Executive Retreat August 2, 2021

Oregon Alliance to Prevent Suicide

Hope • Help • Healing

Agenda and Getting Oriented to the Day

Noon – 12:15	Welcome
12:15 – 12:25	Small Groups (Your priority/focus this year)
12:25 – 12: 35	Youth and Appreciating Olivia
12:35 – 12: 55	YSIPP Update
12:55 – 1:10	ASIPP Update
1:10 – 1:30	Committee Structures and Responsibilities

Agenda Continued

1:40 – 2:00	By-law Revisions and Membership Discussion
2:00 – 2:15	Messaging Campaign
2:15 – 3:00	Policy Directions – Paper and Process
3:00 – 3:15	Equity Next Steps
3:15 - 3:30	Set Next Exec Agenda and Closing Thoughts

Small Group Break Out

- What one piece of work are you personally committed to moving forward this year?

- Place answer on Jam Board and discuss as a group.

Rules Advisory Committees

Legislation	Who/How Many	Report to Committee
ODE RAC (should include new SB52)	Minimum 2	Schools and LGBTQ Advisory
HB3037 – Medical Examiner	Kris Bifulco –	Executive
HB 2315 - CEU	3+	Workforce
SB563 – Age Change	?	Schools?
SB554 – Gun Storage	1	Lethal Means Advisory/Executive
HB3139 - Confidentiality	3? Lived Experience/Youth/Clinical	Health Care?
988 Legislation		

Other Ongoing Alliance Commitments

What	Committee or Workgroup	Time Frame
Monitor and Advise Adi's Act	Schools	Ongoing.
Advocate for New CEU Policy for Healthcare Workers	Workforce and Healthcare	Legislation introduced in long-session 2023
OHA Reports Monitoring and Feedback • HB3090 • YSIPP Annual Report • SB48/HB2315 • Children's Unit Vision Paper	 Healthcare/Transitions of Care Data & Evaluation/Executive Workforce Unassigned	 Winter 2021 Spring 2022 (and annually) TBD Feedback by Oct/Nov?
Equity	Equity Steering Committee	Sept. Quarterly Dec. Report from Uprise and Ongoing
Coalition Work – Connecting the Field Messaging Campaigns	Network Leaders	Quarterly Webinar Quarterly Leaders Meeting
Population Specific	LGBTQ+ Advisory Lived Experience?	
988	Unassigned	

Proposed Committees

Executive

- Legislative Workgroup
  - Develop long-term policy goals
  - Real-time response during legislative sessions

Equity

- Population Specific Workgroups have representation
- Alliance representation and process
- Equity lens

Data and Evaluation

Schools

- How do we address Consider Workgroups for K – 6, Middle-High School, Post-Secondary

Workforce -

- HB2315 Implementation
- New Healthcare Worker Legislation
- Dependency Population?

Health and Behavioral Health Care (treatment and transitions)

- 1) Transitions
- 2) Treatment

Advisory Groups

LGBTQ+

- RAC for SB52

Lethal Means

- RAC SB554

Network Leaders

- Outreach Campaigns
- Learning Hub

Lived Experience

Youth and Young Adult Engagement

By-Laws and Memberships

- By Laws
  - Alliance Chair and Vice-Chair – two terms of service
  - Adjust ages to reflect SB563 5 – 24 years of age
  - Any further comment re affiliates
  - Added language re advisory groups vs. committees
  - Clarify voting (OHA non-voting members)
- Membership – Beyond SB707 “misses” (vets, tribal representation) do we have other specific needs re membership. How do we continue to have engagement from key decision makers? Specific coalition membership?

Long-Term Policy Goal-Orientation

- It’s a way to get everyone operating from a shared set of information and understanding the context for making policy recommendations and a history of our work.
- The reason we use the CDC technical package for actionable steps – these strategies are also embedded in the YSIPP framework
- As needed, will supplement with additional material
- Today: Process and Priorities

Key Feedback From Folks

- Emphasize the vision more strongly
- Show how it aligns with YSIPP more clearly and demonstrate how it all ties together
- Questions are great – but who makes decisions
  - >Workgroup recommends to executive
  - >Executive review and bring to membership for discussion
  - >Quarterly membership refines and/or votes

THEMES: Services and Community

SERVICES need to be:

- are culturally responsive and linguistically appropriate;
- provide a full spectrum of behavioral health services and family supports from prevention through intensive care;
- universal screening paired with meaningful safety planning; and,
- address service availability, access and quality which are limited and vary by geographic area.

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COMMUNITY– social isolation is strongly correlated with suicide and while an individualized response to crises is important, community and culture are significant to suicide prevention:

- Affirming environments
- Promote safe messaging
- Developing a community of mutual support
- Addressing historical exclusion, oppression and assimilation is part of the community work to prevent suicide
- Means safety

THEMES: Data and Practice

DATA – improve access and availability to:

- measure/evaluate outcomes;
- ascertain effectiveness and quality of programs and services;
- help with planning and performance management; and,
- quantify service needs – what type, availability and resources.

PRACTICE – build on promising practices and innovation, and embrace the concept that culture is a protective factor:

- family and child focused;
- trauma informed;
- family driven and youth guided (family participation);
- means safety;
- care transitions; and,
- are grounded in equity and inclusion

Themes: Cross-System

Cross system collaboration and integration - across agencies and community partners to:

- improve communications and maximize impact of resources;
- increase family engagement and participation;
- help families navigate the disparate service array; and
- enhance community involvement especially with historically excluded populations and organizations with broader goals of social connection and safety net services.

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Equity Work

- Engagement from executive
- Meaning making session at upcoming quarterly meeting
- Additional advisory groups or move in direction of partnerships
- In December will be receiving a report from Uprise

Next Agenda and Close

- What one piece of work are you personally committed to moving forward this year?

Meet with Health Care Sector folks and move CEU work forward - Annette

Work in health care + health systems + lived experience, now that grant funds have been processed including HB 3090 implementation - Meghan

Bringing more new faces and new members in YYEA (from diverse backgrounds) to Alliance meetings and Alliance work. -Olivia

Media campaign to address all suicides but particularly for boys and men and including the crisis text line 741 741

Roger - Data and Evaluation Committee. #1 goal is identifying a common set of metrics to consistently report across different training programs. Who is getting trained and how often?

Helping people "own" the OHA framework for suicide prevention

Makes Right Help Available at the Right Time -- be sure that peer support is available as well as appropriate treatment

Implementing a diversity/equity/inclusion lens more intentionally and specifically - Shanda

Get the ASIPP published!

Push us to have CLAS standards for all ASIPP and YSIPP related things

Kimberlee - **Encourage other youth workers to engage and advocate with the Oregon Big River programs**

Kimberlee - **Always look for effectiveness**

Implementing equity and youth lense/voice into suicide prevention work-Maya

Assist Behavioral Health Community with Trainings for CEUs

School Suicide Prevention Implementation Inventory to assess and monitor progress on planning efforts

Miranda - Manage the GLS grant to increase county-level youth suicide capacity

Charlette - Continue to fine-tune TOC Committee process and solidify that group / get it off hold. Look for possibilities of connecting health care to suicide prevention.

Kimberlee - Advocating on behalf of the rural population / unheard populations (Spanish speaking, "those" kids). Continue raising hell.

Expand our collaboration with veterans and families.

Optimize Alliance / suicide-prevention infrastructure

Bringing QPR and ASIST Trainings to the Gorge

Support and monitor implementation of Adi's Act

Expand our collaboration with veterans and families.

Elevating, engaging, advancing voice of lived experience to drive informed responsive decision-making at all levels


Inclusive
Wise
Driven
Committed
Leader
Powerful
Insightful
Strong
Caring
Fierce
Kind
Thoughtful
Advocate
Changemaker
Force
Brilliant


Changemaker
Advocate
Wise Inclusive
Force
Intelligent
Insightful
Gracious
Composed
Fierce
Selfless
Thoughtful
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Driven
Powerful

Youth Suicide Intervention and Prevention Plan: Samples/Examples

Presented to

Alliance to Prevent Suicide – Executive Committee

August 2, 2021

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

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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 Goals

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

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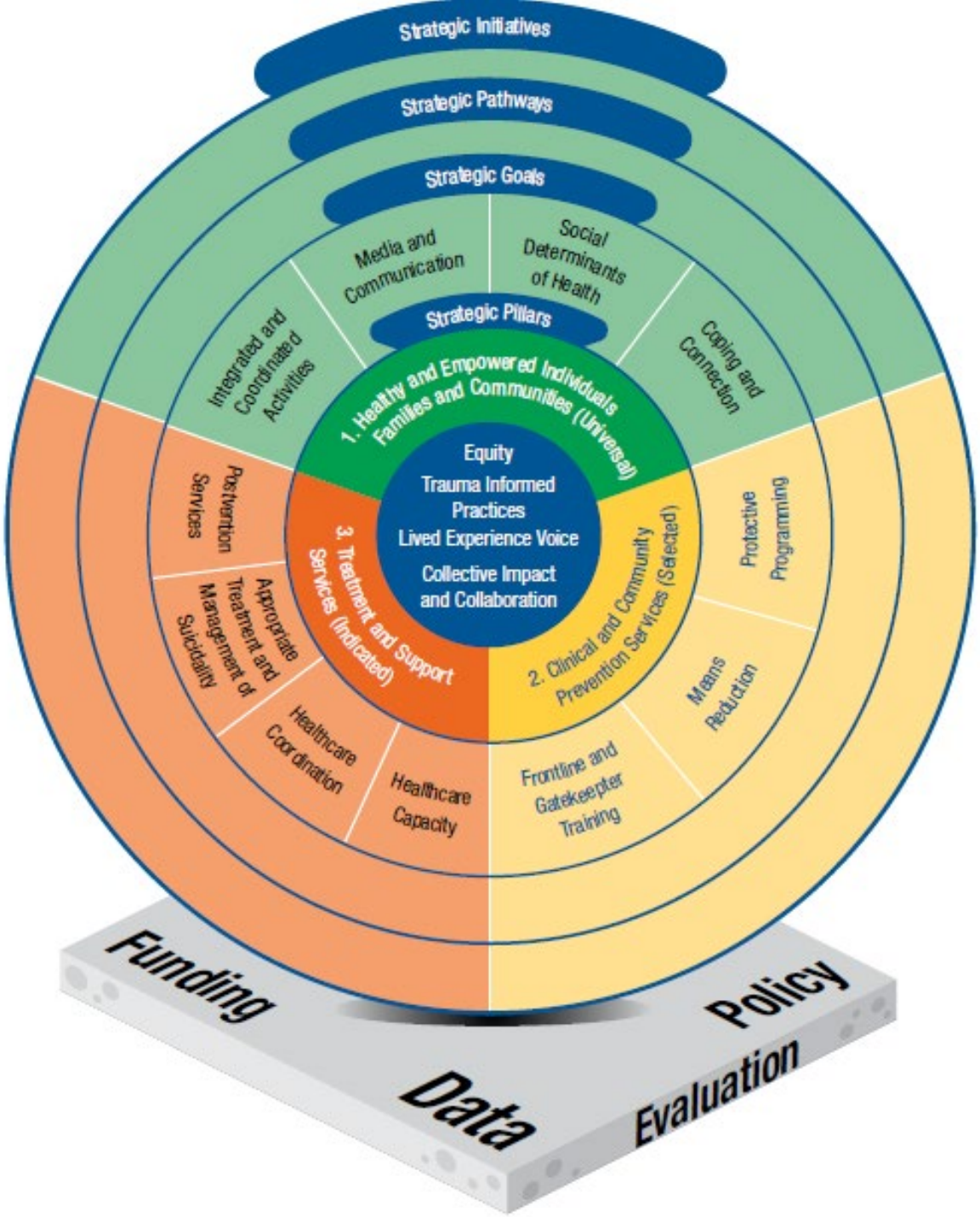

OHA's Suicide Prevention Framework

Click here.

