

>> Youth Suicide Intervention and Prevention Plan Annual Report

Oregon
Health
Authority

PUBLIC HEALTH DIVISION
HEALTH SYSTEMS DIVISION

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Executive summary

Oregon made significant progress in 2021 in youth suicide prevention. This progress included:

- Developing a suicide prevention framework ([pg 4](#))
- Publishing an updated five year plan for youth suicide prevention, and
- Starting the work outlined in the YSIPP 21–22 initiatives.

Preliminary data in Oregon indicate the following:

- For youth age 17 and under, suicide numbers decreased in 2021 compared to 2020.
- For youth age 18–24, suicide numbers in 2021 were similar to 2020.
- Suicide numbers decreased overall for youth age 24 and under in 2021 compared to 2020.

This is the first time since 2001 that Oregon has had a three year decrease in youth suicide fatalities (24 and under). While this is positive news, it is important to note that some counties in Oregon did not see this overall decrease in youth suicide in 2021 and Oregon remains above the national average for youth suicide rates. This good news is also wrapped in the context of big challenges for so many in Oregon. There is so much more to do to create safety for our children and young people. The suicide prevention team at OHA and our partners across the state will remain earnestly focused on this work.

In 2019, the legislature invested in dedicated funding for youth suicide prevention activities. This is called “[Big River](#)” programming. These activities launched throughout 2020 and continued to grow in 2021, despite the challenges COVID-19 presented. Big River programming is offered statewide. It includes a statewide coordinator for each Big River program and support for train-the-trainer events. This combination allows for locally-delivered suicide prevention programs with robust human and funding support from the state. Of course, these activities cannot thrive without being delivered by local communities. This report includes a summary of the progress Big River programming achieved in 2021.

Training and programing are only one piece of Oregon’s suicide prevention strategy. OHA’s suicide prevention coordinators have worked closely with the evaluation team at University of Oregon and the advocates who serve on the Oregon Alliance to Prevent Suicide to develop a framework for suicide prevention. This framework outlines the work that Oregon needs to do over the next five years to continue in the direction we have started. It includes centering equity and the voices of those with lived experience. It includes being grounded in good policy, informed by rich data and evaluation, and delivering services in a trauma-informed and culturally-responsive way. This report outlines progress on the YSIPP 21–22 priority initiatives as well as several data sets.

OHA suicide prevention team

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Oregon Suicide Prevention Framework

The Oregon Suicide Prevention Framework is a big part of this plan. OHA developed this framework with the University of Oregon Suicide Prevention Lab under the leadership of Dr. John Seeley. It is grounded in the [National Strategy for Suicide Prevention](#) and the CDC Technical Package for [Suicide Prevention](#). The framework was also informed by the San Diego Suicide Prevention Plan and hundreds of pieces of feedback from collaborators and partners across Oregon.

The format of this report looks different than previous annual reports for the YSIPP 2016–2020. It is built upon the new state framework for suicide prevention, which includes the following:

Strategic pillars, strategic goals, centering values and foundation — These will not change over the five-year lifespan of the plan. They are the starting point for all suicide prevention work in Oregon.

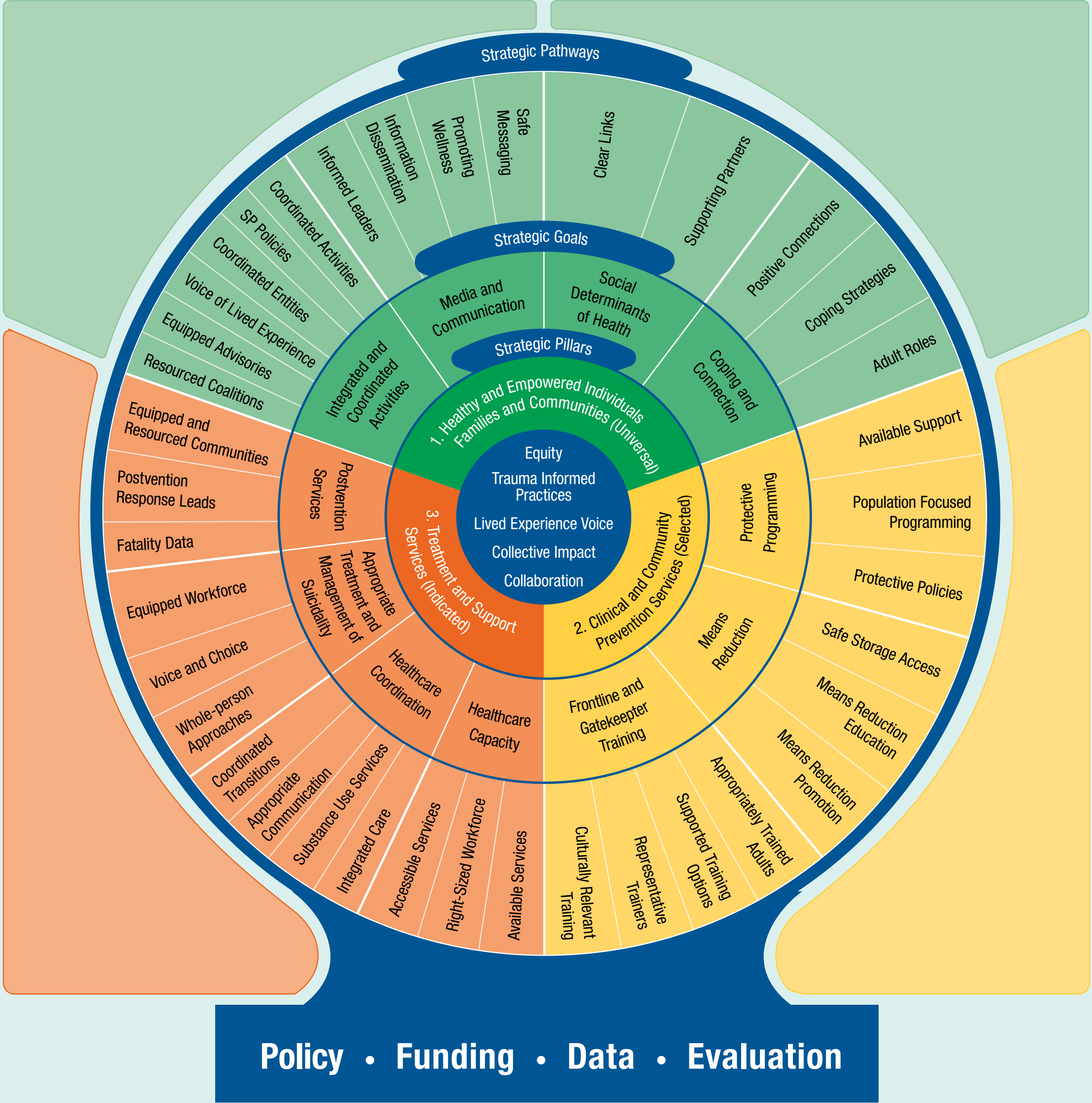
Strategic pathways — These are not likely to change over five years and are rooted in the centering values and foundation. They represent measurable areas of focus and are more specific to populations or settings. For example, under the goal of “means reduction,” one pathway is “All Oregonians experiencing behavioral health problems will have access to safe storage of lethal means.”

Strategic priority initiatives — These will be adapted, adjusted and added to annually. They are specific actions designed to support the broader pathways and goals. For example, a strategic priority initiative for 21–22 is “Every local mental health authority will receive information on the availability of low or no cost medicine lock boxes and gun safes through the Association of Oregon Community Mental Health Programs (AOCMHP) by Dec. 15, 2021.”

Building on the framework strategic pillars and goals, the youth-focused strategic pathways and strategic priority initiatives outline the state plan for addressing youth suicide. This report covers the progress on these strategic priority initiatives. The strategic priority initiatives will be adjusted, refined and added to each year. These changes will be made in response to ongoing evaluation and in collaboration with the Oregon Alliance to Prevent Suicide (the OHA advisory body for youth suicide prevention).

The strategic pathways and strategic priority initiatives together make up the five-year YSIPP. The strategic goals, strategic pillars, center and base are the foundation on which the five-year YSIPP is built.

Youth Suicide Prevention Framework



The Big River programming summary

The suicide prevention team developed an [interactive map of Big River Programming options](#). The programs listed below are supported by OHA's suicide prevention team with contracted statewide coordination, hosted learning collaboratives and with train-the-trainer support when applicable. Before 2019, OHA had limited support for some of these program options. While each program has a slightly different structure, all of Oregon's Big River programs worked diligently to keep trainings accessible during the COVID-19 pandemic.

