

Orientation to the Oregon Alliance to Prevent Suicide

HOPE, HELP AND HEALING





Vision

In Oregon all young people have hope, feel safe asking for help, can find access to the right help at the right time to prevent suicide, and live in communities that foster healing, connection, and wellness.

Mission

The Alliance advocates and works to inform and strengthen Oregon's suicide prevention, intervention and postvention policies, services and supports to prevent youth and young adults from dying by suicide.

Let's Take Good Care of Each Other and Ourselves

- ▶ Let us know with a private chat if you're having a tough time and need someone to talk with. USE THE CHAT
- ▶ Take a break when you need to – get up and stretch, get yourself a cup of tea or a bite to eat. Please mute yourself unless you have a comment.
- ▶ Draw, doodles, take notes or pat your cat or dog during the meeting

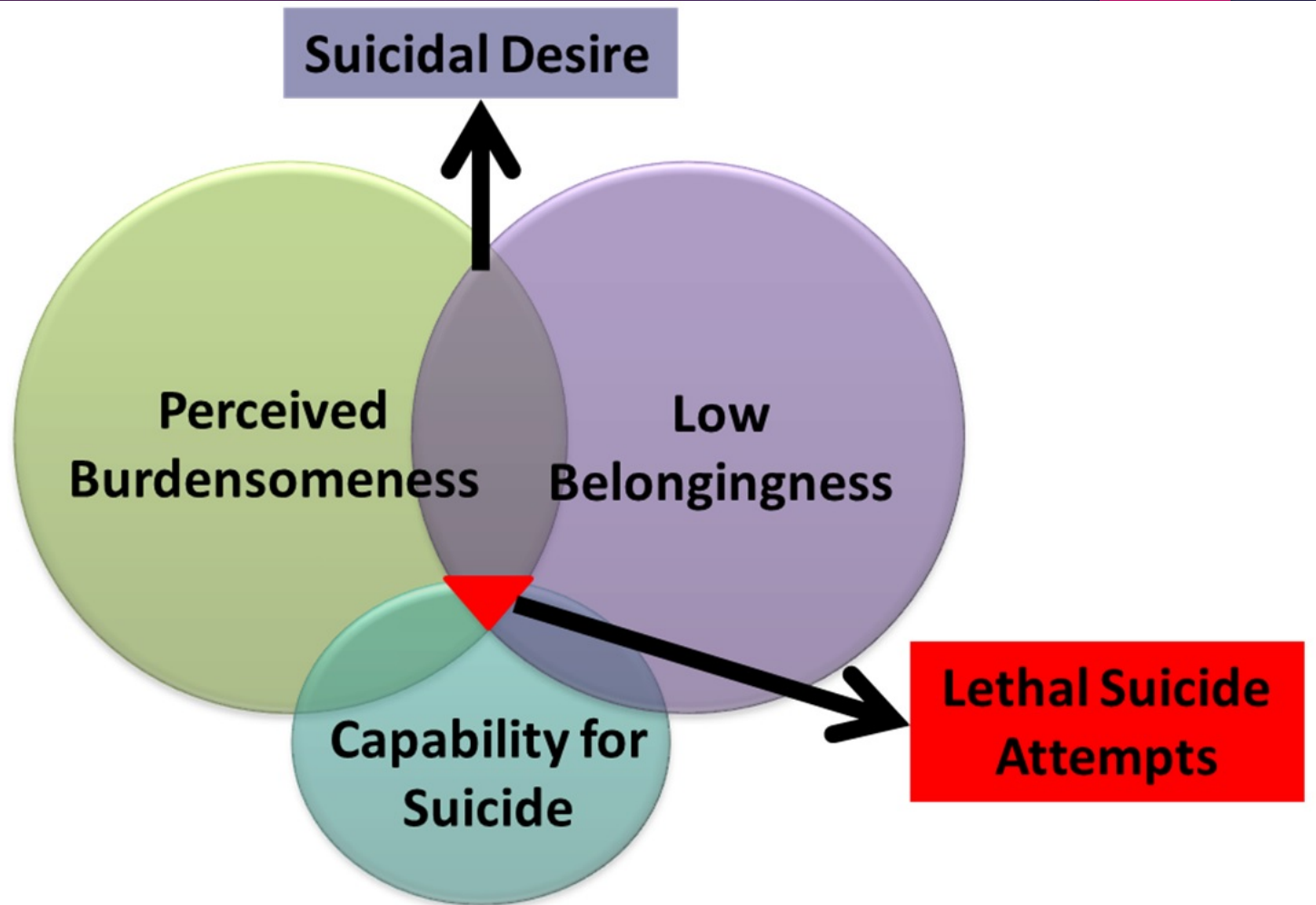




- ▶ Established to advise OHA on statewide integration and coordination of youth/young adult suicide prevention, intervention and postvention activities.
- ▶ Members are appointed by OHA director. Our Members and Friends: Young People, Loss Survivors, Attempt Survivors, Families, State Agencies, Subject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

Interpersonal Psychological Theory of Suicide

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



Alliance Focus: Youth Suicide Intervention and Prevention Plan

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

FRAMING MESSAGES

HOPE

Promote a sense of **hope** and highlight resilience.

HELP

Make it safe to ask for **help** and ensuring that the right **help** is available at the right time.

HEALING

Work with individuals and communities in the **healing** process after an attempt or suicide

TRANSFORMATION

Alliance Structure and Committees:

Standing Committees

- ▶ Executive
- ▶ Workforce Development
- ▶ Transitions of Care
- ▶ Schools
- ▶ Data and Evaluation

Note: Each Committee Has Specific Policy Priorities

Key Advisory and Work Groups

- ▶ LGBTQ+ Advisory
- ▶ Youth and Young Adult Engagement
- ▶ Coalition Network Leaders
- ▶ Lethal Means Access
- ▶ Lived Experience
- ▶ University of Oregon Suicide Prevention Lab - Community Academic Partnership with the Alliance

A Few Key People

Just a Few Members

- ▶ Chair, Galli Murray – Suicide Prevention Coordinator, Clackamas County
- ▶ Vice- Chair, Ryan Price –American Foundation to Prevent Suicide
- ▶ Youth Members – Maya Bryant, Karli Lea Reed
- ▶ OHA Youth Suicide Prevention Coordinators – Jill Baker, Shanda Hochstetler

Staff

- ▶ Annette Marcus - Policy Manager/Coordinator
- ▶ Jennifer Fraga - Youth and Young Adults, Communication,
- ▶ Kris Bifulco – Postvention (Connect)

How to get involved with the Alliance

1

Attend quarterly meetings and sign up for the Alliance listserv

2

Volunteer for one of the committees or workgroups

3

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

**Alliance Quarterly Meeting
June 11, 2021
Meeting: 9:30 AM – 12:30 PM**

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

Join over Zoom at

<https://www.zoomgov.com/j/16035482928?pwd=Wmp3ZnB1ellaYVRwMzc vMkjiUkJBUT09>

Or call-in at 669.254.5252 Code 16035482928# *143112#

Minutes

- | | |
|-------------|--|
| 8:45 – 9:15 | Orientation
Annette Marcus, Alliance Suicide Prevention Policy Manager |
| 9:30 – 9:45 | Welcome, Introductions and Agenda Overview
Galli Murray, Chair of the Alliance, Suicide Prevention Coordinator for Clackamas County
Ryan Price, Co-Chair of the Alliance, AFSP Area Director for Oregon and Idaho |

Galli called the meeting to order and welcomed attendees. She requested everyone use the chat feature to sign-in. Before going over the big view, review and preview, Anna Bledsoe read the vision. Galli read the mission.

Big View, Review, and Preview – Over the last year we've focused on updating the YSIPP and planning for the next five years. The Alliance has participated in various ways to contribute to the update and today we will wrap up our group input through a small group breakout session. Before our breakout session Jill will review the 2020 YSIPP report and, with Annette, frame today's activity. Other items on the agenda include a legislative update, a celebration for the recipient of the Sources of Strength award and information about the Suicide Prevention Summit scheduled for this summer. Because we won't be reconvening after the breakout session, Galli invited public comment throughout the morning instead at the end of our meeting. Attendees broke into small groups for a brief meet and greet.

Vote: Galli asked if there were questions or discussion about the March quarterly meeting minutes. There were none. She called for a motion to approve the minutes. Justin Potts motioned to approve March 2021 quarterly meeting minutes; Don Erickson, seconded. Call called for a vote to approve: there was no discussion; motion passed with no nays and one abstention.

9:45 - 9:55

Legislative Update

Annette Marcus, Alliance Suicide Prevention Policy Manager

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

- **HB2315 – Continuing Education for Behavioral Health Workforce**
This was a major success for the Alliance this session. Annette thanked Don Erickson and Julie Schultz for their work on the bill and thanked the Workforce Development Committee members, youth/young adults who provided testimony and Alliance members who contributed to the effort. This was a big job and all who helped made it possible. Annette invited Don and Julie to comment.

Don – the collaboration on this effort was the best he's seen. He recognized Rep. Salinas as a strong champion both for the bill and suicide prevention. The highlight at the hearings was the testimony from people with lived experience – they put the bill over the top. Thanks to all who helped get it passed.

Julie – thanked Don and Annette for their work, a strong effort on both their parts. She echoed what Don said: the testimony from Alliance member, Workforce committee members and youth touched the hearts of legislator. Interestingly, many of the legislators had personal stories about how their lives had been marked by suicide. Julie thanked Annette for her leadership, working with stakeholders and legislative staff, creative/innovative problem solving and collaborative approach.

- HB 3139 – Parental Notification regarding suicide. Annette acknowledged Roxanne Wilson’s work on this bill and noted the Alliance position was neutral on this bill. Roxanne will be invited to share information and discuss the bill at a future meeting.
- HB3037 – Medical Examiners Reporting of Suicides: 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.
- SB682 – Establishes Adult Suicide Intervention and Prevention Coordinator within OHA. Currently OHA is developing an Adult Suicide Intervention and Prevention Plan (ASIPP); Alliance has participated in the information gathering process and supported development of ASIPP.
- HB2381– YSIPP Age Change: Modifies laws relating to youth suicide intervention and prevention to include children under 10 years of age.
- SB52 - LGBTQ2SIA Advisory for ODE and School Success Plan. The plan addresses 1) the need for professional development among Oregon educators, 2) equitable access to appropriate educational curriculum, facilities and activities 3) necessary data collection through an annual climate survey and student advisory group to inform future decision making regarding this student population.

