

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 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 making the YSIPP cover ages 5 through 24 for more upstream prevention work.

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 be reappointed. 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.

The Alliance places a high value on ensuring that its statewide work connects with efforts in local communities and recognizes the important role of Regional and County Suicide Prevention Coalitions play in that work. When considering membership recruitment, the Executive is encouraged to work towards regional representation of the coalitions.

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.

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 Vice-Chair position is intended to support the chair and prepare the individual for serving as Alliance Chair in the future. The Alliance Chair and Vice-Chair will be elected by Alliance members at the quarterly meeting held in June. Chair and Vice-Chair may serve two consecutive terms. At the end of two terms, the Chair must be transitions and can be nominated for appointment after a period of two years.

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

- 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, 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.. 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.

Framework Levels

1. Healthy & Empowered Individuals, Families and Communities

Integrated & Coordinated Activities

"Coordinated Activities" Youth suicide prevention 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 Oregon'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 Oregonians receive safe messaging about suicide and self-injury.

"Promoting Wellness" Youth-serving entities routinely and strategically promote 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" Suicide prevention 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 Oregonian youth people are taught and have access to positive/healthy coping strategies. All OR youth and young adults are taught to understand impact of potentially harmful/negative coping strategies.

"Adult Roles" Youth-serving adults understand and feel equipped to fulfill their role as a trusted adult and understand their important impact on suicidality.

2. Clinical & Community Prevention Services

Frontline & Gatekeeper Training

"Appropriately Trained Adults" - Youth-serving adults (including the peer support workforce) receive the appropriate level of training for suicide prevention (basic awareness, enhanced, and/or advanced) and are retrained appropriately.

"Supported Training Options" - Suicide prevention frontline and gatekeeper 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 Oregonian young people 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 practices 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" - Young people within 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 risk (including passive risk, active risk, and crisis intervention) and those policies are implemented.

3. Treatment and Support Services

Healthcare Coordination

"Coordinated Transitions" - All Oregonian young people who access healthcare for behavioral health crises or suicidal 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 when possible and coordinated when not fully integrated.

"Integrated Care" - Oregonian young people 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" - Oregonian young people can access the appropriate services on the continuum of behavioral healthcare at the right time for the right amount of time, regardless of health insurance.

"Right Sized Workforce" - There is adequate behavioral healthcare workforce to meet the need.

"Available Services" - There are enough available services to provide all Oregonian young people access to care when they need it.

Appropriate Treatment & Management of Suicidality

"Equipped Workforce" - The behavioral healthcare workforce is well-equipped to help children, youth and families heal from suicidal ideation (including understanding variations of risk and protection levels and current risk and protective conditions).

"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 provide trauma informed postvention care for 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" - Youth suicide fatality data is gathered, analyzed, and used for future system improvements and prevention efforts.

4. Foundations and Centering Lenses

Data and Research

Evaluation

Policy Needs/Gaps

Funding Needs

Equity

Trauma Informed Practices

Lived Experience Voice

Collective Impact
Collaboration

YSIPP Initiatives 21-22 - Bolded require workplans

New Strategic Initiative for 21/22: Organize the people/staff/infrastructure of suicide prevention across the state.

Big River statewide coordinators meet monthly to align work, give program updates, connect and learn.

Big River statewide coordinators are equipped to bridge interested organizations and people to related suicide prevention work including other Big River programs and statewide suicide prevention efforts.

The OHA Suicide Prevention, Intervention and Prevention team (SPIP) is established and each subgroup meets monthly. The four subgroups are: OHA Suicide Prevention Coordinators, OHA Partners - Youth Focused, State Agency Partners - Youth Focused, and OHA Partners - Adult Focused.

Fall coordination meetings between contracted coordinators and specialists supporting Adi's Act implementation, Oregon Department of Education (ODE), and OHA coordinators are scheduled with each Educational Service District.

Garrett Lee Smith grant recipients have staff for suicide prevention (Multnomah, Lane and Deschutes counties).

New: The Oregon Alliance to Prevent Suicide (The Alliance) will organize committees, advisory groups, and workgroups to align with YSIPP 2021-2025.

