



Alliance Quarterly Meeting

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

December 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.

Today's Agenda

9:30 – 10:30

- Big View, Preview, Review
- September Minutes Approval
- Alliance – Next Steps Policy and More - Annette Marcus
- Small Group Breakouts

10:10– 10:30

Adult Suicide Intervention and Prevention Plan (ASIPP) Update – Debra Darmata, OHA

10:30 – 12:30

White Supremacy, White Saviorism and Me – Uprise Collective

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



Small Group Discussions

1. As you think about your engagement in the Alliance and our ongoing policy and committee work, what are you most passionate about working on?
2. Write brief answer on jamboard note
3. Group members introduce selves and share answers
4. Staff will collect jamboards and share back information with meeting notes

Adult Suicide Intervention and Prevention Plan

Debra Darmata, Oregon Health Authority

What's Next Alliance?

- [Youth Suicide Intervention and Prevention Plan \(YSIPP\) 2021-2025](#)
- Committee Recruiting
- Equity Work
- 988 and Mobile Response and Stabilization Services
- HB3139 (parental notification) focus groups
- Membership Development
- Rules Advisory and Other Advisory Committee Engagement
- Policy Options Package

**Legislative
Concepts
Due Fall
2022
Alliance
votes on
legislative
priorities
June 2022**

POLICY OPTION PACKAGE FOR 2023 LEGISLATIVE SESSION – RECOMMENDATION PROCESS

Nov/December

**Staff and Chairs
Collect POP
requests from
committees**

**Staff collate
requests and share
with executive**

Early January

**Executive
Committee
reviews requests**

**Executive Reviews
and Forwards
Recommendations
to Membership**

**3rd Week of
January**

**Special Meeting to
Vote on
Recommendations
for POP**

**Staff share the
Alliance's POP
recommendations
with OHA**



Proposed Format for POP Proposals

- Rationale for Ask
- How it supports the YSIPP/ASIPP
- Details of the Ask
- How does the ask address equity?
- Community partners involved in the ask
- Resources needed for the ask (staffing, funding etc.)

Sample: Evaluation and Data Committee

Proposal: Statewide Mental Health Survey with Suicide Prevention Specific Questions

Suicide prevention and mental health promotion strategies include population-based approaches related to public policy, public health and health care system design.

At this time, there is insufficient specificity in data from federal and state surveys to identify populations to prioritize for intervention, assure racial, demographic and gender equity, and track progress on outcomes related to public attitudes, help-seeking, service utilization, protective factors, etc. over time across the life course for all Oregonians.

For this reason, the Data and Evaluation Committee of the Alliance has identified a statewide representative survey as a priority investment needed to measure the implementation and impact of the Oregon Health Authority's YSIPP and ASIPP. It is recommended that funds be identified to support hiring a contract research organization to finalize questions through a stakeholder process, sample (including over-sampling of populations at higher statistical risk), field, analyze and report the survey in a publishable, publicly accessible format.

Sample: 988 and Crisis Services

Proposal: Robust funding to crisis stabilization service and for 988 implementation

The Alliance recognizes that in Oregon, Lines for Life and certain county crisis call centers provide invaluable support at critical times and connect individuals to services that can save lives. A growing need for financial support of crisis line services in the State exists because of the (federal) National Suicide Hotline Designation Act (S.2661). Starting in July 2022, **988** will be the number people dial or text to get access to mental health crisis services – the suicide prevention lifeline as we know it today is being restructured and modernized which will result in an increased volume of calls and texts. Without additional funding, people in crisis will not get the help they need when they need it.

Adequate funding from diverse sources is needed to ensure that calls can truly be answered 24/7/365 by trained, in-state crisis counselors who can connect callers to in-person crisis response services as needed and other lifesaving follow-up care.

In addition, The Alliance supports further investment into crisis response services that are beyond the scope of the Lines for Life and county crisis lines such as mobile crisis response units, training for first responders, efforts to partner with historically oppressed communities to ensure access for all and other programs that are proven prevent suicide in Oregon.

The Alliance recommends that the Oregon Health Authority take every action within its power to strengthen the crisis response service network in Oregon.