Other major legislation relevant to suicide prevention:

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

Annette noted this is the third legislative session the Alliance has worked to pass suicide prevention legislation like HB2315.

9:55 – 10:05 **Sources of Strength Celebration**
Liz Thorne, Matchstick Consulting

Liz shared the Sources of Strength awards honored 15 students across Oregon for their work to create belonging and connection in their schools and communities. Maya Bryant, a member of the Alliance Executive Committee, is one of the honored students. Liz congratulated her and remarked that she is a student, an athlete, an advocate, and natural leader.

Annette added that working with Maya has been an extraordinary experience and we're lucky to have her as active member. In addition to the Executive Committee, Maya is joining the Alliance Schools Committee. Annette shared her appreciation for Maya and all the youth and young adults for their contributions to our efforts.

This is the link to a video honoring the awardees:
<https://www.youtube.com/watch?v=hieM-fwX1sQ>

10:05 – 10:20 **YYEA Update**
Nikobi Petronelli, YYEA Youth Engagement Specialist
Maya Bryant, YYEA Representative on Executive Committee

Nikobi thanked Maya for her thoughtful, kind leadership – she does it all! Our team wouldn't be the same without her. Nikobi also recognized Olivia Nilsson and Karli Read for their work with their Alliance and their leadership. Karli and Olivia were unable to attend today.

Nikobi had an opportunity to meet with Gov. Brown and at that meeting read a letter from Olivia. She also shared information about other YYEA activities including the Oregon Youth Advocates Mentoring Program, their work to increase youth leadership, participation in the Alliance, and ways they are working to address equity and anti-racism practices.

10:20 – 10:25 **Suicide Prevention Summit**

Lukas M. Soto, Consulting

This year's theme - Seeking Healing During COVID-19 for the Black and Native American Communities - promotes an understanding of the experiences, needs, and wisdom of Black and Indigenous people in relation to suicide prevention, intervention, and postvention. The virtual event is scheduled for July 13 & 14, 2021. For more information: <https://www.twelve6.org/>

There will be a pre-summit screening of the documentary, "The S Word". Director Lisa Klein will lead a discussion following the screening.

Affinity Networking Spaces will be available throughout the day. Topics include Indigenous Youth and Young Adults; Black Youth and Young Adults; LGBTQIA; Recovery; and White Allies (sponsored by the Alliance).

Registration is free. They are seeking sponsors to help pay for speakers.

10:25 – 10:30 **BREAK**

10:30 – 11:10 **YSIPP 2020 Report Review and YSIPP 2.0 Update**
Jill Baker, OHA, Youth Suicide Prevention Coordinator

YSIPP 2020 Annual [Report](#)

Before reviewing key highlights of the 2020 YSIPP report, Jill provided a recap of the data presentation by Public Health at the March 2021 Alliance quarterly meeting:

- For youth suicide, Oregon's 2019 suicide rate decreased from the previous year (first time since 2015)
- Based on preliminary data, OHA anticipates an additional decrease in youth suicide rate for 2020 (will be first two-year decrease since 2008-2010)
- So far in 2021 (preliminary) numbers are similar to 2020.

- The full data presentation is included in the meeting materials on the Alliance website for the March 2021 meeting.
<https://oregonalliancetopreventsuicide.org/about-us/quarterly-meetings/>

Jill reminded attendees that it is important to balance urgency with celebrating the success of moving in the right direction.

Jill reviewed the 2020 milestones and accomplishments. Highlights include:

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

For a month-to-month timeline, see

<https://oregonalliancetopreventsuicide.org/about-us/quarterly-meetings/>

YSIPP 2.0 Update

Jill thanked Alliance members for their support and work on the next 5-year plan. For legislative purposes, the next YSIPP will cover 2021 – 2025. Our plan will be a living document. Each year we will update our priorities in order to be responsive and timely in our efforts to prevent suicide in Oregon. The work here is not my own – it is the heroic work done by the YSIPP 2.0 team. Jill thanked Mark Hammond, Kaliq Fulton-Mathis, Joanna Wright, John Seely, Annette Marcus, Jenn Fraga and Lon Staub for their work on the team. I also want to acknowledge all of the UO lab members who are supporting this work and saving lives.

Before breaking into small groups, Jill reviewed the YSIPP framework and briefly walked through the key points below. She reminded that the goals and pathways, as well as the specific initiatives are the result of a year+ of stakeholder feedback. 100's of voices weighed in through surveys, focus groups, focused interviews, reviews of other state plans, committee meetings, and a review of other Oregon improvement plans.

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.

Strategic Pillars

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

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

What we know will be included in YSIPP 2.0:

Sustained Initiatives – OHA contracted work that is in progress – the goal is to sustain and improve/be more efficient with what's in place. The Alliance role with these will be to monitor through updates from OHA and advise. Examples of the contracted work in place are: Big River programming, Oregon Pediatric Society, UO suicide prevention lab, Alliance staffing,

Lines for Life/crisis line, Adi's Act support team, Oregon Dept. of Education/school safety specialist and time limited/ pilot projects. These contracts are already written, evaluation is actively happening, and therefore we will not need more feedback here at this time.

Legislatively Mandated work – 2021 Session

HB 2315 (continuing education for BH workforce), HB 3707 (medical examiners reporting of death by suicide), SB563 (modifies laws relating to youth suicide intervention and prevention to include children 5 – 10 years of age), and maybe others by the end of the legislative session.

Follow Up and Enhancing Previous Legislation

HB3090 (2017) -Requires hospital to apply discharge policy for release of patients admitted to hospital for mental health treatment to release of patients from emergency department following treatment for behavioral health crisis.

SB52 – Adi's Act (2019): Directs Department of Education to develop and implement statewide education plan for students who identify as lesbian, gay, bisexual, transgender, queer, two-spirit, intersex, asexual, nonbinary or another minority gender identity or gender orientation.

To prepare for the breakout session and frame what the small groups would focus on today, Jill:

- Briefly recapped “what we know will continue”
- Reminded that the strategic pillars and goals won't change over the next five years
- Initiatives will be achieved, change and reviewed/chosen annually; there will be opportunity in the future to provide feedback on these activities.
- Initiatives will have an evaluation process to inform “how things are going” and decisions about what to stop, start or continue each year. The plan, do, study, act process will keep us moving forward and measuring success.

Today's task is to review feedback/input on new initiatives and prioritize initiatives that are not currently receiving any/enough focused attention or that need funds in the next year. We need to narrow down the list of proposed initiatives and be realistic about what we can achieve in the coming year.

11:15 – 12:30: Small Group Discussion: YSIPP 2.0 Themes

Annette reviewed the group process: each group will review/discuss a list of project suggestions and possible initiatives. The lists were gleaned from 100's of pieces of feedback from focus groups, surveys, committee meetings, State plans and advisory groups, focused interviews and a review of other state plans. Group members will discuss and prioritize their top 3 initiatives/areas of focus. Facilitators will present the results to Jill and provide notes to OHA. Annette reminded that we will not reconvene as a large group to give them the maximum amount of time to complete the prioritizing process.

11:15 Adjourn

Galli adjourned the full meeting and attendees joined their assigned breakout session.

June Quarterly Attendance

Orientation

1. Aliza Tuttle
2. Anna Bledsoe
3. Annette Marcus
4. Jake Dilla
5. Jenn Fraga
6. Katie Stubblefield
7. Taylor Chambers
8. Shanda Hochstetler
9. Shane Roberts
10. Steven Ware

Meeting

1. Aliza Tuttle
2. Amber Ziring
3. Anna Bledsoe
4. Annette Marcus
5. Benny
6. Bill Michielsen
7. Claire Kille
8. Crystal Larson
9. Daniell Zeigler
10. David Westbrook
11. DeAnna Negrete
12. Debra Darmata
13. Don Erickson
14. Donna-Marie
15. Emily Watson
16. Galli Murray
17. Gordon Clay
18. Jake Dilla
19. Jenn Fraga
20. Jenna Oh
21. Jill Baker
22. Joanna Wright
23. Jonathan Hankins
24. John Seeley
25. Joseph Stepanenko
26. Julie Scholz
27. Justin Potts
28. Justin Thomas
29. Kara Boulahanis
30. Karen Cellarius
31. Katie Stubblefield
32. Kennedy Kaas
33. Kirk Wolfe
34. Kris Bifulco
35. Krya Ortega-Schwartz
36. Laura Rose Misaras
37. Lev Schneidman
38. Linda Hockman
39. Liz Thorne
40. Lon Staub
41. Lukas S
42. Mandy Kubisch
43. Maria Gdontakis Pos
44. Mary Massey
45. Maya Bryant
46. Meghan Crane
47. Michelle Bangen
48. Mila Rodriguez-Adair
49. Miranda Sitney
50. Nikobi Petronelli
51. Pam Pearce
52. Rebecca Marshall
53. Roxanne Wilson
54. Ryan price

55.Scott Vu
56.Shane Roberts
57.Shannon Biteng
58.Spencer Delbridge
59.Stephanie Willard
60.Suzie Stadelman

61.Taylor Chambers
62.Roger Brubaker
63.Shanda Hochstetler
64.Sunshine Mason
65.Wren Fulner
66.Youth Save





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

Alliance Quarterly Meeting

SEPT. 10, 2021



Vision

In Oregon all young people have hope, feel safe asking for help, can find access to the right help at the right time to prevent suicide, and live in communities that foster healing, connection, and wellness.

Mission

The Alliance advocates and works to inform and strengthen Oregon's suicide prevention, intervention and postvention policies, services and supports to prevent youth and young adults from dying by suicide.

Let's Take Good Care of Each Other and Ourselves

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- ▶ Take a break when you need to – get up and stretch, get yourself a cup of tea or a bite to eat. Please mute yourself unless you have a comment.
- ▶ Draw, doodles, take notes or pat your cat or dog during the meeting



Welcome: Agenda

9:30 – 10:00

- ▶ Big View, Preview, Review
- ▶ June Minutes Approval
- ▶ Small Group Networking
- ▶ Alliance Update
- ▶ Youth and Young Adult Update

10:00 – 10:30

YSIPP 21-25 Update- Jill Baker, OHA

10:30 – 12:30

Equity and Liberatory Practice: Meaning Making Session, Uprise Collective

Vote: Minutes June 2021 Meeting



Appointed members
indicate yes, no, abstain in
chat



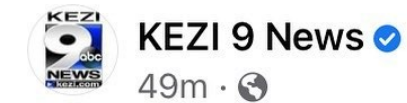
If on phone, Galli will ask
for your verbal vote

Small Group Meet and Greet – Getting to Know You!

