) when the following conditions exist:
  - » A youth suicide death occurred
  - » Risk of suicide contagion is identified
  - » Lack of resources or fatigued resources for response is identified, and
  - » The local community (through an LMHA) requests support.

- OHA and the Oregon Department of Education partnered to launch the School Suicide Prevention and Wellness program at Lines for Life. In 2020, this program supported 85 different school districts, Educational Service Districts, private or charter schools with technical help. This program also awarded 51 mini-grants to school districts to support suicide prevention in schools.

Section 2 (5): Recommendations for use of social media in intervention and prevention of youth suicide and self-inflicted injury.

Status: Ongoing

Progress:

2020:

- OHA continues to support a pilot social media monitoring program through Lines for Life. This model involves a live monitor on social media to scan for concerning content and offer live support within the app. This pilot project is scheduled to sunset at the end of June 2021.
- The OHA youth suicide prevention team launched a social media campaign for teens and parents of teens in July 2020. This campaign was designed with input from several youths and consumer focus groups. Resources highlighted in this campaign included:
  - » YouthLine
  - » Sources of Strength
  - » Oregon Family Support Network
  - » YouthERA virtual meets

Section 2 (6): Recommendations to respond to schools and communities following completed youth suicides.

Status: Ongoing

Progress:

Refer to Section 2 (4) above for more information about the progress of the:

- Suicide rapid response team
- Alliance school toolkit, and
- Funding for postvention activities in schools.

OHA provided COVID-19 specific guidance documents for postvention activities for schools.

Section 2 (7-8): An analysis of intervention and prevention strategies used by states with the five lowest suicide rates.

Status: Completed

Progress:

A comparison of Oregon's youth suicide rates and prevention strategies with other states is in the plan. Rankings for 2019 are with the statistics provided in Table 11 of this report.

Section 2: Action items requiring more resources to complete.

Status: Underway

Progress:

OHA estimates there is a need for $5.17 million more to fully fund the current YSIPP. Additionally, the Adult Suicide Prevention and Intervention Plan, which OHA will begin to draft in 2020, will need funding as well.

Section 3

Section 3: Review data and prepare an annual report to the Legislature.

Status: Ongoing

Progress:

Suicide numbers, rates and rankings by county or state vary by year. Monitoring trends across time is the most effective way to study the data. Oregon youth suicide deaths and rates increased significantly between 2011 and 2018. Youth (age 10 to 24 years) suicides decreased to 118 deaths in 2019 from 129 deaths in 2018 among people younger than 25 years old. Of the 118 deaths in 2019, two were children younger than 10 years old. Compared to 2018, the 2019 rate decreased by 10% to 15.3 per 100,000. In 2019, suicide deaths decreased nearly 50% among youth 18 and younger. Oregon's suicide rate ranked 11th in the nation in 2019 (Table 3).

Table 3. Oregon suicide deaths and rates among those aged 10 to 24 compared to the 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.

The following data analysis addresses Oregon Revised Statute 418.731 Section 3. Data presented are for Oregon residents under 25 years old who:

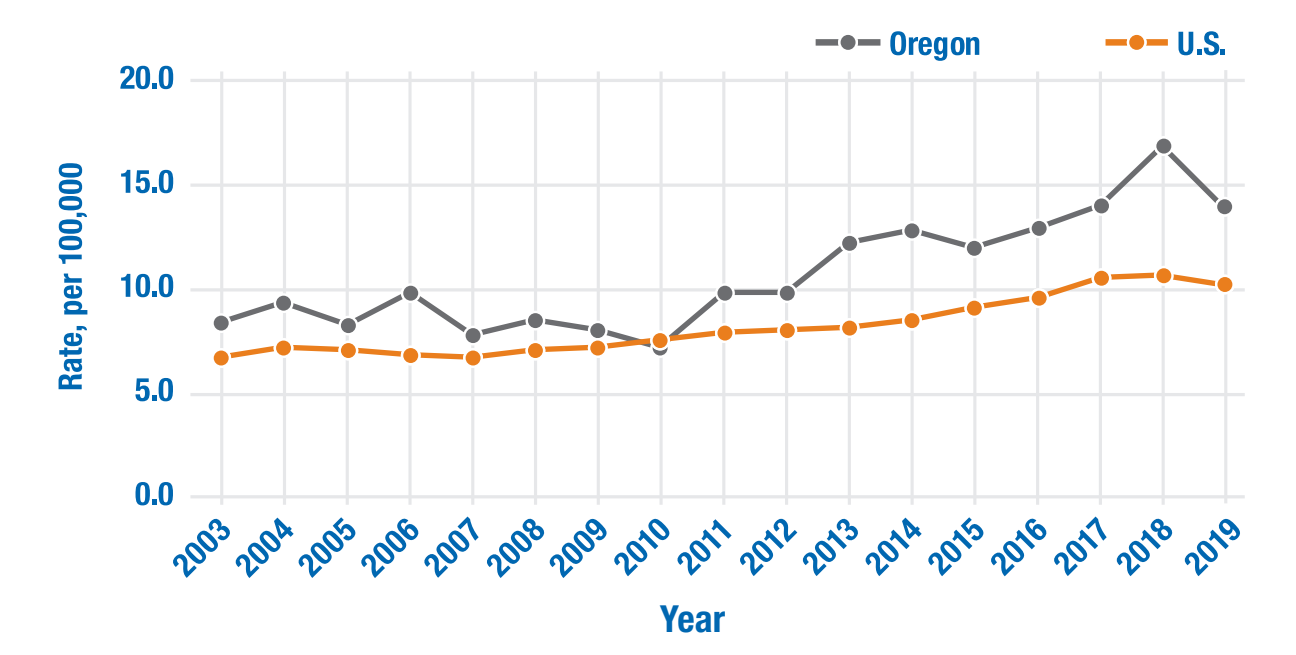
- Died by suicide
- Were hospitalized due to self-inflicted injury, and/or
- Had suicidal ideation and behaviors.

Suicide was the second leading cause of death among youth aged 10 to 24 years in Oregon in 2019. (1)

Overall, Oregon suicide deaths and rates among youth aged 10 to 24 years old have increased significantly since 2011. Oregon youth suicide rates have been higher than the United States rates over the past decade.

- Male youth were more than three times more likely to die by suicide than female youth. (Figure 2)
- Among youth, suicide rates increased with age. (Figure 2)
- From 2013 to 2018, the Oregon Violent Death Reporting System (OVDRS) identified 19 youth suicides among LGBTQ-identifying Oregonians. This accounted for 3.0% of Oregon youth suicide deaths in that time.
- From 2013 to 2017, the suicide rate among veterans aged 18 to 24 years old was higher than for non-veterans. (3)

Figure 1. Suicide rates among youth aged 10-24 years, the United States and Oregon, 2003-2019



Source: CDC WISQARS and OPHAT

Note: This does not include deaths under age 10. There was 1 death in 2007 and 2 deaths in 2019 of children under age 10.

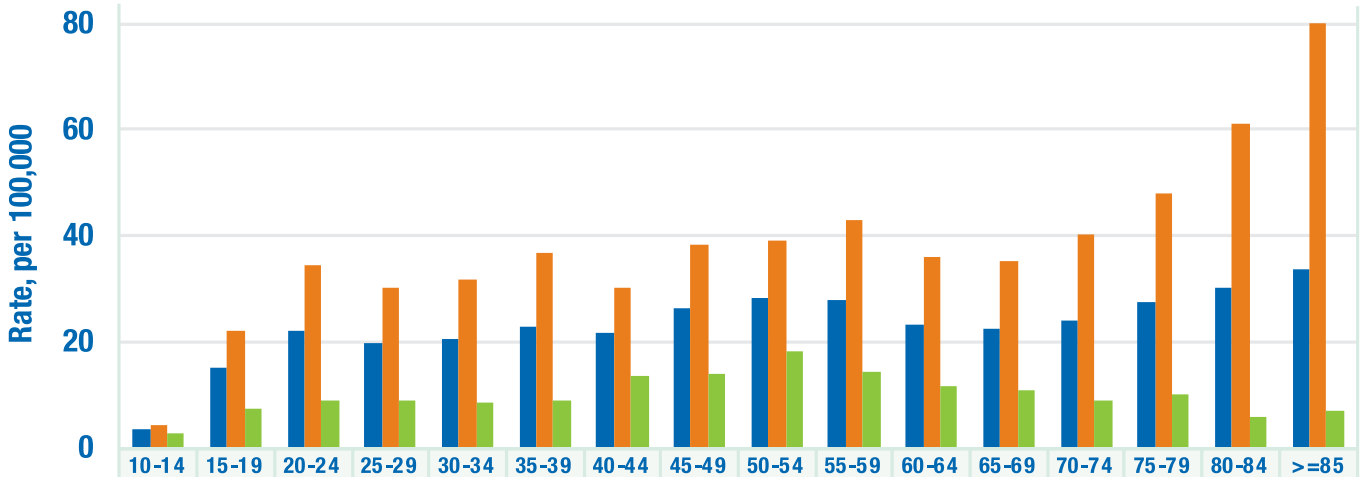
Table 4. Comparison of suicide death rates per 100,000, among youth aged 10 to 24 years in Oregon and the United States, 2003-2018 (2)*

Year	Oregon	United States
2003	8.4	6.7
2004	9.4	7.3
2005	8.3	7.0
2006	9.9	6.9
2007	7.9	6.8
2008	8.5	7.0
2009	8.1	7.2
2010	7.2	7.6
2011	9.8	7.9
2012	9.8	8.0
2013	12.3	8.1
2014	12.9	8.5
2015	12.0	9.2
2016	13.0	9.6
2017	14.1	10.6
2018	17.0	10.7
2019	15.3	10.2

**Rates are deaths per 100,000 Sources: CDC WISQARS*

Note: This does not include deaths under age 10. There was 1 death in 2007 and 2 deaths in 2019 of children under age 10.

Figure 2. Age-specific rate of suicide by sex, Oregon, 2015-2019



Common circumstances for suicide

Table 5 highlights common circumstances surrounding suicide deaths for youth age 10 to 24. This information can inform prevention and intervention activities. Some of these circumstances vary by age subcategories. Between 2013 and 2018, the most common circumstances in Oregon for youth age 10 to 24 include:

- Mental health concerns
- Romantic relationship break-ups
- Family stressors
- A crisis in the past two weeks
- History of suicidal ideation and attempts

Table 5. Common circumstances surrounding suicide incidents by age group, 2013-2018

	Aged 10-17 (n=173)		Aged 18-24 (n=455)		Aged 10-24 (n=628)	
Circumstance	**Count**	**%**	**Count**	**%**	**Count**	**%**
Mental health status						
Mentioned mental health problems*	114	66	318	70	432	69
Diagnosed mental disorder	70	40	175	38	245	39
Problem with alcohol	6	3	64	14	70	11
Problem with other substance	17	10	99	22	116	18
Current depressed mood	72	42	183	40	255	41
Current treatment for mental health problem **	49	28	102	22	151	24
Interpersonal relationship problems						
Broken up with boyfriend or girlfriend, Intimate partner problem	31	17	120	28	151	31
Suicide of family member or friend within past five years	2	1	11	3	13	3
Death of family member or friend within past five years	5	3	17	4	22	4
Family stressors	48	30	55	12	103	21
History of abuse as a child	9	6	14	3	23	5
Life stressors						
A crisis in the past two weeks	30	17	85	19	115	23
Physical health problems	3	2	16	4	19	4
Job or financial problem	1	1	44	9	45	9
Recent criminal legal problem	6	3	42	10	48	10
School problem	32	19	12	2	44	9

Table 5 continues on next page

Table 5 continued

	Aged 10-17 (n=173)		Aged 18-24 (n=455)		Aged 10-24 (n=628)	
Circumstance	**Count**	**%**	**Count**	**%**	**Count**	**%**
Suicidal behaviors						
History of expressed suicidal thought or plan	55	27	158	32	213	43
Recently disclosed intent to die by suicide	41	23	120	28	161	33
Left a suicide note	59	33	144	31	203	41
History of suicide attempt	31	17	119	24	150	30
* Includes diagnosed mental disorder, a problem with alcohol, other substance, or depressed mood, or a combination of these.						
** Includes treatment for problems with alcohol, other substance or both.						
Source: Oregon Violent Death Reporting System Note: This does not include deaths under age 10. There was 1 death in 2007 and 2 deaths in 2019 of children under age 10.						

2019

Final data reported 118 suicides occurred among Oregon youth aged under 25 years with two deaths occurring among youth under age 10 (characteristics and location are not available for five out-of-state deaths). Most suicides occurred among males (81%), White persons (93%) and persons aged 20 to 24 years (63%). Eighteen deaths were among middle school and high school students. (Table 6) In 2019, the most often observed mechanisms of injury in suicide deaths among youth included: (Table 6)

- Firearms (50%)
- Suffocation or hanging (32%), and
- Poisoning (8%).

Table 6. Characteristics of youth suicides aged 25 and younger, Oregon 2019

		Deaths*	% of total
Age (years)	05-14	9	8%
	15-19	33	29%
	20-24	71	63%
Sex	Male	92	81%
	Female	21	19%
Race or ethnicity**	White	105	93%
	African American	5	4%
	American Indian or Alaska Native	6	5%
	Asian or Pacific Islander	2	2%
	Multiple races	5	4%
	Other or unknown	4	4%

Table 6 continues on next page

Table 6 continued

		Deaths*	% of total
	Hispanic	17	15%
Student status	Middle school	8	7%
	High school	10	9%
Mechanism of death	Firearm	57	50%
	Hanging or suffocation	36	32%
	Poisoning	9	8%
	Other	11	10%
Other	Veteran	3	3%

** *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.*

Suicide attempts

More than 820 Oregon youth ages 10 to 24 years were hospitalized for a self-inflicted injury or attempted suicide in 2018 (Table 7). Females were far more likely to be hospitalized for a self-inflicted injury or suicide attempts than males.

