Alliance Membership

July 2021

SB 707 Requirements

*Missing Representation**

- Individuals who have survived suicide attempts;
- Individuals who have lost friends or family members to suicide;
- Individuals who have not attained 21 years of age;
- Representatives of state agencies, including but not limited to the Department of Human Services, the Oregon Health Authority and the Department of Education, who provide services to individuals who have not attained 21 years of age;
- Representatives of Oregon Indian tribes;
- *Representatives of colleges and universities;**
- Medical and behavioral treatment providers;
- Representatives of hospitals and health systems;
- *Representatives of coordinated care organizations and private insurers;**
- Suicide prevention specialists; and
- *Representatives of members of the military and their families**

Voting Membership

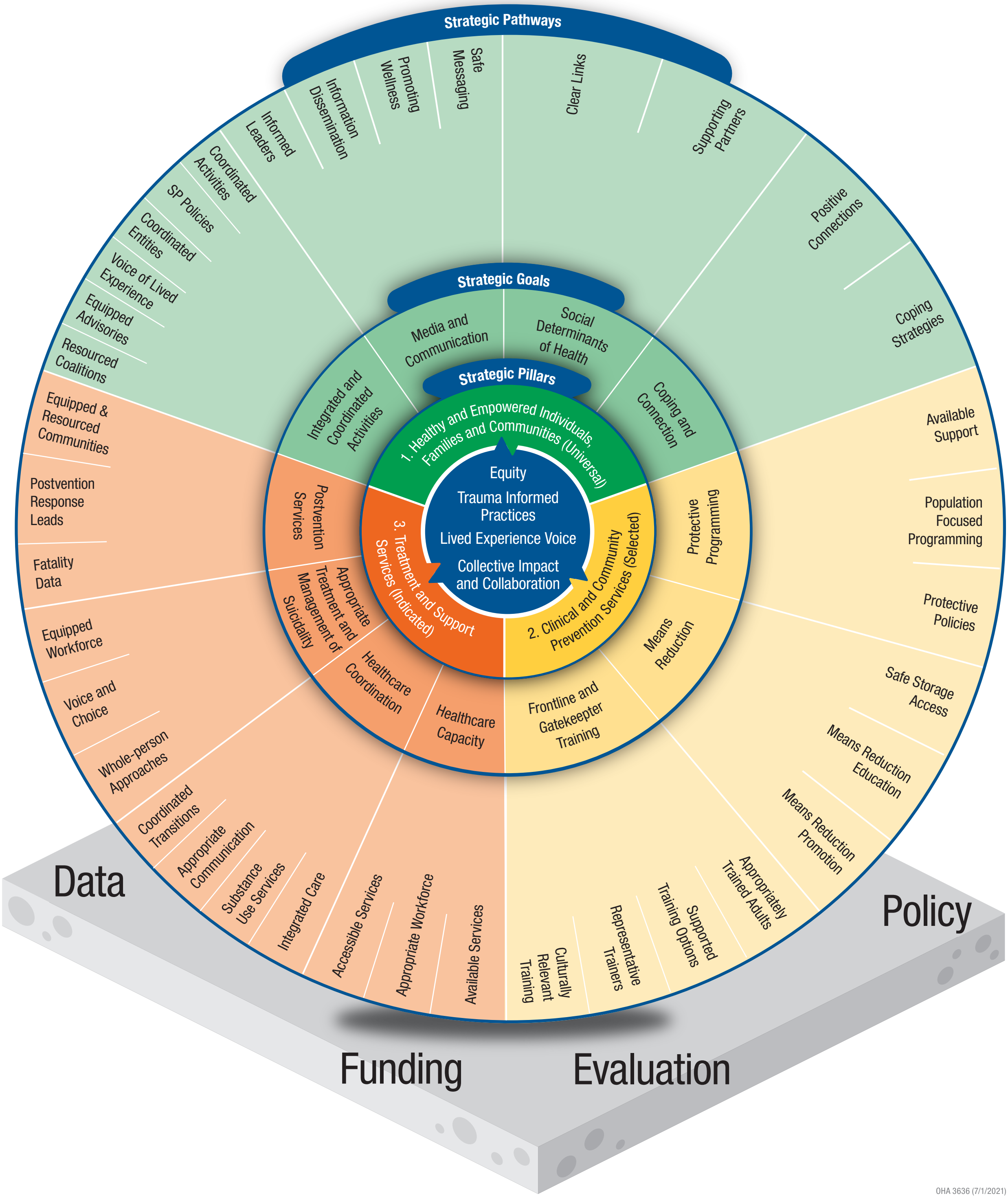
- As of July 2021, we have 49 “official” Alliance members including voting members and OHA representation.
- Alliance By-Laws ask members to attend at least 3 Quarterly Meetings in a Fiscal Year. If they contact Alliance Staff beforehand, they can be excused
- In the 2020-2021 Fiscal Year:
  - 21 did not meet the requirement (43%)
    - 4 did not attend any Quarterly Meetings (.8%)
    - 4 only attended 1 Quarterly Meeting (.8%)
    - 13 only attended 2 Quarterly Meetings (27%
  - 27 met the requirement (55%)