Table 1: Advanced skills training for providers 2021

Training name	Number of providers trained	Number of counties with providers trained
Cognitive Behavioral Ther-apy (CBT)	113	20
Dialectical Behavioral Therapy (DBT) - Skills and Suicide Prevention	196	26
Collaborative Assessment and Management of Sui-cidality (CAMS)	83	6
Attachment Based Family Therapy (ABFT)	122	17
Assessment and Manage-ment of Suicide Risk (AMSR)	30	7
Totals:	544	31 (unique county count)

Table 2: Big River implementation 2021

Program name	Trainers statewide	New trainers in 2021	Number of counties with trainers	Available in Spanish
Sources of Strength: Elementary grades 3–6	83	83	17	Coming fall 2022
Sources of Strength: Middle, high, college	115	29	23	Coming fall 2022
Mental Health First Aid	100 active (virtual only in 2021)	85	33	Yes
QPR (Question, Persuade, Refer)	775	139	33	Yes
ASIST (Applied Suicide Intervention Skills Training)	109	10 (Livingworks did not provide a virtual training option)	23	No
Youth SAVE (Suicide Assessment in Virtual Environments)	38	38	17	No
Oregon CALM (Counseling on Access to Lethal Means)	3 lead trainers	3	3	No
Connect: Postvention (Oregon Adap-tation)	34 trainers 4 lead trainers	4 lead trainers (able to train other trainers)	12	No
Total:	1,257	391	33 (all 36 counties are served by trainers regardless of residency)	2

2021

Big River Programs

A brief look at the numbers for Suicide Prevention programming in Oregon.

Local Communities Equipped

33 of Oregon's 36 counties have active trainers in one or more of the Big River programs.



1,257



Trainers in Oregon

There are currently 1,257 trainers across the eight Big River programs that have Train-the-Trainer structures. The Big River programs collectively added 391 new trainers in 2021 to this total.

Mental Health Providers

The Big River added "Advanced Skills" training options for mental health providers to get trained in how to treat suicide ideation within their practice. In 2021 alone, 544 providers in Oregon received training across the five training course options supported by OHA.



544

Community Centered & Culturally Responsive Adaptions

7 of the 8 Big River programs have community centered or culturally responsive elements embedded. 2 of the 8 are available in Spanish and 2 more will launch Spanish options in 2022. Work continues to improve this area.

7 of 8



Oregon Tribes

Each of Oregon's nine federally recognized tribes and NARA Northwest receive funding and support for suicide prevention directed by the tribes.

For more information about Big River programs click [here](#).

Youth suicide prevention funding

The Health Systems Division (HSD) Child and Family Behavioral Health (CFBH) unit's budget for suicide prevention in 2021 was about \$5 million.

The Public Health Division (PHD) Injury and Violence Prevention Program (IVPP) manages several federal grants that contribute to YSIPP efforts. These are delivered through the Substance Abuse and Mental Health Services Administration (SAMHSA) and Centers for Disease Control and Prevention (CDC). IVPP staff and staff carrying out the YSIPP sit on the OHA suicide prevention team. They coordinate across state and federal funding streams to meet both grant and YSIPP goals. These grants include the following.

SAMHSA Garrett Lee Smith Memorial Act (Oregon GLS): OHA received a new round of GLSMA funding for June 2019 through June 2024. Oregon receives \$736,000 a year through this grant mechanism. This funding supports suicide prevention capacity grants in select Oregon counties and Oregon Department of Human Services. It also supports community and clinical training to reduce suicides of youth 10–24 years old. The YSIPP 21–22 Initiatives progress report includes grant accomplishment highlights.

SAMHSA Zero Suicide in Health Systems Grant: OHA received this new funding stream for September 2020 through August 2025. Oregon received \$700,000 a year through this grant mechanism. This grant supports OHA working with Oregon health systems to provide safer specific suicide care for adults age 25 and over using a nationally recognized model, Zero Suicide. This new grant has allowed IVPP to hire a dedicated Zero Suicide in Health Systems Coordinator to develop a Zero Suicide program. While the new grant is focused on reducing suicide risk for adults 25 and older, the position will support existing Oregon Zero Suicide work in health systems focused on youth populations. It will also expand learning and training opportunities for all health systems using Zero Suicide, including youth-focused initiatives. The Zero Suicide in Health Systems Coordinator sits on the Alliance's Transitions of Care Committee to ensure coordination across programs. While grant activities have been held back by the pandemic, work was able to proceed in 2021. Grant accomplishments include:

- Forming a Zero Suicide Advisory Committee with a broad range of partners, including:
 - » Health care systems
 - » Providers
 - » Representatives from systems using the Zero Suicide model, and
 - » Individuals with suicide loss and attempt experience.

- Completing an online Statewide Needs Assessment survey to gather information on existing Zero Suicide efforts.
- Developing a Request for Proposal to provide funding to an Oregon health system to support and enhance their implementation of Zero Suicide efforts. Community Counseling Solutions serving Gilliam, Grant, Morrow, Umatilla and Wheeler counties has been awarded funding for three years.
- Providing a Zero Suicide breakout session at the 2021 Oregon Suicide Prevention Conference. OHA will also host the 2-day Zero Suicide Academy for Oregon health systems with the national Zero Suicide Institute in March 2022.

CDC Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes (ED-SNSRO): OHA was one of ten states to receive this funding for September 2019 through August 2022. This grant (just under \$147,000 per year) provides support to:

- Develop tracking of suicide attempt and self-harm data
- Report data to partners, and
- Use data to inform suicide prevention activities.

As part of these grant activities, IVPP continues to provide a monthly report on emergency department and urgent care center visits for suicide attempts and suicidal ideation and suicide-related calls to the Oregon Poison Center.

This information comes from Oregon Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) data. The report, [*Suicide-related Public Health Surveillance Update*](#), is provided to the public monthly and has been updated based on partner feedback. More than 1,700 emails are subscribed the report.

This grant also allows Local Public Health Authorities to access ESSENCE data. OHA has supported several requests on local monitoring and content questions. OHA has been working on a public-facing dashboard to provide statewide data. It plans to launch the dashboard in 2022.

CDC Firearm Injury Surveillance Through Emergency Rooms (FASTER): OHA received this new funding stream for September 2020 through August 2023. It provides \$225,000 in year one and \$180,000 in year two. This grant provides funding for OHA PHD to partner with the Oregon Health & Science University-Portland State University School of Public Health (OHSU-PSU SPH) to demonstrate the feasibility of monitoring and gathering data on nonfatal firearm injuries, including suicide attempts and self-harm. Data on firearm injury in Oregon would allow the state to design ways to reduce injury and inform prevention efforts. Grant activities in 2021 include:

- Creating, validating and monitoring the quality of indicator syndrome definitions, and
- Starting to engage partners to identify data elements to include in data reports.

Progress report on YSIPP 21–22 initiatives

This section describes the progress and status of each of the YSIPP 21–22 priority initiatives at the time of this report. Current progress and status updates are maintained here. The OHA suicide prevention team and the Oregon Alliance to Prevent Suicide will update and publish YSIPP priority initiatives for 2023 in late 2022.

1. Healthy & Empowered Individuals, Families and Communities

1.1 Integrated & Coordinated Activities

1.1.1 “Coordinated Activities” Youth suicide prevention programming is coordinated between Tribes, state, county, and local leaders to maximize reach & ensure equitable access for all Oregonians.

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

Early Action

The OHA Suicide Prevention team has assigned lead responsibility for each initiative in the YSIPP 21–22. It has also assigned leads to each committee and advisory group of the Alliance to Prevent Suicide. The Alliance to Prevent Suicide staff has been tasked with updating the contact information for the 18 local suicide prevention coalitions across Oregon. Focus of work in 2022 will include updating suicide prevention staff information for counties, school districts, Tribal health departments, Zero Suicide programs in health settings and for staff that support suicide prevention in relevant state agencies.

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

Achieved

Big River Coordinators meet monthly, are connected, regularly have warm handoffs between programs, can speak with clarity about the Big River programs and about the system. They are learning from each other and tackling issues and barriers as a team.

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

In Progress

Big River collaboration meetings include updates from programs. Big River coordinators are provided with tools to connect to other programs.

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

In Progress

Partners meet monthly in each of the listed categories to align work and provide support.

1.1.1.5 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.

Planning

There was a delay in Inter-Agency Agreement between ODE and OHA. There is a large group meeting scheduled for February and individual coordination meetings are planned for later in spring.

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

In Progress

OHA received a new round of GLSMA funding for June 2019 through June 2024. Gatekeeper training has been implemented to increase the number of persons in youthserving organizations trained to identify and refer youth at risk. From the start of grant activities in June 2019–Dec. 2021, over 3,500 individuals have been trained.

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

Early Action

Alliance staff met with committee and advisory group chairs to review YSIPP 21–22 initiatives assigned to their specific group. It was decided that no focus changes needed to be made at this time to align with current initiatives. Alliance leadership is also meeting regularly to discuss infrastructure of the Alliance as a whole.

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

Early Action

The Big River program map is widely distributed and is clickable to reach the programs. The first action step will be to ensure data is available online. Data is online for QPR, Sources of Strength, Youth-SAVE and MHFA. This is in progress for Connect: Postvention, Oregon CALM, and ASIST. Focus of work in 2022: Provide data to local leaders and compile the data in one centralized place.

1.1.2 "SP Policies" Youth serving entities have suicide prevention policies for clients and staff that are known and utilized.

1.1.2.1 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.

In Action

Oregon Administrative Rules 309-027 will go through rules revision beginning March 2022. Tribal leaders were notified of rules revision process in Jan. 2022.

1.1.3 "Coordinated Entities" Youth serving entities are coordinated and understand their role in suicide prevention.

1.1.3.1 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.