Table 7. Numbers of self-harm hospitalizations and suicides among youth aged 10-24 years by county, Oregon, 2019

County	Hospitalizations*		Deaths**	
	Count	% of total	Count	% of total
Baker	3	0.4%	0	0.0%
Benton	13	1.6%	0	0.0%
Clackamas	88	10.7%	11	9.9%
Clatsop	11	1.3%	2	1.8%
Columbia	9	1.1%	2	1.8%
Coos	6	0.7%	2	1.8%
Crook	4	0.5%	1	0.9%
Curry	2	0.2%	1	0.9%
Deschutes	37	4.5%	5	4.5%
Douglas	17	2.1%	4	3.6%
Gilliam	0	0.0%	0	0.0%
Grant	1	0.1%	1	0.9%
Harney	1	0.1%	0	0.0%
Hood River	5	0.6%	0	0.0%
Jackson	55	6.7%	10	9.0%

Table 7 continues on next page

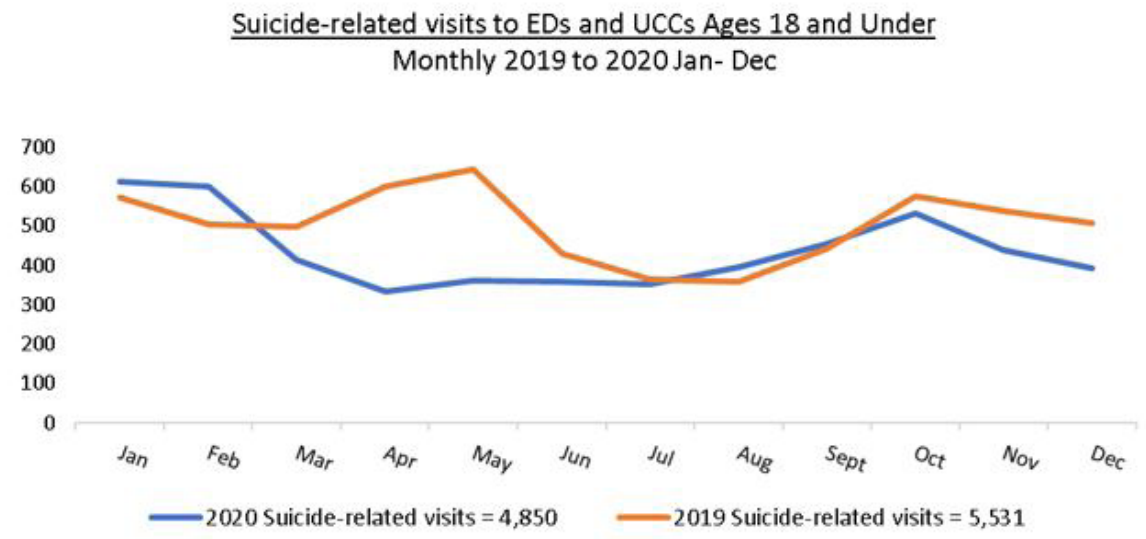
Table 7 continued

County	Hospitalizations*		Deaths**	
	Count	% of total	Count	% of total
Jefferson	10	1.2%	0	0.0%
Josephine	11	1.3%	0	0.0%
Klamath	7	0.9%	7	6.3%
Lake	2	0.2%	0	0.0%
Lane	119	14.5%	15	13.5%
Lincoln	6	0.7%	2	1.8%
Linn	21	2.6%	2	1.8%
Malheur	3	0.4%	0	0.0%
Marion	82	10.0%	5	4.5%
Morrow	2	0.2%	2	1.8%
Multnomah	119	14.5%	18	16.2%
Polk	24	2.9%	4	3.6%
Sherman	0	0.0%	0	0.0%
Tillamook	1	0.1%	0	0.0%
Umatilla	5	0.6%	0	0.0%
Union	5	0.6%	2	1.8%
Wallowa	1	0.1%	1	0.9%
Wasco	3	0.4%	0	0.0%
Washington	131	16.0%	12	10.8%
Wheeler	0	0.0%	0	0.0%
Yamhill	17	2.1%	2	1.8%
State	821	N/A	111	NA

* *Oregon Hospital Discharge Index. Please note that a new methodology to calculate 2018 youth self-harm hospitalizations was implemented based on CSTE (Council of State and Territorial Epidemiologists) guidelines. Therefore, 2018 and 2019 estimates are not comparable to previous years.*

** *Oregon Violent Death Reporting System. Five out-of-state deaths in 2019 are not included because their death certificate information is not accessible. Does not include 2 deaths under age 10 in 2019.*

Figure 3. Suicide-related visits to emergency departments and urgent care centers, ages 18 and under, Oregon

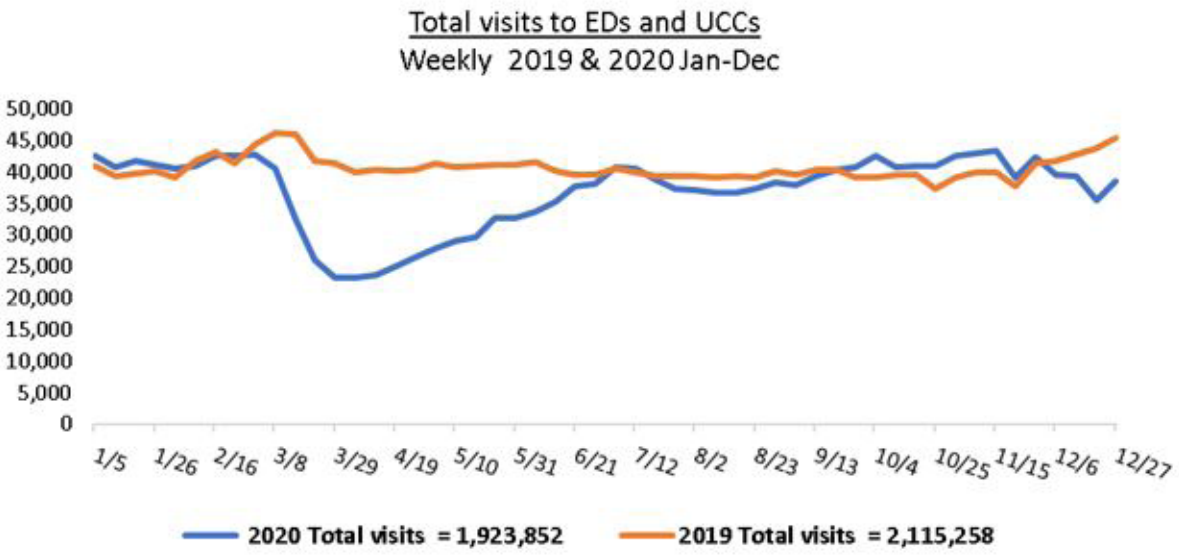


Source: ESSENCE syndromic surveillance suicide-related data, including visits for self-harm, suicide ideation and suicide attempt, from all non-federal hospital emergency departments and select urgent care centers across Oregon.

The number of suicide-related visits to emergency departments (EDs) and urgent care centers (UCCs) for youths ages 18 and under is slightly lower in 2020 than in 2019. (Figure 3).

In 2020 there was a 12.21% decrease in suicide-related visits to EDs and UCCs for youths ages 18 and under compared to 2019. It is important to note there were fewer visits in 2020 for all health-related concerns; this trend began in March 2020 when COVID-19 shelter in place restrictions began. (Figure 4).

Figure 4. Total visits to emergency departments and urgent care centers, Oregon



Source: ESSENCE syndromic surveillance suicide-related data, including visits for self-harm, suicide ideation and suicide attempt, from all non-federal hospital EDs and select UCCs across Oregon.

Suicidal ideation: 2019 Oregon Healthy Teens Survey

- Percentage of youths that seriously considered suicide in the past 12 months:
  - » 20% of eighth-graders
  - » 19% of 11th graders
- Percentage of youths that attempted suicide one or more times in the previous 12 months:
  - » 10% of eighth-graders
  - » 7% of 11th graders
- Percentage of lesbian and gay youth that contemplated suicide in the past 12 months:
  - » 50% of eighth-graders
  - » 37% of 11th graders
- Percentage of transgender or gender diverse youth that contemplated suicide in the past 12 months. This includes those who identify as:
  - » Transgender male or transgender female
  - » Gender fluid or genderqueer
  - » Gender nonconforming
  - » Agender
  - » Multiple responses,
  - » "Not sure of gender," and
  - » Those whose gender identity response differs from their birth sex response:
  - » 47% of eighth-graders
  - » 41% of 11th graders

Launching in 2020, the Oregon Student Health Survey (SHS) will replace the Oregon Healthy Teens Survey and Student Wellness Survey previously administered by OHA. The SHS is a comprehensive, school-based, anonymous and voluntary health survey for 6th, 8th and 11th graders. The SHS is designed to address student health and safety, student mental and behavioral health, and school climate and culture. Schools can take part in the survey between fall 2020 and spring 2021. State and county results for the 2020 SHS are anticipated to be released in the summer of 2021.

Limitations of data used for suicide surveillance

Suicide is one of the leading causes of death for the general population in Oregon and the second leading cause of death among Oregonians aged 10 to 24. OHA has identified suicide prevention as one of its top priority issues. Suicide is a complex behavior and associated with many factors, including:

- Mental health
- Substance use
- Physical health
- Relationships
- Life events
- Isolation
- Social connectivity
- Stress, and
- Other environmental and societal conditions.

To monitor and track suicide as well as some risk and protective factors that lead to or prevent suicide, Oregon uses various existing administrative data sets, surveys, and active surveillance efforts.

These sources include data elements of interest to policy makers. However, these data sources may fall short in other areas of interest. Standard administrative data used to track outcomes (i.e. death certificates, hospitalizations, ED visits) do not typically also collect:

- Data on risk and protective factors for suicide (for example, depression)
- Past medical and behavioral histories (for example, treatment episodes)
- Other data elements that are can tie individual risk and protective factors directly to suicidal behaviors, or
- Outcomes among individual persons (for example, the number of previous suicide attempts among individual decedents).

The following data are not available for individual youth who died by suicide:

- School attended
- Previous admissions or treatment for depression or suicidality
- Primary spoken language
- Disability or functional limitations
- Foster care status
- Depression-related intervention services in the past 12 months
- Previous attempts, emergency department visits or hospitalizations in the last 12 months

Generation of missing data would require more resources, position authority and planning and would involve many steps, including:

- Linkage of several large administrative data sets
- In-person case interviews

- Requirements for law enforcement agencies and health care providers to release individual information
- Personnel for data entry and database management, and
- Requirements for hospitals to report some more types of data, such as ED data, and specific reporting criteria.

Specific considerations for administrative data sets:

Administrative data sets typically capture population data, yet tracking of public health trends is not their primary function. For example, administrative data sets do not capture all instances of deaths within Oregon, or all hospital inpatient visits for suicide attempts. However, the data includes limited information on factors that may have led persons to suicide, such as untreated depression or life stressors. Depending on the administrative dataset used there is varying support for tracking suicide trends.

Oregon uses administrative data sets to track outcomes such as deaths, medical outcomes, and emergency department visits. These data sources include:

- Death certificates collected by the Center for Health Statistics (CHS) at the Oregon Public Health Division (PHD), and

  Hospitalization discharge data (HDD) and emergency departments (ED for 2018 forward) from the Oregon Association of Hospitals and Health Systems (OAHHS).

Specific considerations for survey data:

Survey data can capture information on factors associated with suicide (for example, depression, etc.). However, survey data are based on population samples. Data does not link risk and protective factors for suicide to specific individuals. Survey data come, in part, from the following:

- Behavioral Risk Factor Surveillance System (BRFSS)
- Oregon Healthy Teens (OHT) survey
- Student Wellness Survey
- National Survey on Drug Use and Health
- American Community Survey

These surveys are both state and nationally administered. Some of these surveys periodically include questions about suicidality or mental health issues. However, questions often depend on funding from individual programs (for example, BRFSS, OHT) to continue data collection for specific questions year-to-year. As of late, the response rate to these telephone surveys (for example, BRFSS) has been low (for example, <50%, which has implications on the generalizability of the data).

Some active surveillance data sources and systems link outcomes to individual risk. The

Oregon Violent Death Reporting System collects active surveillance data from multiple sources to provide a more complete picture, such as:

- Detailed demographics
- Mechanism of death, and
- Circumstances surrounding suicide incidents.

Specific considerations for active public health tracking efforts:

The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) provides real-time data from all non-federal hospital emergency departments (ED) and select urgent care centers (UCC) across Oregon. These data allow public health and hospitals to monitor what is happening in emergency departments across Oregon before, during and after a public health emergency. The suicide-related query used to provide data for this report, created as a collaboration between the International Society for Disease Surveillance's Syndrome Definition Committee with input from the CDC Division of Violence Prevention, includes ED and UCC visits for self-harm, suicide ideation and suicide attempt. Important limitations of these data include:

- They do not distinguish suicide attempts from other forms of self-harm.
- Data derived from emergency department and urgent care center visits are still being received and updated and minor fluctuation is anticipated.
- Not all people in Oregon have access to an emergency department or urgent care center.
- People with suicidal ideations may forgo medical assistance.

The lack of standardized questionnaires and investigations on deaths in Oregon creates challenges for consistent data collection and reporting. Therefore, ORVDRS data does not include consistent information from all agencies on certain data elements (for example, LGBTQ status among people who died by suicide). Reliance upon data collected from limited witnesses and contacts of a person who died by suicide can result in incomplete information collected about the incident. Therefore, ORVDRS data may underestimate some given circumstances or risk factors.

Appendix I

Public Health Division: 2020 federal grants related to suicide prevention, intervention and postvention

The Oregon Health Authority, Public Health Division (PHD), Injury and Violence Prevention Program (IVPP), manages several federal grants through the Substance Abuse and Mental Health Services Administration (SAMHSA) and Centers for Disease Control and Prevention (CDC) that contribute to YSIPP efforts. These grants include:

- SAMHSA Garrett Lee Smith Memorial Act (Oregon GLS): OHA received a new round of GLSMA funding for June 2019 through June 2024. Oregon receives $736,000 a year through this grant mechanism. This grant supports suicide prevention capacity grants in select Oregon counties as well as community and clinical training to reduce suicides of youth 10-24 years old.
- SAMHSA Zero Suicide in Health Systems (Zero Suicide): OHA received this new funding for September 2020 through August 2025. Oregon receives $700,000 a year through this grant mechanism. This grant supports OHA working with Oregon health systems to provide safer and specific suicide care for adults age 25 and over using a nationally recognized model, Zero Suicide.
- CDC Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes (ED-SNSRO): OHA received this new funding for September 2019 through August 2022. This grant (just under $147,000/year) provides support to develop tracking of suicide attempt and self-harm data, report data to stakeholders and use data to inform suicide prevention activities.
- CDC Firearm Injury Surveillance Through Emergency Rooms (FASTER): OHA received this new funding stream for September 2020 through August 2023; year one funding was $225,000 and anticipated funding for year two is $180,000. This grant provides funding for OHA PHD to partner with the Oregon Health & Science University-Portland State University School of Public Health to demonstrate the feasibility of monitoring nonfatal firearm injuries, including a suicide attempt and self-harm, to provide data on firearm injury in Oregon and use surveillance data to design and target interventions to reduce injury. Given that this grant was awarded in late 2020, a progress update for this grant will be provided in the YSIPP 2021 Annual Report.

Descriptions and accomplishments for both SAMHSA grants and the CDC ED-SNSRO grant are described below. Grant objectives align with all four Strategic Directions of the YSIPP.