Overall Committee Participation

- 42 participate on Committee or Advisory Group (86%)
  - 41 participate on Committees other than Executive (84%)
- Data & Evaluation
  - Has 18 Committee Members; 10 are members, either official voting or OHA reps (56%)
- Executive
  - 22 committee members; all are official voting or OHA reps
- Outreach & Awareness
  - 14 committee members; 6 are members, either official voting or OHA reps (43%)
- Schools
  - 33 committee members; 14 are members, either official voting or OHA reps (42%)
- Transitions of Care
  - 17 committee members; 11 are members, either official voting or OHA reps (65%)
- Workforce
  - 13 committee members; 10 are members, either official voting or OHA reps (77%)

Suicide Prevention Framework

Oregon Health Authority



Alliance Known Initiatives

Executive Committee

- Redesign committees, elect chairs, create workplans
- Legislative Plan for 23-25

To be assigned:

- 3037 RAC Participation 1-2 people
- 9-8-8 advise OHA
- 2315 RAC Participation (3+ people)
- 3139 Participation ????
- SB 563 RAC Participation 2-3 people?
- SB 554 (safe gun storage) Participation ????
- SB 52 (2021) RAC ????

Healthcare Committee

- Receive/ respond to HB 3090 report #2

Equity Steering Committee

- Equity Work - process -recs for YSIPP

K-12 Committee

- Supporting Adi's Act (TBD)