Achieved

This group currently meets on the 2nd Tuesday of each month. ODHS also secured funding for a half-time suicide prevention coordinator position within the Child Welfare team in mid-2021. This position is working to meet GLS grant requirements as well as coordinating with broader OHA youth suicide prevention efforts.

1.1.3.2 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.

In Progress

Both entities have strong connections with a variety of youth-serving community based organizations. Focus of work for 2022: Maintain a shared contact list of staff or leaders in youth-serving community based organizations.

1.1.4 "Voice of Lived Experience" Youth and folks with lived experience have meaningful voice in Oregon's suicide prevention, including programming decisions and links to key leaders.

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

Achieved

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

Planning

There are currently several vacancies for youth representatives. A youth engagement team is meeting to discuss how to better and more meaningfully engage this age group moving forward.

1.1.4.3 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.

Early Action

There are currently several vacancies for youth representatives. The youth engagement team was created and submitted a proposal to the executive committee about a new youth engagement strategy. This was approved by the executive and the youth engagement team will submit a more formal proposal, along with a budget ask, to OHA.

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

Early Action

UO's Suicide Prevention Lab conducted a survey with the Klamath Tribes. They gathered responses from more than 150 young people to inform their Community Action Partnership. Focus of work in 2022: This requirement will be included in all suicide prevention contracts beginning July 1, 2022.

1.1.4.5 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.

Early Action

This requirement will be included in all suicide prevention contracts beginning July 1, 2022.

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

1.1.5.1 The Alliance will continue to be staffed at 2.0 FTE.

Achieved

This staffing level remained sustained in 2021.

1.1.5.2 YVEA receives OHA support for .5 FTE staff.

Achieved

This staffing level remained sustained in 2021.

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

Achieved

OHA staff provided logistical support and facilitation of this advisory council throughout 2021.

1.1.6 "Resourced Coalitions" Regional Suicide Prevention Coalitions are informed and resourced to address their local needs and priorities.

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

Achieved

These meetings occurred in May, August and November 2021. Meetings continue to be held quarterly. The next one will occur February 2022. Each webinar has a different focus and allows for a coalition to share current work and challenges, and to celebrate wins. Webinars are typically attended by at least 45 people from across the state and different sectors.

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

Achieved

These are held quarterly and the group is defining their scope and priorities. The current focus is to have statewide messaging with campaigns held annually in May for Mental Health Awareness Month and September for Suicide Prevention Awareness Month. University of Oregon's Suicide Prevention Lab attends these meetings as well for support around coalition building.

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

Achieved

This resulted in a coordinated effort during Suicide Prevention Awareness month (Sept. 2021) to create the "Don't Give Up" public awareness and positive messaging campaign. Find more information on the Alliance website.

1.2 Media & Communications

1.2.1 "Safe Messaging" All Oregonians receive safe messaging about suicide and self-injury.

1.2.1.1 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.

In Progress

Resources and projects are regularly promoted on both listservs.

1.2.2 "Promoting Wellness" Youth-serving entities routinely and strategically promote wellness, emotional strength, mutual aid examples, and protective factors.

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

In Progress

Press releases are scheduled for March, June, September and December.

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

Achieved

This occurs regularly.

1.2.2.3 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.

In Progress

Sources of Strength for grades K–2 to begin in Fall 2023. Sources of Strength is widely available and growing in grades 3–12 and post-secondary. It is connecting to other youth-serving spaces including ODHS Child Welfare, Independent Living Programs, Boys and Girls Clubs and several Tribal youth services.

1.2.3 "Information Dissemination" SP Programming, information and resources are widely advertised and centrally located on one website. Information is kept up-to-date.

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

Achieved

A message is sent out every 2–4 weeks on this listserv.

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

Achieved

www.safestrongoregon.org

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

Early Action

<https://www.oregonsuicideprevention.org/>

1.2.3.4 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.

In Progress

<https://oregonalliancetopreventsuicide.org/>

1.2.3.5 OHA Public Health Division and Health Systems Division (HSD) websites will be accurate and offer updated information.

Early Action

The HSD youth suicide prevention website was updated in January 2022. Work for 2022: Update and align the Public Health Division youth suicide prevention website.

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

Achieved

The Oregon Suicide Prevention Conference (OSPC) took place virtually October 11–13, 2021. The theme was “Communities Creating Stories of Hope.” An effort was made to feature equity and lived experience at the event, including keynote speakers focused on the experiences of Black people, people with disabilities, veterans and youth. Nearly 190 individuals attended the conference including county-affiliated personnel, secondary school or school district personnel, clinicians, trainers, advocates and those with lived experience of suicide attempt, mental health conditions and suicide loss. Among participants that completed the conference evaluation, over 90 percent rated the overall conference as a 4 or 5 on a 5-star scale. The October 2022 conference is scheduled to take place in Ashland, Oregon. The planning advisory group, including Southern Oregon suicide prevention partners, started meeting Jan. 2022.

1.2.3.7 OHA will issue a press release related to suicide prevention quarterly.

In Progress

Press releases are scheduled for March, June, September and December.

1.2.4 "Informed Leaders" Key decision-makers are kept well informed & up-to-date about suicide activity and prevention efforts (i.e. legislators, Oregon Health Authority leaders, Oregon Department of Education leaders, county commissioners).

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

In Progress

The Recovery Report is not being issued at this time. Suicide Prevention has a regular monthly report in the Children and Family Behavioral Health Unit's newsletter called Holding Hope.

1.2.4.2 Annual YSIPP report is published and disseminated widely by March.

In Progress

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

Early Action

There were not named Alliance to Prevention Suicide legislative priorities for the 2022 short session. No meetings occurred prior to that session. Key policy priorities for the 2023 long session will be developed. The Alliance partnered with the American Foundation for Suicide Prevention's Oregon Chapter for the 2022 virtual Capitol Days. Alliance staff and members presented during the actual event and staff met with legislators to discuss our 2023 policy options package (POP) recommendations and what we hope to advocate for in the 2023 legislative session. The virtual event was attended by 160 people.

1.3 Social Determinants of Health

1.3.1 "Clear Links" The link between economic factors and risk of suicide is highlighted outside of typical suicide prevention work.

NA

1.3.2 "Supporting Partners" Suicide prevention advocates and experts support the work of those decreasing disparities and inequities.

NA

1.4 Coping & Connection

1.4.1 "Positive Connections" All Oregonian young people have access to meaningful places and spaces to experience positive connection & promote mutual aid.

1.4.1.1 Sources of Strength programming available statewide for all students Grade 3 to postsecondary.

Achieved

This is available to any school in Oregon and use of this program is growing in grades 3–12 and post-secondary.

1.4.1.2 YouthERA, Youthline, and Oregon Family Support Network (OFSN) are available and advertised widely.

Achieved

These resources are widely advertised and continue to be available.

1.4.1.3 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.

Early Action

Significant work to identify partners in ODHS has been done. More work is needed to identify partners within the remaining listed organizations.

1.4.2 "Coping Strategies" All Oregonian youth people are taught and have access to positive/healthy coping strategies. All OR youth and young adults are taught to understand impact of potentially harmful/negative coping strategies.

1.4.2.1 Sources of Strength Elementary (grades 3–5) suicide prevention programming is available statewide.

Achieved

This is available to any school in Oregon. Fifty-five schools in 2021 implemented Sources Elementary.

1.4.2.2 New: Explore possibilities for K–2 suicide prevention programming

In Action

An elementary suicide prevention coordinator was hired in 2021 through Matchstick Consulting. More than 100 schools indicated interest in K–2 programming. Sources of Strength K–2 will be available for the 22–23 school year.

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

1.4.3.1 Sources of Strength makes Adult Advisor training available widely for youth-connected adults in areas with Sources programming.

Achieved

There are 3.0 FTE trainers available for statewide training, in person or virtual. One trainer is bilingual. New trainers were hired in August 2021. There are discussions about creating position for an additional trainer to increase capacity. Local trainers are being trained through training for trainers (T4T) and certified through a statewide program.

1.4.3.2 Mental Health First Aid has a version created for youth-serving adults and training for trainers in youth curriculum is widely available.

Achieved

YMHFA is available. YMHFA T4T is planned for 2022.

2. Clinical & Community Prevention Services

2.1 Frontline & Gatekeeper Training

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

2.1.1.1 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.

Achieved

This guide is available free online at <https://oregonyouthline.org/step-by-step/>.

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

Achieved

These tools were shared with all school-based mental health providers and are also explicitly named in the contract documents if programs request them.

2.1.1.3 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.

Early Action

The rules that need to be revised within OHA's authority are in the 410-180 traditional health workers rule. This legislation is scheduled to become active on July 1, 2022. The rules advisory committee has not yet been scheduled. OHA has met with each licensing board listed in this legislation to gather suggestions and concerns. A stated need for a free or very low cost online, on-demand training to meet these requirements has emerged from the traditional health workforce. A stated need to ensure high quality and meaningful suicide prevention training has emerged from the Alliance to Prevent Suicide.

2.1.2 "Supported Training Options" – Suicide prevention frontline and gatekeeper training is widely available at low or no cost in Oregon for youth-serving adults.

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

Achieved

Big River programs are widely available. T4T is scheduled and available widely. Appropriate screening is in place for all programs. Ongoing support, evaluation and course support is available on some level for all programs.