New: Big River statewide coordinators will make local training data available to local leaders including a "heatmap" of Big River trainers.

New: Rules for SB 563 (2021) will be written through OHA's rulemaking process. The Alliance to Prevent Suicide will assign representation to participate in this process.

OHA hosts a monthly meeting with state agencies to discuss Suicide Prevention initiatives and needs (called SPIP - State Agency Partners - Youth Focused). State agency representatives from Oregon Youth Authority, ODE, Oregon Department of Human Services - Self Sufficiency, Oregon Department of Human Services - Child Welfare.

OHA and The Alliance continue to build connections with youth-serving community based organizations to invite participation in the Alliance and youth suicide prevention trainings and work.

Stipends are provided for youth representatives and people with lived experience that are not paid to attend state advisory committees

Youth representatives (including at least one person that has not yet reached age 18) serve on The Alliance

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

New: OHA will require diverse youth engagement and a meaningful feedback loop in all relevant OHA suicide prevention contracts

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

The Alliance will continue to be staffed at 2.0 FTE.

YYEA receives OHA support for .5 FTE staff.

OHA will continue to provide coordination for the System of Care Advisory Council and the Children's System Advisory Council.

The Alliance staff hosts a quarterly webinar to provide networking support for regional suicide prevention coalitions and other local suicide prevention champions.

The Alliance staff hosts a quarterly learning collaborative for regional suicide prevention coalition leaders.

Statewide resources, educational opportunities, and programming options are shared to the regional suicide prevention coalition leaders.

American Foundation for Suicide Prevention (AFSP) and Suicide Prevention Resource Center (SPRC) national safe messaging projects are promoted on OHA's Suicide Prevention listserv and The Alliance listserv

New: OHA will maintain a statewide calendar of press releases and media events for various populations of focus

Oregon AFSP will continue social media campaigns to promote wellness and bolster protective factors.

Oregon Sources of Strength will continue to promote positive culture change in Oregon schools K-12 and post-secondary and will continue to grow program reach to other youth-serving spaces.

Youth Suicide Prevention listserv messages are sent by OHA regularly with trainings, resources, conferences, and announcements pertinent to youth suicide prevention statewide.

Safe + Strong Website will continue to be a reliable place to find Oregon resources and supports.

Oregon Suicide Prevention Website will continue to develop as a place to find current information about Oregon suicide prevention work for behavioral health providers, schools, and community members.

Alliance to Prevent Suicide Website will continue to make information available regarding Alliance activities, legislative work, opportunities for community members to be involved, and resources.

New: OHA Public Health Division and Health Systems Division websites will be accurate and offer updated information.

Oregon Suicide Prevention Conference will be held annually in diverse areas of Oregon and be led by a collaborative and representative advisory group.

New: OHA issues a press release related to suicide prevention quarterly.

Within the OHA Recovery Report suicide prevention work is highlighted at least quarterly.

Annual YSIPP report is published and disseminated widely by March.

The Alliance will schedule presentations with key lawmakers prior to each legislative session.

Sources of Strength programming available statewide for all students Grade 3 to postsecondary. YouthERA, Youthline, and Oregon Family Support Network (OFSN) are available and advertised widely. Statewide partners in building positive youth connections are identified and receive communication from OHA suicide prevention coordinators and the Alliance including Oregon After School & Summer Kids Network, ODHS, Oregon Foster Youth Connection, and Oregon Alliance for Safe Kids, Healthy Families, and Strong Communities.

Sources of Strength Elementary (grades 3-5) suicide prevention programming is available statewide.
New: Explore possibilities for K-2 suicide prevention programming

Sources of Strength makes Adult Advisor training available widely for youth-connected adults in areas with Sources programming.
Mental Health First Aid has a version created for youth-serving adults and training for trainers in youth curriculum is widely available.

The K-12 school sector based resource called the "Suicide Prevention, Intervention, Postvention: Step By Step" will be available at no cost. This resource outlines recommendations for appropriate level of training and retraining recommendations.

New: All OHA-funded school based mental health providers will receive recommendations and tracking tools for retraining for appropriate level of suicide prevention, intervention and postvention training.