Oregon GLS (June 2019 – June 2024)

Oregon GLS continues OHA's implementation of SAMHSA Garrett Lee Smith Memorial Act over the past decade. This current iteration of funding aims to reduce youth suicide, focusing on high-risk populations including youth at risk of suicide and youth involved in state systems. Grant work includes providing capacity-building grants to select Oregon counties, supporting suicide prevention training (gatekeeper training) in communities and youth-serving organizations, convening the annual Oregon Suicide Prevention Conference, managing the Oregon Suicide Prevention website, providing support to health systems implementing the Zero Suicide model, and supporting clinician training. Highlights of grant accomplishments in 2020 include:

- **Funding to counties:** OHA-PHD completed a competitive proposal process to determine Oregon GLS county awardees, accomplished via engagement with state associations representing Community Mental Health Programs (Association of Community Mental Health Programs) and Local Public Health Authorities (Coalition of Local Health Officials) to develop the Request for Proposals. During this development process, both organizations indicated that increased funding to counties was needed to effectively address funding requirements. Based on this feedback, OHA reduced the total number of county sub-awards and increased the amount of funding awarded to each county. Therefore, three counties have been awarded Oregon GLS funding based on proposal review. Deschutes County will continue as an Oregon GLS sub-awardee and is joined by two new counties: Lane and Multnomah.
- **Gatekeeper training** has been implemented to increase the number of persons in youth-serving organizations trained to identify and refer youth at risk. Gatekeeper training is best-practice or evidence-based. The training is meant to prepare laypeople and professionals to identify and refer persons at risk for suicide to appropriate care. Between June 2019 and December 2020, a total of 2,899 individuals received gatekeeper training, primarily through Question, Persuade and Refer (QPR) and Applied Suicide Intervention Skills Training (ASIST). Other training focused on postvention training (Connect), lethal means focused training (Counseling on Access to Lethal Means), initial suicide risk screening, and school focused curriculum. The ability to conduct training between March and December 2020 was severely limited due to the COVID-19 pandemic; some of the most common curricula were not immediately available in an online format or had not been adapted for a virtual training environment. All Oregon GLS county sub-awardees have been able to offer some training by adjusting to virtual training platforms or by providing in-person training with strict safety precautions as allowed by state restrictions and guidelines. It is anticipated that increased virtual training will be offered in 2021 and that in-person training will resume based on decreasing impact of COVID-19 in Oregon.
- **Oregon Department of Human Services partnership and training:** Oregon GLS is supporting gatekeeper training with the Oregon Department of Human Services

(ODHS), including Child Welfare personnel, community partners and foster parents. After exploring various training and support options varying in scope, training length and cost, ODHS selected (QPR) in a computer-based training (CBT) delivery. ODHS made QPR CBT available to staff starting in July 2020. Between July and December 2020, 747 ODHS staff completed QPR CBT. All 7 ODHS programs represented in the post-training evaluation survey data showed an increase in participant knowledge of suicide and suicide prevention in areas ranging from facts concerning suicide to how to get help for someone. ODHS staff who completed QPR CBT were asked to assess their increase in knowledge of suicide and suicide prevention due to the training. Responses showed that:

  - An average of 71.5% of respondents rated their knowledge of suicide and suicide prevention as "high" after the training, compared with 13.6% before.
  - An average of 1.0% of respondents rated their knowledge of suicide and suicide prevention as "low" after the training, compared with 35.9% before.

- **Clinical training** has been implemented to increase health, mental health and substance abuse clinicians trained to assess, manage and treat youth at risk for suicide. Between June 2019 and December 2020 training was provided to over 230 individuals via two curricula: Assessing and Managing Suicide Risk (AMSR) and Collaborative Assessment & Management of Suicidality (CAMS). As of the printing of this report, OHA has achieved nearly half (47%) of the GLS grant 5-year clinical training goal. In partnership with the AOCMHP, Oregon GLS promoted and provided training in CAMS to qualified mental health professionals around the state in response to limited training opportunities due to the COVID-19 pandemic. Besides the CAMS training, supplemental training on using the CAMS framework with adolescents was available to clinicians. Over 60 clinicians have completed this supplemental training. This has allowed for increased capacity among mental health clinicians in Oregon to provide specific and suicide safer care to Oregon's youth. It is anticipated that clinical training will increase in 2021 as more training is adapted to a virtual learning platform and as in-person training can again be safely provided based on decreasing the effect of COVID-19 in Oregon.
- **Addressing firearm safety with patients at risk of suicide:** Building on work from the previous GLS grant period, OHA supported the development of an online training focused on how primary care and direct service providers can work with rural firearm owners who may be at risk of suicide to voluntarily limit access to firearms. The training is based on focus group research with Oregon rural firearm owners. The training covers several important topics: discussing firearms with a patient at risk of suicide; developing a safety plan focused on firearm safety; engaging the patient who becomes defensive when the subject of firearms is addressed, and responding when a high-risk patient becomes angry when a provider brings up the topic of firearm safety and leaves the office. The course is available free as a Continuing Medical Education offering and is an OHA-Approved Cultural Competence Continuing Education training.

- **Oregon Suicide Prevention Conference:** The October 2020 Oregon Suicide Prevention Conference was cancelled due to COVID-19 public gathering restrictions. The conference has been rescheduled to take place virtually in October 2021.

Zero Suicide (September 2020 – August 2025)

The Injury and Violence Prevention Program continues to work with Oregon health care organizations on Zero Suicide Initiative implementation. The Zero Suicide Initiative is a commitment to suicide prevention in health and behavioral health care systems. It is also a specific set of tools and strategies. Its core proposition is that suicide deaths for people under care are preventable. The approach aims to improve care and outcomes for persons at risk of suicide served by health care systems. Due to the success of Zero Suicide efforts completed in the previous GLS cycle (described in the YSIPP 2019 Annual Report), IVPP was awarded a competitive SAMHSA Zero Suicide in Health Systems grant to increase support to Oregon health systems from September 2020 through August 2025. This new grant has allowed IVVP to hire a dedicated Zero Suicide in Health Systems Coordinator to develop a Zero Suicide Program. While the new grant is focused on reducing suicide risk for adults 25 and older, this dedicated position will support work to continue with existing Oregon Zero Suicide health systems focused on youth populations. It will also expand learning opportunities and training for all health systems implementing Zero Suicide, including youth-focused initiatives. To date, this grant has supported a needs assessment to identify successes and gaps in Zero Suicide implementation within Oregon health systems and key informant interviews with health systems and relevant stakeholders to inform grant planning. Work in 2021 will include developing a grant advisory committee and implementing Zero Suicide training opportunities.

ED-SNSRO (September 2019 through August 2022)

In 2020, the ED-SNSRO team developed a monthly report on Emergency Department and Urgent Care Center visits for suicide attempts and suicidal ideation and suicide-related calls to the Oregon Poison Center using the Oregon Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) syndromic surveillance data. The report, *Suicide-related Public Health Surveillance Update*, compares rates and counts for 2020 to the same timeframe in 2019, including youth-focused data. So far, these comparisons have not indicated significant spikes of suicide attempts or related self-harm behaviors treated in Oregon's health care systems. The first monthly report was published in June 2020. The reports have been well received by suicide presentation partners at the state and county level. Partners can sign up to receive the monthly report directly by email. The distribution list has grown to over 1,280 recipients. OHA has used the report to inform leadership responses to inquiries from legislators, media and members of the public. Stakeholder feedback, including from the Oregon Alliance to Prevent Suicide Data & Evaluation Committee, has informed improvements of this report and ED-SNSRO data is now included in the YSIPP Annual Report. In 2021, data and report development will continue to be refined, as well as engaging suicide prevention partners in using data to inform suicide prevention efforts across the state.

Appendix II

Table 8. Suicide rates among youth aged 10 to 24 years by state, United States 2019

State	Deaths	Crude Rate
Alaska	59	40.6
South Dakota	52	25.8
Idaho	45	25.4
Montana	92	22.0
Wyoming	25	21.9
New Mexico	207	18.7
Colorado	147	18.7
Kansas	133	16.4
North Dakota	61	16.4
Utah	92	15.4
Oregon	116	15.3
Missouri	91	14.9
New Hampshire	174	14.7
Arizona	23	14.6
West Virginia	42	13.1
Washington	32	13.0
Nevada	82	12.7
Oklahoma	123	12.6
Maine	28	12.5
Kentucky	69	12.2
Indiana	105	11.6
Michigan	168	11.6
South Carolina	149	11.5
Delaware	160	11.5
Arkansas	124	11.4
Virginia	255	11.4
Alabama	104	11.0
Ohio	672	10.9
Louisiana	94	10.8

State	Deaths	Crude Rate
Iowa	122	10.8
Minnesota	43	10.7
Pennsylvania	26	10.5
Tennessee	201	10.4
Mississippi	170	10.4
Vermont	12	10.0
Georgia	218	10.0
Texas	134	9.7
Wisconsin	58	9.5
Nebraska	193	9.4
North Carolina	208	8.8
Florida	320	8.7
Hawaii	85	7.5
Maryland	182	7.4
Illinois	48	6.9
California	244	6.9
Massachusetts	525	6.8
New Jersey	69	5.2
New York	85	5.2
Connecticut	<10	Not calculated
District of Columbia	<10	Not calculated
Rhode Island	<10	Not calculated

Rates are deaths per 100,000.
Source: CDC WISQARS
Note: Does not include 2 deaths under age 10 in 2019.

Appendix III – Full evaluation report

Summaries and findings

Strategic Direction 1

Healthy and empowered individuals, families and communities

Oregon Suicide Prevention Conference evaluation

The 2019 Oregon Suicide Prevention Conference (OSPC) was presented by Lines for Life and occurred from March 13-15 in Sun River, Oregon. To assess participants' experience and reaction to the conference, the UO evaluation team collected measurement data across all three days on the domains of:

- Skills learned
- Presenter knowledge, and
- Overall presentation effectiveness.

A 37-page comprehensive evaluation report was delivered to Lines for Life on Dec. 12, 2019. The report recommended improvements be made in the areas of presenter guidelines, safe messaging, and attendee self-care. Additionally, qualitative and quantitative analysis was provided for all training, plenary presentations, and breakout sessions.

Tribal networking framework

The UO lab is developing a framework to guide the participatory collaborative dialogue between tribal governments and communities. The framework will use Indigenous knowledge and science combined with western scientific methods to create robust, culturally sensitive projects. To this end, on Sept. 6, 2020, the University of Oregon Suicide Alliance Lab, Klamath Tribal Prevention, Tribal Council members, Chiloquin Schools, Youth Initiative, and Tribal Probation met to kick off a Community-Academic Partnership (CAP) for suicide prevention, intervention, and postvention. The CAP partnership is in early steps and is looking to provide resources and assistance to the Klamath Tribes Prevention department. In February 2020, the Community Survey for the Klamath Tribe was completed with more than 300 respondents. The community survey closed in April with more than 300 respondents. We are working on cross-tabulating data by the service sector, developing focus group questions, and working with the

Tribal Youth Council to better understand and listen to the youth voice in the community and serve as a resource in their suicide prevention initiatives.

Regional coalition network

A current list of local coalitions, workgroups, and alliances has been posted on Google Drive and distributed to all school districts in Oregon. The UO evaluation team continues to collaborate with the Alliance to support the online learning collaboratives for coalitions statewide, which include post-meeting feedback surveys to gather information on how to improve future meetings. The UO evaluation team met with the Alliance leadership to discuss installing of a partnership network into the organizational structure of the Alliance. The team plans to pilot this framework through collaborations with select regional coalitions by creating two-way communication protocols and directories of partner affiliates organized by region.

Suicide prevention coordinator network

The UO lab has supported efforts to connect Suicide Prevention coordinators from across the state to form and sustain an ongoing learning collaborative. Moving forward, the UO lab and Alliance will work to coordinate, facilitate, and evaluate quarterly meetings between this core group of coordinators to identify and improve local suicide prevention resources and protocols. The Alliance will concurrently work to begin communication with all identified suicide prevention coordinators in the state to begin installing a comprehensive statewide network of practitioners. Due to COVID-19 and travel restrictions, the next coordinator meeting, planned for the spring of 2020, was postponed and current plans are underway to transfer the meeting into an online format.

LGBTQ initiative

The LGBTQ workgroup, with the UO Suicide Prevention Lab, is planning to partner with Dr. Caitlin Ryan to develop a usable innovation for addressing community-specific risk factors for suicidality among LGBTQ youth. The evaluation team is developing the Family Acceptance Project (FAP) educational poster evaluation, including the pilot data collection instrument and dissemination approach. A review of the data collection instrument for the FAP poster evaluation project continued during this period. The LGBTQ workgroup also held a series of meeting with Dr. Ryan to explore implementing and evaluating the FAP within Oregon schools to help address the requirements of Adi's Act and the Student Success Act. Currently, the UO team is developing a survey for the LGBTQ workgroup to gather information for the next iteration of the YSIPP. The survey will explore individual characteristics of LGBTQ youth across the state and examine the strengths and deficits of community, schools and institutions on suicidality. Additionally, evaluators are conducting a nationwide scan of culturally specific suicide prevention programs. This will be disseminated to OHA and the Alliance community upon completion.

Strategic Direction 2

Clinical and community preventative services

School suicide prevention scan and resources

The UO evaluation team collaborated with ODE and the Alliance Schools Committee to carry out YSIPP Objective 6.1.a., which mandates identifying "gaps and opportunities for staff training and protocol development on suicide prevention and postvention" in schools (p. 48).

Before the scan, there was no mechanism for assessing or tracking what evidence-based programs (if any) schools were implementing. Dissemination of the survey occurred in June 2018 through the listservs of ODE, Confederation of Oregon School Administrators (COSA), and Oregon School Counselor Association (OSCA). To date, 403 responses have been recorded, bringing the total school response rate to 32% of all Oregon public schools. Based on findings, the UO lab recommended schools get access to clear and user-friendly resources for school-wide suicide prevention activities, as well as how to effectively coordinate and support them. In January 2020, the Alliance executive committee approved the final draft of Oregon Schools' Resource Catalogue. It was distributed to all schools that took part in the 2018 school suicide prevention survey (Appendix E). Additionally, ODE agreed to distribute the catalog to all school districts in Oregon using multiple listservs (for example, counselors, administrators). In the summer of 2020, the UO evaluation team met with ODE for a work session around comprehensive suicide prevention and school safety evaluation plan. The UO proposed creating a database that would track district and schools' progress on the implementation and sustainment of Adi's Act as well as the development of a technical assistance support structure that would use a Network Improvement Community (NIC) framework.

OHA suicide prevention programming evaluation activities

Implementation Science Workshop

As a part of the request for proposals (RFPs) issued in 2019, the evaluation team initiated a series of workshops for the vendors assigned to lead the OHA-sponsored suicide prevention initiatives. The webinar series (three, 90-minute Zoom meetings) focused on implementing science frameworks for installation and sustainability of the initiatives as well as the foundations for the evaluation process. In preparation for the webinar series, the UO team met weekly to plan and adapt the training to meet the specific needs of participants. Subsequently, the UO lab will help to facilitate meetings between the various collaborators.

ASIST evaluation and implementation support

In partnership with AOCMHP and LivingWorks, the UO Lab is designing an evaluation of the ASIST training occurring across Oregon. The team has had an initial meeting with LivingWorks to establish a working relationship and discuss designing evaluation measures that focus on participants' knowledge and behavior changes. The UO team will continue

to work in partnership on developing these measures for use when in-person training is possible. The evaluation team drafted pre- and post-ASIST surveys to evaluate participants' knowledge and behavior changes. Additionally, evaluators have discussed developing follow-up evaluation measures for current trainers to better understand the utility of the ASIST T4T training and learning collaborative support.

Question Persuade Refer (QPR) evaluation and implementation support

The UO prevention lab has worked in collaboration with Lines for Life to conduct a co-designed evaluation for QPR gatekeeper training and the train-the-trainer model. For this process, a UO lab subgroup has met weekly with the Lines for Life state coordinator and a team obtained from the agency to outline a logic model for each training and to translate these to constructs for evaluations. The initial focus was to establish pre-post and follow-up skill acquisition of training. The next steps include exploring how to gather data around participant skill application within their natural work context. Initially, the collaboration with Lines for Life focused on establishing a logic model to inform the evaluation instruments. Pre- and post-evaluations were developed and disseminated for gatekeepers' training. A follow-up only evaluation for the train-the-trainer is in the final stages of development and should be disseminated for the first cohort trained in August 2020. Next, this collaboration will explore the steps necessary for evaluation of the learning collaborative, implementation barriers and facilitators for skill application.

Sources of Strength evaluation and implementation support

The UO evaluation team is meeting bi-weekly with Matchstick Consulting and OHA, as well as conducting weekly internal team meetings to plan the statewide evaluation efforts for Sources of Strength. The team has created a website for schools to access evaluation resources and provide district and student-level data. The UO team has also co-created a readiness assessment for sites considering Sources of Strength implementation alongside Matchstick and Lane County Public Health. Additionally, the lab has developed several measures to assess program effectiveness and implementation and is finalizing the evaluation plan. Currently, provisional plans are being made for the evaluation given the challenges associated with COVID-19. Additionally, the UO team has worked with the Bethel School District to collect data on Sources of Strength implementation during COVID-19. The Bethel COVID-19 report has been completed and is waiting for approval by Bethel before circulation.