Sample: Workforce Training

POP PROPOSAL: Supporting HB2315; Preparing for Future Legislation

1. Adopt and apply standards for suicide intervention, treatment and management continuing education for behavioral health workforce (and in future selected healthcare.)
2. Require for suicide intervention, treatment and management for relevant contractors (???)
3. Support curriculum development
4. Develop centralized website with a training registry of existing and approved for suicide intervention, treatment and management continuing education options
5. Provide funding to support licensing board implementation of for suicide intervention, treatment and management education for re-licensure
6. Either through state staff or via a contract, staff a standing suicide prevention committee for ongoing assessment of continuing education options Recommendations to Oregon's Health Professional Licensing Boards

Oregon's medical and behavioral health professionals generally do not receive training in suicide assessment, treatment and management in their advanced degree programs. Thus, these professionals need continuing education (CE) to ensure care to the public focuses on suicide safety.

SB48 Report

- NOTE: The Oregon Alliance to Prevent Suicide is convening relevant stakeholders and developing a legislative concept to be introduced in 2023 long session to require CME's for healthcare professionals. We are still determining the specific ask and which healthcare professionals should be included.

Sample -- ASIPP and Local Funding

- Fully fund a lifespan approach and

Discussion: What level of specificity in this ask?

For example: Fund regional coalitions as one key element in an integrated lifespan approach (low barrier grant proposal with network support)

Questions for Consideration

- Does it help prevent suicide or help heal after a suicide?
- How do we know if it helps prevent suicide or help heal after a suicide?
- Does it address the needs of population(s) at high risk of suicide?
- Does it address the needs of historically targeted and/or under resourced communities?
- Is it strategic for us to align with another organization or go it alone? Is there another group pushing something where we can be a visible partner/advocate?
- Is this a lifespan or youth focused issue? Does that make a difference in how much energy we expend here?
- Does the proposed new policy or policy change require legislative action? Or, does it make to use other policy levers to change a policy that is in place but is not legislatively required?

Ease

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

Impact

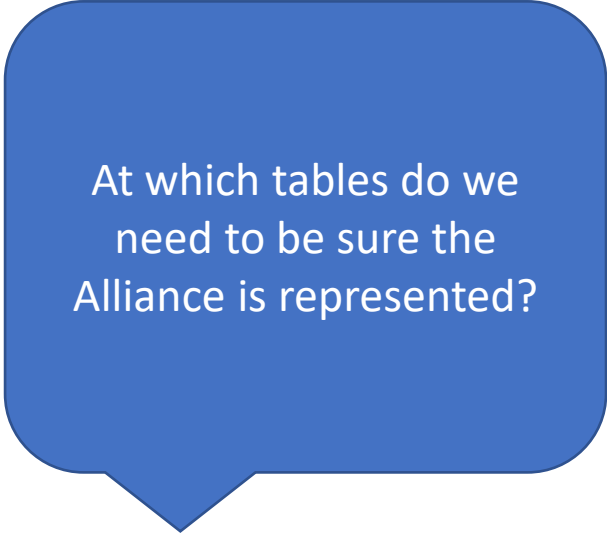
- Will it help us achieve YSIPP goals?
- Is the proposed policy something that will have a statewide impact? How?
- Will the proposed policy require multiple systems to shift and/or change? Is it feasible and reasonable to expect that shift and/or change to occur?
- Is the proposed policy addressing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

Assessing Whether Changes Needed to Existing Legislation

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

Advisory Committees

- Children's System Advisory Council
- Addictions and Mental Health Planning Council
- Children's System of Care State Advisory Council
- Oregon Consumer Advisory Council
- Behavioral Health Taskforce (legislative)
- School Safety Task Force
- 988 Lived Experience
- 988 Children and Family
- State Health Improvement Plan
- OHA Community Advisory Council (Equity and Inclusion)



At which tables do we need to be sure the Alliance is represented?