New: HB 2315 Rulemaking process will include recommendations from OHA defining continuing education opportunities that are applicable and relevant to meet the suicide prevention training requirement for relicensure.

OHA will support Big River Programming by providing low or no cost access to Train-the-Trainer events, statewide coordination, evaluation support, and limited course support for the following programs:

Basic suicide prevention training options are available statewide and include Question, Persuade, Refer (QPR), Youth Mental Health First Aid, and Adult Mental Health First Aid.

OHA will support Big River Programming by providing low or no cost access to the following training programs:

Enhanced suicide prevention training options are available statewide for mental health providers including Youth Suicide Assessment in Virtual Environments (YouthSAVE), Collaborative Assessment and Management of Suicidality (CAMS), Cognitive Behavioral Therapy - Suicide Prevention (CBT-SP), and Assessing and Managing Suicide Risk (AMSR).

New: UO and OHA will explore internet-based options for local community members and youth-serving adults to locate and register for suicide prevention trainings.

All Big River statewide coordinators will continue to assess the gaps in availability of culturally and linguistically diverse trainers and trainings and will recruit accordingly and in collaboration with other Big River statewide coordinators.

All OHA Youth Suicide Prevention contracts will require all Contractor's staff to be trained in cultural agility or anti-racism.

Big River statewide coordinators are equipped to assess and evaluate the gaps in the cultural relevance and availability of their program(s). Big River statewide coordinator meetings engage in regular and ongoing assessment of opportunities to increase cultural relevance and availability.

New: The K-12 school based resource called the "Suicide Prevention, Intervention, Postvention: Step By Step" will go through equity/anti-racist revision.

New Strategic Initiative for 21/22: Create a workplan for Lethal Means work that includes safe storage, collaboration between stakeholders, and policy recommendations.

Limited Pilot Project through Association of Oregon Community Mental Health Programs to provide no-cost lock boxes for medication to local mental health authorities.

Limited Pilot Project through Association of Oregon Community Mental Health Programs to provide no-cost secure storage of firearms to local mental health authorities.

Counseling on Access to Lethal Means (CALM) course is available online at no cost.

New: Train-the Trainer event for in-person Counseling on Access to Lethal Means (CALM) course held in Fall 2021 and statewide coordination added.

New: Representatives from OHA's Suicide Prevention team and the Alliance will participate in the rulemaking process for SB 554 (2021).

Crisis Text Line is available 24/7, and data is tracked using code "Oregon"
LifeLine through Lines for Life is available 24/7.

Teen-to-teen text and phone support is available through YouthLine from 4pm-10pm PST

Emotional Support Lines are widely available (David Romprey Warmline, ReachOut Oregon Parent Warmline, COVID19 and wildfire support lines, Behavioral Health Access support lines)

A comprehensive website to identify behavioral health needs, supports, and providers called "Here For You Oregon" to launch in 2021.

New: A federally mandated project to transition the National Suicide Prevention Lifeline number to "9-8-8" will be ready to implement by July 2022.

New: Mobile Response and Support Services (MRSS) system is being developed in Oregon, including a children's specific system.

OHA and the Association of Community Mental Health Programs will support 16 LGBTQ+ suicide prevention projects with mini-grants, evaluation support, and learning collaborative meetings.

OHA will support the development of YouthSAVE for transitional aged youth (ages 18-24).

Oregon Sources of Strength will continue to focus on diversity and equity within its program of positive culture change.

Each of Oregon's nine federally recognized tribes and Native American Rehabilitation Association (NARA) receive suicide prevention programming funding from OHA. Each tribe and NARA submitted a plan for the funding unique to their population.

Adi's Act plans are legislatively mandated for each school district in Oregon. District plans are due in Oct 2021 to ODE.

School Suicide Prevention and Wellness Specialists (also called the Adi's Act support team) provides support to school districts for writing, implementing, and updating Adi's Act plans (5.0 FTE)

School Safety and Prevention Specialists (11.0 FTE) are housed in Educational Service Districts (ESD) and funded by ODE to support ESD's regarding Sect 36 of the Student Success Act, which includes suicide prevention.

New: Annual coordination meetings (starting September 2021) to align communication and coordination for Adi's Act implementation between ESD's, LFL, OHA and ODE.