Evaluation measures are programmed, and OHA? Is planning on offering technical assistance webinars for school districts interested in taking part in school-wide surveys.

Mental Health First Aid evaluation and implementation support

As part of the OHA-sponsored suicide prevention evaluation, the UO lab is continuing to build off previous collaborations with AOCMHP to comprehensively evaluate the effectiveness of MHFA training across the state. The current evaluation design includes

a pre-test that registers all participants before training. Then, all participants receive a follow-up survey six months after training to assess self-efficacy, attitudes, and behaviors related to mental health awareness. The evaluation team completed follow-up data collection for six months of training, where cohorts were organized into bi-monthly groups (for example, January/February, March/April, etc.), and a summary report of initial findings has been completed. In the summer of 2020, the UO team met with AOCMHP and researchers from OSU to discuss coordinating evaluation efforts for MHFA. National MHFA is currently developing a pre- and post-test for online training and the group is waiting to receive that measure to compare it to each teams' existing survey.

Connect Postvention evaluation and scale-up

To support the scale-up and rollout of the Connect Postvention training to local communities, the UO evaluation team provided technical assistance and structural guidance to the 15 counties that have received the training, which included the development of an online training tracker (Appendix K). As the Connect evaluation transitions into assessing the scale-up of the train-the-trainer model, evaluators are collaborating with NAMI New Hampshire to revise the Connect Postvention evaluation measures to include metrics assessing implementation outcomes (for example, appropriateness, feasibility, etc.). The UO evaluation team has created two measures for assessing suicide postvention preparedness at both the community and organizational level (See Appendix L and M). The team met with NAMI New Hampshire and the Oregon Connect coordinator to review the measures and discuss future piloting of each tool. The UO team also met with the Oregon Connect coordinator to clarify evaluation expectations and deliverables. To assess the current status and capacity of local Connect leaders, the UO team, in collaboration with the state-level Connect Coordinator, developed an interview protocol for Connect county-level coordinators (Appendix N). The team is planning on conducting Zoom interviews in November and December of 2020, and then conducting a focus group with all coordinators in January to discuss common barriers and facilitators for program implementation.

Strategic Direction 3

Treatment and support services

Hospitals HB 3090 scan

The UO lab developed a database to track the implementation of HB 3090 efforts in Oregon hospitals, which included 65 hospitals. The database was updated to include hospital website URLs and emergency department phone numbers. To identify if hospitals had posted their HB 3090 policy online (as permitted in the law), the lab searched each website and used search terms (i.e., "discharge policy", "discharge plan", and "HB 3090") to search the entire website. Three hospitals responded with "No" when asked if their discharge policies following a behavioral health crisis were publicly available— all other hospitals did not respond. A second investigation of hospital websites for HB 3090 policy revealed three

policies that adhere to the rules laid out by HB 3090. The three hospital policies found online cover 10 separate hospital locations. In February 2020, the UO Suicide Prevention Lab and Oregon Alliance to Prevent Suicide sent a letter to Oregon Representative Alissa Keny-Guyer outlining concerns about the current efforts to implement HB 3090 laws and suggestions for improvements and next steps for the 2020 survey.

Senate Bill 48 Report

The UO evaluation team used data collected by OHA from all licensing boards required to report when members took a course in suicide assessment, treatment or management. From the available data, the UO lab-created graphs and tables detailing the total suicide risk training completed by all license boards, as well as a detailed breakdown of each board's responses individually. For each board that had the available data, specific training type and duration were reported along with board trainees by county. A descriptive summary report was then compiled and submitted to OHA.

Strategic Direction 4

Surveillance, research and evaluation

YSIPP 2.0 development

Project overview

To help the OHA youth suicide coordinators with the YSIPP 2021-2025 update, the UO has prepared a plan for the tasks and timelines for informing the strategic action planning and recommendations for the next five-year period. The UO lab will complete the following activities by May 2021:

1. write a summary report of YSIPP 2016-2020 activities (August 2020)
2. review and summarize other state suicide prevention plans (August 2020)
3. solicit and summarize formative input from key stakeholder groups (October 2020)
4. conduct research for ORS 481.733 required updates based on HB 4124, Section 2 (October 2020
5. summarize needs and gap analysis for review by OHA and the Alliance (October 2020)
6. assist OHA with drafting YSIPP 2.0 (November 2020 – February 2021)
7. circulate a draft for input and feedback (March 2021), and
8. incorporate feedback and finalize the draft (April 2021).
9. The UO lab expects to complete tasks 1 and 2 and make progress on tasks 3 and 4 by the next quarterly report.

YSIPP 1.0 activities summary

A draft summary of YSIPP 2016-2020 activities has been completed to better track and organize YSIPP-related efforts over the past four years. The summary is being refined based on input from Alliance members and other stakeholders. A final draft will be completed by January 2021.

State Suicide Prevention Plan scan

In August of 2020, the UO team completed a review of state suicide prevention plans among states with the lowest suicide rates among youth, according to the latest data from the CDC. A report is being finalized to summarize those states' varying priorities, strategies, and frameworks to suicide prevention. This report will be completed in November 2020. The specific recommendations for the YSIPP update will be identified according to discussions and interviews with key stakeholders and presented by January 2021.

Key stakeholder focus groups

To better inform the structure, strategy, and content of YSIPP 2.0, break-out sessions were conducted with attendees of the September Alliance quarterly meeting. The resulting input on YSIPP priorities moving forward has been coded and summarized by sector and theme. A focus group has been conducted with YYEA and a summary report is being drafted. Focus groups and structured interviews for other Alliance committees and work groups are currently being scheduled for October and November 2020.

Conclusion and recommendations

Evaluation activities conducted during the 2019-20 contract year built on the two previous years' scanning of the landscape of suicide prevention across organizations and regions in Oregon. The UO evaluation team used environmental scans, survey research, program evaluation, focus groups, and formative interviews to evaluate and support the implementation of the YSIPP. Based on the work of the past four years, the following recommendations have emerged:

- ***Ensure the opinions and perspectives of key stakeholders from diverse populations are incorporated into the development of YSIPP 2.0.*** A special effort has been made to directly gather feedback from a diversity of stakeholder groups including youth, LGBTQ, Indigenous populations, and those with lived experience. The UO evaluation team continues to use a mixed-method approach in gathering data from these groups and recommends the continued communication and collaboration with all key stakeholders through the process of developing, implementing, and sustaining YSIPP 2.0 objectives and activities.
- ***Support and coordinate the various statewide suicide prevention initiatives – including the Big Six — to more efficiently and effectively implement evidence-based programs in local environmental contexts.*** Creating databases and

directories of each initiatives' activities and trainers will allow for better tracking and support of program implementation. With the amount of distinct suicide prevention activities being carried out across the state, the need for communication between implementers to reduce overlap, inefficiency, and redundancy is paramount.

- ***Development and use of a networked community composed of the local suicide prevention coalitions and the Alliance to Prevent Suicide.*** By identifying, connecting, and communicating with local suicide prevention coalitions, the Alliance can better facilitate best practices for community-level suicide prevention. Additionally, the use of a coordinated network will allow the UO and the Alliance to get contextual local data that can better illuminate the various and diverse challenges that communities face across the state.
- ***Installation and support of a county-level suicide prevention coordinator network.*** A previous scan of regional suicide prevention coordinators found that while a small percentage of counties had a designated full-time suicide prevention coordinator, most counties either did not have a lead suicide prevention contact or only had a small portion of FTE dedicated to suicide prevention. To address this issue, the UO evaluation team suggests the following two-pronged approach:
  - » Facilitate an ongoing collaboration of core suicide prevention coordinators for problem-solving and resource sharing, and
  - » Develop a network of all county-level suicide prevention coordinators or "leads" the identified tools and resources can be shared with.
- ***Continued deployment and support of a centralized network hub to connect various efforts taking place across the state.*** The state of Oregon needs a centralized informational database that can be used to connect and monitor all suicide prevention efforts taking place across the state. This "network hub" can also serve as a place where practitioners can get evidence-based tools and information. The UO evaluation team recommends the use of the Alliance to Prevent Suicide's website to serve this end.
- ***Concentrated efforts to support school suicide prevention and the implementation of Adi's Act.*** With the recent passing of Adi's Act, the evaluation team recommends increasing support for suicide prevention in schools by providing best-practice recommendations, exemplar plans and toolkits, and active implementation guidance for suicide prevention, intervention, and postvention.
- ***Use of implementation science frameworks to better support the implementation and scale-up of evidence-based suicide prevention programs and activities across the state of Oregon.*** Most evidence-based programs do not successfully transition from effectiveness trials to real-world implementation by practitioners. However, using implementation science, the UO evaluation team and the Alliance can better facilitate the successful scale-up efforts of selected evidence-based programs.

As the evaluation transitions into the 2020-2021 contract year, activities will include the continued identification, connection, and support of suicide prevention activities across the state of Oregon. The UO evaluation team will continue to collect and analyze data related to the implementation and impact of the YSIPP, while also preparing for the next iteration of the YSIPP (i.e., YSIPP 2.0). We are committed to providing implementation support in the form of technical assistance, network installation guidance, and progress monitoring.

Reference

Bryk, A. S., Gomez, L. M., Grunow, A., & LeMahieu, P. G. (2015). Learning to improve: How America's schools can get better at getting better. Harvard Education Press.

Rochelle, J., Thomas, R., Parr, N., Moore, C., & Seeley, J. (2018) Implementing statewide youth suicide prevention strategies: A research-practice-policy partnership. Society for Prevention Science, Washington D.C

Appendix IV

Highlights of Alliance activities in 2020

Legislative activity and administrative rulemaking

- Partnered with American Foundation for Suicide Prevention in January to meet with the majority of Oregon legislators or their staff to highlight policy needs to prevent suicide
- Submitted the legislative concept for the 2021 session that will require the behavioral health workforce to receive continuing education on suicide prevention, intervention and management. Rep. Salinas agreed to be the lead sponsor and invited Alliance to testify at the House Behavioral Health Committee during Legislative Days.
- Partnered with Lines for Life to submit a legislative concept to include children under age 10 in the statewide suicide prevention plan
- Provided feedback to Oregon Department of Education during rulemaking for Adi's Act – SB 52 (2019). Alliance youth and members with lived experience advocated for rules to address communication between schools and health systems.
- Provided feedback to OHA during rulemaking for postvention legislation – SB 485 (2019) and SB 918 (2019)

Advising the Oregon Health Authority and other state agencies on strategies and to address suicide prevention

- Lethal Means Access workgroup advised Lines for Life and OHA to conduct focus groups with firearm owners to inform how best to advance cultural norms around safe storage and reduce stigma around mental health safety planning. The resulting report Oregon Gun Owners on Firearm Safety and Suicide Prevention outlines 6 recommendations and resulted in the formation of the Oregon Firearm Owners Gun Safety Coalition.
- Monitored implementation of HB 2023, 3090, and 3091, identified barriers and requested OHA resurvey hospitals.
- Submitted letters to OHA and Rep. Keny-Guyer mapping system challenges (see graphic below) in monitoring and supporting transitions of care legislation and recommendations to improve implementation
- Provided recommendations for new and continued Alliance membership appointments

- Co-developed LGBTQ mini-grant application and review process to create low-barrier access to support during COVID-19 pandemic
- Advised OHA staff to develop an adult suicide prevention plan
- Submitted letter to OHA and legislators supporting recommendations of OHA's 2020 SB48 report
- With additional staff support, increased involvement in Alliance by youth and young adults
- Collaborated with UO Suicide Prevention Lab and OHA regarding the structure, themes and priorities of the next YSIPP. Informed recommendations in YSIPP by connecting lab with key informants across the state and focus groups with Alliance members and affiliates.
- Strengthened partnerships to ensure Alliance advice and policy work is informed by subject matter experts and people with lived experience. (AOCMHP, Lines for Life, AFSP, Youth ERA, Oregon Family Support Network, University of Oregon, Basic Rights Oregon)
- Advocated for and received funding for Alliance to conduct focused work to address racism and equity in suicide prevention efforts and amplify diverse perspectives
- Advised ODE/OHA and helped develop resources and guidance for schools to develop suicide prevention plans that comply with the law and the spirit of Adi's Act, SB52.
- Staff and members represent Alliance on School Safety Task Force, State Health Improvement Plan, Children's System Advisory Council

Alliance to Prevent Suicide

Membership list

(Does not include OHA staff members who are non-voting members.)

Name	Organization	Title
Juanita Aniceto	Youth and Young Adult Engagement Advisory	Young adult
Tia Barnes	Youth Era	Chief program officer
Maria Antonia Botero	Latino Community Association	COVID-19 tracing
Roger Brubaker	Lane County Public Health	Suicide prevention coordinator
Maya Bryant	Youth and Young Adult Engagement Advisory	High school student
Sandy Bumpus	Oregon Family Support Network	Executive director
Iden Campbell	Basic Rights Oregon	Racial justice and trans justice program director
Gordon Clay	Suicide Awareness and Prevention Council of Curry County	Chair of the Suicide Awareness and Prevention Council of Curry County

Name	Organization	Title
Emma Cooper	Youth and Young Adult Engagement Advisory	High school student
Spencer Delbridge	Oregon Department of Education	Student safety program coordinator
Donald Erickson	Oregon Department of Human Services	Chief administration officer for ODHS
Kristin Fettig	Jackson County Mental Health	Suicide prevention specialist
Dan Foster	Greater Oregon Behavioral Health, Inc. Coordinated Care Organization	Applied behavior analysis manager
Wren Fulner	Pacific University	MSW student
Senator Sara Gelser	Oregon Legislature	Oregon Senator for District 8
Leslie Goldon	Lines for Life	Director of IT and security
Rosanna Jackson	Suicide Prevention Coordinator	Confederated Tribes of Warm Spring
Kimberlee Jones	Best Care Treatment	Prevention services supervisor
Judah Largent	Deschutes Defenders	Attorney
Spencer Lewis	Oregon School Boards Association	Director of policy services
Charlette Lumby	Incite Agency for Change	Co-owner and ICU nurse
Julie Magers	Oregon Health and Science University	Family engagement and support specialist
Rebecca Marshall	Oregon Health and Science University	Child, adolescent, and adult psychiatrist
Gary McConahay, PhD	Columbia Care Services	Director
Laura Rose Misaras	CSAC, OCA, Peer Galaxy	Community member
Galli Murray	Clackamas County	Suicide prevention coordinator
Olivia Nilsson	Youth and Young Adult Engagement Advisory	High school student
Jesus Nunez-Pineda	Youth Era	Peer support specialist
Pam Pearce	Community Living Above	Executive director
Justin Potts	Eugene 4J School District	School psychologist
Ryan Price	American Foundation for Suicide Prevention	Area director for Oregon & Idaho
Tanya Pritt	Milestones Recovery	Yes House program director
Karli Read	Youth and Young Adult Engagement Advisory	Young adult peer support
Shane Roberts	Youth and Young Adult Engagement Advisory	Young adult
Mila Rodriguez-Adair	Portland Public Schools	QMHP on special assignment
Julie Scholz	Oregon Pediatric Society	Executive director
John Seeley	University of Oregon	Professor and faculty member
Lon Staub	Unaffiliated	Community member
Joseph Stepaneko	Youth and Young Adult Engagement Advisory	Youth and young adult voice advocate
Suzie Stadelman	Oregon College and University Suicide Prevention Project, University of Oregon	Co-director
Sydney Stringer	Redmond Proficiency Academy High School	School counselor
Olive Vigna	Youth and Young Adult Engagement Advisory	Young adult
Stephanie Willard	Acupuncturist	Community member
Roxanne Wilson	Fifth Corner Academy	Co-founder and president
Kirk Wolfe M.D.	Affiliated with Multiple Hospitals	Child and adolescent psychiatrist

Endnotes

1. Fatal Injury and Violence Data – Leading Causes of Death Reports [Internet]. Centers for Disease Control and Prevention. Centers for Disease Control and Prevention; 2019 [cited 2021 Feb 16]. Available from: https://webappa.cdc.gov/sasweb/ncipc/leadcause.html
2. Fatal Injury and Violence Data – Fatal Injury Reports [Internet]. Centers for Disease Control and Prevention. Centers for Disease Control and Prevention; 2019 [cited 2021 Feb 16]. Available from: https://webappa.cdc.gov/sasweb/ncipc/mortrate.html
3. Oregon Public Health Division, Oregon Violent Death Reporting System, 2013-2017 (pending publication).