Oregon Health Authority

Alliance
December
Meeting
2021

Development of
the Adult
Suicide
Intervention
and Prevention
Plan

Debra Darmata, M.S.
Adult Suicide
Prevention
Coordinator
OHA

Early On:

Adult Suicide Prevention Coordinator is hired in March of 2020

Reviewed other states

- Rates
- Plan

Gathered Information from other documents

Similarities and Differences

YSIPP

- Created in 2015 and 2.0 is currently being developed
- Will focus 10-24 (Youth)
- Will use same strategic framework as ASIPP
- Will look and feel like ASIPP

ASIPP

- Will be a new document
- Will focus on 25+ with some attention on 18-24 (springboard into adulthood)
- Will use same strategic framework as YSIPP
- Will look and feel like YSIPP

Brief Review of Process Thus Far: Methods for Developing the ASIPP

The ASIPP was developed over a period of approximately one year with much of the work centered on gathering stakeholder and partner input with a series of feedback loops. Over 130 Oregonians helped to create this plan. Input and feedback were obtained by:

- a large stakeholder group of approximately 130 members that met approximately monthly.
- several small workgroups that were predominately made up of members from the large stakeholder group met between January and July with the goal of providing OHA with a list of recommendations for that specific priority population
- focus groups
- surveys
- tribal consultation

SMALL
WORKGROUPS:
Based on
Priority
Populations
(populations
with disparate
rates of suicide)

LGBTQ2S+

Ages 18-24

Construction Industry

Veterans and Military Connected Personnel

Means Matter

Older Adults

Disabilities and Chronic Illness

BIPOC and AI/AN

Men

Rural and Remote Area's

Three Other Important Small Workgroups

Mental Health Systems made up of both consumers and providers and charged with providing recommendations

Lived Experience – created a “Values and Framework” document to be used by all other small workgroups

Equity – created an Equity tool specific to suicide prevention to be used by all other small workgroups

Both Lived Experience and Equity group provided feedback and consultation to all other small workgroup in terms of final recommendations

Focus Groups:
Chosen by
Large
Stakeholder
Group and
Contracted to
L4L

Attempt Survivors

Chronic Illness & Conditions

Experience of Homelessness

LGBTQ2S+

Older Adults

Rural

Veterans

Two Survey's

County Suicide Prevention
Coordinator

Members of suicide
prevention coalitions and
councils throughout the
state

Integrated
Input from
Small
Workgroups,
Focus Groups
and Surveys
Resulting In:

Partner feedback loops
throughout process

12 Goals and 59
Pathways

Ease / Impact Analysis
for First Year Goals

Results of Ease Impact Analysis

High Priority *Less* Complex to Implement

After a suicidal crisis, follow-up should be provided

Healthcare professionals including but not limited to emergency departments should have policies that promote smooth transitions of care.

OHA should provide better supports to the statewide suicide prevention councils, coalitions.

OHA should encourage hospitals, physicians, to complete a suicide risk assessment following any serious diagnosis.

Increase Safety Planning training among Health Care professionals

Results of Ease Impact Analysis

High Priority *More* Complex to Implement

Ensure that all behavioral health services and outreach services are culturally and linguistically appropriate for BIPOC, Native American and LGBTQ+ people.

OHA should support implementation of Peer Delivered services for LGBTQ+ adults who are experiencing suicidal thoughts or behaviors with a target population of those experiencing housing insecurities or financial distress.

System wide use of an anti-racist, integrated public health framework to address systemic inequality by decreasing barriers to culturally responsive healthcare and using culturally adaptive assessment tools.

Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors.

Increase culturally responsive postvention services across Oregon with a focus on BIPOC, AI/AN, LGBTQ+, veterans, older adults' populations.

Next Steps

Suicide Prevention Team will meet to look at Ease/Impact Ranking for first year and consider feasibility, what's already being worked on, etc.

Selections will be sent to large stakeholder group for final feedback and consideration

1st year Goals, Pathways and Initiatives will be done

Will try to get funded through POP (Policy Option Package)

As you think about your engagement with the Alliance, what are you most passionate about working on in suicide prevention and with the Alliance?

Having peer outreach and follow-up via phone and text within 5 days for any youth who has had a suicide attempt or psychiatric hospitalization.

Alternatives to hospitalization and institutionalization, particularly for youth who do not live with a parent/guardian

Working on integrating mental health services in schools, implementation of YSIPP in schools, supporting legislative and rule-making efforts

Mental health of school practitioners (educator burnout is significant issue right now)

Medical professionals getting suicide prevention training

I'd like to continue work and follow 988/MRSS as these statewide plans continue to develop.