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PATHWAYS THAT ARE EVIDENCE-BASED AND EXPERT CONSENSUS

Framework Levels	National Strategy for Suicide Prevention	CDC-Technical Package	SPRC - State Infrastructure Tool	San Diego County Plan	Literature Review	States with Lowest Rates	Healthier Together Oregon	CFBH Vision Paper	Stakeholders/... Experience Feedback	Subject Matter Experts Feedba...
- Integrated & Coordinated Activities	☑	☐	☑	☑	☐	☑	☐	☐	☑	☑
+ "Coordinated Activities" SP programming is coordinated between tribes, state, county, and local leaders to maximize reach & ensure equitable access for all Oregonians.	☑	☐	☑	☑	☐	☑	☐	☐	☑	☑
+ "SP Policies" Youth serving entities have suicide prevention policies for clients and staff that are known and utilized.	☐	☐	☐	☑	☐	☐	☐	☐	☑	☑
+ "Coordinated Entities" Youth serving entities are coordinated and understand their role in suicide prevention.	☑	☐	☑	☑	☑	☑	☑	☑	☑	☑
+ "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.	☐	☐	☐	☐	☐	☐	☐	☑	☑	☑
+ "Equipped Advisories" Advisory groups are well supported, equipped, and function efficiently to make meaningful change.	☐	☐	☑	☐	☐	☐	☐	☑	☑	☐
"Resourced Coalitions" Regional Suicide Prevention Coalitions are informed and resourced to address their local needs and priorities.	☑	☐	☑	☐	☐	☑	☐	☐	☑	☐

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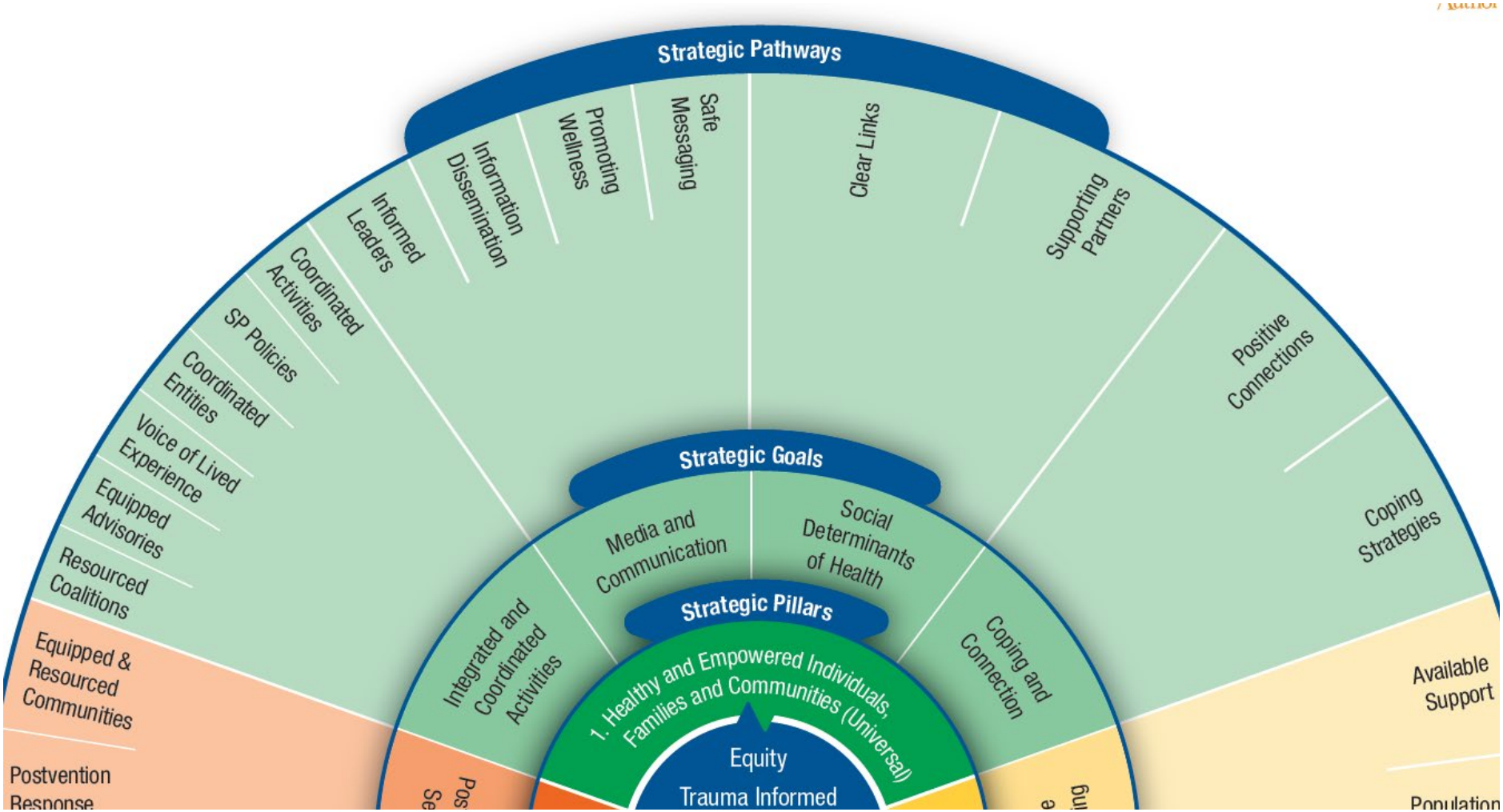
Universal Pathways – Youth Focused



Still to do: Add hover over option in infographic

- 1. Healthy & Empowered Individuals, Families and Communities
  - Integrated & Coordinated Activities
    - "Coordinated Activities" SP programming is coordinated between tribes, state, county, and local leaders to maximize reach & ensure equitable access for all Oregonians.
    - "SP Policies" Youth serving entities have suicide prevention policies for clients and staff that are known and utilized.
    - "Coordinated Entities" Youth serving entities are coordinated and understand their role in suicide prevention.
    - "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.
    - "Equipped Advisories" Advisory groups are well supported, equipped, and function efficiently to make meaningful change.
    - "Resourced Coalitions" Regional Suicide Prevention Coalitions are informed and resourced to address their local needs and priorities.
  - Media & Communications
    - "Safe Messaging" All OR's receive safe messaging about suicide and self-injury.
    - "Promoting Wellness" Oregon routinely and strategically promotes wellness, emotional strength, mutual aid examples and protective factors.
    - "Information Dissemination" SP Programming, information and resources are widely advertised and centrally located on one website. Information is kept up-to-date.
    - "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).
  - Social Determinants of Health
    - "Clear Links" The link between economic factors and risk of suicide is highlighted outside of typical suicide prevention work.
    - "Supporting Partners" SP advocates and experts support the work of those decreasing disparities and inequities.
  - Coping & Connection
    - "Positive Connections" All OR's have access to meaningful places and spaces to experience positive connection & promote mutual aid.
    - "Coping Strategies" All OR youth are taught positive (and understand harmful/negative) coping strategies.
    - "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

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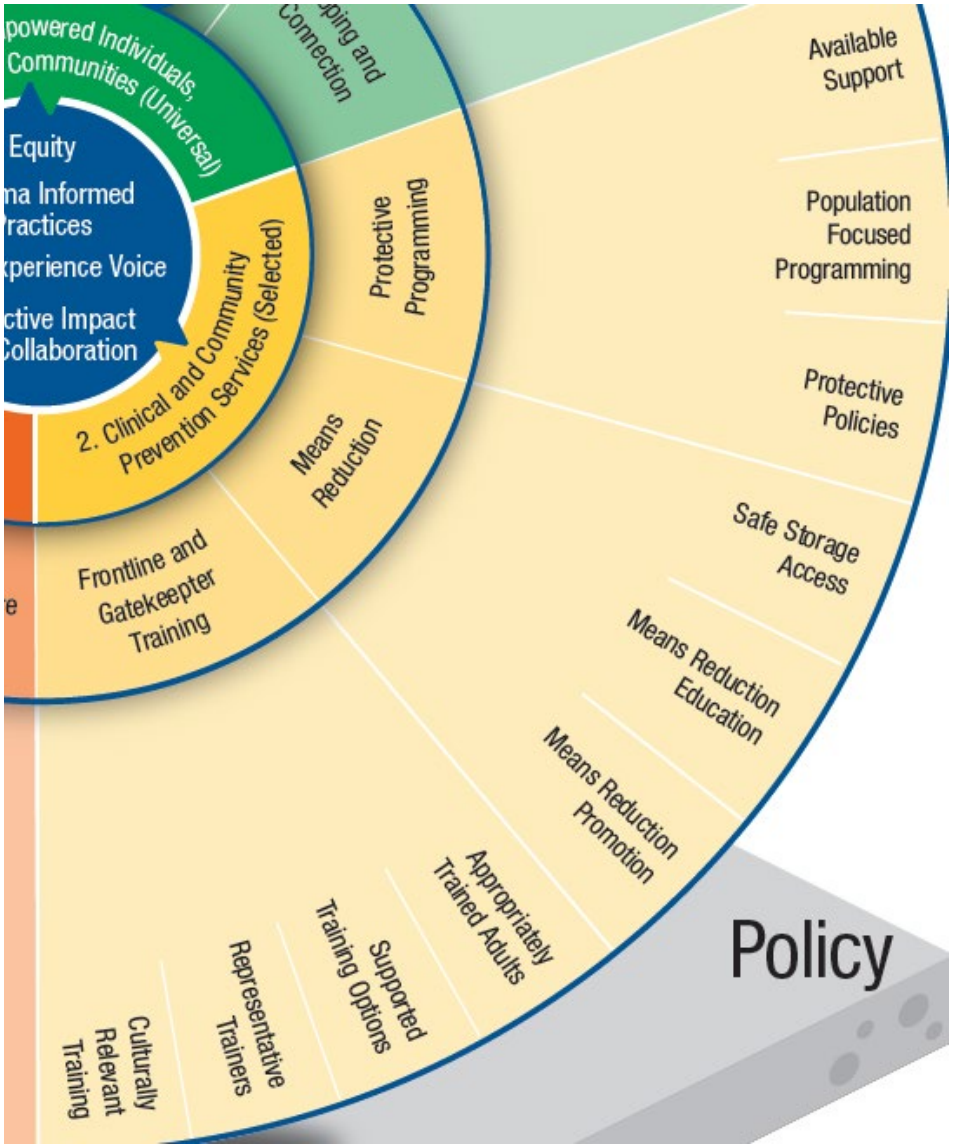
Selected Pathways – Youth Focused



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Still to do: Add hover over option in infographic

- 2. Clinical & Community Prevention Services
  - Frontline & Gatekeeper Training
    - "Appropriately Trained Adults" - Youth serving adults receive the appropriate level of training for suicide prevention (basic awareness, enhanced, and/or advanced).
    - "Supported Training Options" - Suicide Prevention training is widely available at low or no cost in Oregon for youth serving adults.
    - "Representative Trainers" - The trainer pool in Oregon for Suicide Prevention programming represents the cultural and linguistic diversity of the communities in which they train.
    - "Culturally Relevant Training" - Suicide Prevention programming is regularly evaluated and updated to ensure equity, cultural relevance and responsiveness, and linguistic needs are addressed.
  - Means Reduction
    - "Safe Storage Access" - All OR's experiencing a behavioral health crisis have access to safe storage for medicine and firearms.
    - "Means Reduction Education" - Youth serving adults and caregivers are equipped with means reduction strategies and resources.
    - "Means Reduction Promotion" - Oregon regularly promotes safe storage and links it to suicide prevention.
  - Protective Programming
    - "Available Support" - Oregonians who need immediate support or crisis intervention have access to it.
    - "Population Focused Programming" - Populations at greater risk for suicide have access to positive and protective programming in their community.
    - "Protective Policies" - Youth serving entities have policies and procedures that increase protection against suicide, and they are implemented.

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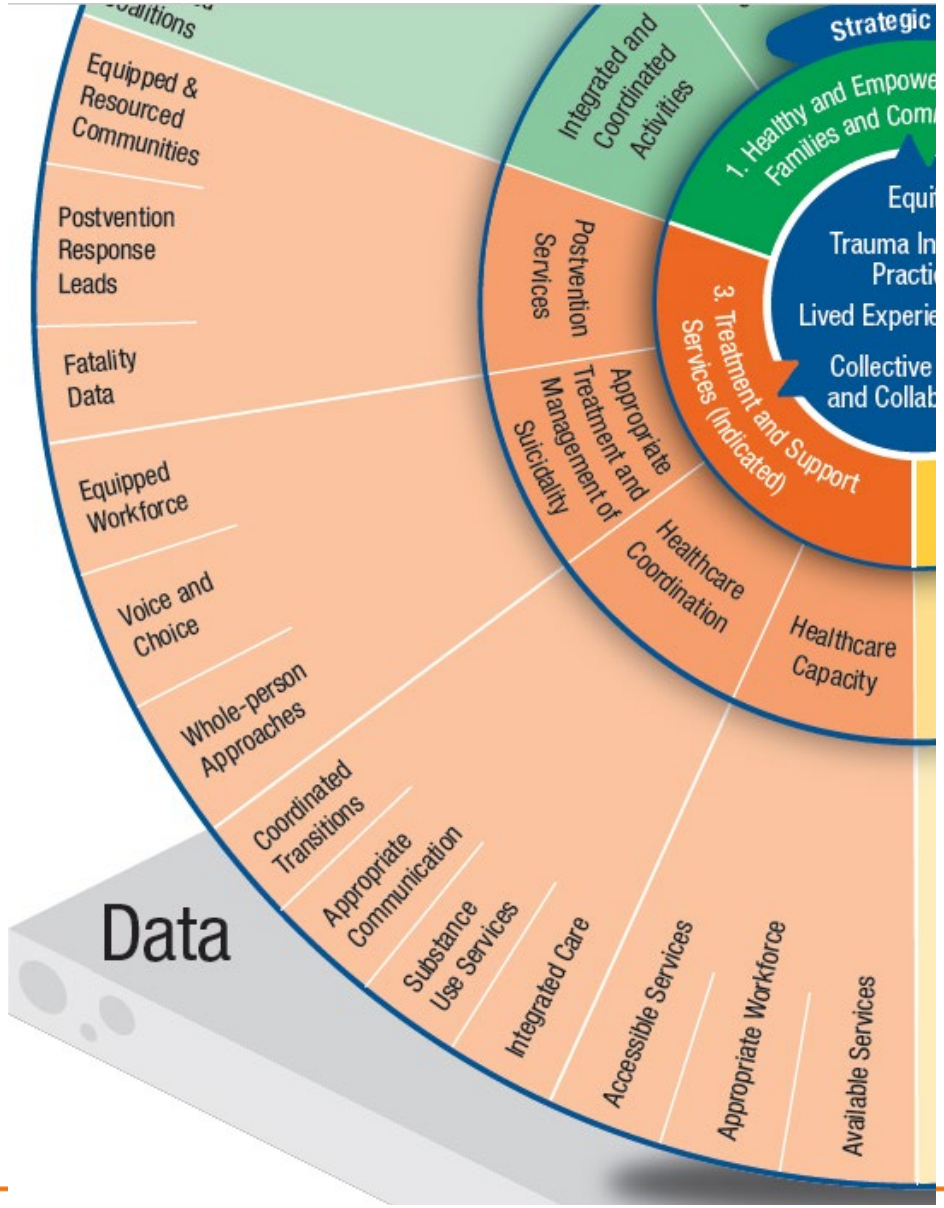
Indicated Pathways – Youth Focused



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Still to do: Add hover over option in infographic

- Healthcare Coordination
  - "Coordinated Transitions" - All OR's who access healthcare for behavioral health crises or suicide ideation receive coordinated care in transitions between levels of care.
  - "Appropriate Communication" There is formal communication between healthcare providers, behavioral healthcare providers and youth serving adults (such as school counselors).
  - "Substance Use Services" - Substance Use Disorder and Mental Health services are integrated with possible and coordinated when not fully integrated.
  - "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).
- Healthcare Capacity
  - "Accessible Services" - Oregonians can access the continuum of behavioral healthcare at the right time for the right amount of time.
  - "Appropriate Workforce" - The workforce is able to meet the need.
  - "Available Services" - All OR's have access to care when they need it.
- Appropriate Treatment & Management of Suicidality
  - "Equipped Workforce" - The workforce is well-equipped to help children, youth and families heal from suicide ideation.
  - "Voice and Choice" - Clients/consumers, parents and caregivers have voice and choice in treatment.
  - "Whole-person Approaches" - Whole-person approaches are used to enhance treatment for suicide and to increase effectiveness of management of long term symptoms.
- Postvention Services
  - "Equipped & Resourced Communities" - Youth serving entities and communities are equipped to proved trauma informed postvention care to those impacted by a suicide death.
  - "Postvention Response Leads" - Postvention Response Leads (PRLs) (and teams) are supported and equipped to fulfill their legislative mandates.
  - "Fatality Data" - Fatality data is gathered, analyzed, and used for future system improvements and prevention efforts.