- ▶ Name, Role or Agency
- ▶ Discuss one real opportunity we have for connecting and building new relationships to prevent suicide in the community.

Alliance Update: More to Follow!

- ▶ Coordinate with coalitions for Suicide Prevention Month
- ▶ Alliance Policy Guide – Resource and Background
- ▶ Letter to Oregon School Board Association – LGBTQ+ Advisory
- ▶ 988 Planning Groups
- ▶ Adult Suicide Intervention and Prevention Plan
- ▶ Suicide Prevention Summit: Seeking Healing During COVID-19 for the Black and Native American Communities
- ▶ Rules Advisory Committees



On Thursday evening, members of the Prevention Coalition of Lane County "Hope" to show community members



KEZI.COM
Suicide prevention advocates rally in Eugene



Youth and Young Adult Engagement Advisory Update



YSIPP 2020 Update and YSIPP 2021-25 Next Steps

JILL BAKER - OHA



Meaning Making Session

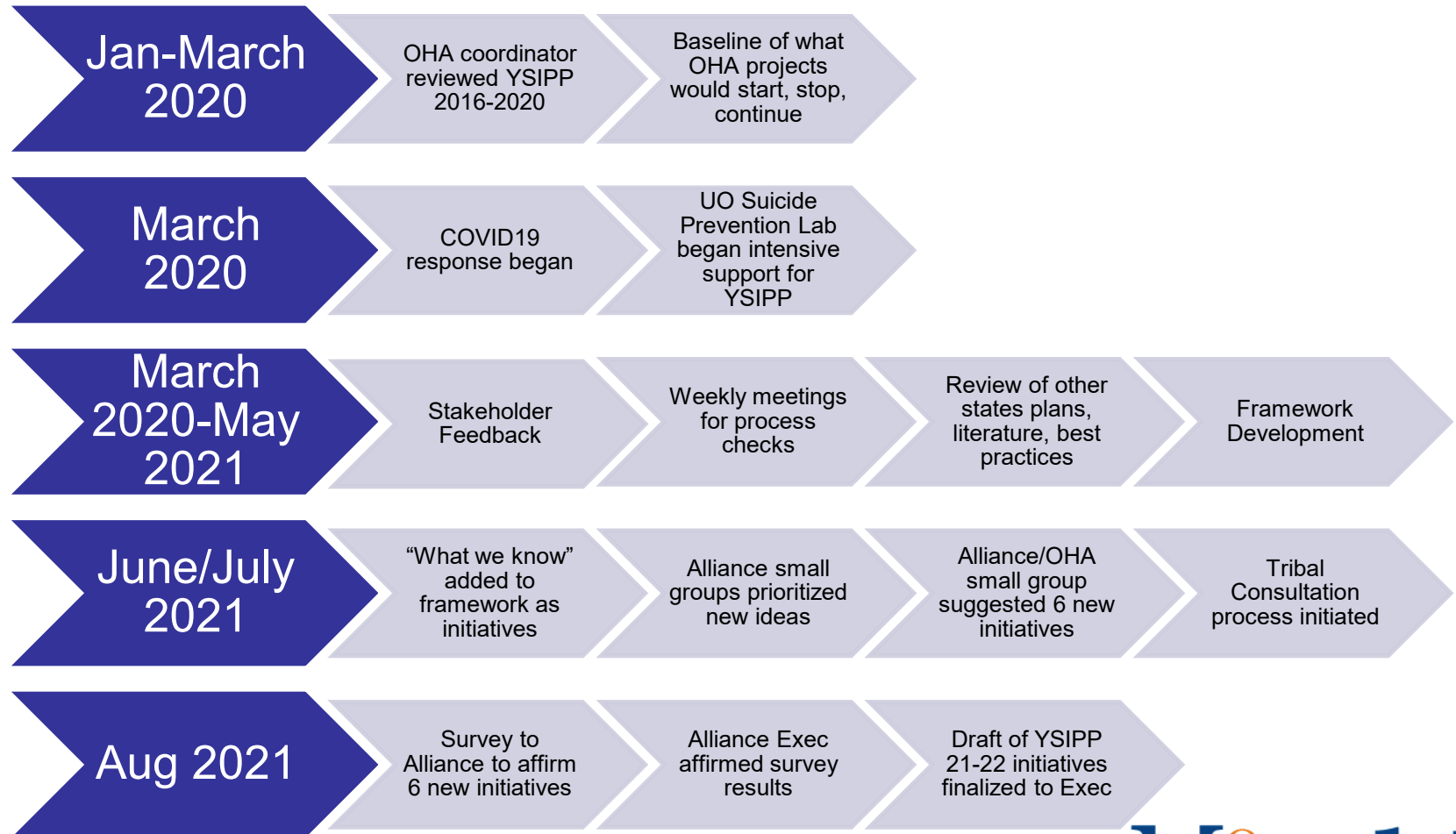
Youth Suicide Intervention and Prevention Plan 21-22

Presented to
Alliance to Prevent Suicide
Sept 10, 2021

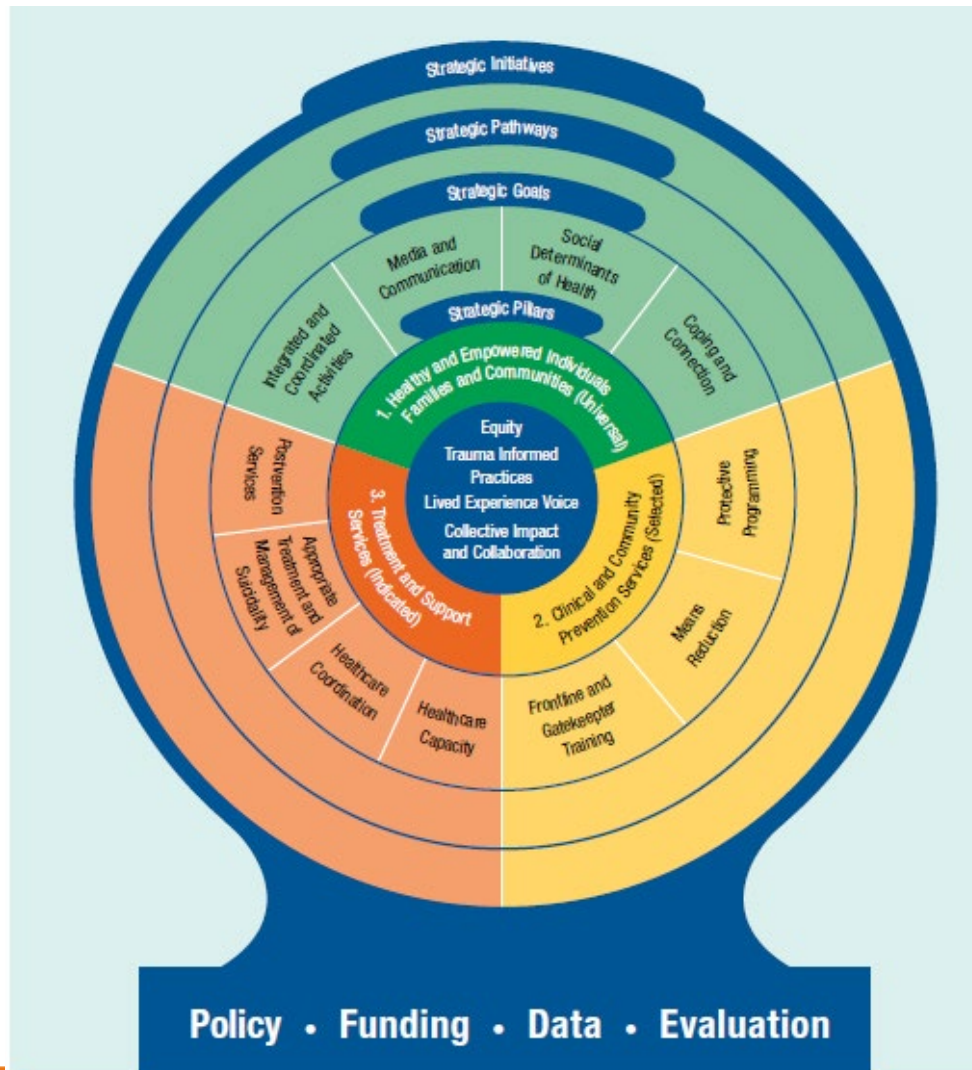
Jill Baker, OHA Youth Suicide Prevention Policy
Coordinator jill.baker@dhsoha.state.or.us



YSIPP 21-25 Development Process:

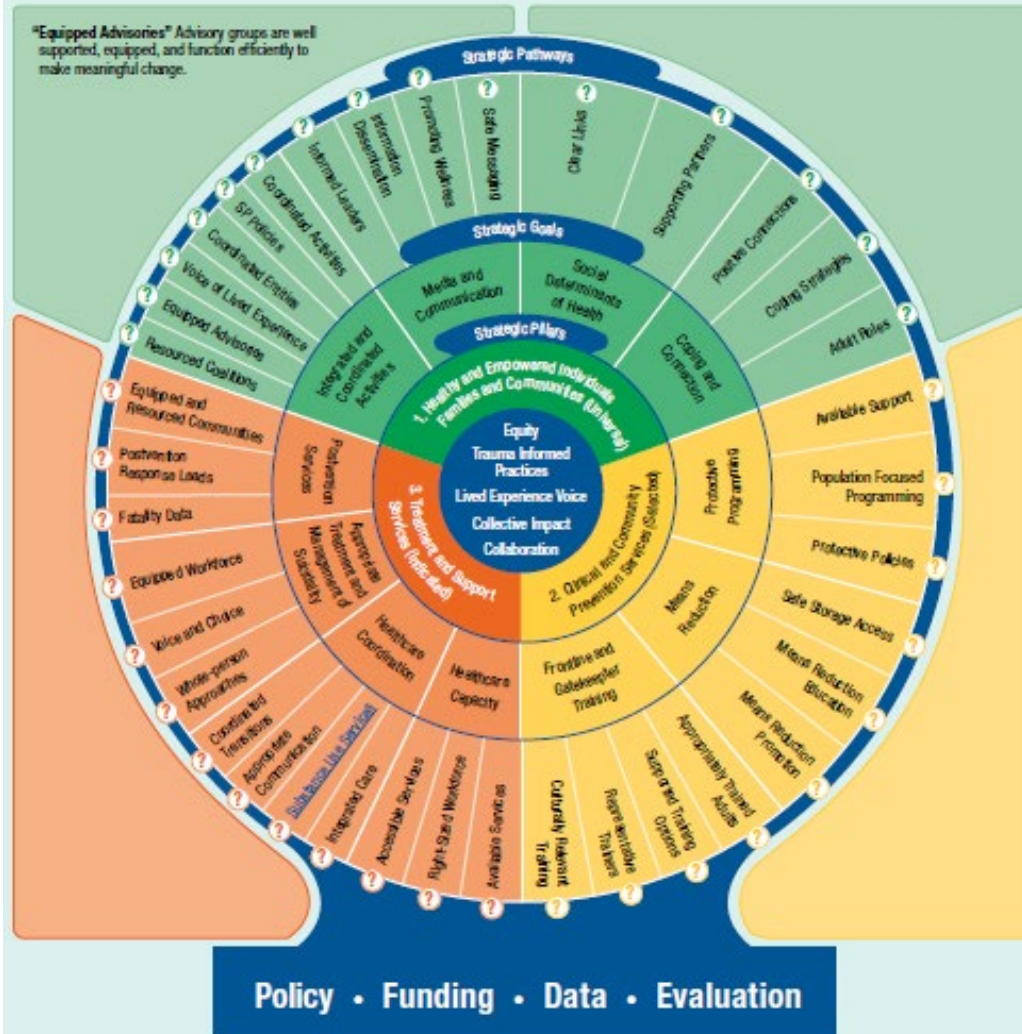


Oregon Suicide Prevention Framework: The roadmap for the 5-year plan

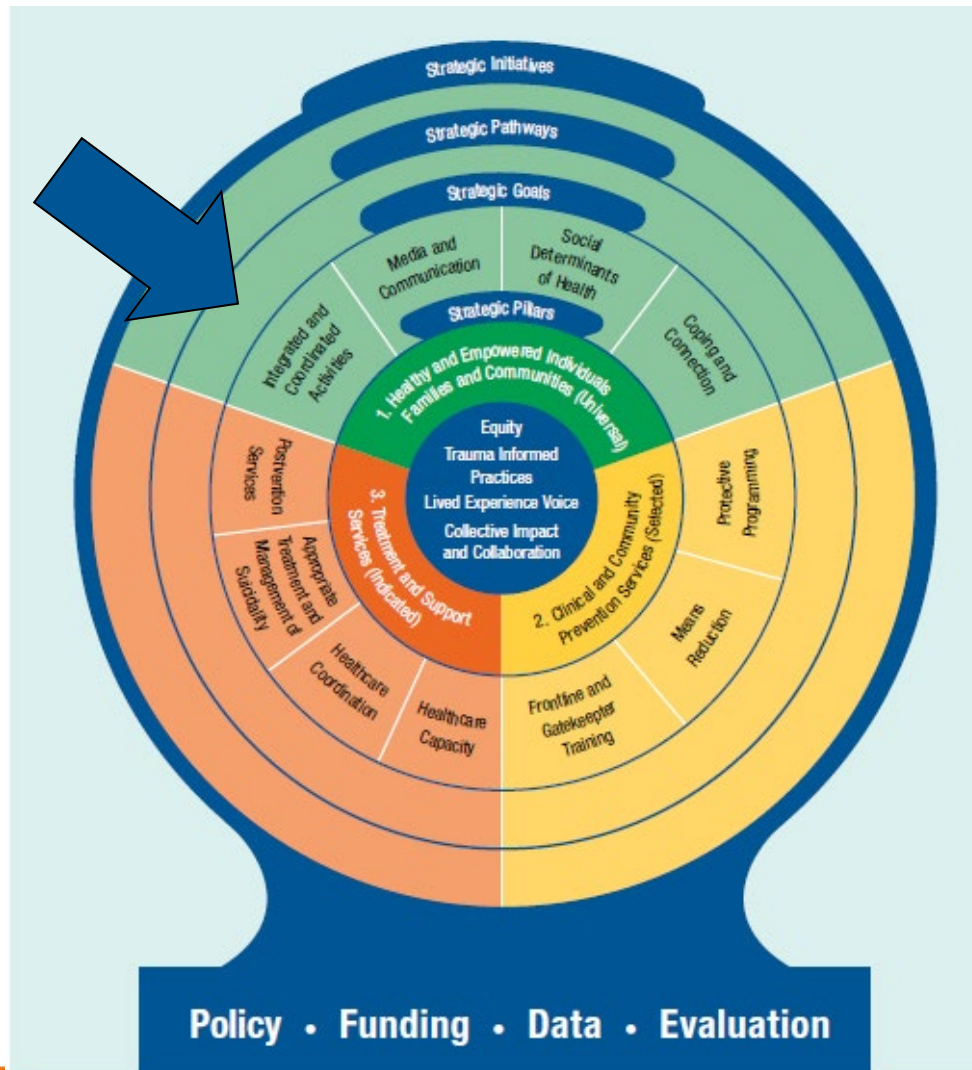


Youth Suicide Prevention Framework

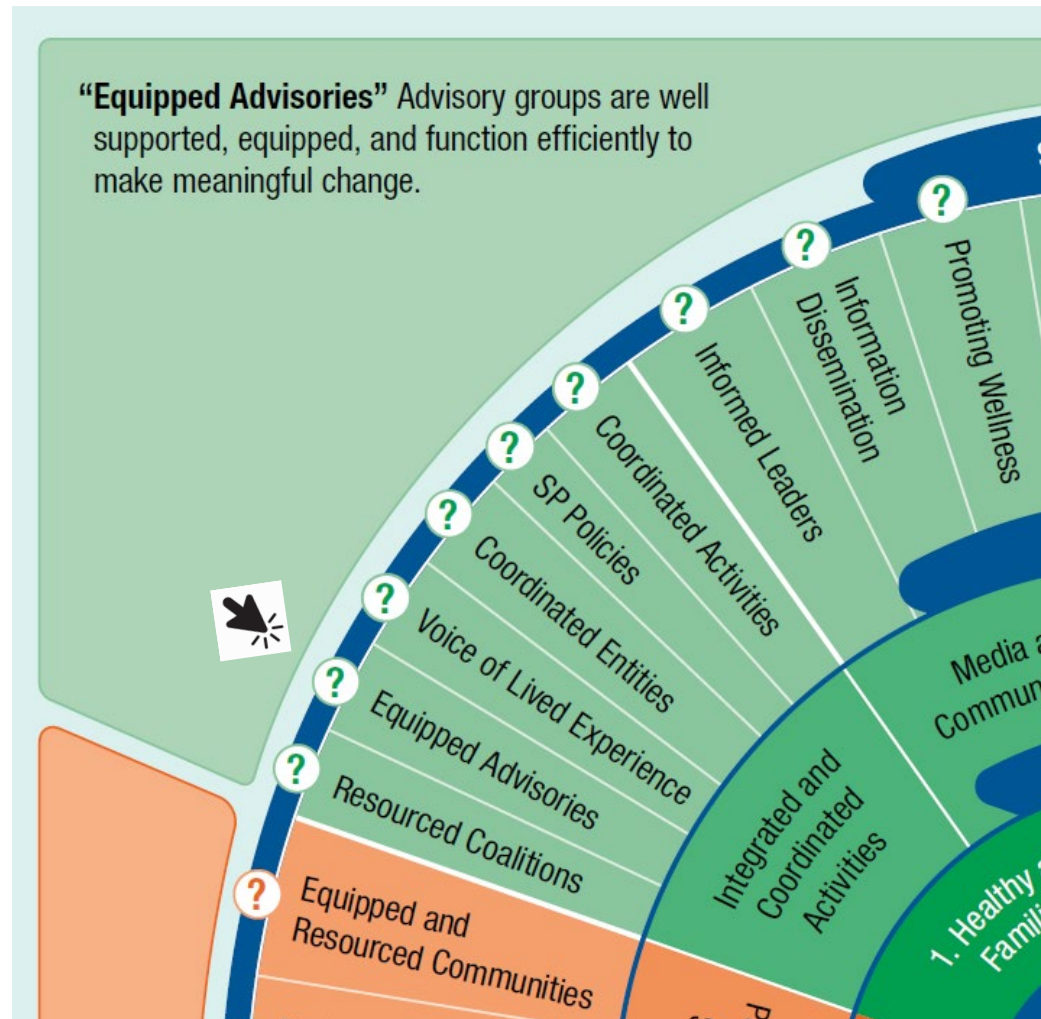
"Equipped Advisories" Advisory groups are well supported, equipped, and function efficiently to make meaningful change.