PUBLIC HEALTH DIVISION
HEALTH SYSTEMS DIVISION

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OHA 8874E (04/2021)

Youth Suicide Prevention: A look at 2020, and a look ahead

Presented to

Alliance to Prevention Suicide

June 11, 2021

Jill Baker, OHA Youth Suicide Prevention Policy Coordinator jill.baker@dhsoha.state.or.us

Oregon Health Authority

YSIPP 2020 Annual Report

Data reminders (March 2021 presentation by Public Health)

- For youth suicide, Oregon's 2019 suicide rate decreased from the previous year (first time since 2015)
- Based on preliminary data, OHA anticipates an additional decrease in youth suicide rate for 2020 (will be first two-year decrease since 2008-2010)
- So far in 2021 (preliminary) numbers are similar to 2020.
- The full data presentation is included in the meeting materials on the Alliance website for this meeting.
- Balance urgency with celebrating success of moving in the right direction

Oregon Health Authority

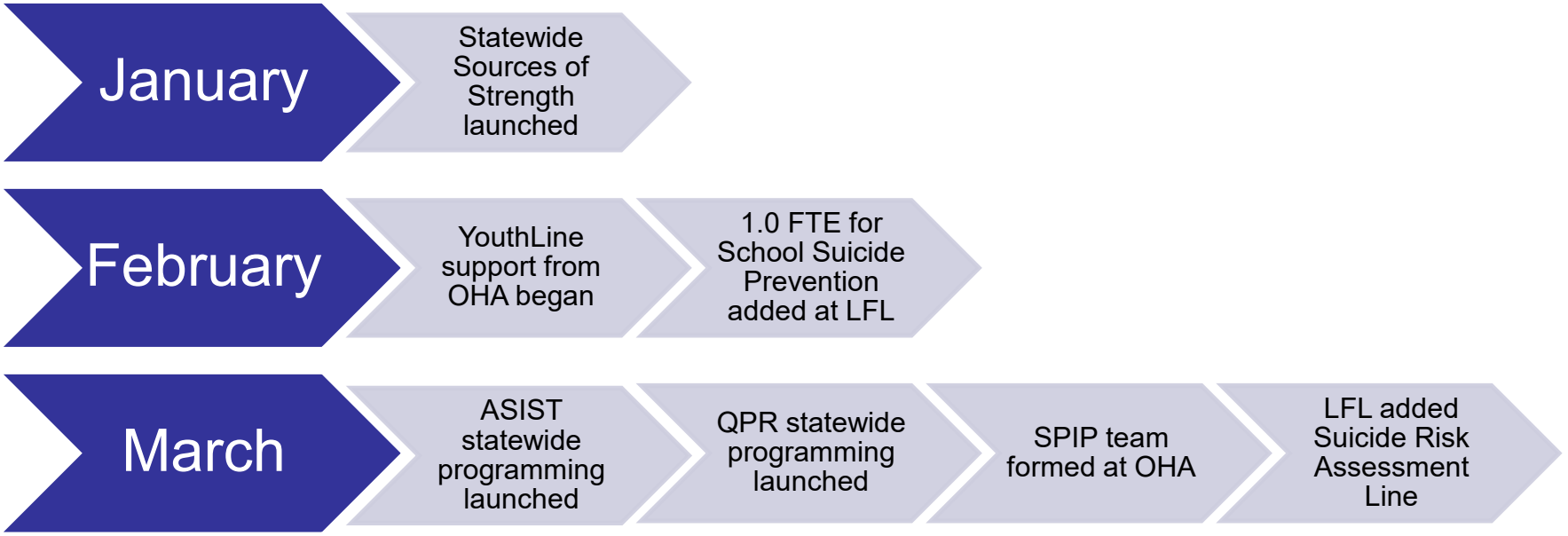
YSIPP 2020 Annual Report

Highlights:

- OHA suicide prevention team grew
- COVID19 SPIP team launched
- Big River programming launched and then adapted
- ASIST gap and YouthSAVE development
- Data access improved

Oregon Health Authority

YSIPP 2020 Timeline: January - March



Oregon Health Authority

YSIPP 2020 Timeline: April - June

April

- SPIP released virtual suicide care toolkit
- Big River evaluation launched

May

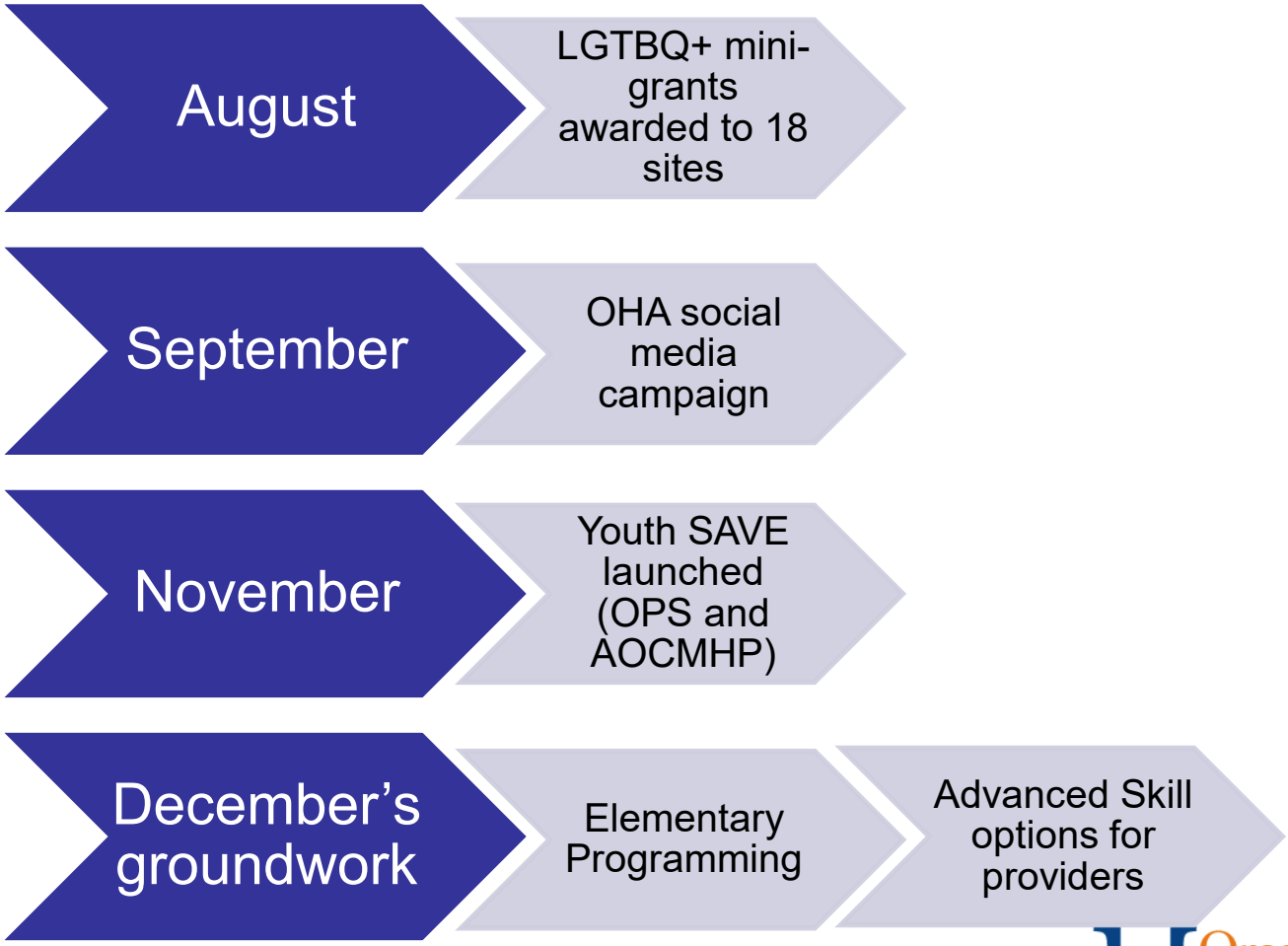
- OHA added CAMS training spots (100+ providers)
- 4.0 FTE added School Suicide Prevention at LFL– ODE funded

June

- First ESSENCE report released

Oregon Health Authority

YSIPP 2020 Timeline: July - December



Oregon Health Authority

QUESTIONS?

Oregon Health Authority

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intentionally blank.

Oregon Health Authority

YSIPP 22-25

THANK YOU

- 5 years for legislative purposes (21-25)
- Annual updates for priorities and responsiveness
- Work here is not my only own – heroic work done by the YSIPP 2.0 team
- The framework goals and pathways, as well as the specific initiatives you'll get some small group time with are the result of a year+ of stakeholder feedback. 100's of voices weighed in through surveys, focus groups, focused interviews, reviews of other state plans, committee meetings, and review of other Oregon improvement plans.

Oregon Health Authority

Youth Suicide Prevention and Intervention Plan: Strategic House

Roof / North Star

Why

Purpose

The YSIPP is Oregon's Statewide plan to address strategic **areas to reduce fatal and nonfatal suicide activity.** It is based on the OHA Suicide Prevention Framework.

Pillars and Paths

What

Strategic Pillars

1 – Healthy and Empowered Individuals, Families and Communities (Universal)	2 – Clinical and Community Prevention Services (Selected)	3 – Treatment and Support Services (Indicated)
• Integrated and Coordinated Activities • Media and Communication • Social Determinants of Health • Coping and Connection	• Frontline and Gatekeeper Training • Means Reduction • Protective Programming	• Healthcare Coordination • Healthcare Capacity • Appropriate Treatment & Management of Suicidality • Postvention Services

Foundation

How

Values

• Equity, Diversity and Inclusion	• Collaboration and Collective Impact	• Trauma Informed Practices	• Centralized Voices of Lived Experience

Methods

• Data, Research and Evaluation	• Policies and Procedures	• Project Management	• Best Practices