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Reminder: What we know we will do.

Sustained Initiatives – Think OHA contracted work. Big River programming.

Legislatively Mandated work –HB 2315, HB 3707, SB563, HB 3139, SB 52 and others

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

Reminder: Alliance June Quarterly small groups and Schools Committee helped prioritize high impact possible "new initiatives".

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Then, a group of 10 people (5 OHA coordinators + 5 representatives from Alliance to Prevent Suicide) sorted the feedback via an Ease/Impact small group process.

All the possible new initiatives were high impact. The small group came to consensus on six that floated to the top when Oregon's Youth Suicide Prevention landscape was considered.

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Six Top New Priority Initiatives for Youth Suicide Prevention (in no intentional order)

- **Organize Suicide Prevention Infrastructure**
- Lethal Means Work
- Adi's Act: Clarify roles and responsibilities, monitor implementation, increase meaningful participation, increase best practices.
- Focus on Suicide Prevention specific treatment
- Cultural and linguistically appropriate treatment options
- Increase programs and partnerships for underserved and/or higher risk populations

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Current Question:
For this coming year, where is there bandwidth for high impact new initiatives?

Next Question:
UO Suicide Prevention Lab will create a survey to get feedback on the results of the ease/impact results.

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Plan for next steps:

- **Survey to full Alliance for feedback.**
- **Tribal Leaders Consultation process**
- **OHA to receive feedback, integrate as appropriate.**
- **Documents going to Publications Department in August 2021.**
    1. **YSIPP 21-25 Abridged Version**
    2. **YSIPP 21-25 Unabridged Version**
    3. **YSIPP 21-22 Prioritized Yearly Initiatives (supplement to YSIPP 21-25)**

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1. YSIPP 21-25 Abridged Version

- Intro from Pat Allen
- Acknowledgments
- Executive Summary
- History and Background
- Definitions
- Framework (Pillars and Goals)
- Framework by Goals with Youth Pathways listed
- Spreadsheet view Pillars, Goals and Pathways
- Methodology summary for feedback
- Crosswalk to Evidence Base and Experts
- How to use Framework

2. YSIPP 21-25 Unabridged Version

- All in YSIPP 21-25 abridged
- All legislatively mandated reports and lit reviews
- UO's data
- Ease/impact process explained, Alliance recommendations, OHA/Alliance priorities
- Equity lens document (from ASIPP workgroup)

3. YSIPP 21-22 Prioritized Yearly Initiatives (supplement to YSIPP 21-25 abridged) Theme: Growing Roots

- Will include "what we know" (see slide 11)
- Will include added Prioritized Yearly Initiatives based on bandwidth assessment
- Each new Prioritized Yearly Initiative will begin with determining:
  - Workplan (tasks)
  - Roles/Responsibilities in RASCI format
  - Proposed/target completion dates
  - Metrics for progress monitoring
  - Metrics for efficacy determination (is it having the intended impact?)

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Questions?

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Suicide Prevention Framework

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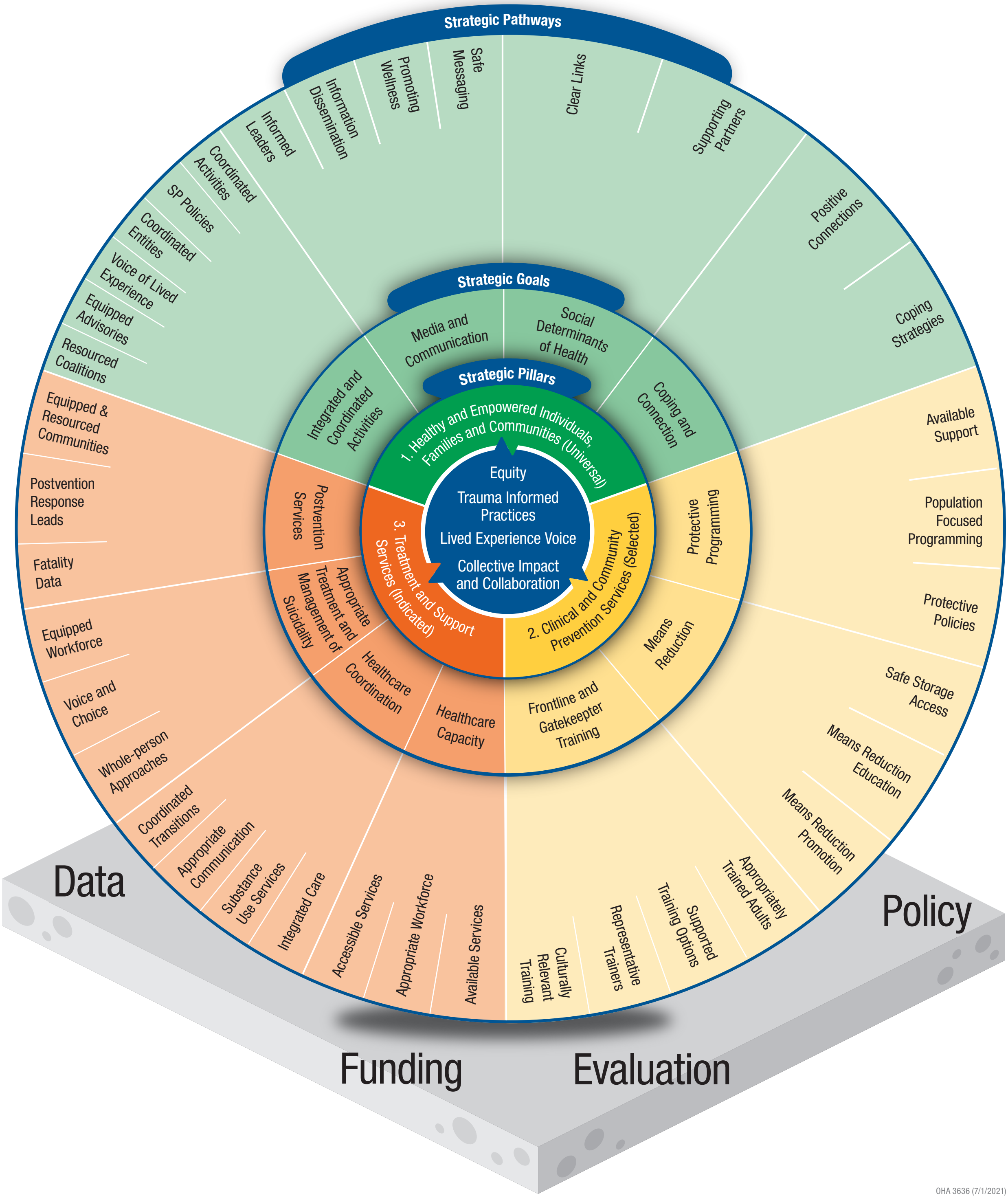

Alliance Known Initiatives

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)

Alliance Existing Policy Commitments

What	Who	When	Concerns
Set legislative agenda	Long-term policy workgroup, refer to executive and membership for vote	FY 21-22: Membership votes in September & December meeting Future: vote each June	
Serve on RACs (3037, 2315, 563, 3139, 552, 52)	Members assigned Staff will attend RACs as member of public *Some RACs are clearly part of the scope of specific committees.	By September, we should have assigned RACs to a specific Committee or determine that it is outside our committee structure and assign otherwise (example 563)	
Adi's Act	Schools committee	Ongoing	
Healthcare workforce training legislation	Workforce committee; healthcare committee?	Begin in September	
Make recommendations to OHA regarding POP and funding	Full alliance		We don't have a process for deciding this (POP potentially in September?)
Review and advise on OHA reports (like 3090, YSIPP annual report, SB 48)	OHA presents	See when individual reports are due and schedule presentations within that quarter	Are these presented to exec, to a specific committee, or at quarterly? What is the process for review?
Crosswalk policy work with the following			
Equity work	Equity steering committee	September: meaning making session during quarterly UPRISE submit report in December Work ongoing	
Population specific advisories	LGBTQ+, YYEA, lived experience, lethal means		

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Process for ASIPP Development

- Gather information from other states, i.e., other strategic plans, suicide rates, etc.
- Decisions regarding YSIPP and ASIPP
- Convene a group of stakeholders from various sectors, community partners etc., (130 with 56% completing demographic survey)
- First meeting held in November
- Began “Small Workgroups” with 80% of large workgroup being involved in 1 or more small workgroups
- Small workgroups included LGBTQ+, 18–24-year-olds, Construction Industry, Means Matter, BIPOC, Mental Health Systems, Military Experience, Older Adults (55+) Chronic Illness and Disabilities, Men, Rural and Remote

Process for ASIPP Development

- Tried to establish a Houselessness group but could not gather stakeholders
- Chronic Illness and Disabilities struggled but gathered a few recommendations but no report
- Two other groups: Lived Experience and Equity who reviewed recommendations from all other Small Workgroups
- Lived Experience group created a “Values and Framework” and Equity group created a “Equity Assessment Toolkit” that went out to guide all other small workgroups
- Some groups started later than others
- Have received recommendations from all small workgroup with exception of BIPOC who started later

Process for ASIPP Development

- Focus groups included: LGBTQ+, Houselessness, Military Experience, Attempt Survivors, Older Adults, Rural and Remote
- Surveys: Brief OHA, Coalitions and Councils, County Suicide Prevention Coordinators
- Next steps: Synthesize all recommendations and plug into Excel spreadsheet
- Have all 130 Large Group Stakeholders review recommendations and vote on top 3 via Survey Monkey for Year One
- Complete an Ease/Impact Analysis
- Final Initiatives for first year

Implementation

Advisory Board and Relationship to the Alliance ????

Oregon Alliance to Prevent Suicide
Bylaws

Background on the Alliance

Suicide, a major public health issue nationally, is the second most common cause of death for youth and young adults up to age to 24 in Oregon.

In 2014, the Oregon State Legislature mandated development of a 5-year plan to address Oregon's high rate of suicide among individuals aged 10 through 24. The Oregon Youth Suicide Intervention and Prevention Plan (YSIPP) was signed by the Oregon Health Authority (OHA) and submitted to the Legislature in January 2016. The YSIPP calls for the creation of the Oregon Alliance to Prevent Suicide to develop a public policy agenda for suicide intervention and prevention across agencies, systems, and communities.

In 2019 Oregon's legislature passed SB 707 which put the Alliance in statute as the Youth Suicide Intervention and Prevention Advisory Committee, amending ORS 418.731 and 418.733. The Oregon Alliance to Prevent Suicide (Alliance) is serving in this role.

In 2021, Oregon's legislature passed SB 563 extending the scope of the YSIPP to include all youth ages 5 – 24 years of age..

Purpose and Responsibilities

The Alliance is charged with overseeing implementation of the YSIPP and evaluating outcomes related to suicide prevention in Oregon. The purpose of the Alliance is to serve as an advisory to the OHA with a goal of reducing youth suicides in the state of Oregon. Alliance members are appointed by the OHA to develop a public policy agenda for suicide prevention, intervention, and postvention across agencies, systems, and communities. The Alliance seeks to:

- Promote a sense of **hope** and highlight recovery and resilience,
- Make it safe to ask for **help** and making sure that help is available at the right time.
- Engage individuals and communities in the **healing** process after an attempt or suicide.

Responsibilities of the Alliance Include:

- Advise the OHA on the development and administration of strategies to address suicide intervention and prevention for children, youth and young adults through 24 years of age.
- Recommend potential members to OHA for appointment to the Alliance
- Promote a coordinated approach with the State for youth suicide prevention.
- Develop a plan to foster and sustain statewide policy development and leadership in suicide prevention.

- The Alliance consults with the Youth Suicide Intervention and Prevention Coordinator on updates to the YSIPP under ORS418 733.
- Develop a policy agenda for suicide prevention that identifies state policy priorities and communicate the agenda to state and local policymakers.

Alliance Structure and Membership

Members will be appointed by the Director of OHA. Members serve at the discretion of OHA's director and can only be removed by resignation or by the director. Membership will at a minimum align with the SB707 requirements and include a minimum of four youth and young adults age 24 or younger.

Any current member of the Alliance may recommend an individual for membership to the executive committee. The executive committee will submit recommendations to the director of OHA. Candidates must be confirmed and appointed by OHA's director.

Membership is for a period of three years and is renewable every three years. At the end of each term members may ask to stay on the Alliance. The Executive Committee will vet and recommend members to the director of OHA. Members intending to resign shall submit a letter of resignation to the Chair, with a copy to the Alliance Staff and to the OHA Youth Suicide Prevention Coordinator.

Commented [AM1]: All cuurrent members are appointed through June 23

Commented [AM2]: Ask for resignation leters

Alliance staff will track membership attendance and terms and notify OHA and the executive committee of terms coming to an end.