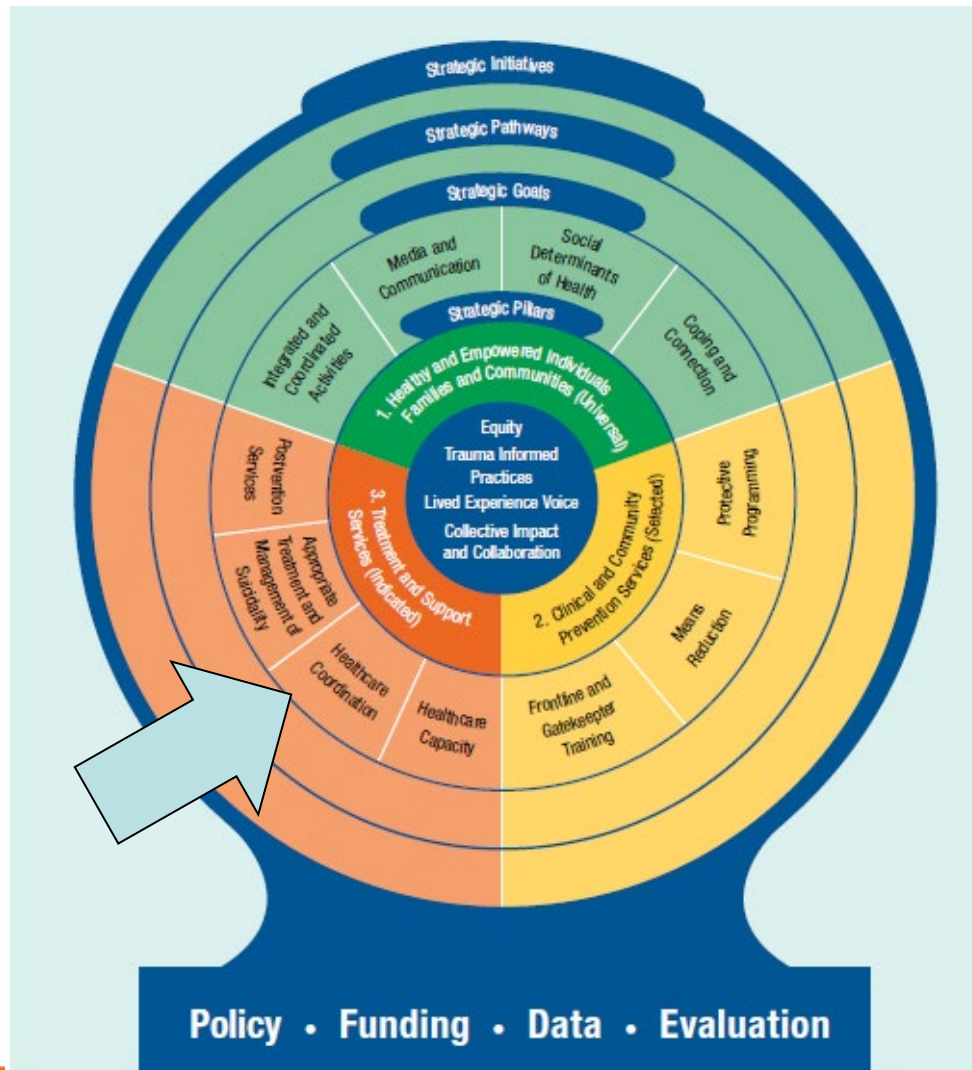
Oregon Suicide Prevention Framework: The roadmap for the 5-year plan



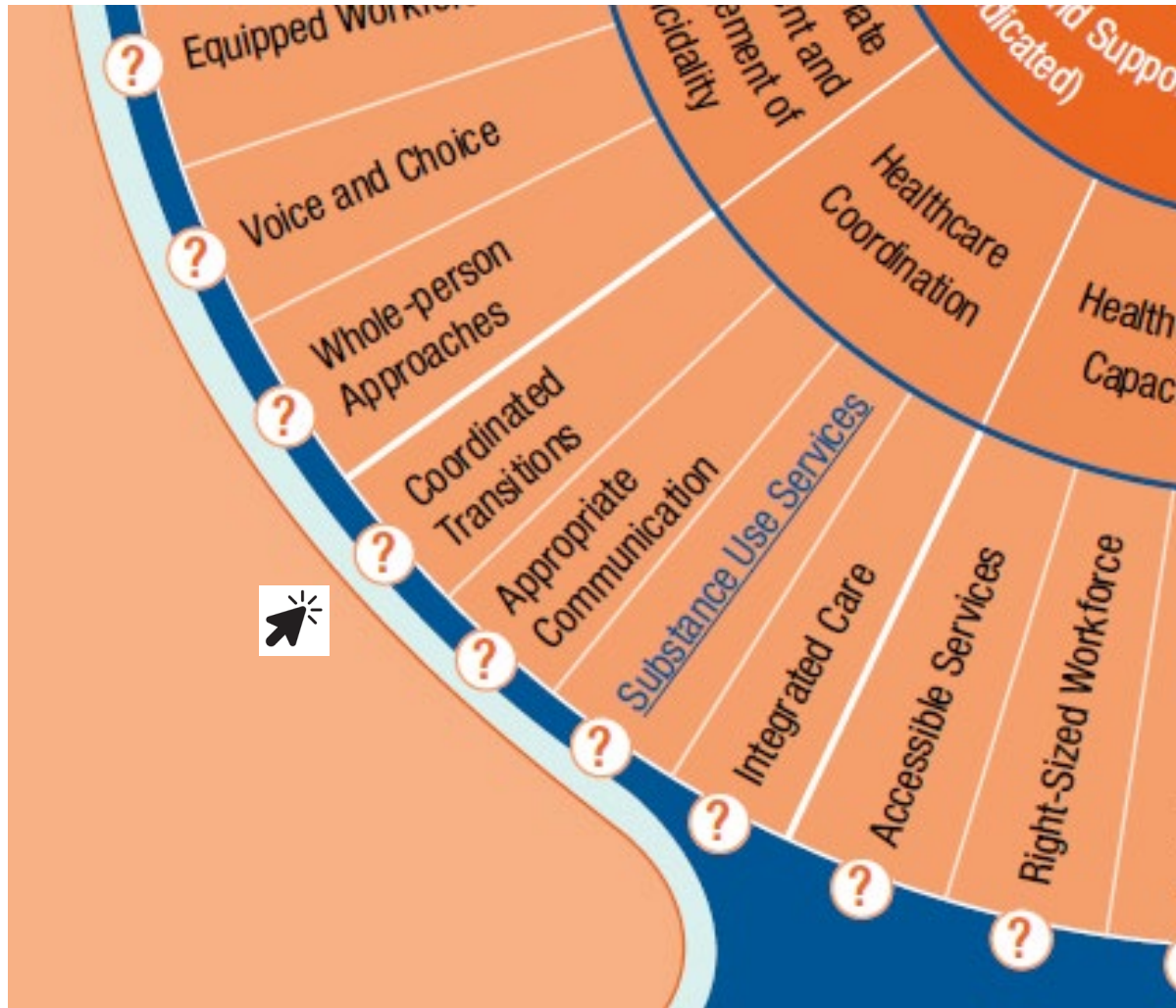
Adding in Youth Pathways



Adding in Strategic Initiatives



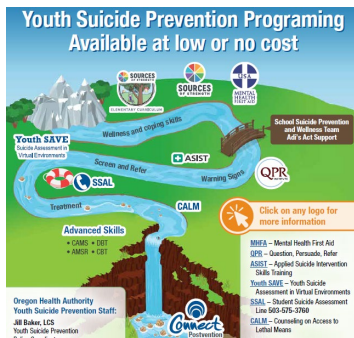
Adding in Strategic Initiatives



Youth Pathways and Strategic Initiatives

<div> <div>3. Treatment and Support Services</div> <div>Pillars</div> </div>	
<div> <div>Healthcare Coordination</div> <div> <div>"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.</div> </div> </div>	<div> <div>Goals</div> <div>Pathways</div> </div>
	<p>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.</p>
<div> <div>Initiatives</div> </div>	<p>The Alliance will respond to OHA's HB 3090 Resurvey Project report (due Fall 2021) and develop a work plan to monitor next steps.</p>
	<p>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.</p>
	<p>New: Identify infrastructure needs for mobile crisis response and stabilization services for statewide access.</p>
	<p>New: Caring Contacts billing code activated in Medicaid.</p>
<p>"Appropriate Communication" There is formal</p>	

What's included in the 113 strategic initiatives for 2021-2022?



Examples of where your voice shows up in the Youth Pathways and Initiatives

- Centering values placement and practice
- Training young people and not just adults that serve them
- Passive suicide risk in addition to active risk
- Elevating certain populations
- Voice and Choice
- Locally grounded work

What's left for OHA to do?

Presentation at
Tribal Prevention
meeting in Sept

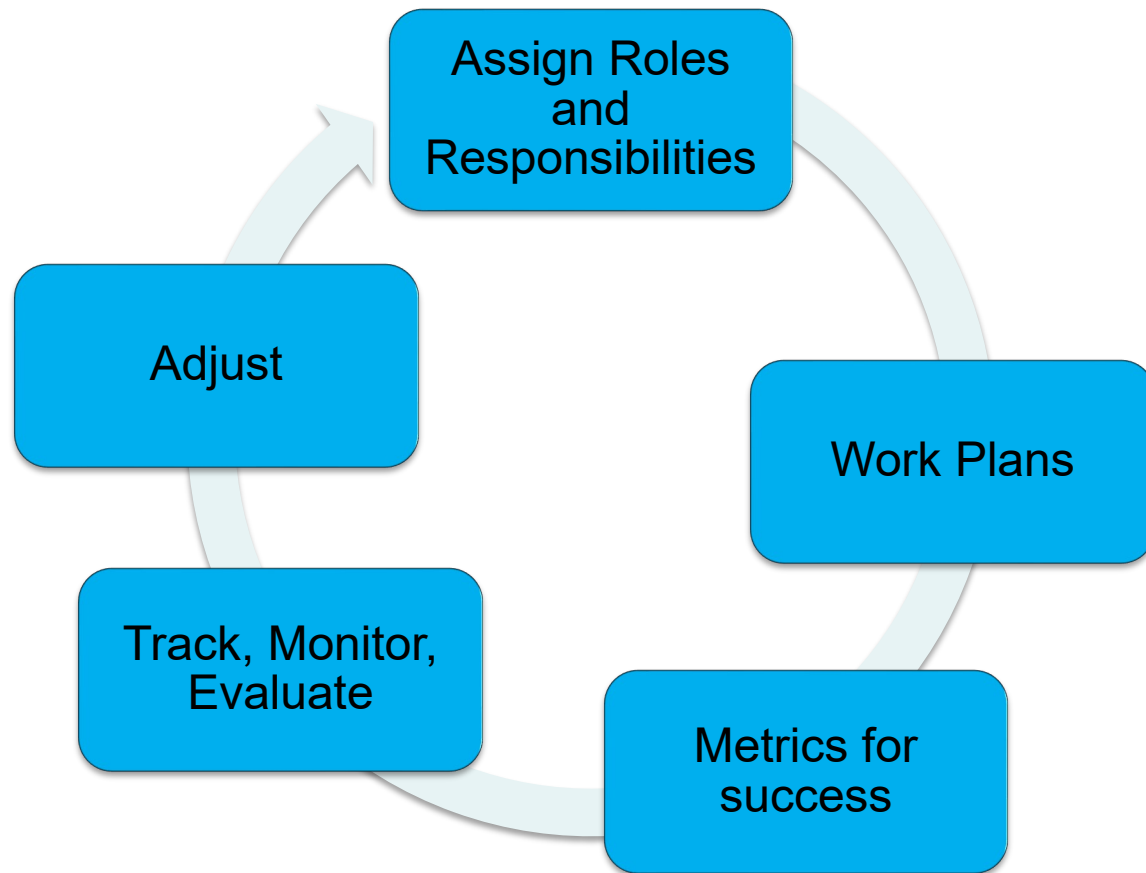
Potential formal
Tribal Consultation

OHA Publications
edits and finalizes

Spanish translation

Publication of YSIPP
21-25, YSIPP 21-22,
and Oregon
Framework Graphic

What's next for Alliance and OHA?