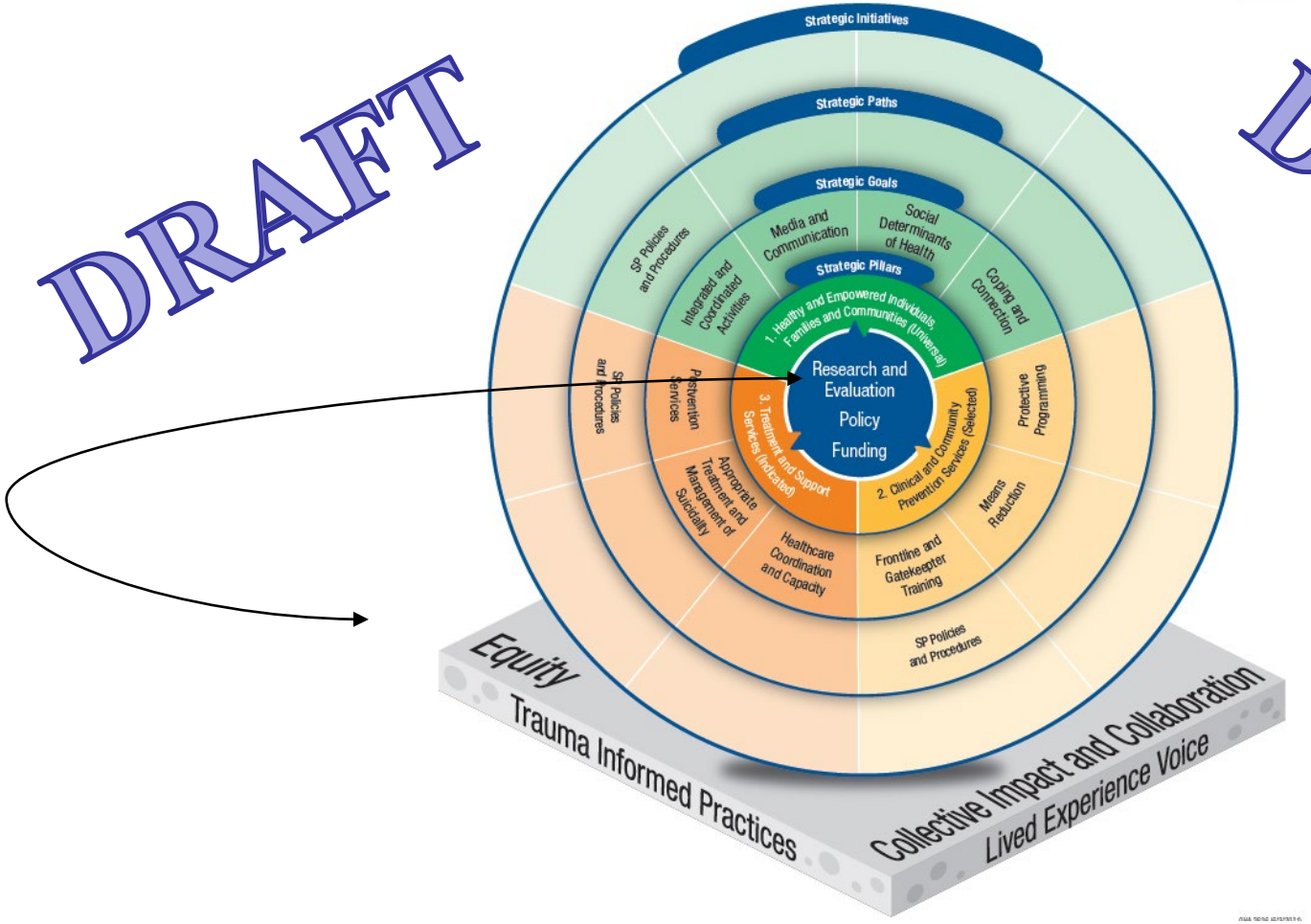
Who / By When

Oregon Health Authority

Suicide Prevention Framework

DRAFT

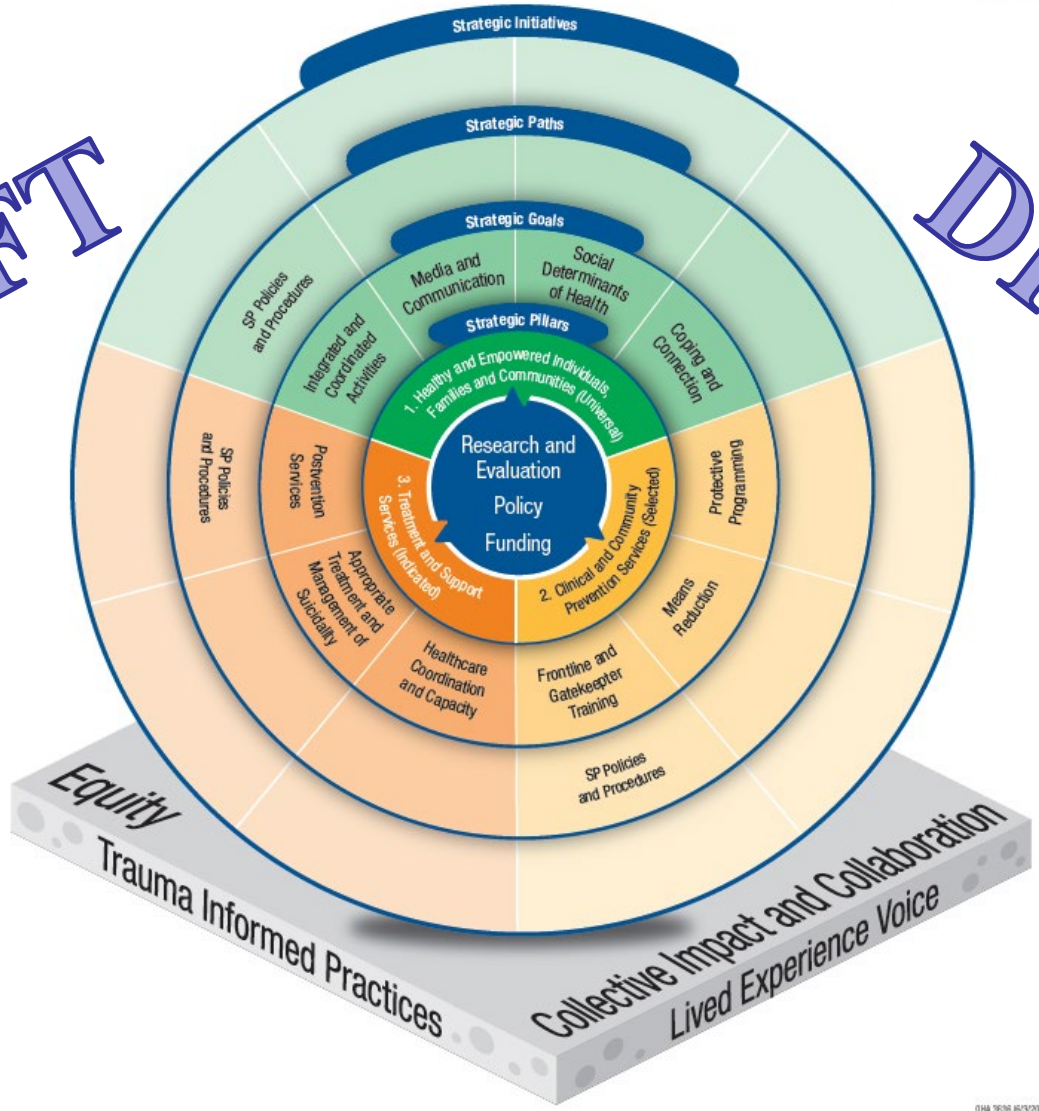
DRAFT



Abundance.

Oregon Health Authority

Suicide Prevention Framework



What we know will be included:

Sustained Initiatives – Think OHA contracted work.

Legislatively Mandated work –HB 2315, HB 3707, SB563, and maybe others

Follow Up and Enhancing Previous Legislation – HB3090 (2017), SB 52 – Adi's Act (2019)

Oregon Health Authority

What we know will be included:

DRAFT YSIPP 21-25 - What we know

	Framework Levels	Sustained Initiatives - bolded means contracted	Legislatively Mandated
1	**1. Healthy & Empowered Individuals, Families and Communities**		
37	2. Clinical & Community Prevention Services		
38	Frontline & Gatekeeper Training		
47	Means Reduction		
53	Protective Programming		
54	"Available Support" - Oregonians who need immediate support or crisis intervention have access to it.		
55		**Crisis Text Line - Oregon code contract pending, funding approved**	
56		**LifeLine**	
57		**YouthLine - OHA funded at __%**	
58		**Emotional Support Lines (David Romprey Warmline, Parent Warmline, COVID19 and wildfire support lines, Behavioral Health Access support lines)**	
59	"Population Focused Programming" - Populations at greater risk for suicide have access to positive and protective programming in their community.		
60		**LGBTQ+ mini grant projects**	
61		**Tribal suicide prevention programming ($45k per biennium)**	
62	"Protective Policies" - Youth serving entities have policies and procedures that increase protection against suicide, and they are implemented.		
63		**Adi's Act Support team at Lines for Life (5.0 FTE)**	Adi's Act Plans exist - due Oct 2021
64		**Oregon Dept of Ed's School Safety Specialists (11.0 FTE)**	Sect 36 of Student Success Act
65	3. Treatment and Support Services		
99	**4. Data, Evaluation, Policy and Funding**		

Oregon Health Authority

What <u>else</u> the most important work for us (collectively) to do in the next year?

Remember: Pillars, Goals won't change. Paths aren't likely to change over 5 years. Initiatives will be achieved, change, and be reviewed/chosen annually.

Oregon Health Authority

Where did we get the lists that you'll see in small groups?

Why didn't we include a small group for every goal area?

Oregon Health Authority

What happens after this? Is this the last time we have opportunity to give input on YSIPP 21-22 priorities? :

- Small group prioritization process today. Input to OHA and results shared
- Alliance Executive Committee gives input on prioritizes across all small groups. Input to OHA and results shared.
- YSIPP core team (OHA/Alliance reps) will conduct an Ease/Impact process (what potential impact will each initiative have and how do our resources (human and financial) come into play)
- YSIPP core team will make recommendations for what 21-22 priorities should get a work plan, roles/responsibilities assigned, etc.
- Full Alliance gets a survey to weigh in on those recommendations.
- Lived Experience workgroup, Equity steering committee, YYEA and Trauma Informed Oregon will be offered a feedback session with Jill on final priorities.

Oregon Health Authority

QUESTIONS?

Oregon Health Authority

Suicide Prevention Framework

Oregon Health Authority

Strategic Initiatives

Strategic Paths

Strategic Goals

Strategic Pillars

1. Healthy and Empowered Individuals, Families and Communities (Universal)

2. Clinical and Community Prevention Services (Selected)

3. Treatment and Support Services (Indicated)

Research and Evaluation

Policy

Funding

Media and Communication

Social Determinants of Health

Coping and Connection

Integrated and Coordinated Activities

SP Policies and Procedures

Protective Programming

Means Reduction

SP Policies and Procedures

Frontline and Gatekeepter Training

Healthcare Coordination and Capacity

SP Policies and Procedures

Appropriate Treatment and Management of Suicidality

Postvention Services

SP Policies and Procedures

Equity

Trauma Informed Practices

Collective Impact and Collaboration

Lived Experience Voice

OHA 3636 (6/3/2021)

Group 1: Integrated and Coordinated Activities

The next board will have all items for you to review. Boards after are where you will be able to vote for your top choices.

1. OHA to produce a guide about suggested blending of OHA funds (with recs for Coordinated Care Organizations (CCO) & grant funding)
2. All youth serving state agencies and organizations (OHA, Schools, Oregon Youth Authority (OYA), Workplaces, etc) will develop suicide prevention specific policies for both students/clients and staff.
3. Engage with Human Resources departments to develop training plans for staff and clients around suicide prevention
4. Alliance to Prevent Suicide will maintain youth reps on each committee and ensure the following populations are represented ~~whenever larger feedback~~ is ~~gathered~~: member(s) 18 or younger, rural youth, racial/ethnically diverse youth, LGBTQ+ youth
5. OHA will require all Suicide Prevention contract holders to attend Youth and Young Adult Engagement Advisory (Youth and Young Adult Engagement Advisory (YYEA)) meetings at least once annually.
6. OHA will require diverse youth engagement and a meaningful feedback loop in all OHA Suicide Prevention contracts
7. OHA will contract specifically for youth engagement and meaningful feedback including Youth and Young Adult Engagement Advisory (Youth and Young Adult Engagement Advisory (YYEA), focus group stipends and facilitation, including in program planning and evaluation efforts.
8. Need to focus on prevention by emphasizing school environment where students feel a sense of belonging
9. Creating a policy or plan should be run through a cultural lens to effectively engage with specific groups
10. The Alliance to Prevent Suicide to collaborate with existing teen councils in OR

11. Alliance, Youth and Young Adult Engagement Advisory (Youth and Young Adult Engagement Advisory (YYEA)): should continue to expand the membership to mirror the populations that we are trying to impact – e.g. meaningfully engaging youth, POC
12. Continue work on a tribal framework to initiate participatory dialogue between tribal governments and local communities about mental health and suicide prevention.
13. College/Universities: The State of Oregon should create a permanent state-wide Mental Health Task Force to facilitate the implementation of the recommendations provided by the Oregon Task Force for Student Mental Health Support created by Senate Bill 231. (Source: Mental Health Task Force report, 2018)
14. College/Universities: Every Oregon public higher education institution will have a designated mental health and substance use liaison to help promote and intervene on mental health and substance use on their individual campus. Each institution will work with the Task Force to appoint or hire an individual to act as a coordinator between JED Campus and the newly created Mental Health Task Force. (Source: Mental Health Task Force report, 2018
15. College/Universities: Create an implementation and evaluation partnership to consult and provide services to the Mental Health Task Force and local Mental Health Task Forces. (Source: Mental Health Task Force report, 2018)
16. Focus on resourcing rural areas for suicide prevention
17. Recommendations: to involve youth, compensate them, create hiring structures to hire youth with lived experience
18. Focus on recruiting houseless youth and young adults for gaining feedback.
19. Alliance to structure meetings in a way that makes youth and young adults comfortable and want to be involved
20. Engage more LGTBQ, youth of color, rural areas, young white male identified people in suicide prevention work, in order to make appropriate services available to populations with high suicide rates in Oregon.

Group 1: Integrated and Coordinated Activities

1. OHA to produce a guide about suggested blending of OHA funds (with recs for Coordinated Care Organizations & grant funding)

2. All youth serving state agencies and organizations (OHA, Schools, Oregon Youth Authority (OYA), Workplaces, etc) will develop suicide prevention specific policies for both students/clients and staff.

3. Engage with Human Resources departments to develop training plans for staff and clients around suicide prevention.

1

1

4. Alliance to Prevent Suicide will maintain youth reps on each committee and ensure the following populations are represented whenever larger feedback is gathered: member(s) 18 or younger, rural youth, racial/ethnically diverse youth, LGBTQ+ youth

5. OHA will require all Suicide Prevention contract holders to attend Youth and Young Adult Engagement Advisory (Youth and Young Adult Engagement Advisory (YYEA)) meetings at least once annually.

specifically for youth engagement and meaningful feedback including Youth and Young Adult Engagement Advisory (YYEA). Stipends given for focus groups and facilitation including program planning and

11.

Alliance, Youth and Young Adult Engagement Advisory (Youth and Young Adult Engagement Advisory (YYEA)): should continue to expand the membership to mirror the populations that we are trying to impact – e.g. meaningfully engaging youth, POC

6. OHA will require diverse youth engagement and a meaningful feedback loop in all OHA Suicide Prevention contracts.

1

3

shane

2

17. Recommendations: to involve youth, compensate them, create hiring structures to hire youth with lived experience.

20

Engage more LGTBQ, youth of color, rural areas, young white male identified people in suicide prevention work, in order to make appropriate services available to populations with high suicide rates in Oregon.

10. The Alliance to Prevent Suicide to collaborate with existing teen councils in OR.

2

3

9. Creating a policy or plan should be run through a cultural lens to effectively engage with specific groups.

8. Need to focus on prevention by emphasizing school environment where students feel a sense of belonging.

2

13. College/Universities: The State of Oregon should create a permanent state-wide Mental Health Task Force to facilitate the implementation of the recommendations provided by the Oregon Task Force for Student Mental Health Support created by Senate Bill 231. (Source: Mental Health Task Force report, 2018)

15. College/Universities: Create an implementation and evaluation partnership to consult and provide services to the Mental Health Task Force and local Mental Health Task Forces. (Source: Mental Health Task Force report, 2018)

14. College/Universities: Every Oregon public higher education institution will have a designated mental health and substance use liaison to help promote and intervene on mental health and substance use on their individual campus. Each institution will work with the Task Force to appoint or hire an individual to act as a coordinator between JED Campus and the newly created Mental Health Task Force. (Source: Mental Health Task Force report, 2018

3

12. Continue work on a tribal framework to initiate participatory dialogue between tribal governments and local communities about mental health and suicide prevention.

16. Focus on resourcing rural areas for suicide prevention.

18. Focus on recruiting houseless youth and young adults for gaining feedback.

19. Alliance to structure meetings in a way that makes youth and young adults comfortable and want to be involved

Group 2: Integrated and Coordinated Activities

The next board will have all items for you to review. Boards after are where you will be able to vote for your top choices.

1. A need to invite youth to the table to have conversations about what young people need, rather than making some assumptions about what adults think they need.
2. Alliance to Prevent Suicide to align and collaborate with other state advisory groups.
3. Address need for more workforce in suicide prevention (coordinators, people paid to do the work at the community/county level)
4. Alliance to bring stakeholders together for conversations when addressing resistance to new legislation
5. Address need: Capacity to implement broad and scale outreach programming by the Alliance is limited due to volunteer status of commitee members
6. Focus on organizing the people/staff/infrasturre of suicide prevention across the state.
7. Focus on organizing and leveraging the funding streams available for suicide prevention.
8. Focus on placing the work of suicide prevention with individuals in permanent and/or paid positions.
9. Alliance paid staff to be empowered to alert organziations to available suicide prevention resources and how to use them
10. Alliance paid staff to be empowered to develop projects that Alliance volunteers are unable to produce
11. Address need: The Alliance needs better connection between youth-serving organizations throughout the state to determine channels for disseminating information within and between local communities
12. Address need: The Alliance does not have enough leverage or authority over many of the systems that they wish to influence.
13. Address need: Organizations, such as Basic Rights Oregon, do not have the infrastructure in place to support a suicide prevention focus outside of a few key individuals.
14. Governor's Behavioral Health Advisory Council and Oregon Health Authority should focus on connecting all the different youth advocacy agencies in Oregon (e.g., youth collective summit)
15. Replicate Governor’s behavioral health advisory council to raise support, encourage youth involvement and make people feel heard
16. Project: Advocate for integrating trauma informed care into places that communities reach out to when they need help such as churches, community centers, etc.
17. Outreach for Alliance needs to improve recruitment, onboarding, retainment of new Alliance members

Group 2: Integrated and Coordinated Activities

1. A need to invite youth to the table to have conversations about what young people need, rather than making some assumptions about what adults think they need.

2. Alliance to Prevent Suicide to align and collaborate with other state advisory groups.

3. Address need for more workforce in suicide prevention (coordinators, people paid to do the work at the community/county level).

4. Alliance to bring stakeholders together for conversations when addressing resistance to new legislation.

5. Address need: Capacity to implement broad and scale outreach programming by the Alliance is limited due to volunteer status of committee members.

6. Focus on organizing the people / staff / infrastructure of suicide prevention across the state.

One

7. Focus on organizing and leveraging the funding streams available for suicide prevention.

Two

8. Focus on placing the work of suicide prevention with individuals in permanent and/or paid positions.

9. Alliance paid staff to be empowered to alert organizations to available suicide prevention resources and how to use them.