New: ODE will proceed with rulemaking for SB 52 (2021) to outline protective policies for the LGBTQ2SIA+ population.

New: University of Oregon Suicide Prevention Lab will lead a pilot project for evaluating and monitoring implementation of Adi's Act plan. Advised by ODE, OHA, and representation from Big River coordinators.

New Strategic Initiative for 21/22: Build capacity to monitor implementation of plans for Adi's Act, increase meaningful participation in Adi's Act from school districts, and increase the use of best practices in school districts. Begin by organizing infrastructure and clarifying roles and responsibilities.

Results from the HB 3090 (2017) Resurvey Project of Oregon hospitals regarding Emergency Department policies and behavioral health crises will be published by OHA in Fall 2021. This report will include recommendations to the legislature.

The Alliance will respond to OHA's HB 3090 Resurvey Project report (due Fall 2021) and develop a work plan to monitor next steps.

The Crisis and Transition Services (CATS) program provides short-term, intensive support to children and adolescents who have had a mental health crisis and presented to an emergency department or crisis center. The program serves as a bridge from emergency department discharge to connection to long-term outpatient supports. Current programming level: 12 sites in 11 counties.

New: Identify infrastructure needs for mobile crisis response and stabilization services for statewide access.

New: Caring Contacts billing code activated in Medicaid.

Recommendations for suicide risk assessment and treatment included in the Measure 110 requirements for Addiction Recovery Centers established by this law.

New: ODE and OHA will publish a toolkit for universal suicide risk assessment, screenings, and safety planning.

Behavioral health providers (including Peer Support workforce) in Oregon have access to low or no cost courses in evidence-based treatment of suicidality that address various levels of risk of suicide and teach interventions accordingly.

Oregon Pediatric Society with OHA funding develops and delivers custom behavioral health and suicide prevention trainings for pediatricians and clinics

Enhanced training options in Big River programming menu available statewide - Youth SAVE, Collaborative Assessment and Management of Suicidality (CAMS), Assessing and Managing Suicide Risk (AMSR)

Advanced training options in Big River programming menu available statewide - Cognitive Behavioral Therapy - Suicide Prevention (CBT-SP), Dialectical Behavioral Therapy - Skills and Suicide Prevention modules (DBT)

New: Oregon Pediatric Society will add development of YouthSAVE training modules for those serving young adults (ages 18-24) and for primary care providers.

New: Presentation of universal suicide risk assessment, screening, and safety planning toolkit and case examples will be given at the Oregon Suicide Prevention Conference to equip school-based youth-serving adults.

Emergency Department guide for children and families is available and distributed regularly to hospitals in Oregon.

New Strategic Initiative for 21/22: Increase availability of culturally and linguistically appropriate and relevant approaches to treatment.

New Strategic Initiative for 21/22: Support effective approaches to treatment including suicide prevention training, body work, movement work, sleep therapy, tribal-based practices, and other evidence-informed treatments for reducing suicidality.

OHA will support Connect: Postvention training by providing low or no cost access to Train-the-Trainer events, statewide coordination for local training needs, evaluation support and limited course support.

OHA will support youth-serving entities through the Suicide Rapid Response program through Lines for Life.

Suicide Rapid Response program is accessible and responsive to community needs.

OHA hosts quarterly statewide collaborative meetings with PRL's.

New: Rulemaking for the enrolled HB 3037 (2021) will be led by the OHA Suicide Prevention team and will include the development of a statewide postvention response plan.

New: Vicarious Trauma Pilot Project for PRLs with Trauma Informed Oregon will be completed in Fall 2021 and replicated according to recommended next steps.

New: Psychological Autopsy (PA) project led by OHA will consider ways to increase availability of PA for youth suicide deaths in Oregon.

Essence Suicide Surveillance Report released monthly by OHA and includes emergency department data, urgent care centers data, calls to poison control, and calls to LifeLine.

Death review teams meet (county and state level) to analyze child fatalities, including suicide deaths, and produce system recommendations for prevention opportunities.

The University of Oregon Suicide Prevention Lab is funded to support data and research efforts of OHA's Suicide Prevention team and the priorities named by The Alliance's Executive Committee.