Questions?

Framework Levels

YSIPP Initiatives 21-22 - Bolded require workplans

1. Healthy & Empowered Individuals, Families and Communities

Integrated & Coordinated Activities	New Strategic Initiative for 21/22: Organize the people/staff/infrastructure of suicide prevention across the state.
<p>"Coordinated Activities" Youth suicide prevention programming is coordinated between tribes, state, county, and local leaders to maximize reach & ensure equitable access</p>	<p>Big River statewide coordinators meet monthly to align work, give program updates, connect and 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. 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. 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.</p> <p>Garrett Lee Smith grant recipients have staff for suicide prevention (Multnomah, Lane and Deschutes counties).</p> <p>New: The Oregon Alliance to Prevent Suicide (The Alliance) will organize committees, advisory groups, and workgroups to align with YSIPP 2021-2025.</p> <p>New: Big River statewide coordinators will make local training data available to local leaders including a "heatmap" of Big River trainers.</p>
<p>"SP Policies" Youth serving entities have suicide prevention policies for clients and staff</p>	<p>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.</p>
<p>"Coordinated Entities" Youth serving entities are coordinated and understand their role in</p>	<p>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.</p> <p>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.</p>
<p>"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</p>	

	<p>Stipends are provided for youth representatives and people with lived experience that are not paid to attend state advisory committees</p> <p>Youth representatives (including at least one person that has not yet reached age 18) serve on The Alliance</p> <p>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.</p> <p>New: OHA will require diverse youth engagement and a meaningful feedback loop in all relevant OHA suicide prevention contracts</p> <p>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.</p>
"Equipped Advisories" Advisory groups are well supported, equipped, and function efficiently to make meaningful change.	
	<p>The Alliance will continue to be staffed at 2.0 FTE.</p> <p>YYEA receives OHA support for .5 FTE staff.</p> <p>OHA will continue to provide coordination for the System of Care Advisory Council and the Children's System Advisory Council.</p>
"Resourced Coalitions" Regional Suicide Prevention Coalitions are informed and resourced to address their local needs and	
	<p>The Alliance staff hosts a quarterly webinar to provide networking support for regional suicide prevention coalitions and other local suicide prevention champions.</p> <p>The Alliance staff hosts a quarterly learning collaborative for regional suicide prevention coalition</p> <p>Statewide resources, educational opportunities, and programming options are shared to the regional suicide prevention coalition leaders.</p>
Media & Communications	
"Safe Messaging" All Oregonians receive safe messaging about suicide and self-injury.	
	<p>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</p>
"Promoting Wellness" Youth-serving entities routinely and strategically promote wellness, emotional strength, mutual aid examples, and	
	<p>New: OHA will maintain a statewide calendar of press releases and media events for various populations of focus</p> <p>Oregon AFSP will continue social media campaigns to promote wellness and bolster protective</p>

	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.
"Information Dissemination" SP Programming, information and resources are widely advertised and centrally located on one	
	<p>Youth Suicide Prevention listserv messages are sent by OHA regularly with trainings, resources, conferences, and announcements pertinent to youth suicide prevention statewide.</p> <p>Safe + Strong Website will continue to be a reliable place to find Oregon resources and supports.</p> <p>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</p> <p>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.</p> <p>New: OHA Public Health Division and Health Systems Division websites will be accurate and offer updated information.</p> <p>Oregon Suicide Prevention Conference will be held annually in diverse areas of Oregon and be led by a collaborative and representative advisory group.</p> <p>New: OHA issues a press release related to suicide prevention quarterly.</p>
"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	
	<p>Within the OHA Recovery Report suicide prevention work is highlighted at least quarterly.</p> <p>Annual YSIPP report is published and disseminated widely by March.</p> <p>The Alliance will schedule presentations with key lawmakers prior to each legislative session.</p>
Social Determinants of Health	
<p>"Clear Links" The link between economic factors and risk of suicide is highlighted outside of typical suicide prevention work.</p> <p>"Supporting Partners" Suicide prevention advocates and experts support the work of those decreasing disparities and inequities.</p>	
Coping & Connection	
"Positive Connections" All OR's have access to meaningful places and spaces to experience positive connection & promote	
	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

	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.
"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	
	Sources of Strength Elementary (grades 3-5) suicide prevention programming is available New: Explore possibilities for K-2 suicide prevention programming
"Adult Roles" Youth-serving adults understand and feel equipped to fulfill their role as a trusted adult and understand their important	
	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.
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,	
	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 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.
"Supported Training Options" - Suicide prevention frontline and gatekeeper training is widely available at low or no cost in Oregon for	
	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
	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.
"Representative Trainers" - The trainer pool in Oregon for suicide prevention programming represents the cultural and linguistic diversity	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.
"Culturally Relevant Training" - Suicide prevention programming is regularly evaluated and updated to ensure equity, cultural relevance and responsiveness, and linguistic	
	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.
Means Reduction	New Strategic Initiative for 21/22: Create a workplan for Lethal Means work that includes safe storage, collaboration between stakeholders, and policy recommendations.
"Safe Storage Access" - All Oregonian young people experiencing a behavioral health crisis have access to safe storage for medicine and	
	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.
"Means Reduction Education" - Youth serving adults and caregivers are equipped with means reduction strategies and resources.	
	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.
"Means Reduction Promotion" - Oregon regularly promotes safe storage practices and	

	New: Representatives from OHA's Suicide Prevention team and the Alliance will participate in the rulemaking process for SB 554 (2021).
Protective Programming	
"Available Support" - Oregonians who need immediate support or crisis intervention have	<p>Crisis Text Line is available 24/7, and data is tracked using code "Oregon"</p> <p>LifeLine through Lines for Life is available 24/7.</p> <p>Teen-to-teen text and phone support is available through YouthLine from 4pm-10pm PST</p> <p>Emotional Support Lines are widely available (David Romprey Warmline, ReachOut Oregon Parent Warmline, COVID19 and wildfire support lines, Behavioral Health Access support lines)</p> <p>A comprehensive website to identify behavioral health needs, supports, and providers called "Here For You Oregon" to launch in 2021.</p> <p>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.</p> <p>New: Mobile Response and Support Services (MRSS) system is being developed in Oregon, including a children's specific system.</p>
"Population Focused Programming" - Young people within populations at greater risk for suicide have access to positive and protective	<p>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.</p> <p>OHA will support the development of YouthSAVE for transitional aged youth (ages 18-24).</p> <p>Oregon Sources of Strength will continue to focus on diversity and equity within its program of positive culture change.</p> <p>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.</p>
"Protective Policies" - Youth-serving entities have policies and procedures that increase protection against suicide risk (including passive risk, active risk, and crisis	<p>Adi's Act plans are legislatively mandated for each school district in Oregon. District plans are due in Oct 2021 to ODE.</p> <p>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)</p> <p>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.</p> <p>New: Annual coordination meetings (starting September 2021) to align communication and coordination for Adi's Act implementation between ESD's, LFL, OHA and ODE.</p>

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

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.

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

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.

"Appropriate Communication" There is formal communication between healthcare providers, behavioral healthcare providers and youth

"Substance Use Services" - Substance Use Disorder and Mental Health services are integrated when possible and coordinated

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

"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

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

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,
"Right Sized Workforce" - There is adequate behavioral healthcare workforce to meet the
"Available Services" - There are enough available services to provide all Oregonian young people access to care when they need

Appropriate Treatment & Management of

"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

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.

"Voice and Choice" - Clients/consumers, parents and caregivers have voice and

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

"Whole-person Approaches" - Whole-person approaches are used to enhance treatment for suicide and to increase	<p>New Strategic Initiative for 21/22: Increase availability of culturally and linguistically appropriate and relevant approaches to treatment.</p> <p>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.</p>
Postvention Services	
"Equipped & Resourced Communities" - Youth-serving entities and communities are equipped to provide trauma informed postvention care for those impacted by a	<p>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 OHA will support youth-serving entities through the Suicide Rapid Response program through Lines for Life.</p>
"Postvention Response Leads" - Postvention Response Leads (PRLs) (and teams) are supported and equipped to fulfill	<p>Suicide Rapid Response program is accessible and responsive to community needs. OHA hosts quarterly statewide collaborative meetings with PRL's.</p> <p>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.</p> <p>New: Vicarious Trauma Pilot Project for PRLs with Trauma Informed Oregon will be completed in Fall 2021 and replicated according to recommended next steps.</p>
"Fatality Data" - Youth suicide fatality data is gathered, analyzed, and used for future system improvements and prevention	<p>New: Psychological Autopsy (PA) project led by OHA will consider ways to increase availability of PA for youth suicide deaths in Oregon.</p> <p>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.</p>
4. Foundations and Centering Lenses	
Data and Research	
	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.
Evaluation	

	<p>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.</p> <p>New: The University of Oregon Suicide Prevention Lab will create a central database in RedCap for tracking Big River program evaluations.</p> <p>Limited evaluation is contracted to Portland State University to support Garret Lee Smith grant activities and other pilot projects.</p>
Policy Needs/Gaps	
	The Alliance will convene a workgroup to name policy recommendations for 2023 legislative session.
Funding Needs	
	<p>OHA's Suicide Prevention team will maintain a list of funding needs related to YSIPP strategic</p> <p>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.</p>
Equity	
	<p>The Alliance will continue focus on equity work, and will continue to make recommendations to</p> <p>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.</p>
Trauma Informed Practices	
	Trauma Informed Oregon will continue to be available for consultation and special projects related to suicide prevention.
Lived Experience Voice	
	See "Voice of Lived Experience" initiatives beginning in Line 14.
Collective Impact Collaboration	

Oregon Alliance to Prevent Suicide Meaning Making Session

September 10, 2021

Brianna Bragg, MSW
Stephanie Roberson, MSW

My love is alive way down in
my heart
Although we are miles apart
If you ever need a helping
hand
I'll be there on the double just
as fast as I can



Purpose

- Review our team's analysis of the SCOT Assessment.
- Assess whether our analysis of the data feels like an accurate reflection of our stories.
- Discuss next steps and how the data will be used.

Today's Process

- Review a brief summary of the data by category.
 - Everyone should have received all the raw data by email.
- In small groups, dig deeper into one category. Ask ourselves the following:
 - Does this feel accurate?
 - Did we miss anything?