10. Alliance paid staff to be empowered to develop projects that Alliance volunteers are unable to produce.

11. Address need: The Alliance needs better connection between youth-serving organizations throughout the state to determine channels for disseminating information within and between local communities.

12. Address need: The Alliance does not have enough leverage or authority over many of the systems that they wish to influence.

13. Address need: Organizations, such as Basic Rights Oregon, do not have the infrastructure in place to support a suicide prevention focus outside of a few key individuals.

15. Replicate Governor's behavioral health advisory council to raise support, encourage youth involvement and make people feel heard.

17. Outreach for Alliance needs to improve recruitment, onboarding, retainment of new Alliance members.

14. Governor's Behavioral Health Advisory Council and Oregon Health Authority should focus on connecting all the different youth advocacy agencies in Oregon (e.g., youth collective summit).

16. Project: Advocate for integrating trauma informed care into places that communities reach out to when they need help such as churches, community centers, etc.

Policy need:
Trepidation by individuals around broaching the topic of suicide because of concerns about not being trauma informed or not doing it in a trauma informed way.

Policy: Alliance to focus on getting youth voice to the table in legislative sessions.

Group 3: Data & Evaluation

The next board will have all items for you to review. Boards after are where you will be able to vote for your top choices.

1. A way to measure and track average amount of time to receive services (from request to first appointment)
2. Affordability of care - what are th s/gaps for underinsured, noninsured or privately insured folks?
3. Cultural appropriateness of care
4. Determining whether providers a ctive and/or qualified for the needs of the client
5. Gathering data about sexual orientation and gender identity (SOGI)
6. Meaningful death data gathered and integrated
7. How many LGBTQ+ youth in systems/services
8. Understanding queer culture and relationship to suicide
9. Research around movement and body work and trauma
10 A central database for tracking Big River programs
11. Prioritize understanding health disparities, risk factors, and health service experiences of minority populations especially regarding stigma of seeking services and barriers to building good relationships between clients and providers
12. All statewide evaluation efforts include assessment on equity and cultural responsiveness
13. Regular and meaningful feedback loop to gather youth voice
14. Regular and paid focus groups with diverse youth populations
15. Conduct cost/benefit analysis for statewide efforts
16. Student Health Survey should be required in every school.
17. There is a need to figure out how to reach young people in marginalized communities to find out what's driving them to self-harm or attempt suicide and how we can get break barriers and stigma for talking about mental health with those closest to them.
18. Psychological Autopsy availability statewide

Combine 3 & 12

Combine 6 & 18

Combined 5 & 7

Combine 13 & 14

Policy Needs/Gaps

19. Reforming healthcare payments (SHIP goal)
20. Strengthening mental health parity & addictions law (SHIP)
21. University of Oregon Suicide Prevention Lab and other evaluators identified by OHA have access to necessary data
22. Policies supporting universal suicide risk screenings at K-12 schools and colleges
23. Legislation needs to be developed based on lived experience through collaborating with youth-serving agencies; e.g., Oregon Foster Youth Connection
24. 9-8-8 to be developed with suicide prevention in mind

Expand to include texting

Funding Needs

25. Steady, sustainable funding for counties

I think these priorities should be grouped into data that can be used to (1) track progress toward YSIPP goals and objectives and (2) new information that is needed to better inform suicide prevention in the state.

I would prioritize progress toward goals and objectives in the early years of the YSIPP.

Group 3: Data & Evaluation Needs and Gaps

1. A way to measure and track average amount of time to receive services (from request to first appointment).

One

2. Affordability of care - what are the needs/gaps for underinsured, noninsured or privately insured folks?

3. Cultural appropriateness of care.

4. Determining whether providers are effective and/or qualified for the needs of the client.

5. Gathering data about sexual orientation and gender identity (SOGI).

6. Meaningful death data gathered and integrated.

Two

One

Data & Evaluation Needs and Gaps

7. How many LGBTQ+ youth in systems/services?

9. Research around movement and body work and trauma.

11. Prioritize understanding health disparities, risk factors, and health service experiences of minority populations especially regarding stigma of seeking services and barriers to building good relationships between clients and providers.

8. Understanding queer culture and relationship to suicide.

10. A central database for tracking Big River programs.

Three

12. All statewide evaluation efforts include assessment on equity and cultural responsiveness.

Data & Evaluation Needs and Gaps

13. Regular and meaningful feedback loop to gather youth voice.

15. Conduct cost/benefit analysis for statewide efforts.

figure out how to reach young people in marginalized communities to find out what's driving them to self-harm or attempt suicide and how we can get break barriers and stigma for talking about mental health with

14. Regular and paid focus groups with diverse youth populations.

16. Student Health Survey should be required in every school.

Two

One

One

18. Psychological Autopsy availability statewide.

Two

Data & Evaluation Policy Needs/Gaps

19. Reforming healthcare payments (SHIP goal).

20. Strengthening mental health parity & addictions law (SHIP).

21. University of Oregon Suicide Prevention Lab and other evaluators identified by OHA have access to necessary data.

22. Policies supporting universal suicide risk screenings at K-12 schools and colleges.

Three

Two

Three

23. Legislation needs to be developed based on lived experience through collaborating with youth-serving agencies; e.g., Oregon Foster Youth Connection.

24. 9-8-8 to be developed with suicide prevention in mind.

Three

Data & Evaluation
Funding Needs

25. Steady, sustainable funding for counties.

26. Steady, sustainable funding for contractors of statewide suicide prevention work.

Group 4: Treatment and Management of Suicide

The next board will have all items for you to review. Boards after are where you will be able to vote for your top choices.

1. Primary Care providers are trained in and understand depression, anxiety, trauma and suicide.
2. Advocate for mandatory suicide prevention training for all healthcare professionals.
3. Issue cost reimbursement rather than Suicide Preventiononsor whole trainings
4. Youth-serving adults are equipped to know when it is appropriate to refer to a different level of care and how to advocate for that referral.
5. All behavioral health, social work, and educator training programs (colleges/universities) include suicide prevention training in their course of study.
6. Policy possibility: Providers with verified suicide prevention specific training are reimbursed at a higher rate.
7. Policy possibility: create interstate agreements for provider licensure requirements to increase workforce
8. Emergency Department Guides for children and families is available and distributed regularly.
9. Parents and caregivers are involved in youth's treatment and understand their vital role
10. Gender affirming healthcare and providers are available.
11. Tribal based practices
12. Body work added to traditional talk therapy (tapping, meditation, breath work, etc)
13. Movement work added to traditional therapy (theater, yoga, martial arts)
14. Sleep therapy/treatment amplified, researched, included in practice by providers.
15. Partnerships and funding mechanisms to support creating programs for LGBTQ and native communities that are culturally appropriate
16. Address concenrn/need: Individuals belonging to marginalized groups may be at higher risk when utilizing services that may not be appropriate for them.
17. Focus on culturally and Linguistically relevant approaches to treatment
18. Larger focus on Zero Suicide

Group 4: Treatment and Management of Suicide

1

1. Primary Care providers are trained in and understand depression, anxiety, trauma and suicide.

2. Advocate for mandatory suicide prevention training for all healthcare professionals.

3. Issue cost reimbursement rather than Suicide Prevention or whole trainings.

4. Youth-serving adults are equipped to know when it is appropriate to refer to a different level of care and how to advocate for that referral.

2

5. All behavioral health, social work, and educator training programs (colleges/universities) include suicide prevention training in their course of study.

8. Emergency Department Guides for children and families is available and distributed regularly.

6. Policy possibility: Providers with verified suicide prevention specific training are reimbursed at a higher rate.

7. Policy possibility: create interstate agreements for provider licensure requirements to increase workforce.

9. Parents and caregivers are involved in youth's treatment and understand their vital role.

10. Gender affirming healthcare and providers are available.

11. Tribal based practices.

12. Body work added to traditional talk therapy (tapping, meditation, breath work, etc).

13. Movement work added to traditional therapy (theater, yoga, martial arts).

14. Sleep therapy/treatment amplified, researched, included in practice by providers.

15. Partnerships and funding mechanisms to support creating programs for LGBTQ and native communities that are culturally appropriate.

16. Address concern / need: Individuals belonging to marginalized groups may be at higher risk when utilizing services that may not be appropriate for them.

17. Focus on culturally and Linguistically relevant approaches to treatment.

1

18. Larger focus on Zero Suicide .

Group 5: Protective Programming

The next board will have all items for you to review. Boards after are where you will be able to vote for your top choices.

1. Crisis Lines are available, accessible, equipped (988, National Lifelines, County Crisis Lines)
2. Expand training for crisis line staff/volunteers to rural areas that lack theses services.
3. Support Lines are available, accessible, equipped (David Romprey Warmline, OFSN Parent Warmline, Lines for LIfe's emotional support lines)
4. Community Based Organizations that promote or increase protective factors against suicide are funded sustainably (use LGBTQ+ mini grant structures) and evaluated regularly.
5. Focus on trans people, rural, latinx and lgbtq+ populations, young adults, persons with schizophrenia, persons with Substance Use Disorders
6. Tribal Programming
7. Peer Support Programming
8. Restorative practices in schoools
9. Restorative practices in juvenile justice
10. The Safe and Inclusive Schools Team at Oregon Department of Education will continue to lead a number of bodies of work that focus on the prevention, intervention and response to the mental health needs of school communities.
11. Add funding and support for PAX Good Behavior Game (Elementary social emotional learning and behavior management program)
12. Provide funding for JED Campus strategic action planning process at every Oregon public higher education institution (all seven public universities and seventeen community colleges). (Source: Mental Health Task Force report, 2018)
13. Increase funding and adequate staffing to move Oregon Department of Education suicide prevention work forward .
14. There should be more clear guidance about what expectations there should be between student and staff relationships when a student is having a mental health crisis. (ex. The role of the school, the role of the youth, where does legislation come into play, and what should happen if you have thoughts of suicide?
15. Efforts needed to change the narrative around suicide prevention to be more holistic – includes fostering sense of belonging, identity-affirming school environments. Suicide prevention is a whole-school effort.
16. Advocate for Increased staffing to allow for improvements in tracking suicide prevention trainings in school districts.
17. Invest in the ‘incredible years’ program that provides mental health and suicide risk education to parents and families.
18. Promote programs like ‘ed-cert’ that provides social emotional learning competency training to all school staff to deliver appropriate responses to youth in distress.
19. Clear guidance from Oregon Department of Education or OHA around liability for schools doing universal suicide risk screens.
20. Project: Employers should have policies written into employee handbooks that allow for mental health sick time / allowing employees to go to therapy appointments.
21. Project: Alliance can partner with Occupational Safety and Health Administration (OSHA) to add information to existing required posters about Employee Assistance Programs and other suicide prevention resources available in workplaces.
22. Partnerships and funding mechanisms to support creating programs for LGBTQ and native communities that are culturally appropriate

Group 5: Protective Programming

1. Crisis Lines and support (warm-lines) are available, accessible, equipped (988, National Lifelines, County Crisis Lines)

2. Expand training for crisis line staff / volunteers to rural areas that lack these services.

Three (Wren HF, include focus for BIPOC and LGBTQ+ rural youth)

funding focused on historically underserved communities and higher risk populations (e.g. transgender, rural, latinx, tribal, LGTBTQ2IA, young adults, persons with schizophrenia,

three

two

Two

4. Community Based Organizations that promote or increase protective factors against suicide are funded sustainably (use LGBTQ+ mini grant structures) and evaluated regularly.

One! (Wren HF)

9. Restorative practice in juvenile justice, schools, youth community programing

Inclusive Schools Team at Oregon Department of Education will continue to lead a number of bodies of work that focus on the prevention, intervention and response to the mental health needs of school

11. Add funding and support for upstream prevention programing K-12, and transition age youth (e.g. PAX, JED, Incredible Years, Ed-Cert, etc)

13. Increase funding and adequate staffing to help move Oregon Department of Education suicide prevention work forward .

change the narrative around suicide prevention to be more holistic – includes fostering sense of belonging, identity-affirming school environments. Suicide prevention as a whole-school effort including comprehensive peer

Two (Wren

two-connected to Upstream Programs priority

two

about what expectations there should be between student and staff relationships when a student is having a mental health crisis. (ex. The role of the school, the role of the youth, where does legislation come into play, and what should

ONE

16. Advocate for Increased staffing to allow for improvements in tracking suicide prevention trainings in school districts.

19. Clear guidance from Oregon Department of Education or OHA around liability for schools doing universal suicide risk screens.

THREE

three

three

20. Project: Employers should have policies written into employee handbooks that allow for mental health sick time / allowing employees to go to therapy appointments.

can partner with Occupational Safety and Health Administration (OSHA) to add information to existing required posters about Employee Assistance Programs and other suicide prevention resources available in

three

Group 6: Healthcare Coordination

The next board will have all items for you to review. Boards after are where you will be able to vote for your top choices.

1. Referral sources (schools, healthcare providers, behavioral healthcare providers) are aware of when services begin and end.
2. Policy work to ensure young adults (18-24) are eligible to receive the same levels of behavioral health services as minors.
3. Recommendation: more focus in the mental health system on youth-to-adult transition age
4. Recommendation: improving coherence in transition from youth to adult system, example from other state – overlap between the 2 systems, hire a state-level specialist to focus on this age group
5. Treatment plans are shared between appropriate youth-serving adults and entities.
6. School mental health professionals are aware of and involved with students transitioning back to school after a behavioral health crisis.
7. Care coordination between adolescent psych units and schools includes embedding a release in the psych unit intake package; psych unit staff reaches out to school when student is transitioning out.
8. Coordinated and formal communication between hospitals and schools for students who are seen for a behavioral health crisis.
9. Need for improving or establishing formal, consistent, or sustained plan for communicating between emergency dept., hospitals, and schools
10. Clear direction from OHA around liability for teachers and school based mental health professions around appropriate guidelines for engaging with students regarding the mental health of their students
11. Focus on coordination of care for Substance Use Disorder and mental health in rural/frontier counties.
12. Measure 110 Drug Addiction Treatment & Recovery Act. Goal to establish more health-based, equitable and effective approach to drug addiction by shifting drug possession from criminalization to treatment and recovery.
13. Safety plans for suicide are co-created between student, parent/caregiver and other trusted adults.
14. Multi-system invovled youth receive coordinated care - the youth-serving adults are aware of their treatment plans and safety plans when appropriate.
15. Larger focus on Zero Suicide
16. Behavioral healthcare (mental health and substance use services) is available at Primary Care clinics.
17. Replicate Cahoots trauma-informed care model and use of non-police personnel to respond to suicide-related emergencies as they are less alarming (no guns/weapons)
18. Address need for better communication between different systems – schools, therapists, etc. These systems also need to know the importance of communication. This could be covered through policies, Memorandum Of Understandings.
19. Behavioral healthcare (mental health and substance use services) is available in/through schools.Drug Addiction Treatment and Recovery Act. The measure's goal is to establish a more health-based, equitable and effective approach to drug addiction in Oregon by shifting the response to drug possession from criminalization to treatment and recovery.

Group 6: Healthcare Coordination

Transition

one

#3

2. Policy work to ensure young adults (18-24) are eligible to receive the same levels of behavioral health services as minors.

3. Recommendation: more focus in the mental health system on youth-to-adult transition age.

4. Recommendation: improving coherence in transition from youth to adult system, example from other state – overlap between the 2 systems, hire a state-level specialist to focus on this age group.