2.1.2.1.1 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.

Achieved

See the training infographic on [page 9](#) to learn about the implementation of these programs in 2021. In addition to statewide efforts, ODHS made computer-based QPR training mandatory for all employees with an exemption process for those who did not feel they could participate due to lived experience with suicide. As of December 31, 2021, over 6,000 ODHS employees and partner agency staff had completed the training.

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

Achieved

Big River programs are widely available. T4T is scheduled and available widely to equip local leadership. Appropriate screening is in place for all programs. Ongoing support, evaluation and course support is available on some level for all programs. Work is being done to ensure that programs are reaching diverse populations, including Black and Native American populations and other communities of color, as well as rural and remote areas and people who speak languages other than English.

2.1.2.2.1 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).

Achieved

These are available widely for appropriate service providers. Work is being done to ensure these trainings are also being made available to providers working with Black and Native American populations and other communities of color.

2.1.2.3 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.

Planning

OHA suicide prevention staff have requested information about internal capacity for this technology from OHA's Business Information Systems.

2.1.3 "Representative Trainers" – The trainer pool in Oregon for suicide prevention programming represents the cultural and linguistic diversity of the communities in which they train.

2.1.3.1 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.

Early Action

Big River coordinators (collectively and individually) are working on recruiting and supporting a diverse pool of trainers. Work includes building relationships with community partners and leaders in diverse communities, ensuring programs are adaptable and culturally responsive, and connecting with local leaders.

2.1.4 "Culturally Relevant Training" – Suicide prevention programming is regularly evaluated and updated to ensure equity, cultural relevance and responsiveness, and linguistic needs are addressed.

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

Planning

2.1.4.2 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.

Early Action

Big River coordinators all meet with UOSPL regularly to grow evaluation. They are all working on multifaceted approaches to assessing the gaps and needs in an equity-centered way. Work is being done to ensure programs are reaching diverse populations including Black and Native American populations and other communities of color, as well as rural and remote areas and people who speak languages other than English.

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

Achieved

Completed by Lines for Life in 2021. The resource is available at <https://oregonyouthline.org/step-by-step/>.

2.2 Means Reduction

2.2.1 "Safe Storage Access" – All Oregonian young people experiencing a behavioral health crisis have access to safe storage for medicine and firearms.

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

In Action

The lethal means advisory group leadership is creating a draft workplan that will be reviewed by the full advisory group. They will decide how to move forward with recommendations. The goal is to have this complete by May 2022 for executive committee review and submitted to OHA by June 2022.

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

Achieved

Approximately 5,000 medicine lock boxes were distributed to local mental health authorities in 2021.

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

Achieved

Approximately 1,600 firearm vaults and cases were distributed to local mental health authorities in 2021.

2.2.2 "Means Reduction Education" – Youth serving adults and caregivers are equipped with means reduction strategies and resources.

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

Achieved

The CALM training is available through the Suicide Prevention Resource Center's website. Additionally, OHA has developed an online training focused on how primary care and direct service providers can work with firearm owners in rural areas who may be at risk of suicide to voluntarily limit access to firearms. The training is based on focus group research with firearm owners in rural Oregon. Over 480 individuals have completed the course since it launched in late 2019. Course evaluation shows that participants found the course useful. Over 80 percent of those who completed an evaluation indicated they plan to change an aspect of their practice based on the training and over 90 percent stating they would recommend this course to colleagues. This training is funded through the GLS grant.

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

Achieved

GLS grant activities are supporting development of in-state trainer capacity to provide Oregon Counseling on Access to Lethal Means (Oregon CALM) live in-person and virtual training. Oregon CALM is based on a nationally used course, CALM, and also incorporates aspects of the rural firearm research described above. A cohort of individuals were certified as Oregon CALM trainers in August 2021. GLS funds are supporting a trainer learning collaborative. Oregon CALM trainings are scheduled to begin in February 2022 with additional train the trainer opportunities planned.

2.2.3 "Means Reduction Promotion" – Oregon regularly promotes safe storage practices and links it to suicide prevention.

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

Early Action

2.3 Protective Programming

2.3.1 "Available Support" – Oregonians who need immediate support or crisis intervention have access to it.

2.3.1.1 Crisis Text Line is available 24/7, and data is tracked using code "Oregon"

Achieved

2.3.1.2 LifeLine through Lines for Life is available 24/7.

Achieved

Completed by Lines for Life.

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

Achieved

Completed by Lines for Life.

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

Achieved

These lines are active and available.

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

Early Action

This work has been delayed. More consumer input needs to be gathered to determine the needs for this service.

2.3.1.6 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.

Early Action

This project is on track for a July 2022 launch.

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

Early Action

Mobile Response and Stabilization Services (MRSS) will be an expanded version of our current crisis response system focused on providing 24/7 connection for youth and their families. It includes immediate, face-to-face response and up to 8 weeks of stabilization services. MRSS teams will work in the community, as requested by the youth and their family. The teams are tasked with providing screening and assessment; stabilization and de-escalation; and coordination with and referrals to health, social and other services, as needed. MRSS teams include both a qualified behavioral health care professional and a qualified mental health associate and/or peer support specialist trained in crisis response.

2.3.2 "Population Focused Programming" – Young people within populations at greater risk for suicide have access to positive and protective programming in their community.

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

Achieved

This pilot project was completed in 2021 and is not ongoing into 2022. Some grantees received additional funding and are continuing. This is led by AOCMHP.

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

In Action

Target completion of the training development is June 2022 with a subsequent launch of training opportunities. This project is experiencing some delays due to the COVID-19 Omicron variant's impact on the development team.

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

In Action

Sources of Strength continues to be focused on diversity and equity in the peerled culture change program. Local trainers and leaders being equipped to lead in an equity-centered way. The contractor committed to all employees being trained in equity.

2.3.2.4 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.

Achieved

2.3.3 "Protective Policies" – Youth-serving entities have policies and procedures that increase protection against suicide risk (including passive risk, active risk, and crisis intervention) and those policies are implemented.

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

In Action

190 of Oregon's 197 school districts self-reported compliance with Adi's Act. ODE is working with the remaining 7 districts to address the non-compliance.

2.3.3.2 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)

Achieved

The SSPW team is active. Over 125 unique school districts or school buildings have been provided hands-on support and/or warm hand off referrals to resources, trainings or programs. A statewide audit of Adi's Act plans is being conducted in early 2022.

2.3.3.3 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.

Achieved

These positions have been hired and the team is active.

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

Planning

This initiative was delayed. There is a large group meeting scheduled for February 2022 and individual coordination meetings planned for later in spring.

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

In Action

The coordinator at ODE for this work was hired in Feb 2022. Temporary rules were written, and the new coordinator will lead the permanent rule-making.

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

Early Action

Eight schools have agreed to participate in the 3-year Oregon School Suicide Prevention Project pilot. Project activities will begin March 2022 and carry through the 2023–24 academic school year. Spring activities will concentrate on establishing partnerships.

2.3.3.7 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.

Early Action

The schools committee has initiated a project plan to draft, prioritize and assign action items. As a re-sult of that planning, the committee prioritized clarifying all roles and responsibilities. Since January, a breakout team has been working to map the school-support infrastructure and complete a responsibility chart for all Adi's Act requirements. Completion is expected in late February or early March, after which remaining action items of the project plan will be addressed.

3. Treatment and Support Services

3.1 Healthcare Coordination

3.1.1 "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.

3.1.1.1 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.

In Action

OHA worked with multiple partners, including the Oregon Association of Hospitals and Health Systems (OAHHS) and Oregon Alliance to Prevent Suicide (Alliance) to develop the resurvey tool. OHA worked with OAHHS to notify hospitals in advance to ensure that staff familiar with the development and implementation of HB 3090 requirements responded to the survey. The resurvey resulted in a 100 percent response rate among the eligible hospitals. OHA provided several opportunities for partners to inform the report development through partner meetings and written comments. OAHHS and the Alliance provided written feedback. OHA is finalizing survey findings and recommendations. It is anticipated the report will be published in spring or summer 2022.

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

In Action

The transitions of care committee responded to the draft HB 3090 resurvey report. This committee has not yet developed a work plan to monitor next steps.

3.1.1.3 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.

Achieved

Current programming continues in 12 sites within 11 counties. This programming will be incorporated in the Mobile Response and Support Services (MRSS) model. 2022 will be a transitional year, as OHA continues planning for implementing the MRSS model across Oregon.

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

Early Action

Mobile Response and Stabilization Services (MRSS) will be an expanded version of our current crisis response system focused on providing 24/7 connection for youth and their families. It includes immediate, face-to-face response and up to 8 weeks of stabilization services. MRSS teams will work in the community, as requested by the youth and their family. The teams are tasked with providing screening and assessment; stabilization and de-escalation; and coordination with and referrals to health, social and other services, as needed. MRSS teams include both a qualified behavioral health care professional and a qualified mental health associate and/or peer support specialist trained in crisis response.

3.1.1.5 New: Caring Contacts billing code activated in Medicaid.

Early Action

There has not been significant progress on this objective, although OHA suicide prevention staff have started conversations with the Medicaid program. There will be recommendations related to Caring Contacts in the pending HB 3090 report based on survey results and partner feedback that may provide momentum in this effort.