Affiliates are individuals interested in participating in Alliance committees, quarterly meetings or other Alliance activities and who have not been appointed as a member by the director of OHA. Affiliates may provide feedback and help in development of policy but are not voting members.

Alliance staff will track membership attendance and terms and notify OHA and the executive committee of terms coming to an end.

A current member of the Alliance may nominate an individual for membership to the executive committee for consideration. The recommendation may be submitted either in writing or verbally to the executive committee for consideration. The executive committee will vet and recommend a nomination to the Oregon Health Authority (OHA) Youth Suicide Coordinator who will forward to the director of OHA. Per the Alliance Bylaws, members will be appointed by the Director of OHA, serve at the discretion of OHA's director and can only be removed by resignation or by the director. See Attachment 1, Alliance Bylaws

As indicated by SB 707, the members of the advisory committee should reflect the cultural, linguistic, geographic and economic diversity of Oregon and must include but need not be limited to:

- 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.

Alliance members must:

- Be familiar with the Oregon Youth Suicide Intervention and Prevention Plan and the responsibilities it designates for the Alliance.
- Learn about and share best practices in suicide, suicide prevention, intervention, treatment, and postvention.
- Communicate the needs and concerns of their constituencies to the Alliance.
- Communicate issues under consideration by the Alliance to their constituencies to obtain feedback.
- Be open to including youth voice and supporting meaningful youth involvement.
- Maintain a statewide perspective for what will work in Oregon.
- Serve on committees or work groups as appropriate.
- Support Alliance public policy agenda and other initiatives, and advocate for them as appropriate.
- Attend quarterly meetings, preferably in person.
- Participate in decision-making with timely responses and by voting in person, by email or by phone.
- Maintain a perspective on what is in the best interest of the Alliance and make this perspective a priority in matters relevant to the Alliance.

Stipends:

The Alliance values participation of youth and young adults, family members and persons with lived experience. Stipends and reimbursement may be provided to individuals not otherwise receiving compensation for time and expenses. Reimbursement under this subsection are subject to the provisions of ORS 292.210 to 292.288

Alliance Chair and Committees

To be eligible for nomination as the Alliance Chair or Vice-Chair a member shall have served on a committee prior to their nomination.

The Alliance Chair will lead meetings, and in their absence, the Vice-Chair may take the lead. The Chair and Vice-Chair terms will be for a period of two years. The Alliance Chair and Vice-Chair will be elected by Alliance members at the quarterly meeting held in June.

The work of the Alliance is moved forward through committees. Committees are determined at the June quarterly meeting by the full Alliance. Chairs of these standing committees will serve on the Executive Committee. Ad hoc work groups will be commissioned by the Executive Committee for a specific scope and purpose.

Committees will establish annual goals and action steps each year in the spring. Each committee will meet at least quarterly to assess progress towards the annual goals. Each committee will have a committee chair tasked with facilitating the committee meetings and ensuring goals are met and deliverables are completed.

Executive Committee

The Executive Committee will meet prior to each quarterly meeting of the full Alliance. Additional meetings will be held as needed.

The Executive Committee shall:

- meet to develop and review full Alliance quarterly meeting agendas,
- review and approve recommendations or proposals from each of the committees,
- recommend to the Alliance new or updated policies and procedures,
- review and make recommendations on other items to come before the Alliance,
- make decisions between meetings on behalf of the Alliance membership,
- make recommendations to OHA on new Alliance members, and
- prioritize special projects, especially those focusing on diversity, equity and inclusion and groups that are at disproportionate risk of suicide.

Executive Committee Membership:

- Alliance Chair
- Alliance Vice-chair
- Standing committee chairs
- OHA/Health Systems Division Representative (non-voting)
- OHA Public Health Representative (non-voting)
- Two persons identifying as having direct lived experience of intrusive suicidal thoughts, urges and/or behaviors (including suicidal attempts).
- A person with lived experience identifying as a bereavement loss survivor (i.e. family member of a person who attempted or dies by suicide)
- Two young adult representatives, who may be supported at executive committee meetings by a non-voting adult ally.

- Up to two at-large members
- A healthcare provider
- A person representing schools (K-12) or colleges and universities

Committee Chair Determination

Committee members will recommend a chair or co-chairs. If the committee uses a co-chair structure, only one of the co-chairs shall serve on the Executive Committee. Committee chairs will report to the Executive Committee regarding committee activities and recommendations, and work with the Executive Committee to review, revise and adopt these recommendations. Committees will submit quarterly progress reports to the full Alliance.

Decision Making

Elections

- Committee chairs shall be elected for a period of one year at the committee meeting immediately preceding the June Alliance meeting. Committee chairs, excluding the Executive Committee chair, shall be elected by majority vote of the committee.

- The Alliance Chair and Vice-Chair shall be nominated and voted upon at the June meeting of the Alliance. Nominations may come from any member and may be for any member, including self-nomination. Members of the Alliance must be present in person or by phone to vote and each member may cast one vote per position.

Committee & Advisory Group Meetings

Commented [JF3]: Committee & Advisory Meetings

- All Committee meetings will follow Oregon's Public Meeting Law, ORS 192.610 – 192.690.

- Advisory Group meetings will occur at least once a quarter and do not follow Oregon's Public Meeting Law, ORS 192.610 – 192.690. These groups are population specific and serve as an advisory group to the full Alliance and to Committee work as needed.

- Meetings of the full Alliance will be held quarterly. Special meetings via conference calls will be scheduled as needed. A designee may be delegated by an Alliance member to represent the member by attending and voting at a quarterly meeting. Members will notify the Staff of the Alliance and the chairperson in advance if they are sending a designee or will miss a meeting.

Voting

- Each appointed member, with the exception of members who are OHA staff, ~~regardless of classification,~~ is entitled to one vote on any matter referred to the full membership. Votes will require a quorum.

- A quorum will be 50% plus one of those present who are Alliance appointed members. Decisions will be made by majority vote of the quorum.

- If a motion is made at an Alliance meeting, all members present, as well as those who are in attendance via phone, will participate in the vote. ~~The Alliance Executive Committee will develop a clear protocol for email voting that complies with public meeting law~~. Committee chairs or any member may submit motions for vote to the Executive Committee and at quarterly meetings.

Time Sensitive Matters

- Time sensitive matters are those in which a decision is needed before the next scheduled quarterly meeting. When time allows, feedback will be gathered via email from Alliance members and the Executive Committee will discuss. No less than three business days will be allowed between when an issue is raised and voting. Voting will occur in a teleconference call. Voting records shall be contained in Executive Committee minutes and will be shared with Alliance members via email and at quarterly meetings. Any member of the Alliance may propose a time-sensitive matter for a vote by submitting a request to the Alliance staff who will be responsible for bringing the matter to the Executive Committee.

- The Executive Committee is authorized to vote on policy recommendations and take action between quarterly meetings on behalf of the full Alliance as needed. The Executive Committee will only vote to support proposals that align with the Alliance-approved legislative agenda, are specifically mentioned in the YSIPP, or otherwise have been approved by the Alliance membership. If an issue arises other than those in the approved legislative agenda, specifically mentioned in the YSIPP, or have been approved by the Alliance membership, it will be brought to the Executive Committee and the full Alliance will be informed by email and any decisions will be documented in the minutes.

Policy Discussion - Outline
August 2, 2021, Alliance Executive Committee Meeting

Policy Discussion

- Today
  - Common Themes
  - Review Purpose of Policy Framework
  - Comments and Questions
  - Thumbs up on Policy Framework
  - Priority Policy Areas – focus this year
  - Policy Workgroup – next steps

- Common Themes (**AM**: see **page 3,** I wasn't sure whether to include here; you mentioned starting the discussion with common themes)

- Purpose - inform and support policy setting practices

(Notes: This doc provides background information. Examples of other documents the workgroup will receive include the YSIPP, current data, and national organizations such as AFSP. The Policy Workgroup may identify a need for additional information and/or request additional information which staff will provide)

- Comments and Questions

(Notes: Some of the comments suggested clarifying language to tie sections together; thank you for your feedback, it's on our editing "to do" list.)

  - Postvention – Is Oregon a leader in this area?
  - 24/7 crisis text line - failing to promote (recommend sending to policy workgroup)
  - State Infrastructure – what do we know about Oregon? Why is infrastructure included?
  - CDC Technical Package – why is it included in the Alliance Policy Framework?

(Notes: The CDC technical package is designed to help communities and states focus on **activities** with the greatest potential to prevent suicide. The strategies support the goals and objectives of the National Strategy for Suicide Prevention and the National Action Alliance for Suicide Prevention's priority to strengthen community-based prevention. These goals are identical to YSIPP 1.0 strategic directions and YSIPP 2.0 Strategic Pillars. The strategies and approaches are potential actionable areas for policy consideration; once the YSIPP is completed, it's actionable items will be given priority consideration for Alliance policy work)

- Have we missed anything? Additions?

- Thumbs up on Policy Framework?

- Priority Policy Areas – where to focus for the coming year
  - Ongoing SB52 and HB3090/91
  - HB 2315 (2015) – Training for the behavioral health field; next step is participation in the rule making process
  - HB 3069 (2021) – This bill begins the 988 crisis line implementation; it is on the Alliance "watch" list for possible future policy/systems change activities
  - HB 3037 (2021) – Clarifies communication between medical examiners, LMHA, coroners and OHA;
  - HB 3046 (2021) – Healthcare and behavioral health and substance use parity
  - SB 554 (2021) – Means safety, gun locks and storage
  - HB 3139 (2021) – Parental notification
  - SB 52 (2021)– LGBTQ2SIA+

- Policy Workgroup – next steps
  - Membership
  - Process
    - ⇨ Workgroup recommends to Executive Committee
    - ⇨ Executive Committee approves

(Notes: the workgroup will select chair/co-chair, set meeting dates/times/agenda, develop goals for the year etc.)

Timing for each section

Today: 2 minutes
Review what will be covered during this agenda item

Review common theme: 8 minutes

Purpose: 2 minutes

Comments and Question: 5 minutes

Have we missed anything/any additions: 3 minutes

Thumbs Up: 1 minutes

Priority Areas: 15 minutes

Policy Workgroup: 10 minutes

Common Themes – Areas for Improvement

The following themes emerged as areas for policy consideration.

1. Services – there is a need for suicide prevention services that:
   - are culturally responsive and linguistically appropriate;
   - provide a full spectrum of behavioral health services and family supports from prevention through intensive care;
   - universal screening paired with meaningful safety planning; and,
   - address service availability, access and quality which are limited and vary by geographic area.

2. Practice – build on promising practices and innovation, and embrace the concept that culture is a protective factor:
   - family and child focused;
   - trauma informed;
   - family driven and youth guided (family participation);
   - means safety;
   - care transitions; and,
   - are grounded in equity and inclusion.

3. Community – social isolation is strongly correlated with suicide and while an individualized response to crises is important, community and culture are significant to suicide prevention.
   - Affirming environments
   - Promote safe messaging
   - Developing a community of mutual support
   - Addressing historical exclusion, oppression and assimilation is part of the community work to prevent suicide
   - Means safety

4. Cross system collaboration and integration - across agencies and community partners to:
   - improve communications and maximize impact of resources;
   - increase family engagement and participation;
   - help families navigate the disparate service array; and
   - enhance community involvement especially with historically excluded populations and organizations with broader goals of social connection and safety net services.

5. Data – improve access and availability to:
   - measure/evaluate outcomes;
   - ascertain effectiveness and quality of programs and services;
   - help with planning and performance management; and,
   - quantify service needs – what type, availability and resources.

Oregon Alliance to Prevent Suicide

Policy Framework

July 2021

Our 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.

Table of Contents

Introduction

The Oregon Alliance to Prevent Suicide vision is "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." To realize our vision, members, staff and partners of the Alliance advocate for policies that strengthen suicide prevention, intervention and postvention strategies across the state. We work together to foster strong communities and resilient families. At the heart of our work is the vision and wisdom and pain of people who have been directly impacted by suicide.

Purpose

The purpose of the Alliance policy framework is to inform and support policy setting practices within the organization. Each year the members of the Alliance set an annual policy agenda to identify the focus of efforts for short term policy goals and inform longer term policy activities. This framework serves as a guide for decision-making on both short- and long-term policy work as well as supports our role in advising OHA and state infrastructure, advocating for suicide prevention and intervention, and building an energized statewide network of coalitions.

There are many ways to achieve policy change. The Alliance and its partners actively engage in suicide prevention policy levers such as working with rule making bodies, informing program policy, advising OHA and other state organizations and working collaboratively with community advocacy groups. This paper focuses on the legislative lever.

History of Oregon's Suicide Prevention Legislation

The Oregon legislature has enacted suicide prevention, intervention and postvention bills over the last several years beginning in 2014 with the establishment of a Youth Suicide Intervention and Prevention coordinator at the Oregon Health Authority. Alliance members, past and present, were key advocates for legislation summarized below. The breath of legislation is related to behavioral health, educations/schools, child welfare and juvenile justice. While significant strides have been made, the Alliance will continue to advocate for strengthening systems and services to prevent Oregon youth and young adults from dying by suicide. Here is a snapshot of the bills passed by the Oregon legislature that support state infrastructure, services and coordination, training, schools and postvention.