THREE

1

6. School mental health professionals are aware of and involved with students transitioning back to school after a behavioral health crisis.

7. Care coordination between adolescent psych units and schools includes embedding a release in the psych unit intake package; psych unit staff reaches out to school when student is transitioning out.

10. Clear direction from OHA around liability for teachers and school based mental health professions around appropriate guidelines for engaging with students regarding the mental health of their students.

School Coordination

#1

two

2. Trauma informed focus, not repeat trauma history

3

2

#2

Communication

3

3

5. Treatment plans are shared between appropriate youth-serving adults and entities.

1. Referral sources (schools, healthcare providers, behavioral healthcare providers) are aware of when services begin and end.

8. Coordinated and formal communication between hospitals and schools for students who are seen for a behavioral health crisis.

9. Need for improving or establishing formal, consistent, or sustained plan for communicating between emergency dept., hospitals, and schools.

18. Address need for better communication between different systems – schools, therapists, etc. These systems also need to know the importance of communication. This could be covered through policies, Memorandum Of Understandings.

11. Focus on coordination of care for Substance Use Disorder and mental health in rural/frontier counties.

13. Safety plans for suicide are co-created between student, parent/caregiver and other trusted adults.

14. Multi-system involved youth receive coordinated care - the youth-serving adults are aware of their treatment plans and safety plans when appropriate.

ONE (TOP) 2

16. Behavioral healthcare (mental health and substance use services) is available at Primary Care clinics.

17. Replicate Cahoots trauma-informed care model and use of non-police personnel to respond to suicide-related emergencies as they are less alarming (no guns/weapons).

15. Larger focus on Zero Suicide.

TWO

12. Measure 110: To establish a more health-based, equitable and effective approach to drug addiction by shifting drug possession from criminalization to treatment and recovery.

Drug Treatment

19. Behavioral healthcare (mental health and substance use services) is available in/through schools.

Group 7: Firearms

The next board will have all items for you to review. Boards after are where you will be able to vote for your top choices.

1. Supply and equip 9-8-8 crisis responders, law enforcement, hospitals, urgent care centers, schools, and other crisis response providers with lock boxes, gun locks and safes.
2. Eval Measure: a decrease on the student health survey of students reporting quick access to loaded firearm
3. Pediatricians supply a handout or brochure to caregivers on safe storage of meds and firearms.
4. Continue to work with firearm owners and firearm shop owners on messaging.
5. Integrate firearm safety information in all suicide prevention trainings and work from the assumption that firearm owners are increasingly represented among trainees.
6. Include firearm safety post-test questions (not pre-test as questions are sensitive and require introduction) in order to track whether trainings are reaching and including gun ownersEVAL - are trainings reaching more gun owners?
7. The Alliance can start work immediately with known "champions" – gun owners committed to firearm safety and suicide prevention.
8. Have champions identify and approach national gun leaders who can use social media to influence the uptake of suicide prevention training.
9. Have champions review existing hunter education curricula and make recommendations to fish and wildlife about how best to integrate suicide prevention (video, speakers, safety gear demonstration).
10. Use co-design and message testing to further develop and test communication strategies suggested by these findings for a firearm owner to firearm owner focused communication campaign. Consider with gun owners whether and which gun advocacy organizations to invite and include (NRA was mentioned by some but not all gun owners)
11. Develop print collateral for any communication campaign such as brochures, ads and cling stickers that gun retailers can put on purchases. Include information in existing print materials such as those produced by the state related to hunting, fishing, falconry, etc.
12. Alliance to partner with thhe Oregon Firearm Safety Coalition
13. Focus on addressing stigma regarding suicide and polarizing firearm thoughts reduces people's openness to having conversations to reduce suicide risk.
14. Emphasize direct and clear communication and preparation among gun owners to protect themselves and loved ones in the event of a mental health issue.
15. In collaboration with firearm owners and gun advocates, create a living will style written firearm safety plan to be held by relatives as informal documentation of permission and preference for temporary separation if a mental health condition or substance use disorder is active.
16. Develop a firearm safety curriculum that demonstrates safety protocol and gear for parents and youth 12-16 that includes a suicide prevention component (conducted age appropriately in break-out groups as well as a return to large group parent-youth discussion). This course is to include instruction of safe handling (assembly/ disassembly/loading) and, if training Suicide Preventiononsor has a site that permits, shooting practice by participants. This training could be adopted within hunter safety education.
17. 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, tobaCoordinated Care Organizations (CCO), 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.
18. Project: determine how best to discount, track and increase sales and use of safety devices. Eval
19. Funding: Fund an Oregon (not national) non-government organization to manage and coordinate concealed carry courses (including an Oregon specific online training).
20. Policy: future recommendations for legislation must come from/with the firearm owning community, NRA, etc
21. Policy: add suicide prevention as a mandatory component in conceal carry courses or gun permit courses

Group 7: Firearms

1. Supply and equip 9-8-8 crisis responders, law enforcement, hospitals, urgent care centers, schools, and other crisis response providers with lock boxes, gun locks and safes.

One

one

One

ONE -- add evaluation via youth survey on access to firearms

three

3. Pediatricians supply a handout or brochure to caregivers on safe storage of meds and firearms.

from the assumption that firearm owners are increasingly represented among trainees. Include firearm safety post-test questions (not pre-test as questions are sensitive and require introduction) in order

two

two

7. The Alliance can start work immediately with known "champions" – gun owners committed to firearm safety and suicide prevention.

Two: Alliance could with with champions via OFSC (12)

one

One could corelate with 12, 4, 5, 9, & 17

2. Eval Measure: a decrease on the student health survey of students reporting quick access to loaded firearm.

4. Continue to work with firearm owners and firearm shop owners on messaging.

12. Alliance to partner with the Oregon Firearm Safety Coalition

Three

9. Have champions review existing hunter education curricula and make recommendations to fish and wildlife about how best to integrate suicide prevention (video, speakers, safety gear demonstration).

communication campaign such as brochures, ads and cling stickers that gun retailers can put on purchases. Include information in existing print materials such as those produced by the state related to

Two could also corelate with 3, 4 & 5

strategies suggested by these findings for a firearm owner to firearm owner focused communication campaign. Consider with gun owners whether and which gun advocacy organizations to invite

8. Have champions identify and approach national gun leaders who can use social media to influence the uptake of suicide prevention training.

13. Focus on addressing stigma regarding suicide and polarizing firearm thoughts reduces people's openness to having conversations to reduce suicide risk.

18. Project: determine how best to discount, track and increase sales and use of safety devices.

three

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and wildlife, veteran's affairs, bureau of alcohol, to a Coordinated Care Organizations (CCO), firearms and explosives) to list existing points of contact with gun owners, retailers and gun clubs, identify

Two -- Combine with eval effort to track sales of both guns and safety devices, cost of safety devices and number of new gun owners

three

14. Emphasize direct and clear communication and preparation among gun owners to protect themselves and loved ones in the event of a mental health issue.

two

Four -- I'm cheating

6. Include firearm safety post-test questions (not pre-test as questions are sensitive and require introduction) in order to track whether trainings are reaching and including gun owners.

(conducted age appropriately in break-out groups as well as a return to large group parent-youth discussion). This course is to include instruction of safe handling (assembly/disassembl

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three

THREE -- combine with and vice versa (firearm safety integrated in suicide prevention trainings) and with EVAL in post-test to see if we are reaching firearm owners; dovetails with existing OHA efforts and is therefore priority

Group 8: Media

The next board will have all items for you to review. Boards after are where you will be able to vote for your top choices.

1. Lines for Life's journalism project repeated and replicated with more media outlets
2. Active outreach to media
3. Host roundtable with folks with lived experience and invite media
4. $$: Fund and evaluate population specific messaging
5. Statewide calendar of press releases, media events with state goals for population and Suicide Prevention Framework area of focus
6. Statewide media and social media kits released and utilized by local coalitions/schools, etc. All media is vetted through a diverse pool of youth and folks with lived experience.
7. Any media/outreach is done with lived experience voice/feedback.
8. Any media/outreach is done with input from local communities.
9. Oregon Health Authority and The Alliance should partner with regional suicide prevention coalitions when doing outreach/media campaigns
10. Youth stories of hope, help and strength are highlighted
11. "Breaking the Silence", a partnership to promote safe messaging in the media, which could become a national effort.
12. Develop and distribute young people's stories about suicide (healing)
13. Youth/Young Adults leaders meet with agency leaders to give feedback on systems
14. Anti-stigma campaigns, increased help seeking campaigns,
15. All Suicide Prevention websites (Lines for Life, Alliance, Oregon Suicide Prevention, Safe + Strong) are coordinated in message and information.
16. Scheduled presentations with key lawmakers (Alliance/OHA to work together on schedule)
17. Talking points released to local Suicide Prevention Coalitions for use at County Commissioners meetings
18. Listening sessions with legislators and school boards scheduled as a way to communicate key objectives, updates, asks.
19. Maintain a living website resource for mental health in schools
20. One place to find resources and information about suicide prevention training, resources, help.
21. Desseminate Oregon Schools' Suicide Prevention Resource Kit is a useful resource, reportedly shared among colleagues (school counselors) - This was developed by University of Oregon lab and Alliance.
22. Present regularly to School Based Health Center directors about suicide prevention
23. Project: Employers should be provided guidance on what safe spaces look like and some safe process for job performance reviews or terminations.
24. Campaign to use school bathroom stall newsletters to promote resources and hotlines.

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Alliance Quarterly Meeting
June 11, 2021
Integrated and Coordinated Activities
Breakout Group #2

The group reviewed the list of 17 items and after a first round of prioritizing*, discussed how some items seemed to go together. The group then prioritized based on the following groupings:

Priority #1

Combine:

5. Address need: Capacity to implement broad and scale outreach programming by the Alliance is limited due to volunteer status of committee members.

6. Focus on organizing the people/staff/infrastructure of suicide prevention across the state.

7. Focus on organizing and leveraging the funding streams available for suicide prevention.

Comment/question: As a volunteer for the Alliance, I find it hard to do as much as I would like or attend some meetings because of my work schedule. Alliance staff has an extra load when volunteers are maxed out on the time they can devote. Makes it hard on the staff.

Priority #2

Combine

14.Govenor's Behavioral Health Advisory Council and Oregon Health Authority should focus on connecting all the youth advocacy agencies in Oregon (e.g. youth collective summit).

15. Replicate Governor's Behavioral Health Advisory Council to raise support, encourage youth involvement and make people feel heard.

Comment/question: Is it possible for the BH Advisory Council to include suicide prevention in their work?

Priority #3

Combine

2. Alliance to Prevent Suicide to align and collaborate with other state advisory groups.

16. Project: advocate for integrating trauma informed care into places communities reach out to when they need help such as churches, community centers, etc.

Comment/question: How do we maintain work at the individual level? The person-to- person connections across systems are really important and I'm not seeing that in the list.

*First round of prioritizing

Participant #1	5, 6, 7
Participant #2	1, 4, 2/16
Participant #3	6, 7, 14/15
Participant #4	6, 7, 14/15
Participant #5	6, 2, 3 (soft 5)

Recommendations from Appropriate Tx and Management of Suicidology

Note: We did not utilize JamBoard although some members may have utilized. Disregard JamBoard and refer to info below.

Member #1 votes: 17, 1, 18

Member #2 votes: 17, 6, 5

Member #3 votes: 10 (3 votes)

Member #4 votes: 1, 5, 9

Member #5 votes: 1, 17, 9

10: 3 votes Gender affirming healthcare and providers are available. Note due to one indiv. voting on the same initiative 3 times; no other member voted for this one). Member noted that care for boys/men's needs to be emphasized which is why they chose this one which was not my interpretation for the initiative.

1: 3 votes Primary Care providers are trained in and understand depression, anxiety, trauma and suicide.

17: 3 votes Focus on culturally and Linguistically relevant approaches to treatment

9: 2 votes Parents and caregivers are involved in youth's treatment and understand their vital role

5: 2 votes All behavioral health, social work, and educator training programs (colleges/universities) include suicide prevention training in their course of study.

Other comments:

- Determined by group that #3 was not clear and could not really be considered in this activity without additional context/interpretation
- Group combined #12 and #13
- Dr. Wolfe: Need more tx providers involved in the Alliance, quarterly meetings, in general. Note from Amber that scheduling for this group may be challenging (may need to consider early AM or later date meetings and other accommodations).
- Becky Marshall noted that Fran Purdy had suggestion about increase/funding support to have family support providers embedded within EDs and was in favor of advocating/prioritizing that
- Jenna (from chat): I understand the votes are going to direct policies we prioritize, and including all healthcare would not be best. For future, long-term planning, I think it would be good to have training for all healthcare be a focus and guiding post.

Questions/Comments that Arose:

4. Alliance to Prevent Suicide will maintain youth reps on each committee and ensure the following populations are represented whenever larger feedback is gathered: member(s) 18 or younger, rural youth, racial/ethnically diverse youth, LGBTQ+ youth

- Feel that these voices should be heard all the time, not just when soliciting feedback

13. College/Universities: The State of Oregon should create a permanent state-wide Mental Health Task Force to facilitate the implementation of the recommendations provided by the Oregon Task Force for Student Mental Health Support created by Senate Bill 231. (Source: Mental Health Task Force report, 2018)

14. College/Universities: Every Oregon public higher education institution will have a designated mental health and substance use liaison to help promote and intervene on mental health and substance use on their individual campus. Each institution will work with the Task Force to appoint or hire an individual to act as a coordinator between JED Campus and the newly created Mental Health Task Force. (Source: Mental Health Task Force report, 2018

15. College/Universities: Create an implementation and evaluation partnership to consult and provide services to the Mental Health Task Force and local Mental Health Task Forces. (Source: Mental Health Task Force report, 2018)

- **These feel like they can be combined into one item which focuses on college/university emphasis on mental health/suicide**

6. OHA will require diverse youth engagement and a meaningful feedback loop in all OHA Suicide Prevention contracts

7. OHA will contract specifically for youth engagement and meaningful feedback including Youth and Young Adult Engagement Advisory (Youth and Young Adult Engagement Advisory (YYEA), focus group stipends and facilitation, including in program planning and evaluation efforts.

11. Alliance, Youth and Young Adult Engagement Advisory (Youth and Young Adult Engagement Advisory (YYEA)): should continue to expand the membership to mirror the populations that we are trying to impact – e.g. meaningfully engaging youth, POC

17. Recommendations: to involve youth, compensate them, create hiring structures to hire youth with lived experience

- **These feel like they could be combined. Youth voice must be a priority**

2. All youth serving state agencies and organizations (OHA, Schools, Oregon Youth Authority (OYA), Workplaces, etc) will develop suicide prevention specific policies for both students/clients and staff.

3. Engage with Human Resources departments to develop training plans for staff and clients around suicide prevention

- **These could be combined to focus on creating policies and trainings for organizations.**

Prioritization:

1. **Nothing About Us Without Us** (Items 6,7,11,17,&20).
- Clear #1 focus for the group. Easy consensus that this should be a priority in the next YSIPP.
- All items could be combined here to create one item
- Also includes some other groups of marginalized

2. **Use Equity Lens** (item 9)
- Any policy that is created should be considered through an equity lens/consider culture

3. **Create Trainings/Policies for Organizations** (items 2,3)
- Consensus that items 2 and 3 could be combined to prioritize helping organizations develop and engage in policies and evidence-based trainings for suicide prevention
- Did not feel that teasing apart different organizations was necessary (i.e., don't need an OYA item different than a HR item).