Having medical health professionals trained in suicide prevention

As you think about your engagement with the Alliance, what are you most passionate about working on in suicide prevention and with the Alliance?

Angi Meyer -
Schools group and
Transitions of care-
Effective prevention
in schools and
equitable access to
resources

**Better options
for lethal
means safety
strategies -
Zev Braun**

Being able to provide
school
implementation and
policy efforts
occurring across the
state, feedback on
where gaps/barriers
are being seen from
our SSPW program
perspective -Claire K

**youth suicide
prevention
and post
vention Joan
Hoff**

Public education and
outreach re:
protective factors that
all community
members can
participate in
(connections, offering
help, being educated
on suicide risks, etc)

**Safe
transitions
during high
risk periods.**

Effective
implementation and
sustainment of
evidence-based
practices --John
Seeley

**Culturally
responsive
interventions
for tribal
communities
--John Seeley**

A hub for training
opportunity/communi-
cations (Big River)

**Better surveillance
data to assess the
impact of the
suicide prevention
initiatives --John
Seeley**

**Dreams: a hub for
thoughtful and
intentional
conversation, where
local champions are
able to connect with
statewide champions
and leaders in SP,
celebrate successes
(big and small),
bounce ideas around**

**Ensuring 988/MRSS
(specifically SS of
MRSS) plans for safe
and smooth
transitions out of
those services for all
folks (incl OHP and
commercial
insurance members)**

**Youth engagement
(in schools) models
that can be shared
and adapted across
the state -ClaireK**

As you think about your engagement with the Alliance, what are you most passionate about working on in suicide prevention and with the Alliance?

Creating or blending funding for suicide prevention in each county or each CCO.

Working on expanding mental health resources to areas that have been severely underfunded/behind in regards to mental health development

Promoting suicide prevention research and interventions with high-risk groups without being tokenizing.

Supporting expansion of postvention lead resources and trainings

Improving systems for young people

The Alliance is a great way to learn what is going around the state, including at OHA and Lines for Life.

Effective community engagement practices around suicide prevention across the lifespan

Passionate about the policy work of the Alliance and the ASIPP

The Alliance is a great way to learn the viewpoint of survivors and people with lived experience.

Building a system that is **CONNECTED**, that is **HUMAN-CENTERED**, that is **COMMUNITY-BASED**.

Do you want our names on this?
Shanda, David W,
Jesus, Jake D, Karen S,
Caroline S, Boston

As you think about your engagement with the Alliance, what are you most passionate about working on in suicide prevention and with the Alliance?

Janelle M:
**Youth
Engagement**

Shane R: Cultural
diversity - broader
understanding of
suicide prev within
and across cultures

Scott V:
**Cohesive,
synchronized,
messaging**

Janeane K:
**awareness of
crisis hotlines
and
prevention
resources**

Dr. Wolfe:
Importance of Youth
Mental health,
substance abuse,
access to lethal
means (suffocation,
hanging)

Tim G: trainers
have cultural
humility
training

**Training
Professionals
in Suicide
Prevention**

As you think about your engagement with the Alliance, what are you most passionate about working on in suicide prevention and with the Alliance?

**Address Acute
Care transition
supports**

**UPSTREAM
UPSTREAM --- PUSH
AND FIGURE OUT
THOSE SPACES AND
HOW WE CAN DO
SUICIDE
PREVENTION IN
THOSE SPACES**

**Increase
protective
factors ---**

**Be sure that there are
adequate accessible
youth centered
services available that
are NOT just high
needs crisis work --
focus more early
upstream. Also -- talk
about housing as
suicide prevention
work.**

As you think about your engagement with the Alliance, what are you most passionate about working on in suicide prevention and with the Alliance?

Postvention & emotional support for responders to avoid burnout.

Establishing a men & boys advisory group for the Alliance, similar to the ASIPP group

Workforce Development, Data and Evaluation

Policy and Legislative Process

Always interested in doing LGBTQ2S+ work

18-24 year old's

Implementation of Adi's Act in schools, with focus on monitoring the effectiveness of each school's implementation and providing guidance on best practices for implementation.