3.1.2 "Appropriate Communication" There is formal communication between healthcare providers, behavioral healthcare providers and youth serving adults (such as school counselors).

3.1.3 "Substance Use Services" – Substance Use Disorder and Mental Health services are integrated when possible and coordinated when not fully integrated.

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

Achieved

These recommendations were submitted in 2021.

3.1.4 "Integrated Care" – Oregonian young people will receive integrated models of healthcare in primary care settings and schools (i.e. behavioral health is available and access through primary care or school-based health centers/ school based mental health).

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

Planning

This work has been delayed. ODE and OHA have created a list of resources to include in this toolkit but have not begun development.

3.2 Healthcare Capacity

3.2.1 "Accessible Services" – Oregonian young people can access the appropriate services on the continuum of behavioral healthcare at the right time for the right amount of time, regardless of health insurance.

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

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

3.3. Appropriate Treatment & Management of Suicidality

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

3.3.1.1 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.

Achieved

This is available widely for youth-serving providers. Work is being done to ensure these trainings are also being made available to providers working with Black and Native American populations and other communities of color, as well as in rural and remote areas. Work is being done to make better training available for the Peer Support Workforce.

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

Achieved

This is available widely for youth-serving providers. Work is being done to ensure these trainings are also being made available to providers working with Black and Native American populations and other communities of color, as well as in rural and remote areas.

3.3.1.3 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)

Achieved

This is available widely for appropriate service providers. Work is being done to ensure these trainings are also being made available to providers working with Black and Native American populations and other communities of color, as well as in rural and remote areas.

3.3.1.4 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)

Achieved

This is available widely for appropriate service providers. Work is being done to ensure these trainings are also being made available to providers working with Black and Native American populations and other communities of color, as well as in rural and remote areas.

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

In Action

The 18–24 module is planned to launch June 2022. The primary care provider module is launching in March 2022. The young adult module will be available for all trainers. The primary care module will be trained only by developers due to specificity of the training and limited capacity among qualified people, particularly medical experts.

3.3.1.6 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.

Achieved

This presentation occurred in Oct. 2021 at the Oregon Suicide Prevention Conference.

3.3.2 "Voice and Choice" – Clients/consumers, parents and caregivers have voice and choice in treatment.

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

Achieved

This document is being revised in spring 2022 to include new 988 and Mobile Response and Stabilization Services information.

3.3.3 "Whole-person Approaches" – Whole-person approaches are used to enhance treatment for suicide and to increase effectiveness of management of long term symptoms.

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

Early Action

OHA suicide prevention staff requested and received a literature review from the UO Suicide Prevention Lab to scan for current research in this area and continue to scan for available treatment approaches.

3.3.3.2 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.

Planning

OHA suicide prevention staff requested and received a literature review from the UO Suicide Prevention Lab to scan for current research about culturally-specific suicide prevention training and treatment approaches. OHA suicide prevention staff are working with NARA NW to incorporate Tribal-based practices to the Suicide Rapid Response program. OHA suicide prevention staff compiled examples of Tribal-based suicide prevention activities planned by Oregon Tribal Nations and shared that with Tribal behavioral health directors and with Tribal prevention staff.

3.4 Postvention Services

3.4.1 "Equipped & Resourced Communities" – Youth-serving entities and communities are equipped to provide trauma informed postvention care for those impacted by a suicide death.

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

Achieved

Connect: Postvention is available widely, is adapted for Oregon, has spaciousness built in for local communities to adjust in ways that make sense and is engaged in ongoing evaluation. Trainers are supported. Work is led by AOCMHP. Work is being done on a trainer portal for resource support.

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

Achieved

This program responded with support and resources to seven unique communities in 2021 following a youth suicide death.

3.4.2 "Postvention Response Leads" – Postvention Response Leads (PRLs) (and teams) are supported and equipped to fulfill their legislative mandates.

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

In Action

This program responded with support and resources to seven unique communities in 2021 following a youth suicide death.

3.4.2.2 OHA hosts quarterly statewide collaborative meetings with PRL's.

Achieved

3.4.2.3 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.

Early Action

The rules advisory committee is scheduled for March 29, 2022. Oregon Tribal Nations received notification of these rule edits in January 2022, and Tribal behavioral health directors received a presentation about this legislation in February 2022. Postvention Response Leads received the draft rules in January 2022 via their OHA listserv.

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

Early Action

This work has been delayed due to competing priorities. OHA suicide prevention staff will identify whether any PRLs are interested in continuing with this pilot project in 2022.

3.4.3 "Fatality Data" – Youth suicide fatality data is gathered, analyzed, and used for future system improvements and prevention efforts.

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

Early Action

A cohort of individuals was trained in the Psychological Autopsy Certification Training in 2021. The next steps for this will be to launch limited pilot projects in counties with capacity, willingness and readiness in 2022.

3.4.3.2 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.

Achieved

This report is issued monthly.

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

Achieved

This team meets quarterly. In 2021, this team contracted with the UO Suicide Prevention Lab to conduct a needs assessment of county child fatality review teams. In 2022, this team will work to achieve the action items identified as needs from that assessment.

4. Foundations and Centering Lenses

4.1 Data and Research

4.1.1 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.

Achieved

This was funded in 2021.

4.2 Evaluation

4.2.1 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.

Achieved

This was funded in 2021.

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

Planning

The UO team determined that they did not have the capacity for this project given the scope of the need. OHA suicide prevention staff have requested information about internal capacity for this technology from OHA's Business Information Systems.

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

Achieved

4.3 Policy Needs/Gaps

4.3.1 The Alliance will name policy recommendations for 2023 legislative session.

Planning

Alliance staff drafted a policy handbook to equip Alliance members in preparation for naming legislative concepts and policy needs. The Alliance submitted recommendations to OHA for funding needs related to suicide prevention for the 2023 long session in January 2022.

4.4 Funding Needs

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

In Action

This list is maintained and updated periodically based on emerging system needs and feedback from key partners (including the Oregon Alliance to Prevent Suicide).

4.4.2 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.

Early Action

The OHA Suicide Prevention team is working on this initiative.

4.4.3 Each of Oregon's nine federally recognized Tribes will receive suicide prevention specific funding from the Oregon Health Authority.

Achieved

This was funded in 2021.

4.5 Equity

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

Early Action

The Equity Advisory Group meets twice a month. The current projects are to create an Equity Statement for the Alliance and review an Adult Suicide Prevention Equity Tool to identify necessary adaptations for applications to youth suicide prevention.

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

Planning

The need for funding in these areas will be included in the list of funding needs referenced in 4.4.1.

4.6 Trauma Informed Practices

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

Achieved

This was funded in 2021.

4.7 Lived Experience Voice

4.7.1 See "Voice of Lived Experience" initiatives beginning in section 1.1.4.

4.8 Collective Impact

4.9 Collaboration

Data section

Suicide numbers, rates and rankings by county or state vary by year. Tracking trends across time is the most effective way to study the data. Oregon youth suicide deaths and rates increased significantly between 2011 and 2018. Youth suicides among people younger than 25 years old decreased from 118 deaths in 2019 to 102 deaths in 2020. Of the 102 deaths in 2020, one was a child younger than 10 years old. Compared to 2019, the 2020 rate decreased by 13 percent to 13.3 per 100,000. In 2020, suicide deaths decreased nearly 14 percent among youth under age 25. Oregon's suicide rate was 18th in the nation in 2020 (Table 3).

Table 3. Oregon suicide deaths and rates among those age 10 to 24 compared to the national rate

Year	Number of youth suicides	Suicide death rate (per 100,000)	Rank among 50 states (50 is lowest rate)
2014	97	12.9	12
2015	90	12.0	16
2016	98	13.0	15
2017	107	14.1	17
2018	129	17.0	11
2019	116*	15.3	11
2020	101†	13.3	18

* In addition to these deaths among youths in Oregon age 10–24, there were two suicide deaths among children younger than 10 in 2019.

† In addition to these deaths among youth in Oregon age 10–24, there was one suicide death among children younger than 10 in 2020.