Today's Process

- Envision together one action step that the Alliance might take to address some of these pieces. Once you have an action step in mind, consider the following:
 - Who should be involved in this plan?
 - What additional information would we need to understand this issue fully?
 - Where would this live?
 - (i.e., who would be tasked with working on this?)
 - Who (committee, position) would be accountable for this?
 - What might be a barrier to getting this to happen?
 - How can we mitigate it?
 - How would we measure success?



Category I: Organizational Culture

Capacity Challenges

- Highlights:
 - Time (there's never enough!)
 - Largely volunteer-led
 - Compassion fatigue
 - Siloed work
 - Having enough people actually put the work in to make these things happen

Power Dynamics

- Highlights:
 - Depending on OHA funding
 - Working within systems that are white supremacist and hierarchical

Trauma

- Highlights:
 - Placing burden of anti-racist work on BIPOC members
 - Doing this work while experiencing collective trauma, mental health issues, suicide ideation etc. ourselves.

Funding Challenges

- Highlights:
 - Staff are needed to coordinate (this work happens best when it's compensated)
 - Vested provider interests
 - You have to “prove” there are disparities (and we know data is loaded)

Staffing and Members

- Highlights:
 - People self-select to be part of this group -- understanding who is at the table.
 - People come with different needs/interests/contractual obligations.
 - Different ideas of what it means to view something intersectionally.

Diversity & Equity (Internal)

- Highlights:
 - Lack of racial diversity in group
 - Community Care is an issue
 - Racial trauma shows up differently depending on your identities

Meetings

- Highlights:
 - Trauma Informed Approach
 - Good at holding space and being open with different solutions
 - Land Acknowledgements



Category II: Strategic Planning

Strategic Planning

- Highlights:
 - Onboarding -- How to maintain momentum with turnover
 - “Guiding Principles” - Do we believe these things?
 - “Zero suicide”
 - “Hope, Health, Helping” -- opportunity to add more here.



Category III: Community Outreach

Interest In Building Capacity

- Highlights:
 - Mini grant for LGBTQ+ (OHA/ODE)
 - Opportunities through OHA to get more practitioners in rural areas

Interest in Outreach to Specific Groups

- Highlights:
 - High school students → Outreach to CBO's that serve them
 - Training teachers & capacity building around prevention
 - Culturally specific CBO's
 - Connection with organizations internally (more relationship building)

Small Group Work

Breakout Rooms

Each group will focus on one category or subcategory of data and work through the note page we've provided.

Make sure to choose someone to report out when we come back.

Share-Out

In one sentence...

What is the action step that your group explored together?



Category IV: Youth Outreach

Youth Outreach

- Highlights:
 - Youth & Young Adults (transition age -- partnering with child welfare & other orgs)
 - Youth Era / Young Ambassadors
 - Youth Suicide Prevention Plan makes little mention of youth who aren't white.
 - Ask ourselves WHY we want youth voice -- using that to ground how we do our work.

Category V:

Equity

Diversity & Equity

- Highlights
 - White community members unsure of how to show up.
 - Developing an equity lens
 - Cultural norms regarding how we do our work:
 - Treatment
 - Wellness perspectives
 - Low representation from the Native community
 - Making sure that our meetings are accessible (closed captioning, ASL, times when youth can attend, etc.)



Category VI: Systemic Barriers

Legislation

- Highlights:
 - Quick turnaround for legislative sessions
 - Our reports result in a “watering down” from “must-do” to “recommended” or to no action at all

Practices & Models

- The challenges of “Evidence Based Practice”
- Incorporating conversations about historical/generational trauma
- Crisis treatment models are present-focused
- Incorporating a community lens into post-vention support
- Stigma in BIPOC communities
- Thinking about autonomy in suicide treatment & prevention



Category VII: Data Collection & Analysis

Data

- Highlights:
 - Data is messy
 - Lack of data in LGBTQ+ communities
 - Opportunity to look at data more critically around gender.
 - Low youth numbers impact confidentiality
 - Under-reporting
 - Myths, misinformation, sensationalism around suicide

Small Group Work

Breakout Rooms

Each group will focus on one category or subcategory of data and work through the note page we've provided.

Make sure to choose someone to report out when we come back.

Share-Out

In one sentence...

What is the action step that your group explored together?

So What's Next?

- Content Specific Mini-Trainings
 - September 16, 2021, 11am-1pm:
 - Culturally Humble Suicide Assessment
 - October 19, 2021, 11am-1pm:
 - Indigenizing Care



Thank You!

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OR Alliance to Prevent Suicide SCOT - Overarching Themes

ORGANIZATIONAL CULTURE

- **Capacity challenges:**

- Not enough time to coordinate large group of volunteers/advising body
- Too much to manage
- There are folks who have deep knowledge around how to support folx w/ disabilities or chronic illness. We need more time to knowledge share
- Compassion fatigue and safety for participants
 - This is emotionally intense work
- Work is silo-ed so people aren't necessarily working together
 - work is duplicated
- This group is mostly volunteer
- No information until last minute
 - Barrier to being there and being there 100% when we don't hear about things until the last minute
- Unclear whether this is a priority for folks (lots of folks are absent from this meeting)
- Folks seem excited about equity in the larger meetings, but when it comes time to do the work -- *crickets*
- Balancing the voices that we have, taking space, making space

- **Power dynamics:**

- We are operating as an institution within an institution - We need to completely do things differently
- Need a critical assessment of power dynamics/structure
 - Assess the hierarchies within how we do our work
- We are grounded in legislative bodies
- We depend on OHA funding
- The social service industry is hierarchical

- **Trauma:**

- Inequitable division of labor placed on BIPOC members
- Our levels of trauma around racism and racial and gender violence are very different.
 - "You stay so woke, you risk never sleeping again." - [citation: Random Acts of Flyness]
- Not a lot of folks of color in Oregon, so "tasking" BIPOC to lead this work is a lot of emotional labor
 - We want folks involved without making them do all the heavy lifting
- We're trying to do this when we're all experiencing collective trauma, experiencing mental health issues, suicide ideation, etc.
- We live in this culture, we are steeped in this too

- **Funding challenges:**

- Need funds and staff to implement strategy and recommendations
- Lack of diversified funding
- Vested provider interests that are not in the best interests of clients
- LGBTQIA2S+ challenge in getting funding because you have to prove there are “disparities”
 - Lack of access to data that shows disparities in LGBTQIA2S+ communities

- **Staffing and members**

- Openness to new people coming in
- People self select to be a part of the group
- The Alliance just started looking at and understanding who is at the table.
- Staff check in with members.
- The staff are great listeners. They make an effort to engage individual members.
- Alliance staff are always appreciative of others who bring their time and experience to the table.
- The alliance is intentional in alignment. Nothing feels like competition.
- There is a collaborative environment.
- Resources are shared.
- We have so many people with lived experience that are collaborating.
- Some folks are change resistant
 - Fear of the unknown, fear of saying/doing it wrong
- Giving confidence that this isn't a “flavor of the month” initiative but an integral part of our core values
- We have different ideas of what it means to view something intersectionality
- People come to the Alliance with different needs and interests, balancing that with contractual obligations
- Appreciate their focus on hope

- **Diversity and equity:**

- Community care looks different depending in the identities we hold
- Lack of racial diversity, mostly white folks (expanded list in Diversity and Equity theme)
- Recognizing and awareness of equity issues
- A more radical approach to equity work is used
 - This work is accepted by leadership
- Group culture - space is predominantly white and privileged; the environment might not be very welcoming for other folks (lots of labor and tokenization we'll have to navigate)

- **Meetings:**

- Alliance uses a trauma informed approach when hosting meetings.
- Alliance is intentional about having neutral space to foster conversation when convening different people or orgs.
- Alliance is really good at holding the space with compassion.
- Alliance is really good at being open to different solutions.
 - We don't assume we know one "best" way
- The way we start our meetings and using land acknowledgements--it's a reminder to start implementing that in meetings.

STRATEGIC PLANNING

- The alliance has an intention of looking at the long term-5 years.
 - They think of it as a relay marathon--for onboarding people and how do you keep the institutional/alliance knowledge as people are joining and leaving?
- Trouble "guiding principles" in the 5 year plans
 - Hope, Health, Helping (add a 4th one?)
 - "Zero suicide"
 - Communication plan on if people are actually reading these/understand them
 - Negotiable → ability to course correct this year because the new 5 year plan due in June

COMMUNITY OUTREACH

- **Interest in building capacity:**
 - Use the mini-grant for LGBTQ (OHA/ODE):
 - Pass funding to community organizations to develop infrastructure and
 - Capacity building for community organizations to do work in a way that works best for them
 - OHA:
 - Pay education costs for licensed providers of color to practice in more rural areas
 - Opportunity to expand on this resource and advertise it to build these communities of practice
- **Interest in outreach to specifically to:**
 - High school students
 - Outreach to CBOs that serve high school students to help encourage and educate how we can recruit - find funds (career and college counselor)
 - Geographically diverse
 - BIPOC folks to engage in this work
 - Schools:
 - Training teachers and parents on prevention skills and building relationships between prevention specialists and families
 - Building trust
 - Capacity building around prevention for schools, families, neighbors
 - Focus on community based approach to capacity building

- Build relationships with organizations that support Indigenous/Native American folks
- Engage culturally based/community based organizations in this work - we are connected to the state and they have been doing some work in understanding who the CBOs are actively supporting groups with historical disparities - support CBO capacity in doing this work as well
- Connection with organizations internally - more relationship building opportunities
- **Youth outreach:**
 - Want to reach out to youth and young adults
 - Young Adults in transition to adulthood - support and partnering with child welfare and other orgs that work with that age population
 - Effort to bring experience of youth and lived experience into the alliance.
 - Youth living with parents who have different beliefs than parents - parents not acknowledging or respecting their pronouns
 - Youth Era - we have a lot of youth we reach out to but finding a way to get youth involved - youth voice and choice present
 - Logistics to getting youth voice involved
 - Young ambassadors society - involve in the process - building opportunities for involvement and letting youth know HOW to get involved
 - Age difference/culture of age between young adults and older adults
 - We have very different understanding of gender, race, equity, what is/is not appropriate
 - Answer the question of WHY we want youth voice - using that to ground us in how we design meetings and uphold youth voice and knowledge
 - OHA developed Youth Suicide Prevention Plan, makes very little mention of youth who are not white.
 - The origins of the Alliance were spaces where there were very little BIPOC and very little youth.
 - It doesn't matter how many times you change the drapes if the foundation is racist
 - State deadline around YSIIPP and we're just baby-stepping into this equity work
 - How do we create something that lives and breathes?