Infrastructure

In 2014 with the passage of HB 4124, the Legislature required the Oregon Health Authority (OHA) to develop and oversee implementation of a five-year Youth Suicide Intervention and Prevention Plan (YSIPP), convene an advisory group (the Oregon Alliance to Prevent Suicide) and provide postvention (after a suicide) technical assistance to Local Mental Health Authorities. This milestone paved the way for SB 707(2019) which formalized the Alliance's responsibility to:

- Oversee implementation of the YSIPP
- Evaluate the effectiveness of prevention programs
- Monitor risk factors for suicide
- Advise OHA regarding public policy agenda priorities for suicide prevention across Oregon

Oregon is a national leader in postvention legislation and has passed bills to strengthen collaboration within the mental health providers community, data reporting, promoting best practices and reducing contagion risks. The state infrastructure was also enhanced by SB 561 (2015) and SB 918 (2019, amended SB561) which requires OHA to develop a plan for communication among local mental health authorities and local systems to improve notifications and information-sharing when a death that is suspected to be a suicide involves an individual who is 24 years of age or younger. Additionally, the 2019-2021 Governor's Recommended Budget included dedicated funding for youth suicide prevention for the first time in Oregon's history. Key initiatives funded through this investment included:

- Suicide prevention, intervention and prostvention programs
- Fully funded 24/7 crisis line
- Added suicide prevention staff including an adult prevention coordinator
- Peer-to-peer text/phone/chat service and youth development program.

In response to federal legislation (Public Law 116-172), the Oregon legislature passed SB 3069 during the 2021 regular session. This bill expands infrastructure of, access to and services provided in statewide coordinated crisis services system including 988 suicide prevention and behavioral health crisis hotline. The purpose is to remove barriers to accessing quality behavioral health crisis services and improve equity in behavior health treatment

Postvention

Oregon was the first state in the nation to pass legislation requiring every county to have a youth postvention plan with a mechanism for reporting to OHA on each youth and young adult suicide. As barriers to realizing the full vision of the SB 561 (2015) legislation surfaced, there was a need for additional legislative clarification. Three subsequent bills (SB 485 (2019), SB 918 (2019) and HB 3037 (2021)) each addressed postvention communication structures and responsibilities. Implementation of this legislation, which has continued to evolve, provides an example of following legislation over time with an eye towards its effectiveness and identifying if there is need for legislative fixes.

Transitions of Care and Notifications of Risk

Three bills, HB 2023 (2015), HB 3090 (2017) and HB 3091 (2017) set forth requirements for hospitals with emergency departments to adopt and implement discharge policies for those seen for a behavioral health crisis. Hospitals with emergency departments must report information about the adoption and implementation of policies to Oregon Health Authority and at a minimum include:

- Patient signature of a Release of Information (ROI)
- Requirement for a behavioral health assessment
- Assessment of long-term need of patient, capacity for self-care, and extent patient can be adequately cared for where they live
- Case management and care coordination of BH services and for these to be covered by both commercial health insurance plans and the Oregon Health Plan
- Follow-up appointment within 7 calendar days of release from ER
- Publicly available discharge policies for those who have been hospitalized for mental health treatment

Two laws related to suicide and specific to notification are in place in Oregon. In 2015, the legislature passed HB 2948 (2015), Susana Blake Gabay Act - Disclosure without Authorization Form. This act clarifies when, what and how Protected Health Information can be released with authorization from a patient or their representative. All released information must be the minimum necessary to provide care. The second bill, HB 3139 (2021): Parental Notification Regarding Suicide Risk passed in 2021. This bill requires mental health care providers who assesses minor to be at imminent and serious threat of attempting suicide to disclose relevant information to

parent, guardian or other individuals to engage in safety planning. It also permits provider to disclose relevant information regarding minor's treatment and diagnosis to organizations providing minor's treat support.

Schools

During the 2019 session, the Oregon legislature passed SB 52 (2019) which address suicide prevention on school campuses throughout the state. SB 52 (2019), also known as Adi's Act, requires school districts to adopt policies requiring a comprehensive district plan on student suicide prevention for grades K-12. Highlights of what the plans must include are:

- Procedures and activities to address the needs of groups at higher risk of suicide, reduce risk of suicide attempts, and promote healing after a death by suicide
- Identification of school personnel responsible for responding to reports of suicidal risk
- A procedure that someone can request a school district to review actions that a school takes when responding to suicidal risk
- A description of and materials for training to be provided to school employees
- Plans must be made available yearly to the community the school district serves and be available at the district office and on district website.

The Alliance participated in the Department of Education's roll out of the development of resources and guidance for school districts. Plans are to be in place for the 2020-21 school year.

As required by SB 485 (2019) (see Postvention above), the Oregon Health Authority is required to collaborate with certain schools when developing communication plans to improve notifications and information-sharing about suspected death by suicide of young adults 24 years of age or younger.

Training

OHA proposed a bill in 2017, supported by the Alliance, to require physical and behavioral health professionals to take continuing education units (CEUs) in suicide assessment, treatment and management. The final version of the bill made continuing education optional. The bill instructed OHA to report on results in September of each even-numbered year. The first biennial report in 2018 included limited data. It includes data from providers licensed by the Board of Medicine and Board of Naturopathic Physicians. However, based on the surveys to the professions and boards addressed in SB 48 (2017), 33% of all reporting licensing boards' licensees reported taking a course in suicide assessment, treatment or management. See https://oregonalliancetopreventsuicide.org/wp-content/uploads/2020/10/SB-48-Report-October-2020.pdf for the full report.

In 2019, the Alliance again introduced legislation to require training that didn't pass. The Alliance regrouped and decided to focus on training for the behavioral health sector. During the 2021 session, the Alliance introduced a bill to require licensed behavior health professionals and peer providers to receive suicide assessment, treatment, and management training. Support from Alliance members and partners at the local and state level, HB 2315 (2021) was signed into law requiring training for behavioral health providers. This bill directs Oregon Health Authority and specified professional regulatory boards to require licensees regulated by authority or board to complete continuing education related to suicide risk assessment, treatment and management at specified intervals (two hours per year for three years or three hours per year for two years).

See Attachment A for a list of Oregon's suicide prevention laws.

Background

Several sources informed our thinking about the strongest pathways to achieving effective suicide prevention strategies across Oregon. Here is a snapshot of key sources and why they emerged as touchpoints both to inform this document and as reference points going forward.

Best Practices

Statewide Infrastructure

The Alliance concurs with the statewide infrastructure recommendations the Suicide Prevention Resource Center put forward. In Oregon many of these elements are in place and being strengthened each year. When developing policy, the Alliance will consider how its efforts promote, sustain and build on these elements.

> A strong state infrastructure serves as a solid foundation for effective, comprehensive, and sustained suicide prevention.
>
> *Suicide Prevention Resource Center*

The recommendations focus on the six infrastructure elements below which are considered essential if a state is to have an effective and sustained suicide prevention effort. For an interactive diagram of the infrastructure see https://www.sprc.org/state-infrastructure

- **Authorize** – identify and authorize a lead division/organization to provide centralized suicide prevention leadership to maximize coordination and contribute to a more comprehensive approach, secure resources, and maintain state suicide prevention plan.
- **Lead** – Maintain a dedicated leadership position, fund core staff positions, and develop capacity to respond to information requests from officials, communities, media and public. Build capacity to connect across divisions/organization, communicate with multiple audiences and develop interagency commitment for cross discipline collaboration including integrated programing and funding.
- **Partner** – Form a statewide coalition with broad public and private sectors. Adopt a shared vision and language across partners. Build capacity to integrate suicide prevention efforts into their structures, policies and activities. Develop written agreements with partners detailing each party's commitment.
- **Examine** – Need sufficient funding and personnel to support high quality, consistent, privacy-protected suicide morbidity and mortality data collection. Identify and strengthen existing data sources. Ensure
- high-risk and underserved populations are represented in data collection. Regularly analyze and use data to inform action at state and local level. Link data from different systems while protecting privacy.
- **Build** – Build a multi-faceted lifespan approach to suicide prevention across the state; designate sufficient funding to support this approach. Evaluate and share results; embed expectations for suicide prevention with state-funded contracts. Understand, develop and enforce policies and regulations that support suicide prevention. Promote protective factors for upstream prevention.
- **Guide** – Identify and allocate resources needed to support consultation and capacity-building training for state, county and local efforts. Maintain an updated list of trainings that meet state requirements or recommendations.

Centers for Disease Control Technical Package

The Alliance is familiar with the CDC technical package which is designed to help communities and states focus on activities with the greatest potential to prevent suicide. The strategies support the goals and objectives of the National Strategy for Suicide Prevention and the National Action Alliance for Suicide Prevention's priority to strengthen community-based prevention. The three components of the technical package are: a) the strategy or preventive direction or actions to achieve the goal of preventing suicide; b) the approach which is specific ways to advance the strategy through **program, policies and practice**; and c) evidence for each of the approaches in preventing suicide or its associated risk factors. This information is included in the Policy Framework to inform policy work the Alliance may choose to pursue. The strategies and approaches are outlined in the table below. For a full discussion on the strategies and approaches see:
https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf

Preventing Suicide	
Strategy	Approach
Strengthen economic supports	▪ Strengthen household financial security ▪ Housing stabilization policies
Strengthen access and delivery of suicide care	▪ Coverage of mental health conditions in health insurance policies ▪ Reduce provider shortages in underserved areas ▪ Safer suicide care through systems change
Create protective environments	▪ Reduce access to lethal means among persons at risk of suicide ▪ Organizational policies and culture ▪ Community-based policies to reduce excessive alcohol use
Promote connectedness	▪ Peer norm programs ▪ Community engagement activities
Teach coping and problem-solving skills	▪ Social-emotional learning programs ▪ Parenting skills and family relationship programs
Identify and support people at risk	▪ Gatekeeper training ▪ Crisis intervention ▪ Treatment for people at risk of suicide ▪ Treatment to prevent re-attempts
Lesson harms and prevent future risk	▪ Postvention ▪ Safe reporting and messaging about suicide

Strategies and Approaches – Implications for Alliance Policy Work

During 2020, the Arizona Department of Health Services conducted a 50-state review of suicide prevention strategies and identified a selection of practices, programs and policies across the nation. They referenced the CDC framework for the review to inform suicide prevention in Arizona. It is a useful resource for informing practice, programs and policy in Oregon. Highlights from their work are:

- Strengthen Economic Supports: Evidence suggests strengthening economic supports as an opportunity to reduce suicide risk. Several states are implementing home weatherization and small loans for housing improvements programs including removal of health and safety hazards. The impact of these programs shows that improvements to housing conditions and homes addressing warmth and energy efficiency are strongly associated with health benefits, particularly in general, mental, and respiratory health. Housing improvements may also lead to reductions in school and work absenteeism.

  Implications for Alliance policy work: Advocating for economic supports goes well beyond the scope of the Alliance. However, the Alliance may want to 1) explore the need for policy that addresses the intersections of suicide and specific times of economic stress such as eviction, job loss, or serious medical events, and 2) determine which organizations or partners are best positioned to advance policies that meet the need for economic support for Oregon families.

- Strengthen Access and Delivery of Suicide Care

  Access and delivery of care is critical to individuals experiencing a need for mental health services. Addressing a lack of access to mental health care includes support for health and behavioral health care systems. Federal and state laws are designed to ensure health insurance plans have equal treatment of mental and substance use disorders equally with physical health. Arizona's Community Prevention Services Task Force study found in states that passed parity laws during the study period, there was a 3.2% decrease in the proportion of people with poor mental health and in states with parity laws, a 2.8% lower proportion of people with poor mental health compared to people in states without parity laws.

  Implication for Alliance policy work: In 2021 the Oregon legislature passed HB 3046 (2021) requiring parity of billing and access for health and behavioral health services. This applies to both private and public insurance. Concurrently, Oregon is beginning the process of implementing the 988-response system which is intended to increase access and support to behavioral health crisis response. The Alliance will need to advise OHA and other state agencies on implementation of these laws with special attention to effective suicide assessment and access to the right help at the right time. Additionally, the Alliance members should be on the rule making committees.

- Create Protective Environments

  The CDC suggest three potential approaches to create environments that protect against suicide including **reducing access to lethal means** among persons at risk of suicide, setting organizational policies and culture to promote the environments, and implementing community-based policies to reduce excessive alcohol use. The Arizona paper focused on access to lethal means and reviewed practices of several states. They found there is evidence to support safe storage of medications, firearms, and other household products to reduce the risk for suicide as these approaches increase the time interval between deciding to act and the suicide attempt.

  Implication for Alliance policy work: Gun safety: During the 2021 legislative session, SB 554 (2021) was passed. It requires an owner or person of a firearm to secure the firearm with a trigger or cable lock, in locked container or in a gun room except in specified circumstances. This bill is a step towards greater gun safety. Other proposed measures from the Lethal Means workgroup include: ask the state Attorney

General to clarify ORS 166.435 and what liability there might or might not be for returning firearms; create messaging that clear that suicide can happen when you experience a crisis for the first time

(direct at firearm owners); create firearms training that includes suicide prevention; and, continue work with firearm owners on gun safety. The Alliance will continue to support the efforts of the Lethal Means workgroup on gun safety issues and policy work related to ORS 1666.435.

The Alliance should also develop a long-term plan to assess harm reduction strategies and policies to reduce risk of overdose (such as availability of Narcan) and death by strangulation or jumping from a bridge or overpass.

- Teaching Coping, Problem-Solving Skills and Social Connectedness

There is evidence to suggest benefits of peer social norms and community engagement activities to protect against suicidal behavior; however, it has not been evaluated to determine if this also translates into reduced suicide attempts and deaths. Another approach is coping and problem-solving skill training which has shown to improve resilience and reduce problem behaviors and risk factors for behaviors related to suicide. For children, youth and young adults schools are a primary avenue for developing these skills. Funding programs such as Sources of Strength and emphasizing the importance of social emotional learning are two examples of how policy has been built to promote social connectedness. We can work the coping and problem-solving skills and social connectedness in any setting. For example, California passed legislation in 2018 to establish the first voluntary mental health standards for the workplace in the U.S. to help combat stigma and encourage discussion of mental health in the workplace.