The following data analysis addresses Oregon Revised Statute 418.731 Section 3. Data presented are for Oregon residents age 5–24 who:

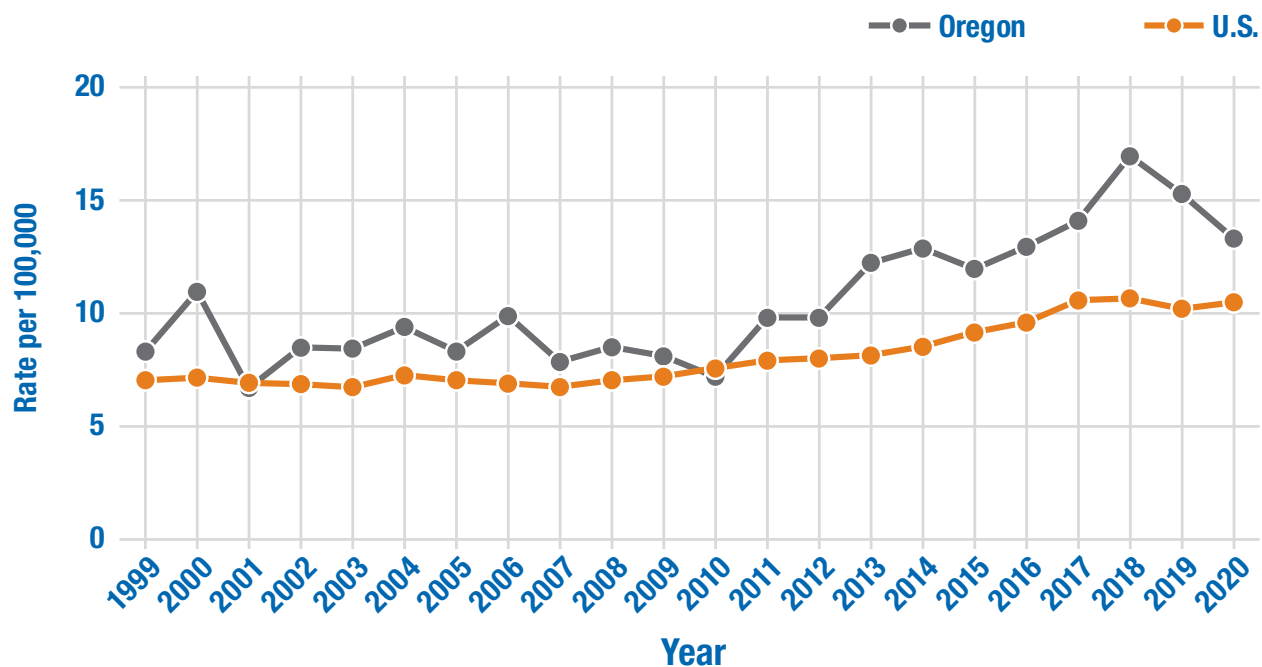
- Died by suicide
- Were hospitalized due to self-inflicted injury, and/or
- Had suicidal ideation and behaviors.

Suicide was the second leading cause of death among youth under 25 years old in Oregon in 2020. (1)

Oregon suicide deaths and rates among youth under 25 years old increased significantly between 2011 and 2018. Oregon saw a decrease in youth suicide rates in 2019–2020. Oregon youth suicide rates continue to be higher than the United States average and have been over the past decade.

- Male youth were more than three times more likely to die by suicide than female youth (Figure 2).
- Among youth, suicide rates increased with age (Figure 2).
- From 2015 to 2019, the Oregon Violent Death Reporting System (OVDRS) identified 10 suicides among transgender youth. An additional 5 suicides were identified among youth who identified as lesbian, gay, bisexual or having a sexual orientation other than straight or heterosexual. These deaths accounted for 2.7 percent of Oregon youth suicides between 2015 and 2019. This is likely an undercount of LGBTQIA2S+ youth who died by suicide due to existing data collection methods.

Figure 1. Suicide rates among youth age 10–24 in the United States and Oregon, 1999–2020



Source: CDC WISQARS and OPHAT

Note: This does not include deaths under age 10. There was 1 death in 2007, 2 deaths in 2019 and 1 death in 2020 of children under age 10.

Table 4. Comparison of suicide death rates per 100,000 among youth age 25 and under in Oregon and the United States, 2003–2020 (2)*

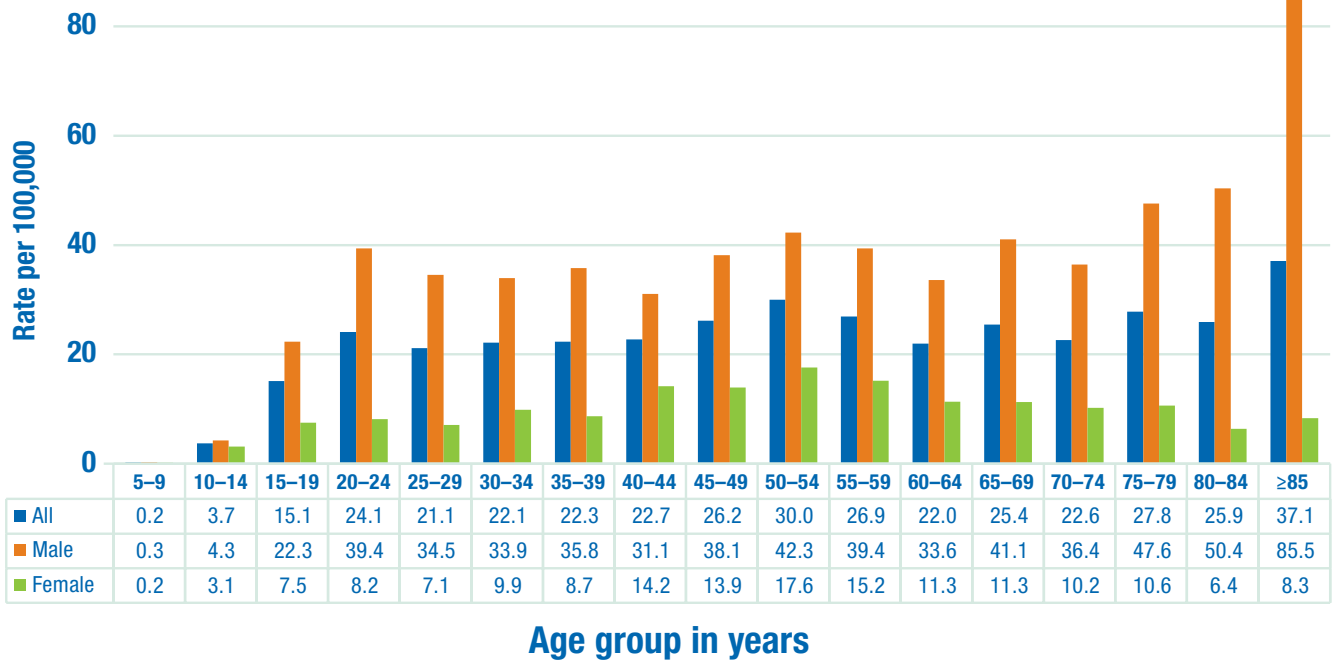
Year	Oregon	United States
2003	8.4	6.7
2004	9.4	7.3
2005	8.3	7.0
2006	9.9	6.9
2007	7.9	6.8
2008	8.5	7.0
2009	8.1	7.2
2010	7.2	7.6
2011	9.8	7.9
2012	9.8	8.0
2013	12.3	8.1
2014	12.9	8.5
2015	12.0	9.2
2016	13.0	9.6
2017	14.1	10.6
2018	17.0	10.7
2019	15.3	10.2
2020	13.3	10.5

* Rates are deaths per 100,000

Sources: CDC WISQARS

Note: This does not include deaths under age 10. There was 1 death in 2007, 2 deaths in 2019 and 1 death in 2020 of children under age 10.

Figure 2. Age-specific rate of suicide by sex, Oregon, 2016–2020



Source: OPHAT

Common circumstances for suicide

Table 5 highlights common circumstances surrounding suicide deaths for youth age 10–24. This information can inform prevention and intervention activities. Some of these circumstances vary by age subcategories. Between 2015 and 2019, the most common circumstances in Oregon for youth under 25 include:

- Mental health concerns or current depressed mood
- History of suicidal ideation and attempts
- Romantic relationship break-ups
- Non-alcohol substance use problems, and
- A crisis in the past two weeks.

Table 5. Common circumstances surrounding suicide incidents by age group, 2015–2019

Circumstance	Aged 10-17 (n=173)		Aged 18-24 (n=455)		Aged 10-24 (n=628)	
	Count	%	Count	%	Count	%
Mental health status						
Diagnosed mental disorder	56	39.4	143	39.2	199	39.4
Alcohol problem	3	2.1	44	12.7	47	9.3
Non-alcohol substance use problem	11	7.7	74	20.2	85	16.8
Current depressed mood	43	30.3	118	31.5	161	31.9
Current treatment for mental health / substance use problem*	40	28.2	73	21.2	113	22.4
Current treatment for mental health problem †	49	28	102	22	151	24
Interpersonal relationship problems						
Broken up with boy/girlfriend, Intimate partner problem	23	16.2	89	24.8	112	22.2
Suicide of family member or friend within past five years	2	1.4	7	1.9	9	1.8
Death of family member or friend within past five years	3	2.1	15	3.6	18	3.6
Family stressor(s)	34	23.9	30	9.1	64	12.7
History of abuse as a child	9	6	14	3	23	5
Life stressors						
Experienced a crisis within two weeks	22	15.5	62	16.6	84	16.6
Physical health problem	2	1.4	9	2.2	11	2.2
Financial / job problem	1	0.7	23	6.3	24	4.8
Recent criminal / non-criminal legal problem	5	3.5	29	8.4	34	6.7
School problem	25	17.6	9	2.6	34	6.7
Suicidal behaviors						
Suspected alcohol use prior to incident	9	6.3	9	17.5	9	1.8
History of expressed suicidal thought or plan	44	31.0	132	35.6	176	34.9
Recently disclosed intent to die by suicide	29	20.4	85	23.8	114	22.6
Left a suicide note	50	35.2	127	33.9	177	35.0
History of suicide attempt	27	19.0	96	26.2	123	24.4

* Includes diagnosed mental disorder, a problem with alcohol, other substance, or depressed mood, or a combination of these.