DRAFT YSIPP 21-25 - What we know

	Framework Levels	Top from Alliance	Sustained Initiatives - bolded means contracted	Legislatively Mandated
1	1. Healthy & Empowered Individuals, Families and Communities			
2	Integrated & Coordinated Activities			
3	"Coordinated Activities" SP programming is coordinated between tribes, state, county, and local leaders to maximize reach & ensure equitable access for all Oregonians.	All youth serving state agencies and organizations (OHA, Schools, OYA, workplaces, etc) will develop suicide prevention specific policies for both students/clients and staff.	Garrett Lee Smith grant recipients have staff for suicide prevention (Mult, Lane, Deschutes, Clackamas)	
6	"SP Policies" Youth serving entities have suicide prevention policies for clients and staff that are known and utilized.	Focus on organizing and leveraging the funding streams available for suicide prevention.		SB 563 requirements (2021)
7	"Coordinated Entities" Youth serving entities are coordinated and understand their role in suicide prevention.	Focus on organizing the people/staff/infrastructure of suicide prevention across the state.		
8	OHA will recruit decision-makers from all youth serving state agencies to serve on SPIP team (reps from OYA, ODE, ODHS – Self Sufficiency, ODHS – CW, and Adult and Children's SUD reps from OHA)	Focus on organizing and leveraging the funding streams available for suicide prevention.	OHA hosts a monthly meeting with state agencies to discuss Suicide Prevention initiatives and needs (called SPIP)	
9	"Voice of Lived Experience" Youth and folks with lived experience have meaningful voice in OR's suicide prevention, including programming decisions and links to key leaders.	Grouping of youth recruitment, youth stipends, gathering more youth voices (including, but not only YYEA), meaningful feedback loop.		
10				Stipends are provided for youth representatives on state advisory committees
11				Youth reps on Alliance
12	"Equipped Advisories" Advisory groups are well supported, equipped, and function efficiently to make meaningful change.			
13			**Alliance Staffed at 2.0 FTE**	
14			**Youth and Young Adult Engagement Advisory staffed at .5 FTE**	
15	"Resourced Coalitions" Regional Suicide Prevention Coalitions are informed and resourced to address their local needs and priorities.			
16	Media & Communications			
17	"Safe Messaging" All OR's receive safe messaging about suicide and self-injury.			
18			LFL's journalism project repeated and replicated with more media outlets	
19	"Promoting Wellness" Oregon routinely and strategically promotes wellness, emotional strength, mutual aid examples and protective factors.			
20	"Information Dissemination" SP Programming, information and resources are widely advertised and centrally located on one website. Information is kept up-to-date.			
21			Youth Suicide Prevention listserv messages - sent by OHA	
22			**Safe + Strong Website**	
23			**Oregon Suicide Prevention Website**	
24			**Alliance to Prevent Suicide Website**	
25			**Oregon Suicide Prevention Conference held annually**	
26	"Informed Leaders" Key decision-makers are kept well informed & up-to-date about suicide activity and prevention efforts (i.e. legislators, Oregon Health Authority leaders, Oregon Department of Education leaders, county commissioners).			
27			OHA's Recovery Report - goal to have suicide prevention highlighted every other month	Annual YSIPP report
28	Social Determinants of Health			
29	"Clear Links" The link between economic factors and risk of suicide is highlighted outside of typical suicide prevention work.			
30	"Supporting Partners" SP advocates and experts support the work of those decreasing disparities and inequities.			
31	Coping & Connection			
32	"Positive Connections" All OR's have access to meaningful places and spaces to experience positive connection & promote mutual aid.			
33		Add funding and support for upstream prevention programming in K-12, and transition age youth (e.g. PAX, JED, Incredible Years, Ed-Cert, etc)	**Sources of Strength programming available statewide – middle/high/college (and evaluation)**	
34	"Coping Strategies" All OR youth are taught positive (and understand harmful/negative) coping strategies.			
35			**Elementary suicide prevention programming available statewide (and evaluation)**	
36	"Adult Roles" Youth serving adults understand and feel equipped to fulfill their role as a trusted adult and understand its important impact on suicide risk			

	Framework Levels	Top from Alliance	Sustained Initiatives - bolded means contracted	Legislatively Mandated
37	2. Clinical & Community Prevention Services			
38	Frontline & Gatekeeper Training			
39	"Appropriately Trained Adults" - Youth serving adults receive the appropriate level of training for suicide prevention (basic awareness, enhanced, and/or advanced).			
40			**Step By Step Guide with recommendations for school sector**	
41	"Supported Training Options" - Suicide Prevention training is widely available at low or no cost in Oregon for youth serving adults.			
42	Basic Training Options available statewide - QPR, Mental Health First Aid		**Big River Programming - Basic and Advanced options listed**	
43	Advanced Training Options available statewide - Youth SAVE, CAMS, CBT-SP, AMSR		**Evaluation of Big River Programming**	
44	"Representative Trainers" - The trainer pool in Oregon for Suicide Prevention programming represents the cultural and linguistic diversity of the communities in which they train.			
45	"Culturally Relevant Training" - Suicide Prevention programming is regularly evaluated and updated to ensure equity, cultural relevance and responsiveness, and linguistic needs are addressed.			
46			**Step By Step Guide to go through equity/anti-racist lens process**	
47	Means Reduction			
48	"Safe Storage Access" - All OR's experiencing a behavioral health crisis have access to safe storage for medicine and firearms.			
49		Supply 9-8-8 crisis responders, law enforcement, hospitals, urgent care centers, schools, and other crisis response providers with lock boxes, gun locks and safes.	**Med lock boxes provided (limited pilot project)**	
50			**Gun lock boxes provided (limited pilot project)**	
51	"Means Reduction Education" - Youth serving adults and caregivers are equipped with means reduction strategies and resources.	Equip 9-8-8 crisis responders, law enforcement, hospitals, urgent care centers, schools, and other crisis response providers to distribute lock boxes, gun locks and safes.		
52	"Means Reduction Promotion" - Oregon regularly promotes safe storage and links it to suicide prevention.	The Alliance can start work with known "champions" - gun owners committed to firearm safety and suicide prevention.		SB 554 follow up (not yet assigned to a state agency, but will have suicide prevention at the table)
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		Programming, partnerships and funding focused on historically underserved communities and higher risk populations (e.g. transgender, rural, latinx, tribal, LGTBTQ2IA, young adults, persons with schizophrenia, substance use disorders, etc.)	**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		Efforts needed to 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 support programs.		
64		Create an infrastructure and workflow to provide guidance and feedback for school district suicide prevention plans created due to Adi's Act	**Adi's Act Support team at Lines for Life (5.0 FTE)**	Adi's Act Plans exist - due Oct 2021
65		Find a way to determine whether schools' Adi's Act plans are being followed.	**Oregon Dept of Ed's School Safety Specialists (11.0 FTE)**	Sect 36 of Student Success Act
66		Improve coordination between LFL, ESD folks, and local leaders for Adi's Act support.		