Implication for Alliance policy work: The Alliance policy work related to schools addresses teaching coping and problem-solving skills and social connections. The two policy mechanisms the Alliance has focused on are two separate bills, SB 52 (2019) Adi's Act, and SB 52 (2021) Supporting effective implementation of these policies has been identified as a priority for the Alliance. That may be a multi-year effort and may all the Alliance has bandwidth to address in this strategy. LGBTQ2SIA+ Student Success Plan. For more detail on the LGBTQ2SIA plan link see https://www.oregon.gov/ode/students-and-family/equity/Documents/LGBTQ2SIA+%20Student%20Success%20Plan.pdf

It is less clear how to reach youth/young adults who are not in school, college or trade school settings and what type of legislative policy could positively impact the 18-24 year-olds outside of the schools setting.

Men and boy comprise the majority of suicide deaths. The Alliance is aware of the growing concern that programs and messaging may not be meeting their needs. The Alliance will continue to explore the policy implications for promoting problem solving and social connection for men and boys.

The OHA funds trainings for behavioral health specialist that focus on treating and managing suicidality (e.g. Collaborative Assessment and Management of Suicidality (CAMS) Assessing and Managing Suicide Risk (AMSR), and Cognitive Behavior Therapy (CBT)). While these therapeutic interventions are important, they miss people who are not engaged in the behavioral health system. As we think about equity, the Alliance needs to identify non-traditional approaches to consider.

- Identify and Support People At Risk

Many states, including Oregon, are implementing suicide prevention training for individual who are considered "gatekeepers". These are individuals in the community who have face-to-face contact with large numbers of people. Prevention training equips them with the skills to identify persons at risk of suicide and refer them to treatment and support services. Evidence suggests identifying people at risk of suicide and providing support can positively impact suicide.

Implication for Alliance policy work: The first area of focus for the Alliance is engagement in the rule making process for HB 2315. The Alliance needs to ensure the bill is fully and effectively implemented. The Workforce Committee is developing legislation to require others in the health care sector (see SB 48 list above) to have training in suicide assessment, treatment and management. It is essential that policy champions be engaged throughout the process as past efforts met significant opposition. This in itself will be a big lift and has been identified as a top priority by the Alliance. Over time we may want to look at other sectors such as law enforcement and schools.

The Alliance will continue to advise OHA on the implementation of HB 3090/3091 and HB 2023. Engage in rule making for HB 3139 (parental notification).

- Lessen Harm and Prevent Future Risk

  Evidence suggests postvention can impact risk and protective factors for suicide, particularly for active postvention outreach to survivors. Active postvention is associated with intake into treatment sooner and greater attendance at support group meetings compared to passive postvention. There is also evidence to support changes in the quality and quantity of media reporting reducing suicides through the use of safe reporting strategies.

  Implication for Alliance policy work: The Alliance to devote time to determining the effectiveness of current programs and policies in Oregon and mindful of other findings across the nation. Aside from supporting current legislation, the Alliance may want to explore effective data collection, reporting and sharing. Working with fatality review boards to better understand the specific risk factors and relationship to suicide prevention.

The full report is available at https://azdhs.gov/documents/operations/managing-excellence/50-state-review-suicide-prevention.pdf

Collective Impact

The Collective Impact Framework is designed to "bring people together, in a structured way, to achieve social change". The Collective Impact Forum) describes the five elements of the framework as:

- Common Agenda – coming together to collectively define the problem and create a shared vision to solve it.
- Shared Measurement – agreeing to track progress in the same way, which allows for continuous improvement.
- Mutually Reinforcing Activities – coordinating collective efforts to maximize the end result.
- Continuous Communication – building trust and relationships among all participants.
- Strong Backbone - having a team dedicated to orchestrating the work of the group.

The Alliance approach to determining its annual and long-term policy goals is to work across systems and sectors and with communities to pursue policies that strengthen suicide prevention strategies in Oregon. The Collective Impact framework will continue to inform all we do and guide our policy work. The Alliance could not do this without the shared leadership with the University of Oregon Suicide Prevention Lab and the funding and partnership with OHA.

Collective Impact
Principles of Practice

Design and implement with a priority placed on equity.

Include community members in the collaborative

Recruit and co-create with cross-sector partners

Use data to continuously learn, adapt, and improve.

Cultivate leaders with unique system leadership skills.

Focus on program and system strategies.

Build a culture that fosters relationships, trust, and respect across participants.

Customize for local context.

The Collective Impact Forum

Legislation – What We Learned from Other States

The Alliance reviewed bills in several states to assess areas that are consistent with Oregon and identify potential policy areas to consider for future work. We found common ground along the lines of training, school safety plans and behavioral health services on campus, suicide prevention designated lead agencies at the state level, community advisory groups and commissions, mental health services and crisis lines. The details and requirements varied as well as the level of funding for suicide prevention, intervention and postvention efforts. There were also areas that were unique to states, for example gun safety, training mandates and workplace training standards. Here are highlights from our findings (Colorado, California, Washington State, Utah,). We've primarily pulled from these western states although we've also explored in information from Canada, states with lower suicide rates or piqued our interest.

The items below offer a snapshot of notable bills from the review of other states. It is not an exhaustive list, we've highlighted policies that may be of future interest to Oregon.

Behavior Health

Funding for behavioral health services is being increased to improve access and reach underserved populations. Services are being expanded to include elementary school campuses and, in some instances, states are allowing

medical billing for mental health services on school campuses. There is movement, too, to bring behavioral health coverage into alignment with medical health coverage. The funding for crisis lines has increased and legislative work is underway to ready states for implementation of the 988 crisis line and related services. A few examples are:
Note – links to the cited legislation from other states will be added during the final editing process.

California

Colorado

- HB19-1129 (2021**)** The bill prohibits a licensed physician specializing in psychiatry or a licensed, certified, or registered mental health care provider from engaging in conversion therapy with a patient under 18 years of age.
- HB21-1085 (2021) Provides secure transportation for an individual in a behavioral health crisis other than police transport.
- HB19-1120 (2019) - The bill allows a minor 12 years of age or older to seek and obtain psychotherapy services with or without the consent of the minor's parent or guardian if the mental health professional determines the minor is knowingly and voluntarily seeking the psychotherapy services and the psychotherapy services are clinically necessary. The bill also requires the state board of education to adopt standards related to mental health, including suicide prevention.

Utah

- HB 265 (2016) – created three refundable tax credits for psychiatrists and psychiatric APRN's for new and volunteer practitioners and to any practitioner that serves underserved populations including rural areas, veterans, Native Americans, etc.
- HB 346(2017) – Funds for psychological autopsy examiner

Washington State

- HB 1379 (2017) Implements a comprehensive approach to suicide prevention and behavioral health in higher education including a statewide resource for curriculum and model protocols; provides grant funds to institutions for behavior health and suicide prevention efforts.

Schools/Higher Education

Suicide prevention programs and services on school campuses are in place in the states we reviewed. There are varying degrees of requirements and funding varies by state. Oregon has 197 school districts and mechanisms for enforcement are through Division 22 (See Alliance website). We can pull examples from other states and as we assess policies we need to recognize the challenge of implementing policy when there is not a centralized mechanism for enforcement before Division 22.

California

- SB 972 (2018) and SB-316 require student ID cards to include information for domestic violence support and suicide prevention.

Utah:

- HB 298 (2013) - requires school districts to hold annual parent seminars on a range of topics, include suicide prevention.
- HB 329 (2014) - requires secondary schools to implement suicide prevention, intervention and postvention strategies and appropriated ongoing funding for school-based programs.

- HB 346 YEAR – provided grants for peer-to-peer prevention, resiliency and anti-bullying programs in elementary schools; provides grants for prevention programs that focus on children who have been served by the Division of Juvenile Justice Services; and requires development of a 10-year statewide suicide prevention plan. (Oregon has legislation re: bullying, it does not have specific focus on Division of Juvenile Justice).

Colorado

- HB 19-1017 K-5 Social and Emotional Act. Requires department of education to select a pilot school district to ensure that an elementary school with high of poverty will have a social worker dedicated to every 250 students; pilot will be funded beginning 2020-21 and sunset July 2027. Pilot will be evaluated to determine effectiveness on health and well-being of students.

Washington

- HB 2513 (2018) - Implements a comprehensive approach to suicide prevention and behavioral health in higher education, with enhanced services to student veterans. The statewide resource created would provide and/or develop curriculum to train staff and students in suicide recognition, including the specific needs of student veterans.

Means Safety

Bills have been passed to increase safety such as lock boxes for guns, educational brochures and training on gun safety related to suicide, and outreach campaigns on medication safety. California, Colorado and Washington, like Oregon, have implemented "red flag" laws. Means safety in residential settings (jails, hospitals, youth treatment centers) is sometimes addressed through building codes and administrative rules which minimize the risk of strangulation. More research is needed to identify policy implications to address increased safety with medication, substance use, trains/vehicles and suicide barriers at identified sites. Since the majority of suicides are by gun-shot many states have started with gun safety as the first line of defense. Here are samples of bills addressing means safety.

Utah

- HB 390 (2017)– created a Suicide Prevention Education Program to fund suicide prevention activities by federally licensed retail firearms dealers that includes information on crisis intervention resources and how to identify persons who may be suicidal.

Washington

- HB 1612 (2017) – Creates a Suicide-Safer Homes Project to support prevention efforts and develop strategies for reducing access to lethal means. (required a report to legislature, https://app.leg.wa.gov/ReportsToTheLegislature/Home/GetPDF?fileName=Safer_Homes_Legislative_Report_Jan.-June_2018_c19d3334-178f-494b-8b61-1788a62af052.pdf

Training and Training Mandates

In Utah, primary care providers are required to complete suicide prevention graining to renew medical licenses and it is mandatory that school staff receive suicide prevention training every three years. Oregon has a start on getting training to key workforces. While some states have taken a one size fits all, specifying QPR as fulfilling the requirement for professionals, non-professionals and lay people, other states have taken a more targeted approach. For example, a one-time training for optometrist/list others (state?) one in their career – add about mandates for professionals. In WA training requirements vary by profession (get clear, check legislation).

California

- AB 1808 (2018) –Requires the State Department of Education to identify one or more evidence-based online training programs that a local educational agency can use to train school staff and pupils as part of the local educational agency's policy on pupil suicide prevention.

Colorado

- HB21-1312 (2021) – Requires behavioral health training for educator license; of he required 90 hours, at 10 of those hours must include some form of behavioral health training that is culturally responsive and trauma-and evidence informed.

Utah

- HB 209 (2015) – required an individual to complete a course in suicide prevention in order to obtain or renew a license in a behavioral health profession.

Washington*

- HB 2315 (2014) - Added the requirement that other healthcare professionals–nurses, doctors, PAs, DOs, etc. –complete one-time training in suicide assessment, treatment, and management.
- HB 2411 (2020) - Provides advanced suicide prevention training requirements for mental health professionals; adds a one-time training requirement for optometrists, acupuncturists, Eastern medicine practitioners, veterinarians; adds creation of training for construction industry.

**Health profession mandatory suicide prevention training list see:*
https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/SuicidePrevention/TrainingRequirements

Supports and Obstacles

It is no surprise that the most common support and/or obstacles all states encountered was from professional groups (e.g., training requirements/practice change), special interest groups (e.g. gun safety), advocacy groups (e.g. services/supports/education) or within the legislative (e.g. champions/opposition). In some instances, funding was a barrier and implementation impeded when partnerships were not developed early in the process and cultivated along the way. What we learned was consistent with our experience in Oregon: bills fair better when opposition is addressed early, legislative champions take the lead, engagement of supporters is critical and partnerships built during the process keep implementation on track. Timing is critical, be strategic about when to pursue legislation and realistic about how long it may take to accomplish.

Aligning with State and National Efforts

Oregon

The Alliance believes in the strength of aligning efforts with state agencies and community partners to create a cohesive and sustainable approach to suicide prevention in Oregon. The primary driver for the Alliance policy work is the Youth Suicide Intervention and Prevention Plan (YSIPP). The Alliance is charged with advising the Oregon Health Authority (OHA) on implementation of the YSIPP and works closely with OHA to secure policies that advance suicide prevention, intervention and postvention across the state. Alliance members and its

connection with local suicide prevention coalitions has proven to be successful in informing, supporting and proposing suicide prevention, intervention and postvention legislation. Once the YSIPP update is completed by OHA, the Alliance Policy Workgroup will review the YSIPP to identify priority areas of policy action and develop a long-term policy plan. INSERT STRATEGIC PILLARS? STRATEGIC OBJECTIVES?

The Garret Lee Smith (GLS) grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) , was a catalyst for current suicide prevention, intervention and postvention efforts. The strategies and lessons learned through the GLS grants provided a foundation for suicide prevention policy and programs across the state. Project goals for the most recently funded GLS grant (2019) are to (1) Increase capacity of counties with higher than average rates of youth suicide to implement sustainable, evidence-based youth suicide prevention strategies; (2) Increase the number of youth-serving organizations able to identify and refer youth at risk of suicide; (3) Increase capacity of clinical service providers to assess, manage, and treat youth at risk of suicide; and (4) Improve the continuity of care and follow-up of youth identified to be at risk for suicide. The Alliance will stay abreast of GLS grant implementation to inform policy work.

Another project that informs Alliance policy work is Zero Suicide, which is also funded by SAMSA and coordinated through OHA/Public Health. Zero Suicide original focus was on hospitals and other healthcare systems and is now being adopted by other systems as well. The organizations voluntary commit to reducing suicide and engage in developing detailed protocols and culture change to reach that goal. This is an example of how system change comes about through collaboration and leadership at the local and state level. The Alliance will follow implementation and provide policy support if there are elements of the Zero Suicide framework that need legislation to resolve challenges. For example, issues of confidentiality may be compromising care coordination and safety planning.

The Alliance reviewed two Secretary of State Audits: 1) *Oregon Health Authority: Chronic and Systemic Issues in Oregon's Mental Health Treatment Leave Children and Their Families in Crisis* and 2) *Oregon Can More Effectively Use Family Services to Limit Foster Care and Keep Children Safely at Home.* The review also included the Behavioral Health Policy Paper, Oregon Health Authority State Health Improvement Plan (SHIP) and a look back at suicide prevention legislation in Oregon. The purpose of the review was to find points of alignment for the policy framework. Through the review process, we found common themes of areas for improvement areas and promising approaches to address short falls.