The University of Oregon Suicide Prevention Lab is funded to support evaluation efforts of OHA's Suicide Prevention team and the priorities named by The Alliance's Executive Committee.

New: The University of Oregon Suicide Prevention Lab will create a central database in RedCap for tracking Big River program evaluations.

Limited evaluation is contracted to Portland State University to support Garret Lee Smith grant activities and other pilot projects.

The Alliance will convene a workgroup to name policy recommendations for 2023 legislative session.

OHA's Suicide Prevention team will maintain a list of funding needs related to YSIPP strategic initiatives.

New: OHA's Suicide Prevention team will propose a Policy Options Package to management in February 2022 for consideration to be included in OHA's 2023/2025 budget to address suicide prevention funding needs.

The Alliance will continue focus on equity work, and will continue to make recommendations to OHA.

New Strategic Initiative for 21/22: Promote programming, partnerships, and funding for historically underserved communities and higher risk populations (e.g. people who are transgender, rural, Latinx, tribal, LGBTQ2SIA+, young adults, people with schizophrenia, people with substance use disorders, people with depression, people who identify as male, etc)

Trauma Informed Oregon will continue to be available for consultation and special projects related to suicide prevention.

See "Voice of Lived Experience" initiatives beginning in Line 14.

Row 33	THERE COULD BE ONE HERE RE: ODE's work on promoting wellness??
Row 44	I think quarterly is too often. Twice a year or as needed by current events :
Row 56	not sure about this. tryna gather collective impact here, but this might be t
Row 57	ODE supportive programming and initiatives?
Row 74	Or will this be the Alliance?
Row 144	http://www.aocmhp.org/connect/
Sheet	@jill.baker@dhsosha.state.or.us I can't get this done right now, but I want to

Jill Baker	09/02/21 1:57 PM
Shanda Hochstetler	09/02/21 12:21 PM
Shanda Hochstetler	09/02/21 12:29 PM
Jill Baker	09/02/21 1:56 PM
Shanda Hochstetler	09/02/21 12:37 PM
Jill Baker	06/03/21 11:23 AM
Shanda Hochstetler	09/02/21 1:13 PM

YSIPP 2.0 | Project Management Process

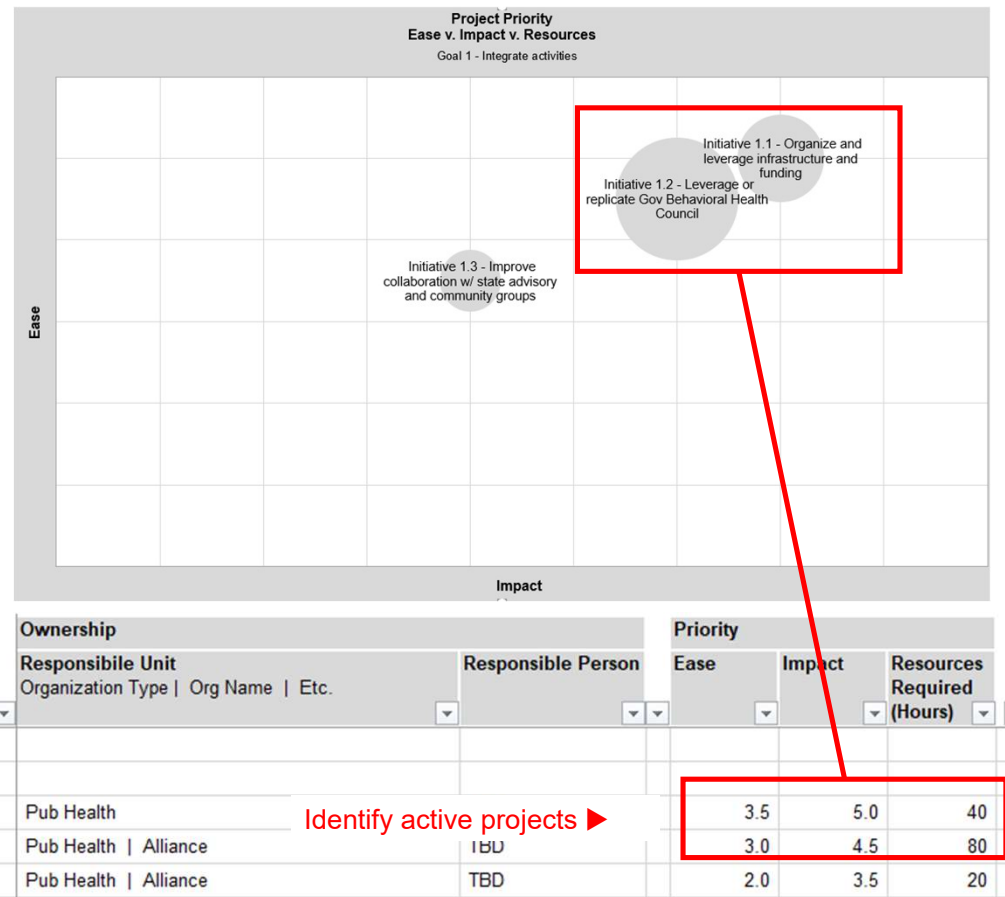
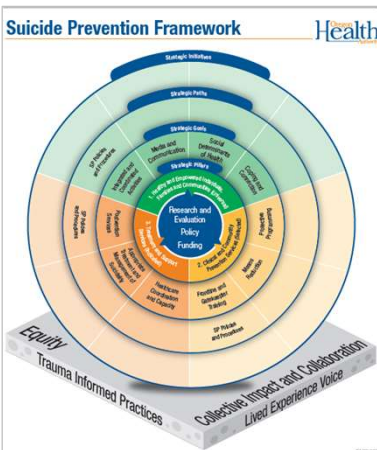
Prioritize Initiatives