† Includes treatment for problems with alcohol, other substance or both.

Source: Oregon Violent Death Reporting System

2020

Final data reported 102 suicides among Oregon youth under age 25 with one death among youth under age 10 (characteristics and location are not available for 2 out-of-state deaths). Most suicides occurred among males (81 percent), White persons (89 percent) and persons age 20 to 24 (56 percent). Twenty-four deaths were among middle school and high school students (Table 6). In 2020, the most often observed mechanisms of injury in suicide deaths among youth included:

- Firearms (46 percent)
- Suffocation or hanging (32 percent), and
- Poisoning (12 percent).

Table 6. Characteristics of youth suicides age 25 and younger, Oregon, 2020

		Deaths*	% of total
Age (years)	5–14	8	8%
	15–19	36	36%
	20–24	56	56%
Sex	Male	81	81%
	Female	19	19%
Race or ethnicity†	African American	4	4%
	American Indian or Alaska Native	5	5%
	Asian or Pacific Islander	4	4%
	Hispanic	13	13%
	White	89	89%
	Multiple race	6	6%
	Other or Unknown	4	4%
Student status	Middle School	5	5%
	High School	19	19%
Mechanism of death	Firearm	46	46%
	Hanging/Suffocation	32	32%
	Poisoning	12	12%
	Other	10	10%

* Two out-of-state deaths are not included because their death certificate information is not accessible.

† Includes any race (one or more, any mention) and ethnicity mention. Race categories will not sum to the total since multiple race selections could be made for each decedent.

Source: Oregon Violent Death Reporting System

Note: According to the CDC National Center for Health Statistics, there were 102 suicide deaths among Oregon residents 5–24 years old in 2020; one was younger than age 10.

The mechanism used in suicide deaths among youth varies by gender. Table 7 shows mechanism of injury among suicide deaths by age group and sex in Oregon between 2015 and 2019. Among 10 to 17 year olds, almost half of males (48.9 percent) died by firearm suicide followed by hanging or suffocation (41.5 percent). Among females age 10 to 17 years old, 63 percent died by hanging/suffocations followed by firearm suicide (21.7 percent). Among males 18–24, firearm suicide is the leading cause of death (56.2 percent) followed by hanging/suffocation (27.9 percent). Almost half of females age 18–24 died by hanging/suffocation (47.4 percent) followed by firearm suicide (21.1 percent) and poisoning (17.1 percent).

Table 7. Mechanism of injury among suicide deaths by age group and sex, Oregon, 2015–2019

Age group	Mechanism of injury	Males	% Males	Females	% Females	All sexes*	% All
10–17 years	Firearm	46	48.9	10	21.7	56	40.0
	Other/Unknown	0	0.0	0	0.0	0	0.0
	Sharp instrument	0	0.0	0	0.0	0	0.0
	Poisoning	2	2.1	4	8.7	6	4.3
	Hanging/suffocation	39	41.5	29	63.0	68	48.6
	Fall	2	2.1	0	0.0	2	1.4
	Drowning	1	1.1	0	0.0	1	0.7
	Fire or Burn	0	0.0	0	0.0	0	0.0
	Motor vehicle/train	4	4.3	3	6.5	7	5.0
	Total	94		46	0	140	
18–24 years	Firearm	191	56.2	16	21.1	207	49.8
	Other/Unknown	1	0.3	0	0.0	1	0.2
	Sharp instrument	6	1.8	1	1.3	7	1.7
	Poisoning	17	5.0	13	17.1	30	7.2
	Hanging/suffocation	95	27.9	36	47.4	131	31.5
	Fall	13	3.8	3	3.9	16	3.8
	Drowning	6	1.8	2	2.6	8	1.9
	Fire or Burn	0	0.0	0	0.0	0	0.0
	Motor vehicle/train	11	3.2	5	6.6	16	3.8
	Total	340		76	0	416	

* Includes unknown sex

Source: ORVDRS

Suicide attempts

In 2020, a total of 4,204 youth under age 25 were admitted to the emergency department or hospital related to suicide attempt, suicide ideation or self-harm (Table 8). Females were far more likely to be hospitalized for suicide attempt, suicide ideation or self-harm than males. Starting this year, both emergency department and hospital admissions are included to provide more complete data. Previous annual reports only included hospital admission data. Therefore, data between this annual report and previous annual report should not be compared.

Table 8. Emergency department and hospitalization admission numbers of youth under age 25 for suicide attempt, suicide ideation or self-harm and suicide deaths among youth under age 25 by county, Oregon, 2020

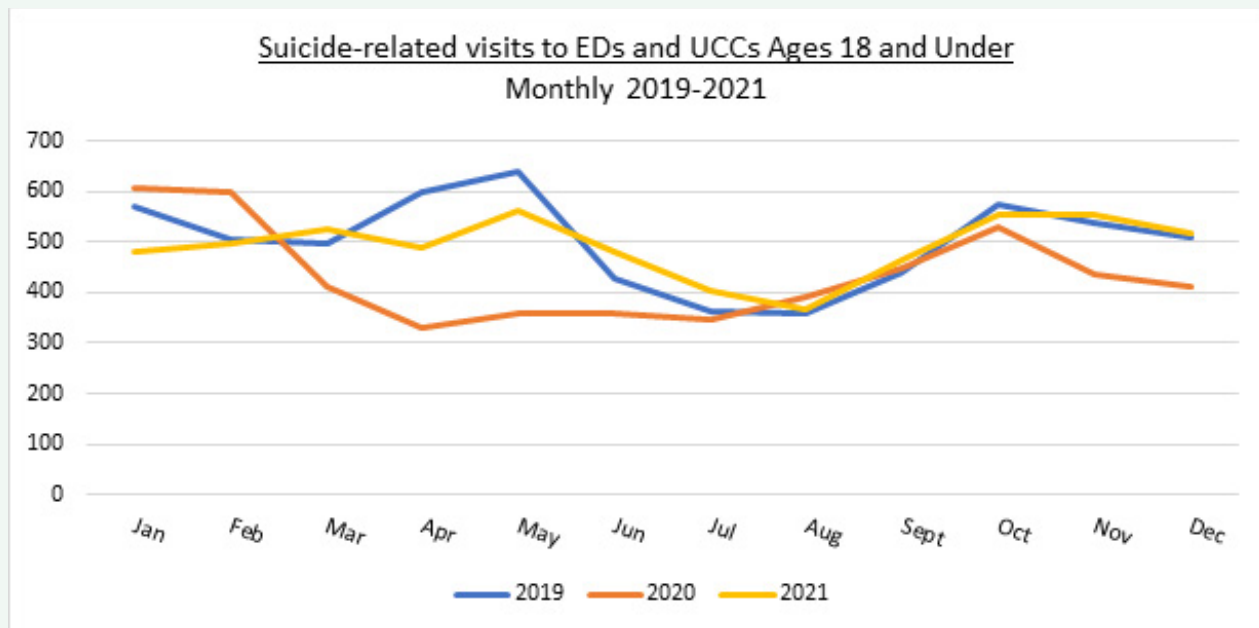
County	Hospitalizations*		Deaths†	
	Count	% of total	Count	% of total
Baker	21	0.5	1	1.0%
Benton	77	1.8	2	2.0%
Clackamas	376	8.9	12	12.0%
Clatsop	31	0.7	0	0.0%
Columbia	40	1.0	1	1.0%
Coos	43	1.0	1	1.0%
Crook	27	0.6	1	1.0%
Curry	29	0.7	0	0.0%
Deschutes	225	5.3	3	3.0%
Douglas	82	1.9	2	2.0%
Gilliam	—	—	1	1.0%
Grant	—	—	0	0.0%
Harney	—	—	0	0.0%
Hood River	14	0.3	0	0.0%
Jackson	237	5.6	6	6.0%
Jefferson	71	1.7	1	1.0%
Josephine	78	1.9	5	5.0%
Klamath	84	2.0	0	0.0%
Lake	—	—	0	0.0%
Lane	400	9.5	10	10.0%
Lincoln	56	1.3	2	2.0%
Linn	180	4.3	3	3.0%
Malheur	21	0.5	1	1.0%
Marion	414	9.8	8	8.0%
Morrow	—	—	0	0.0%
Multnomah	694	16.5	17	17.0%
Polk	142	3.4	2	2.0%
Sherman	21	0.5	0	0.0%
Tillamook	56	1.3	1	1.0%
Umatilla	32	0.8	2	2.0%
Union	—	—	0	0.0%
Wallowa	23	0.5	0	0.0%
Wasco	0	0.0	1	1.0%
Washington	558	13.3	12	12.0%
Wheeler	172	4.1	0	0.0%
Yamhill	71	1.7	5	5.0%
State	4204	N/A	100	NA

* Oregon Hospital Discharge Index. Please note that a new methodology to calculate 2018 youth self-harm hospitalizations was implemented based on CSTE (Council of State and Territorial Epidemiologists) guidelines. Therefore, 2018–2020 data is not comparable to previous years. Counts less than 10 and not 0 are not reported due to low counts and are represented by a line in the table.

† Oregon Violent Death Reporting System. Two out-of-state deaths in 2020 are not included because their death certificate information is not accessible.