DATA COLLECTION/ANALYSIS/DISSEMINATION

- Lack of data for LGBTQIA2S+ communities
- People want the data to show the impact of positive investment
- Data is messy
 - Sub-populations where increases are happening
 - Where/how the data is being collected
 - People wanting to avoid hospitals right now because of covid]
 - Data not disaggregated enough
- Youth numbers are so low that providing data can threaten confidentiality
- Under-reporting

- Myths, misinformation and sensationalism around suicide
 - There is a tension between making data transparent and available and titrating information in ways that EVERYONE can accurately process
 - Potential for information being misinterpreted to support a less helpful narrative (i.e. increasing involuntary commitment)
- Education of research in suicide attempts by males, females, and other genders - one of the things that we can bring from the alliance here
- Advocate and partner with OHA and others to have a better understanding of the impact of suicide on individuals who do not identify as white
 - Starting with medical examiner team - it would also be good to have sexual orientation and gender identity as part of it
 - Understand the impact and numbers of those who die from suicide
 - Encouraging medical examiners to capture data on everyone
 - Identity is left out of the review process for risk factors
- Opportunity to look at data more critically around gender
 - E.g., how many cis males in the data might have been trans womxn
 - Data related to causes of death - sexual orientation and gender identity aren't reported
 - if the identity is invisible we may never know about it, and that impacts what we know about risk
 - We get more nuance around race than sexual orientation and gender, and there's not much momentum at the state level to change that, but there is some momentum with REAL-D

SYSTEMIC BARRIERS

- **Legislation:**
 - Advancing legislation
 - Bringing equity work as one of those leading elements through work with the legislature
 - Quick turnaround that's needed for testimony for legislative sessions; not enough notification, notification not widely known
 - Oregon legislature asks for reports. But those reports don't turn into action/funding
 - Having legislation watered down from "must do" to "recommended" like in HB-52
 - National initiative on "hold my guns" - work with the firearm owning community around suicide prevent with limited political charge
 - Washington University - firearm safety course - suicide prevention is included - we could push for this training to be brought to OR
 - Advancing legislation and bringing equity work as one of those leading elements through work with the legislature.
- **Practices/models**
 - There are inherent challenges with using evidence based practices/trainings

- The emphasis on evidence based practice discourages innovation and adaptability
 - It costs money to become an evidence based practice - who does and does not get access to how we conceptualize “healing” and “wellness?”
- Educating each other and the systemic healthcare and mental healthcare systems to understand the intensity of being traumatized by racial violence, state sanctioned and community based (both historical/intergenerational trauma and the reality of today both policies and practices) and how that leads to suicidal ideation, attempts, and completions - especially in more rural places in Oregon but not forgetting the improvements we can make in Portland
- Crisis treatment models are very present focused
- Social justice models require a historic, contextual lens
- Perverse incentives -- for example, payment incentives that de-incentive alternative or in-home treatment
- Washington County has an example of medical examiners review process - disseminate that to other communities
- Adult suicide impacts community - more opportunity for post-vention support to community as a whole (shift from individual to community?)
- “Mental” health vs. “behavioral” health - changes in language at the county level
- Looking at people as having “mental health issues” vs “behavior problems”
- Mental health parity:
 - Privately insured vs Medicaid, etc., the continuum of services/care is vastly different when you’re in crisis
 - Uninsured, underinsured
 - Vastly different services for minors vs 18-24 yrs
 - Undocumented folks
- Internalized oppression
- Stigma around mental health and suicide within the BIPOC community
- Satellite issues that influence suicidality:
 - Housing, food systems security, institutional racism, social determinants of health, digital health literacy, social justice, child welfare, adjudicated youth, school discipline systems
 - Lack of culturally responsive peer support, unresponsive school boards, OSBA writes the rules/policies (lots of kids are not protected if they’re not in a “protected class”)
 - Need for both/creative solutions for under-resourced areas
- Suicide is connected to so many different things it is hard to focus efforts.
- “Keeping anyone alive at all costs.” - What about their rights and autonomy
- Talking about how men die more often, but womxn have more attempts, so we dismiss womxn
- Conceptualizing suicide prevention about “preventing suicide” without thinking about how we support people to go beyond and to thrive
- Embracing the both/and - Knowing and upholding the data while

- Many suicide prevention programs are based on generalized models and it's a big task to evolve that.
- Doing the best for the most/ Initiatives that are intended to be generalized for populations that are more impacted by suicide than others
 - Does that leave people out?
 - Dollars are so limited and we have to make decisions about where to focus interventions
 - We lose emerging trends

DIVERSITY AND EQUITY

- Low levels of diversity:
 - This is seen at every level
 - Folks in positions of power within the Alliance is mostly white
 - Mostly white folks
 - Need more people of color in the meetings and on the committees
- White folks:
 - Unsure how to show up and be helpful
 - Unsure of how to “stay in our lane”
- Diversity of lived experience:
 - There is a wide range of experience to engage in conversations
- Building common language:
 - What do we mean by equity in our work?
 - How does equity help us shape our goals and our process?
- Allies/accomplices:
 - How do we grow as allies/accomplices?
 - How do we support allies/accomplices?
- Equity practices:
 - Use Equity tools and embedding equity practices, such as these examples:
 - Massachusetts
 - Clackamas Council
 - Overlooking cultural differences in our work:
 - Treatment
 - Cultural norms that influence how folks show up
 - Wellness perspectives (community vs. individual)
 - Use an equity lens when developing curriculum for different groups:
 - For example “mental health” conversation in different cultures
 - Honor racial diversity and gender identity diversity
 - Think deep and broad around how impactful our trainings are and grow in those areas
 - Advocate for additional mental health services that reflect the demographics of our state
 - Increasing community providers that offer mental health supports for Black and brown folks
 - OHA:

- Pay education costs for licensed providers of color to practice in more rural areas
 - Opportunity to expand on this resource and advertise it to build these communities of practice
- Some of the highest suicide rates are in Indigenous communities - the Alliance has just a few folks that we know of in this community.
 - There are suicide initiatives, etc. that are led by Native folks and are culturally based and we haven't centered that.
- This process and centering the work in equity with uprising is helpful
 - Having intentional conversations and time set aside and framework about equity.
- Accessibility:
 - Build shared language between professionals and youth/young adults
 - Ensure meeting times allow youth/young adults to attend
 - Adding breaks to meetings
 - Provide closed captioning
 - Provide materials in other languages
 - Provide language interpretation/ASL

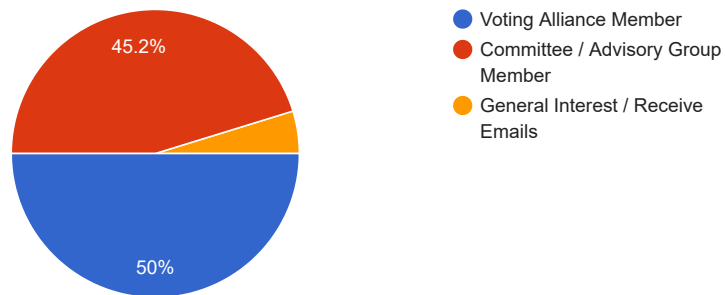
Alliance Quarterly Survey - Overall Satisfaction

42 responses

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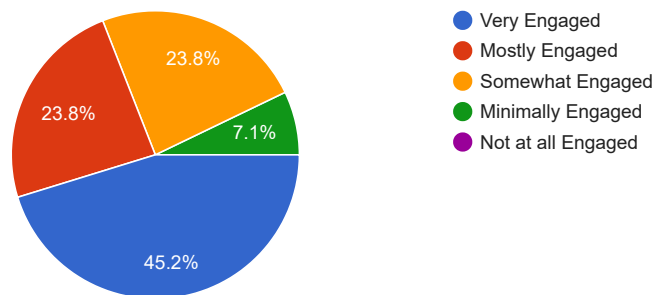
What is your role in the Alliance?

42 responses



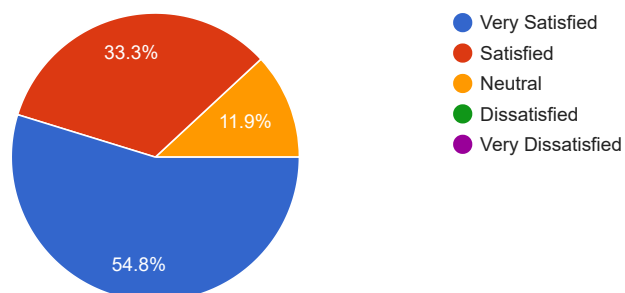
Do you feel that you are engaged in the work of the Alliance?

42 responses



What is your overall satisfaction with communications from the Alliance?

42 responses



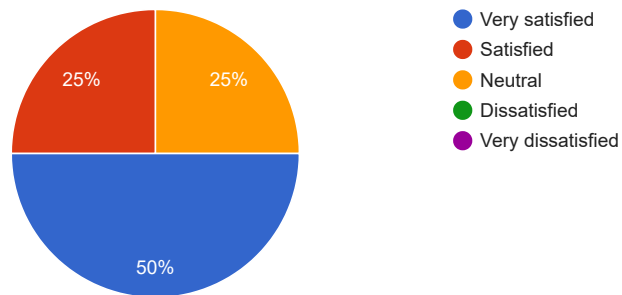
Alliance Quarterly Survey - Quarterly Meeting Specific Satisfaction

4 responses

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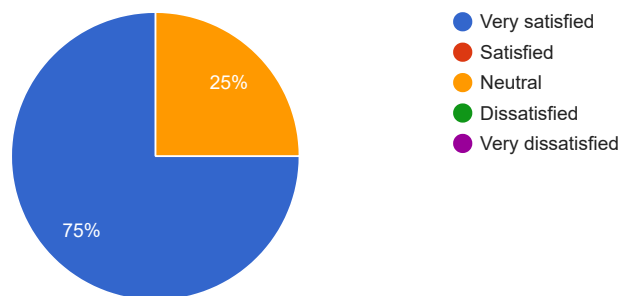
What is your satisfaction with today's Quarterly Meeting?

4 responses



What is your satisfaction with the topics we covered in today's Quarterly Meeting?

4 responses



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