Delegate and Clarify Responsibility

Plan and Execute Projects

Monitor and Revise Projects

YSIPP 2.0 | Prioritize Initiatives



YSIPP 2.0 | Delegate and Clarify Responsibility

	Ownership	
	Responsible Unit Organization Type Org Name Etc.	Responsible Person
Pillar 1 - Healthy and empowered families		
Goal 1 - Integrate activities		
Initiative 1.1 - Organize and leverage infrastructure and funding	Pub Health	TBD
Initiative 1.2 - Leverage or replicate Gov Behavioral Health Council	Pub Health Alliance	TBD
Initiative 1.3 - Improve collaboration w/ state advisory and community groups	Pub Health Alliance	TBD

	Ownership	
	Responsible Unit Organization Type Org Name Etc.	Responsible Person
Pillar 1 - Healthy and empowered families		
Goal 1 - Integrate activities		
Initiative 1.1 - Organize and leverage infrastructure and funding	Pub Health OHA Coordinator	Baker, Jill
Initiative 1.2 - Leverage or replicate Gov Behavioral Health Council	Pub Health Alliance Staff	Marcus, Annette
Initiative 1.3 - Improve collaboration w/ state advisory and community groups	Pub Health Alliance Exec Comm	Staub, Lon

◀ Clarify person-level ownership

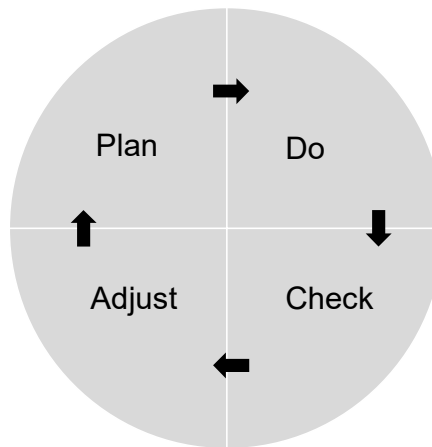
YSIPP 2.0 | Plan and Execute Projects

	Ownership			Project Management		
	Responsible Unit		Responsible Person	Due Date	Completion Status	Project ID and Link
	Organization Type	Org Name Etc.				
Goal 1 - Integrate activities						
Initiative 1.1 - Organize and leverage infrastructure and funding	Pub Health	OHA Coordinator	Baker, Jill	TBD	N/A	Initiative 1.1 project plan
Initiative 1.2 - Leverage or replicate Gov Behavioral Health Council	Pub Health	Alliance Staff	Marcus, Annette	TBD	N/A	Initiative 1.2 project plan
Initiative 1.3 - Improve collaboration w/ state advisory and community groups	Pub Health	Alliance Exec Comm	Staub, Lon	TBD	N/A	Initiative 1.3 project plan