Here is brief summary of areas of alignment across sectors and areas the Alliance will consider in the development of policy work. When considering what policy changes to pursue and how to craft policy to improve suicide prevention outcomes in Oregon, the Alliance will continue to seek input and support from its members, suicide prevention coalitions across the state, partners at state agencies, community and youth, and those with lived experience.

Common Themes – Areas for Improvement

The following themes emerged as areas for policy consideration.

1. Services – there is a need for suicide prevention services that:
    - are culturally responsive and linguistically appropriate;
    - provide a full spectrum of behavioral health services and family supports from prevention through intensive care;
    - universal screening paired with meaningful safety planning; and,
    - address service availability, access and quality which are limited and vary by geographic area.

2. Practice – build on promising practices and innovation, and embrace the concept that culture is a protective factor:
    - family and child focused;

- trauma informed;
- family driven and youth guided (family participation);
- means safety;
- care transitions; and,
- are grounded in equity and inclusion.

3. Community – social isolation is strongly correlated with suicide and while an individualized response to crises is important, community and culture are significant to suicide prevention.
   - Affirming environments
   - Promote safe messaging
   - Developing a community of mutual support
   - Addressing historical exclusion, oppression and assimilation is part of the community work to prevent suicide
   - Means safety

4. Cross system collaboration and integration - across agencies and community partners to:
   - improve communications and maximize impact of resources;
   - increase family engagement and participation;
   - help families navigate the disparate service array; and
   - enhance community involvement especially with historically excluded populations and organizations with broader goals of social connection and safety net services.

5. Data – improve access and availability to:
   - measure/evaluate outcomes;
   - ascertain effectiveness and quality of programs and services;
   - help with planning and performance management; and,
   - quantify service needs – what type, availability and resources.

Aligning Areas for Improvement with YSIPP Strategic Goals

The Alliance recognizes the collective efforts to improve services, practice, community engagement, collaboration and integration, data gathering/reporting and healthcare equity. The work of continuous improvement on the part of agencies and organizations, coupled with legislative policy, is notable. The Alliance is invested in supporting a cohesive statewide system to keep children, youth and young adults safe from self-harm and prevent suicide. We will work hand in hand with others on policies that increase suicide prevention, intervention and postvention.

The YSIPP strategic goals provide pathways to address the areas for improvement and meet the goal of improving outcomes for children, youth and families. For example, the YSIPP strategic goal of "Integrated and Coordinated Activities" provides a pathway to **improve cross system collaboration and integration across agencies and community partners** (see #4 above). The strategic goal of "Coping and Connection" is pathway to address **social isolation** and **community engagement** (see #3 above)**.** Each of the improvement areas will be aligned with YSIPP goals to help prioritize Alliance policy work. When YSIPP 2021 -2025 is completed, it may reveal additional improvement area and possible policy considerations for the Alliance. The YSIPP goals are attached and will continue to inform the long-term policy agenda as it evolves.

The strategic objectives, depicted in the display, point us towards specific action for policy. For example, we know that understanding data is essential to identify gaps and assess need for funding. One strategic objective is more accurate **fatality data**. From a policy perspective, having **improved access and availably to data help quantify service needs** (type, availability and resources). (see #5 above)

National Level

One of the key federal legislative policies to track and inform policy work in Oregon is S.2661, the National Suicide Hotline Designation Act of 2020. which is the foundation for the new 988 crisis line service. States are now in the process of passing legislation to facilitate changes at the state level. Implementing the 988 crisis line is complex and Oregon has begun the process by passing SB 3069 to expand infrastructure, access and service systems including the 988 suicide prevention and behavioral health crisis line. The purpose of the legislation is to remove barriers to accessing behavioral health services and improve equity in treatment. The Alliance will watch implementation and participate in implementation policy development.

The Alliance reviewed policy and advocacy focus of selected national organizations to better understand how their work applies to state level policy. National organizations such as the American Foundation for Suicide Prevention (AFSP) have chapters throughout the US advocating policy at the federal and local level to prevent suicide. The AFSP advocates have had many legislative successes at both the federal and state levels including landmark legislation like the National Suicide Hotline Improvement Act, mandatory suicide prevention training and policy for schools, and mental health parity in insurance coverage.

The Trevor Project is another example of a national organization supporting policy change at the federal and state level. Their efforts focus on policy change to enhance the mental health and well-being of LGBTQ young people through targeted interventions that address risk factors for suicide.

The American Association of Suicidology's National Center for the Prevention of Youth Suicide (NCPYS) works with national leaders and grassroots organization to address youth suicide at a national level. They are advocates for changing how schools and communities address youth suicide. The NCPYS is invested in engaging youth in the effort build strong communities, safe schools and supportive families and have a history of working with different groups, schools, and youth service organizations. This group may help us to develop policy levers for funding and strategic relationships with foundations and the federal government.

Determining Policy Focus

The background work for this framework provided the Alliance with information to support policy direction in the short and long term. The key questions to be answered before embarking on a specific policy are:

Where do we want to put our energy?

In order to evaluate whether or not the Alliance pursues developing a new policy or initiating a policy change, the following set of questions are designed to support the decision-making process. This is not an exhaustive list rather it is a starting point for a discussion to reach agreement on what to take on in the policy arena.

In addition to guiding the decision-making process for Alliance policy work, the questions will help determine what larger topics to tackle and when to use our influence in areas not obviously suicide prevention. For example, areas such as housing, economic supports for families and LGBTQ+ supports in schools.

<u>General</u>

- ☐ Does it help prevent suicide or help heal after a suicide?
- ☐ How do we know it helps prevent suicide or help heal after a suicide?
- ☐ Does it address the needs of population(s) at high risk of suicide?
- ☐ Does it address the needs of historically targeted and/or under resourced communities?

- Is it strategic for us to align with another organization or go it alone? Is there another group pushing something where we can be a visible partner/advocate?
- Is this a lifespan or youth focused issue? Does that make a difference in how much energy we expend here?
- Does the proposed new policy or policy change require legislative action? Or, does it make to use other policy levers work to change a policy that is in place but is not legislatively required?

Prior Legislation

- How is implementation of passed legislation progressing?
- Is additional legislation required to achieve desired outcome of the bill?
- What is standing in the way full implementation? Will the proposed policy work support implementation/clear roadblocks? What will be required in terms of staff time, resources, collaboration with partners, etc.?
- Is it an initiative that has gotten stuck that needs a legislative or rules fix?

What is the ease/impact of the proposed policy?

Ease

- Does it require additional funds and/or resources? If so, what will it require to secure funds and/or resources?
- Is there organized opposition?
- Are we developing something new or replicating something that has been done/is working?
- Is there an existing effort we can partner with and/or champion?
- Are there sufficient staff and/or volunteer resources to handle the workload of initiating a new policy or a policy change?

Impact

- Will it help us achieve YSIPP goals?
- Is the effort going to achieve desired outcome?
- Is the proposed policy something that will have a statewide impact?
- Will the proposed policy require multiple systems to shift and/or change? Is it feasible and reasonable to expect that shift and/or change to occur?
- Is the proposed policy addressing a need of a high-risk group?
- What will be required to implement/sustain the policy change?
- Are we the best people to advocate for a particular issue (such as housing) or would either partnering or being a champion for the cause be more effective?
- Is the proposed policy a recommended priority from Alliance advisory groups and/or workgroups?
- Is it a short-term effort or long-term goal?
- Does it require a legislative fix or can the outcome be achieve through other policy avenues such as a rule change or collaborative agreement reached with a state department and/or advocacy group?

Policy Areas for 2021 – 2025

There are bills from past legislative sessions currently in the implementation phase. The Alliance will engage with partners to identify potential policy supports for successful roll out of mandates. These supports may include participation in legislative remedies for areas not addressed by the original bill, rule changes and activating policy levers for problem-solving. Two bills that remain at the forefront are SB 52 (2019) and HB 3090/91 (2017).

The bills below passed during the 2021 legislative session. As an active partner in Oregon's suicide prevention, intervention and prostvention initiatives, the Alliance will advise, support and seek policy avenues to ensure implementation success. This includes monitoring implementation of and active involvement in the rule making process for:

- HB 2315 – Training for the behavioral health field; next step is participation in the rule making process
- HB 3069 (2021) – This bill begins the 988 crisis line implementation; it is on the Alliance "watch" list for possible future policy/systems change activities
- HB 3037 (2021) – Clarifies communication between medical examiners, LMHA, coroners and OHA;
- HB 3046 (2021) – Healthcare and behavioral health and substance use parity
- SB 554 (2021) – Means safety, gun locks and storage
- HB 3139 (2021) – Parental notification
- SB 52 (2021)– LGBTQ2SIA+

Conclusion

TBD

Sources

Action Alliance
The National Action Alliance for Suicide Prevention (Action Alliance) is the nation's public-private partnership for suicide prevention and works with more than 250 national partners to advance the National Strategy for Suicide Prevention.
https://theactionalliance.org/our-strategy/national-strategy-suicide-prevention

American Association of Suicidality – National Center for the Prevention of Youth Suicide
This program provides training and resources to equip school communities with the skills they need to recognize warning signs, help friends in need and know where to go for help.
https://www.preventyouthsuicide.org/

American Foundation for Suicide Prevention
AFSP is a national organization that funds scientific research, educates the public about mental health and suicide prevention, advocates for public policy, and supports survivors of loss and those affected by suicide. It has local chapters in all 50 states.
https://afsp.org/public-policy-priorities

State Public Policy Priorities - https://www.datocms-assets.com/12810/1609876825-14196afsppolicysynopsis20212022statem1.pdf

Federal Policy Priorities – https://www.datocms-assets.com/12810/1609876825-14196afsppolicysynopsis20212022statem1.pdf

Arizona 50 State Review on Suicide Prevention
This publication follows the structure of the 7 strategies and supporting approaches of the CDC Technical Package and identifies best practices from 50 states.
https://azdhs.gov/documents/operations/managing-excellence/50-state-review-suicide-prevention.pdf

Centers for Disease Control (CDC) – Technical Package of Policy, Programs, and Practices
The CDC technical package is designed to help communities and states focus on activities with the greatest potential to prevent suicide.
https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf

Collective Impact
Collective impact is an intentional way of working together and sharing information for the purpose of solving complex problems. The Collective Impact Forum supports the efforts of those who are practicing collective impact in the field. It offers tools and training and is a network of like-minded individuals from across sectors sharing experience and knowledge.
https://www.collectiveimpactforum.org/what-collective-impact

Healthier Together Oregon: 2020-2024 State health Improvement Plan
https://www.oregon.gov/oha/PH/ABOUT/Documents/ship/2020-2024/Healthier-Together-Oregon-full-plan.pdf

Pediatrics Journal: *The Urgent Need to Recognize and Reduce Risk of Suicide for Children in the Welfare System*
https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/Policy-Vision.aspx

Secretary of State, Oregon Audits Division
Oregon Health Authority: Chronic and Systemic Issues in Oregon's Mental Health Treatment System Leave Children and Their Families in Crisis
https://sos.oregon.gov/audits/Documents/2020-32.pdf

Oregon Health Authority - Draft Policy Vision Paper
https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/Policy-Vision.aspx

Secretary of State, Oregon Audits Division
Oregon Can More Effectively Use Family Services to Limit Foster Care and Keep Children Safely at Home
https://sos.oregon.gov/audits/Documents/2020-32.pdf

Suicide Prevention Resource Center
The Suicide Prevention Resource Center (SPRC) is the only federally supported resource center devoted to advancing the implementation of the National Strategy for Suicide Prevention. SPRC is funded by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA). SPRC developed a set of recommendations to help identify and strengthen key elements of suicide prevention infrastructure.
https://www.sprc.org/state-infrastructure

Trevor Project
The Trevor Project is a national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and question (LGBTQ) young people under 25.
https://www.thetrevorproject.org/

Public Policy and Advocacy
https://www.thetrevorproject.org/wp-content/uploads/2017/09/Public-Policy.pdf

Suicide Prevention Summit 2021: Seeking Healing During COVID-19 for the Black and Native American Communities
https://www.twelve6.org/

Washington State: Forefront Suicide Prevention – Suicide-Safer Homes Project
https://intheforefront.org/safer-homes-suicide-aware/

Attachments

Attachment A : Oregon Suicide Prevention Legislation

Attachment B. YSIPP 2021 – 2025 Framework

Attachment A : Oregon Suicide Prevention Legislation

Oregon Suicide Prevention, Intervention and Postvention Legislation 2014 - 2021

HB 4124 – this bill establishes the Youth Suicide Intervention and Prevention (YSIPP) Coordinator in the Oregon Health Authority. The coordinator facilitates the development of the YSIPP statewide plan to address youth and young adult suicide and self-inflicted injury as well as develop strategies for intervention with youth who are suicidal, depressed and at higher risk of attempting suicide and self-injury. (2014) https://olis.oregonlegislature.gov/liz/2014R1/Downloads/MeasureDocument/HB4124/Enrolled

SB 561 - Requires the Oregon Health Authority to develop a plan for communication among local mental health authorities and local systems to improve notifications and information-sharing when a death that is suspected to be a suicide involves an individual who is 24 years of age or younger. The plan must address community suicide response and post-intervention efforts to address loss and the potential of contagion risk. (2015) https://olis.oregonlegislature.gov/liz/2015R1/Downloads/MeasureDocument/SB561/Enrolled

HB 2948 – Susana Blake Gabay Act: Disclosure with Authorization Form. Clarifies when, what, and how Protected Health Information can be released without authorization from a patient or their representative. All released information must be the minimum necessary to provide care. Any provider who releases information under these standards is not subject to civil liability. (2015) https://olis.oregonlegislature.gov/liz/2015R1/Downloads/MeasureDocument/HB2948/Enrolled