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67		Assure cultural resonance, not just "appropriate" by engaging local advocates for LGBTQ+ and BIPOC students.		
68		Clear guidance from Oregon Department of Education or OHA around liability for schools doing universal suicide risk screens.		
69	3. Treatment and Support Services			
70	Healthcare Coordination			
71	"Coordinated Transitions" - All OR's who access healthcare for behavioral health crises or suicide ideation receive coordinated care in transitions between levels of care.	Focus on 18-24 age range and associated needs		
72	HB 3090/3091 (2017) next steps		HB 3090 (2017) OHA led re-survey of hospitals to be released Fall 2021	HB 3090 (2017)
73			Alliance will respond to OHA's new report (due Fall 2021)	
74	"Appropriate Communication" There is formal communication between healthcare providers, behavioral healthcare providers and youth serving adults (such as school counselors).	Clear guidance from OHA around liability and best practices for formal communication - focus on the school (K-12, Colleges)		
75		Group of Communication pieces		
76	"Substance Use Services" - Substance Use Disorder and Mental Health services are integrated with possible and coordinated when not fully integrated.			
77				Measure 110
78	"Integrated Care" - Oregonians will receive integrated models of healthcare in primary care settings and schools (i.e. behavioral health is available and access through primary care or school-based health centers/ school based mental health).			
79	Healthcare Capacity			
80	"Accessible Services" - Oregonians can access the continuum of behavioral healthcare at the right time for the right amount of time.			
81	"Appropriate Workforce" - The workforce is able to meet the need.			
82	"Available Services" - All OR's have access to care when they need it.			
83	Appropriate Treatment & Management of Suicidality			
84	"Equipped Workforce" - The workforce is well-equipped to help children, youth and families heal from suicide ideation.	Primary Care providers are trained in and understand depression, anxiety, trauma and suicide.		
85	BH providers in Oregon have ready access to low or no cost courses in suicide treatment and management.	Focus on culturally and Linguistically relevant approaches to treatment		
86	Collaborative Assessment and Management of Suicidality (CAMS)	Focus on care for boys/men's needs	**Big River Programming availability (listed on left)**	
87	Dialectical Behavioral Therapy - Skills and Suicide Prevention modules (DBT)	Parents and caregivers are involved in youth's treatment and understand their vital role	**Oregon Pediatric Society - trainings for pediatricians and clinics**	
88	Assessing and Managing Suicide Risk (AMSR)	All behavioral health, social work, and educator training programs (colleges/universities) include suicide prevention training in their course of study.		
89	Cognitive Behavioral Therapy - Suicide Prevention (CBT-SP)			
90				HB 2315 (2021) requirements
91	"Voice and Choice" - Clients/consumers, parents and caregivers have voice and choice in treatment.			
92			Emergency Department Guides for children and families is available and distributed regularly.	
93	"Whole-person Approaches" - Whole-person approaches are used to enhance treatment for suicide and to increase effectiveness of management of long term symptoms.			
94	Postvention Services			
95	"Equipped & Resourced Communities" - Youth serving entities and communities are equipped to proved trauma informed postvention care to those impacted by a suicide death.			
96			**Connect: Postvention programming and eval**	
97	"Postvention Response Leads" - Postvention Response Leads (PRLs) (and teams) are supported and equipped to fulfill their legislative mandates.			
98			Suicide Rapid Response is accessible and responsive to community needs	HB 3037 (2021) follow up by OHA
99			OHA hosts quarterly meetings with PRL's (agendas based on PRL feedback)	
100	"Fatality Data" - Fatality data is gathered, analyzed, and used for future system improvements and prevention efforts.	Meaningful death data gathered and integrated		