▲
Utilize project
plan template
to ensure an
effective
project

YSIPP 2.0 | Plan and Execute Projects

- Develop a common understanding of:
 - Why the problem or opportunity is important
 - Who is primarily accountable and responsible
 - What are the differences between the current and future states, and the root-cause for those gaps



- Revise the plan, as necessary

▲
Project
management
process must
address all
components

- Act on a plan that addresses:
 - How and when the gaps between the current and future states can be eliminated
 - How success might be known or measured
- Check periodically to determine:
 - Whether the plan is being executed and is properly resourced
 - Whether the plan is still relevant and appropriate, given changes in circumstances

YSIPP 2.0 | Plan and Execute Projects

Plan ▼

Do ▼

Project Plan – Template

Why

Define problem or project and why it is important • Support relevance by link to strategy • Estimate ease / impact [HELP](#)

Who

Assign responsible project leader and project team roles [HELP](#)

[R]esponsible:

[A]ccountable:

[S]upport:

[C]onsult:

[I]nform:

What

Define current and future state and identify current-state gaps • Evaluate root-cause of gaps [HELP](#) • Reconsider ease / impact [HELP](#)

How / When

Develop action plan to address current-state gaps • Assign action steps to project team with agreed-upon due dates • Consider and measure SMART targets.

Task (and Owner)

Date

Description [HELP](#)

Target

YSIPP 2.0 | Monitor and Revise Projects (“Check” and “Adjust”)

	Ownership		Project Management		
	Responsible Unit Organization Type Org Name Etc.	Responsible Person	Due Date	Completion Status	Project ID and Link
Goal 1 - Integrate activities					
Initiative 1.1 - Organize and leverage infrastructure and funding	Pub Health OHA Coordinator	Baker, Jill	TBD	N/A	Initiative 1.1 project plan
Initiative 1.2 - Leverage or replicate Gov Behavioral Health Council	Pub Health Alliance Staff	Marcus, Annette	TBD	N/A	Initiative 1.2 project plan
Initiative 1.3 - Improve collaboration w/ state advisory and community groups	Pub Health Alliance Exec Comm	Staub, Lon	TBD	N/A	Initiative 1.3 project plan

The screenshot shows a project management interface with a 'Check / Adjust' button highlighted in red. The interface includes sections for 'Why', 'What', and 'How', with various input fields and checkboxes. A red box highlights the 'Check / Adjust' button, and a red arrow points from the 'Completion Status' column of the table above to this button.

◀ Check / Adjust

	Ownership		Project Management		
	Responsible Unit Organization Type Org Name Etc.	Responsible Person	Due Date	Completion Status	Project ID and Link
Goal 1 - Integrate activities					
Initiative 1.1 - Organize and leverage infrastructure and funding	Pub Health OHA Coordinator	Baker, Jill	6/30/2022	5%	Initiative 1.1 project plan
Initiative 1.2 - Leverage or replicate Gov Behavioral Health Council	Pub Health Alliance Staff	Marcus, Annette	4/30/2022	20%	Initiative 1.2 project plan
Initiative 1.3 - Improve collaboration w/ state advisory and community groups	Pub Health Alliance Exec Comm	Staub, Lon	6/30/2022	10%	Initiative 1.3 project plan



August 30, 2021

Jim Green, Executive Director
Oregon School Board Association
1201 Court St NE, Ste 400, Salem, OR 97301

Dear Jim Green and Members of the School Board Association:

We are concerned that the recent decision of the Newberg School Board to ban visible support, such as Pride flags and Black Live Matter messages, for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) and Black and Brown youth will contribute to negative health outcomes, including suicide. As members of the Oregon Alliance to Prevent Suicide we are working towards this vision: *In Oregon all young people have hope, feel safe asking for help, can find access to the right help at the right time to prevent suicide, and live in communities that foster healing, connection, and wellness.* The Alliance is the statewide youth suicide prevention advisory to the Oregon Health Authority. Our members include suicide loss and attempt survivors, families and youth, regional coalitions, and a broad range of leaders and subject matter experts.