HB 2023 – Discharge of patients receiving mental health treatment. Requires hospitals to have publicly available discharge policies in place for those who have been hospitalized for mental health treatment. (2015) https://olis.oregonlegislature.gov/liz/2015R1/Downloads/MeasureDocument/HB2023

SB 48 – This bill requires professional behavioral health and healthcare licensing boards to report completion of continuing education units on suicide risk assessment, management and treatment to the Oregon Health Authority. (2017) https://olis.oregonlegislature.gov/liz/2017R1/Downloads/MeasureDocument/SB48/Enrolled

HB 3090 – This bill requires hospitals with emergency departments to adopt and implement policies discharge policies for those seen for a behavioral health crisis. Requires reporting information about the adoption ad implementation of policies be sent to Oregon Health Authority. At a minimum, policies to include: patient signature of ROI; requirement for a behavioral health assessment; assessment of long-term need of patient, capacity for self-care, and extent patient can be adequately cared for where they live; case management and/or follow-up services; and, follow-up appointment within 7 calendar days of release from ER. (2017) https://olis.oregonlegislature.gov/liz/2017R1/Downloads/MeasureDocument/HB3090/Enrolled

HB 3091 – Expands the scope of emergency services covered by group health insurance policies to cover specified behavioral health services. Requires specified facilities to provide case management and care coordination of behavioral health services and for these to be covered by both commercial health insurance plans and the Oregon Health Plan. (2017) https://olis.oregonlegislature.gov/liz/2017R1/Downloads/MeasureDocument/HB3091

SB 52 – Adi's Act. Requires school districts to adopt policies requiring a comprehensive district plan on student suicide prevention. The bill requires each school district to adopt a policy that requires a comprehensive district plan on student suicide prevention for students grades K-12. (2019)
https://olis.oregonlegislature.gov/liz/2019R1/Downloads/MeasureDocument/SB52/Enrolled

HB 3427 – Allocated funding for the School Safety and Prevention System, an integrated set of policies and practices designed to enact Section 36 of the Student Success Act and Senate Bill 52, Adi's Act. (2019)
https://olis.oregonlegislature.gov/liz/2019R1/Downloads/MeasureDocument/HB3427 and
https://oregonalliancetopreventsuicide.org/hb-3427-student-success-act/

SB 918 – Directs local mental health authority communication regarding suspected deaths by suicide for those 24 years of age or younger. Amends 561 to include: If a local mental health authority (LMHA) receives a third-party notification of a suspected death by suicide of those 24 years of age or younger, the LMHA will notify local systems that had contact with the individual as appropriate. (2019)
https://olis.oregonlegislature.gov/liz/2019R1/Downloads/MeasureDocument/SB918/Introduced

SB 3069 –This bill expands infrastructure of, access to and services provided in statewide coordinated crisis services system including 988 suicide prevention and behavioral health crisis hotline. The purpose is to remove barriers to accessing quality behavioral health crisis services and improve equity in behavior health treatment. (2021)
https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/HB3069/B-Engrossed

SB 707 – Establishes the Youth Suicide Intervention and Prevention Advisory Committee. Amends HB4124 by adding the following elements. Youth Suicide Intervention and Prevention Advisory Committee is created to advise the OHA on development and administration of strategies to address suicide intervention and prevention for youth and young adults age 10-24. The Director of OHA will appoint members of the committee and provide staffing to support members and committee. The director will ensure the committee reflect the diversity of the state. (2019) https://olis.oregonlegislature.gov/liz/2019R1/Downloads/MeasureDocument/SB707/Introduced

SB 485 – Directs OHA to collaborate with certain schools and facilities when developing plan for communication following a suspected suicide. Requires OHA to create a communication plan with local mental health authorities and local systems to improve notifications and information-sharing when a suspected death by suicide of youth adults 24 years of age or younger. Communication plans must address community suicide responses and postvention efforts to address los and the potential of contagion. (2019)
https://olis.oregonlegislature.gov/liz/2019R1/Downloads/MeasureDocument/SB485

HB 2315 – Directs Oregon Health Authority and specified professional regulatory boards to require licensees regulated by authority or board to complete six hours of continuing education related to suicide risk assessment, treatment and management every six years at specified intervals and to report completion of continuing education to authority or board. Allows authority and boards to establish minimum requirements that licensee must meet to be exempt from requirements to complete continuing education. (2021)
https://olis.oregonlegislature.gov/liz/2021R1/Measures/Overview/HB2315

HB 3037 - Directs medical examiner or medical-legal death investigator to report deaths of decedents 24 years of age or younger to local mental health authority if district medical examiner, assistant district medical examiner, pathologist or designee of district medical examiner reasonably believes manner of death was suicide. Directs Oregon Health Authority to develop statewide suicide post-intervention protocol. Authorizes cross-reporting between local mental health authorities. (2021)
https://legiscan.com/OR/bill/HB3037/2021

SB 554 - Requires an owner or person of a firearm to secure the firearm with a trigger or cable lock, in locked container or in a gun room except in specified circumstances. (2021) https://olis.oregonlegislature.gov/liz/2021R1/Measures/Overview/SB554

HB 2381 - Modifies laws relating to youth suicide intervention and prevention to include children under 10 years of age. Modifies laws relating to youth suicide intervention and prevention to include children under 10 years of age. (2021) https://legiscan.com/OR/bill/HB2381/2021

HB 3139- Requires mental health care provider who assesses minor to be at imminent and serious threat of attempting suicide to disclose relevant information to parent, guardian or other individuals to engage in safety planning. Requires parental disclosure when minor receives suicide risk assessment, intervention, treatment or support services. Permits provider to disclose relevant information regarding minor's treatment and diagnosis to organizations providing minor's treatment support. Permits provider to decline to disclose minor's treatment and diagnosis information if disclosure could endanger minor, is not in minor's best interest or would disclose information to individual who abused or neglected minor. Grants civil immunity to providers for making disclosures in good faith without minor's consent. (2021) https://olis.oregonlegislature.gov/liz/2021R1/Measures/Overview/HB3139

HB 3046 – Specifies behavioral health treatment that must be provided by coordinated care organizations and covered by group health insurance and individual health plans and restricts utilization review criteria for behavioral health treatment. Requires carriers and coordinated care organizations to conduct analyses of compliance with mental health parity requirements and report specified data to Department of Consumer and Business Services and Oregon Health Authority respectively. (2021) https://olis.oregonlegislature.gov/liz/2021R1/Measures/Overview/HB3046

SB 52 - Directs Department of Education to develop and implement statewide education plan for stu- dents who identify as lesbian, gay, bisexual, transgender, queer, two-spirit, intersex, asexual, nonbi- nary or another minority gender identity or gender orientation. (2021) https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/SB0052/Introduced#:~:text=Directs%20Department%20of%20Education%20to,%2C%20effective%20July%201%2C%202021.

Attachment B: YSIPP 2021 – 2025 Framework

Oregon FosterYouth CONNECTION

2020 Policy Recommendations

Twenty-six current and former foster youth from across the state participated in Oregon Foster Youth Connection's virtual 2020 Policy Conference. On Aug 25th, many of them presented the following recommendations to an audience of lawmakers, Oregon Department of Human Services (DHS) administrators, service providers, and community members. Through its youth-led model of civic engagement and leadership development, Oregon Foster Youth Connection trains youth to identify pressing issues within the foster care system, develop concrete solutions, and then educate policymakers and advocate for change. Since 2008, Oregon Foster Youth Connection has worked to ensure that foster youth are meaningfully involved in the improvement of the foster care system and their voices are heard.

Supporting Youth in Care who are 18-21

Money Management

Problem: Lack of availability to financial training and information regarding finances and funding for the youth. This is an issue because our foster children that age out may not have the skills and knowledge to properly support themselves financially and then end up homeless. It's important to know how to manage a bank account, your credit score, and how to file taxes when employed.

Solution: Providing an easier and reliable way for foster families and youth to access information about resources.

Policy Recommendation: Enforce mandatory workshops entailing financial planning and training to foster youth in every county. Also adding a link or QR code to the Oregon Foster Children's Bill of Rights that leads to a website containing all resources available to youth.

Housing and Employment

Problem: Our problem is that 18-21-year-old foster youth in Oregon face challenges when applying for housing and employment. Youth aren't taught how to live on their own or the essential needs such as cooking, paying bills, getting a job, how to act at an interview, etc.

Solution: Foster youth from ages 18-21 should be taught before aging out how to live on their own. Some examples are cooking, cleaning, filling out applications, etc.

Policy Recommendation: Proposing a mandatory school requirement for the Home Economics class to take place and be added required class needed to graduate. We also want to ask that youth get these classes at ODHS if they don't have an ILP worker. ILP has classes to help teach youth cooking, cleaning, filling out applications, and tools to get a job (clothing, interview practice, filling out applications, etc.).

Mental Health

Problem: Foster youth are having difficulty accessing the resources to benefit their mental health.

Solution: Compile a list of Mental Health Resources that are given out to foster parents and youth with the Sibling Bill of Rights.

Policy Recommendation: Work with ODHS and Mental Health services to compile a list of Mental Health Resources per county with LGBTQIA friendly resources.

Understanding and Healing from Trauma

Diverse Therapeutic Options

Problem:

- Youth lack access to diverse options for mental health treatment besides traditional talk therapy (not all youth heal and process trauma in the same way, and certain traumatic experiences respond better to certain types of therapy, ex. Art therapy).
- There is a lack of knowledge and resources provided by DHS to help youth know what options are available to them for them to give input on what treatment works best for them

Solution: Youth should be surveyed on what their preferences are for different aspects of therapy (ex. Gender of therapist, technique, style, etc.), and that information should help decide their treatment. Youth should be given information about the various therapies and therapeutic approaches out there. Oregon Health Authority should open up more broad therapeutic services for Medicaid and Oregon Health Plan users.

Policy Recommendation: Create an ODHS policy that standardizes access to quality mental health services for youth across the state by:

- Allowing them to take a survey that indicates their preferences for therapy (to use when matching youth with treatment)
- Providing youth with a list of therapy services and therapeutic approaches, and ask for their input on what type of therapy they want

Biological Favoritism

Problem: Foster Parents giving preferential treatment to their biological children.

Solution: Mixed (biological and non-biological) homes having written policy contracts.

Policy Recommendation: Caseworkers oversee/approve of mandatory mixed home contracts and hold foster

Informed and Culturally Sensitive Placements

Problem:

- Youth placed in homes where sensitivity trainings for foster/adopted families haven't taken place are often faced with discrimination and microaggressions.
- Trainings are only applied to foster parents and not the whole family unit or others in the foster home who come in contact with youth.
- The cultural trainings that currently exist don't go in-depth enough for foster families for understand youth's cultural backgrounds.

Solution: Foster families and care teams already receive Foundations training on cultural sensitivity. This training should be more comprehensive on the various cultural backgrounds of foster youth in the home, and should help foster families know how to apply cultural sensitivity. All members in the household with the foster youth should be trained, not only foster parents.

Policy Recommendation:

- Have ODHS work more closely with Indigenous, Black, and other minority groups to revamp and go more in depth with existing training geared toward the youth's culture, religious affiliation, gender orientation, ethnicity, political beliefs, and more.
- Give Black, Indigenous, and Youth of Color a choice on whether their foster families should go through a more specific cultural training.
- ODHS should ensure that the cultural sensitivity trainings should be given to all members who are in the household and not only foster parents.

Removing Racial Bias from Foster Care

Lack of Culturally Responsive Services and Resources that Meet the Needs of Foster Youth of Color (Black/Indigenous)

Problem: Foster youth of color are disproportionately impacted by abuse in foster homes. Currently, foster parents can have founded abuse allegations against them and still legally remain a foster parent.

Solution: We want foster parents to no longer have a legal right to be a foster parent after abuse allegations are founded (including group home/residential treatment facility staff).

Policy Recommendation: Legislators must pass a law so that foster parents no longer have a legal right to be a foster parent after abuse allegations are founded (including group home/residential treatment facility staff).

Lack of Culturally Responsive Services and Resources that Meet the Needs of Foster Youth of Color (Black/Indigenous)

Problem: Foster youth of color are disproportionately impacted by abuse in foster homes. Foster youth of color are disproportionately overmedicated and lacking in mental health services.

Solution: ODHS to better meet the physical/mental/emotional needs of foster youth of color.

Policy Recommendation: ODHS must also better meet the physical/mental/emotional needs of foster youth of color.

- Check-ins without foster parent present
- More frequent revisiting of medication diagnoses
- More diverse mental health supports (forms of therapy, availability of therapists, etc.)

Removing Racial Bias

Problem: Lack of historical and cultural knowledge regarding the institutional racism in the United States.

- Parents not knowledgeable on cultural and historical differences.
- The parents not having enough education on racism and of thinking about the historical, or even deadly consequences and implications of systemic racism and not understanding how youth of a different ethnic/cultural background are treated differently than white people in the United States nor are they educated on how to handle it properly when confronted on it.
- Not giving the right lessons necessary for people of color or indigenous youth so that they don't end up dead or worse.

Solution: Providing mandatory classes led by Black/African-Americans, Indigenous people, and other people of color, for judges, case workers, ILP workers, attorneys and so on, on the institutional and systemic racism within the United States.

Policy Recommendation: Mandatory classes taught by Black/African-American people, Indigenous people, and other people of color about the systemic and societal racism within the United States to all current and future DHS workers and partners regardless of position or power.

Reviewing/revising the processes in removing a child from their biological home

Problem: Bias and racial profiling towards parents of color by ODHS when removing children from their biological homes.

Solution: Annually review and revise the current process ODHS uses when removing a child from their biological home.

Policy Recommendation: An annual review and revision of the process ODHS uses when deciding to remove a child from their biological home by a team of people to allow for a variety of opinions of ways to better meet the needs of BIPOC families. Specifically, this team would include BIPOC caseworkers, youth, parents, grandparents and others who have all had experiences with the child welfare system.