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101			Increase Psychological Autopsy availability	
102			Essence Report released monthly	
103			Death review teams meet (county and state level)	
104	**4. Data, Evaluation, Policy and Funding**			
105	Data and Research Needs/Gaps			
106	A way to measure and track average amount of time to receive services (from request to first appointment)	Student Health survey to be required in every school.		
107	Affordability of care - what are the needs/gaps for underinsured, noninsured or privately insured folks?			
108	Cultural appropriateness of care			
109	Determining whether providers are effective and/or qualified for the needs of the client			
110	Gathering data about sexual orientation and gender identity (SOGI)			
111	Death data			
112	How many LGBTQ+ youth in systems/services			
113	Understanding queer culture and relationship to suicide			
114	Research around movement and body work and trauma			
115	A central database for tracking Big River programs			
116	Evaluation Needs/Gaps			
117	All statewide evaluation efforts include assessment on equity and cultural responsiveness			
118	Regular and meaningful feedback loop to gather youth voice			
119	Regular and paid focus groups with diverse youth populations			
120	Conduct cost/benefit analysis for statewide efforts			
121	Policy Needs/Gaps			
122	Reforming healthcare payments (SHIP goal)	Policies supporting universal suicide risk screening and safety planning in K-12 schools and colleges/universities.		
123	Strengthening mental health parity & addictions law (SHIP)			
124	UO Suicide Prevention Lab and other evaluators identified by OHA have access to necessary data			
125	Policies supporting universal suicide risk screenings at K-12 schools and colleges			
126	Funding Needs			
127			**Fund UO Suicide Prevention lab**	

YSIPP 21-25 Project Plan - Pillars, Goals, Paths

smartsheet

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97	3. Treatment and Support Services

	Framework Levels
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99	"Coordinated Transitions" - All OR's who access healthcare for behavioral health crises or suicide ideation receive coordinated care in transitions between levels of care.
104	"Appropriate Communication" There is formal communication between healthcare providers, behavioral healthcare providers and youth serving adults (such as school counselors).
108	"Substance Use Services" - Substance Use Disorder and Mental Health services are integrated with possible and coordinated when not fully integrated.
111	"Integrated Care" - Oregonians will receive integrated models of healthcare in primary care settings and schools (i.e. behavioral health is available and access through primary care or school-based health centers/ school based mental health).
116	Healthcare Capacity
117	"Accessible Services" - Oregonians can access the continuum of behavioral healthcare at the right time for the right amount of time.
122	"Appropriate Workforce" - The workforce is able to meet the need.
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143	Appropriate Treatment & Management of Suicidality
144	"Equipped Workforce" - The workforce is well-equipped to help children, youth and families heal from suicide ideation.
160	"Voice and Choice" - Clients/consumers, parents and caregivers have voice and choice in treatment.
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173	"Equipped & Resourced Communities" - Youth serving entities and communities are equipped to proved trauma informed postvention care to those impacted by a suicide death.
179	"Postvention Response Leads" - Postvention Response Leads (PRLs) (and teams) are supported and equipped to fulfill their legislative mandates.
186	"Fatality Data" - Fatality data is gathered, analyzed, and used for future system improvements and prevention efforts.
193	**4. Data, Evaluation, Policy and Funding**