We recognize that school board members have a complex leadership role in setting the tone for the experiences of both students and teachers in their district. In this time of pandemic and political division, creating a sense of safety, hope and connection for all students is more important than ever. The policy decisions and the tone school boards set at meetings and in public discourse are important to the whole community.

We are asking you, as the Oregon School Board Association, to support the implementation of the African American/Black Student Success Plan (HB 2016, 2015), Student Success Act (HB 3427, 2019), Adi's Act (SB 52, 2019), and the LGBTQ2SIA+ Student Success Plan (SB 52, 2021) and to work with your school board to help them understand why Pride flags and Black Lives Matter flags are not political presentations; rather, they communicate to students that they belong, are safe, and that there are adults who will support them.

Ongoing research demonstrates that rejecting behaviors from significant adults in young people's lives increase risk for suicideⁱ, and that affirming and supporting the lives of our most marginalized and vulnerable populations increase protective factors - not just for that population, but for everyone within a community. The Newberg decision affects all of the youth, families, faculty, and staff in the district, and is deeply felt across the state. This decision is also in clear violation of several legislated public school guidelines.

According to the Oregon Safe Schools and Communities 2020 report, 50% of Oregon eighth grade students who are lesbian, gay, or bisexual, have considered suicide, with 27% making a suicide attempt (State of Safe Schools, 2020). Nationally, we are also seeing a rise in suicidality among Black youth, with a 72% increase in suicide attempts among Black youth from 1991 to 2017, and even more elevated risk for Black boys between the ages of 5 and 11 (Zara Abrams, Sounding the Alarm on Black Youth Suicide, APA 2020).



For Black and LGBTQ+ students, as well as those carrying two or more of these identities, and exposure to violence and discrimination, directly contributes to suicide risk. Black and LGBTQ+ students often have their lives politicized. Research has shown that banning items (such as Pride flags or Black Lives Matter signs) that affirm the lives of these students will increase the risk of both internalized distress and victimization. Lack of representation and acceptance has been found to cause a number of health disparities, including suicidality. Based on decades long research on acceptance among LGBT youth, Ryan et al. (2014)ⁱⁱ, identified and measured common behaviors that are not thought of as rejection, such as *not talking about or discouraging an adolescent from talking about their LGBT identity or denying and minimizing an adolescent's LGBT identity*. As such, these reactions are often experienced as rejection by LGBT adolescents, contributing to a host of physical and mental health issues, including depression, illegal drug use, and suicide.

Please know that you are not alone in your work. We are here to serve as a resource for you when having these difficult conversations. For example, national expert Dr. Caitlin Ryan partnered with Oregon Family Support Network to develop a website specifically for parents and families of LGBTQ+ youth. ([Oregon LGBTQ Resources OFSN](#)) The website has a rich array of resources, including downloadable posters highlighting specific accepting and rejecting behaviors. These are intended to facilitate conversation and educate. Another key resource is the **Racial Equity Support Line**

503-575-3764 is a service of Lines for Life, led and staffed by people with lived experience of racism. A useful list of resources may be found here: [United Way Racial Equity Resources](#)

We can help connect you to other subject matter experts and organizations that are committed to the health, wellbeing, and equity of services for all students, and join your efforts as educators, facilitators, and concerned community members. Please feel free to reach out to us by contacting the Alliance policy manager, Annette Marcus, at amarcus@aocmhp.org.

With hope,

A handwritten signature in black ink, appearing to read "Galli Murray", with a long, sweeping horizontal line extending to the right.

Galli Murray, Chairperson, Oregon Alliance to Prevent Suicide

Cc: Spencer Lewis

ⁱ RESEARCH BRIEF: Anti-LGBTQ Discrimination Inflicts Disproportionate Harm on People of Color, National Center for Lesbian Rights, June 2021. https://www.thetaskforce.org/wp-content/uploads/2021/06/LGBTQ_Discrimination_PR.pdf

ⁱⁱ C Ryan - Temp. Pol. & Civ. Rts. L. Rev., 2013