Suicide-related visits to emergency departments (EDs) and urgent care centers (UCCs) for youth age 18 and under in 2020 were lower than 2019. Total visits for all health concerns decreased between March and June of 2020 (Figure 3). This coincided with the spread of COVID-19 (Figure 5). Suicide-related visits to EDs and UCCs for youth age 18 and under in 2021 are similar to 2019.

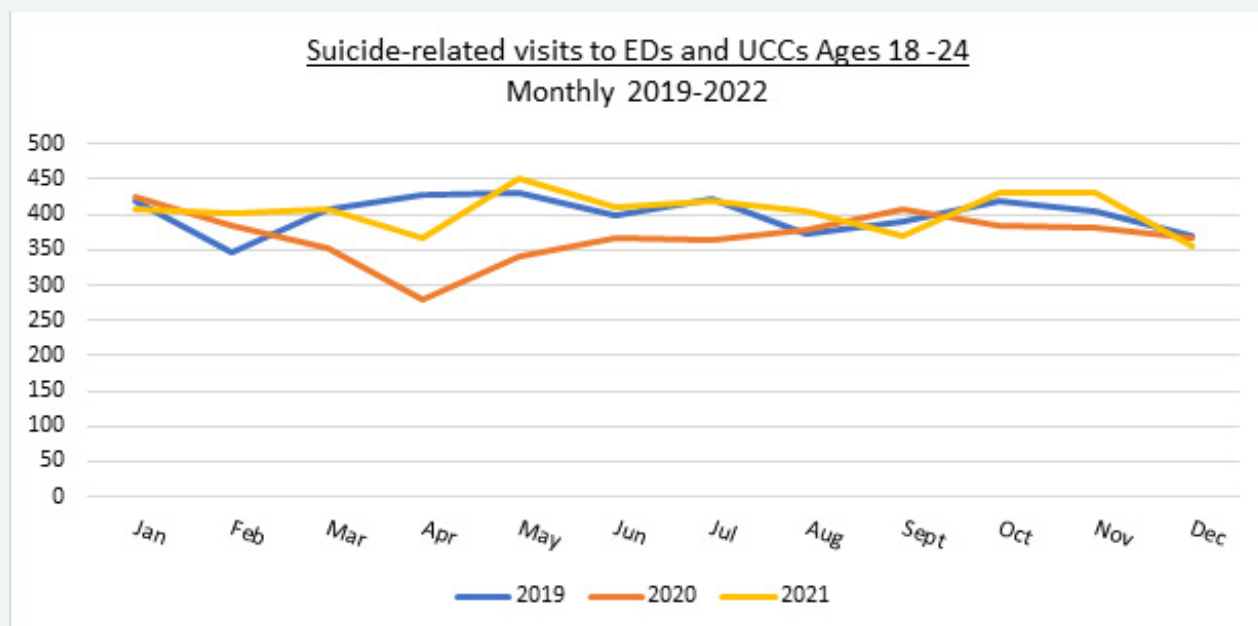
Figure 3. Suicide-related visits to emergency departments and urgent care centers, ages 18 and under, Oregon



Total visits: 2021 = 5,904; 2020 = 5,227; and 2019 = 6,016.

Source: ESSENCE syndromic surveillance suicide-related data, including visits for self-harm, suicide ideation and suicide attempt, from all nonfederal hospital emergency departments and select urgent care centers across Oregon.

Figure 4. Suicide-related visits to emergency departments and urgent care centers, ages 18 to 24, Oregon

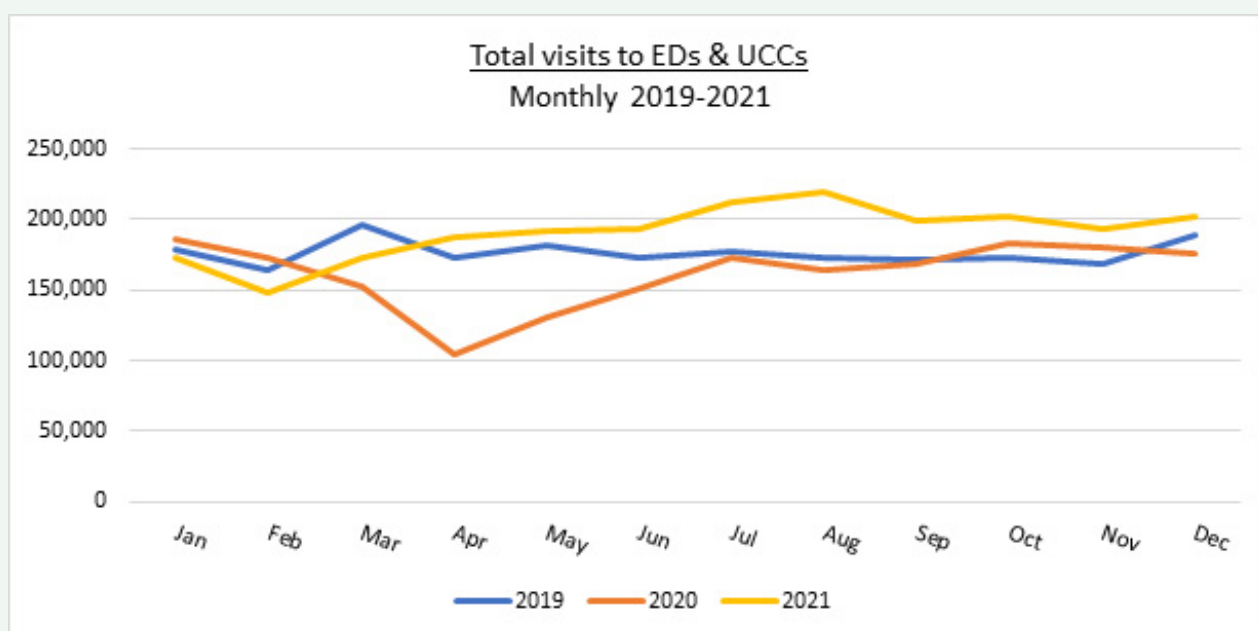


Total visits: 2021 = 4,851; 2020 = 4,436; and 2019 = 4,813.

Source: ESSENCE syndromic surveillance suicide-related data, including visits for self-harm, suicide ideation and suicide attempt, from all nonfederal hospital EDs and select UCCs across Oregon.

The number of suicide-related visits to emergency departments (EDs) and urgent care centers (UCCs) for youths ages 18 to 24 in 2021 is similar to 2019 and 2020 (Figure 4).

Figure 5. Total visits to emergency departments and urgent care centers, Oregon



Total visits: 2021 = 2,296,865; 2020 = 1,944,331; and 2019 = 2,119,711.

Source: ESSENCE syndromic surveillance suicide-related data, including visits for self-harm, suicide ideation and suicide attempt, from all nonfederal hospital EDs and select UCCs across Oregon.

Suicide related measures from the 2020 Student Health Survey

Oregon's Student Health Survey (SHS) is a collaborative effort between the Oregon Health Authority and the Oregon Department of Education. The survey is a comprehensive, school-based, anonymous and voluntary health survey for sixth, eighth and 11th graders. The 2020 SHS replaces OHA's two previous youth surveys, the Oregon Healthy Teens Survey (OHT) and the Oregon Student Wellness Survey (SWS). Combining the two youth surveys is part of OHA's ongoing efforts to make Oregon's public health system more efficient. This reduced the time and resources asked of schools and students. SHS data is not directly comparable to prior OHT and SWS results due to differences such as methodology, grades surveyed, learning environment, data collection period and recruitment. For more information, view the full 2020 SHS State Profile and County Profile Reports on the [OHA SHS webpage](#).

The Student Health Survey asked several questions related to youth suicide and mental health which are described below. Note that not all SHS questions were asked to each grade. If a grade level is not included below (sixth, eighth or 11th), the question was not asked to that grade level.

- Percentage of youth that felt sad or hopeless almost every day for at least two weeks in a row due to coronavirus or coronavirus symptoms:
 - » 14 percent of eighth graders
 - » 27 percent of 11th graders
- Percentage of youth that seriously considered attempting suicide due to coronavirus or coronavirus symptoms:
 - » 6 percent of eighth graders
 - » 9 percent of 11th graders
- Percentage of youth that seriously considered attempting suicide:
 - » 10 percent of sixth graders
 - » 14 percent of eighth graders
 - » 17 percent of 11th graders
- Percentage of youth that attempted suicide one or more times:
 - » 3 percent of sixth graders
 - » 6 percent of eighth graders
 - » 5 percent of 11th graders

Suicide attempts involving a firearm are more likely to result in injury or death than other mechanisms such as suffocation (hanging) or poisoning. Since firearms account for a high percentage of youth suicide deaths, easy access to guns may increase the risk of suicide attempts and deaths. Although more than half of eighth and 11th graders say they do not

have access to a loaded gun, about a third, 37 percent of eighth graders and 41 percent of 11th graders, say they could get one in less than a day. About a quarter, 22 percent of eighth graders and 23 percent of 11th graders, say they could get a loaded gun in less than 10 minutes.

2020 SHS data is currently being analyzed based on reported demographics including race and ethnicity, gender identity and sexual orientation. This data will be available later in 2022.

Limitations of data used for suicide surveillance

Refer to the [OHA Injury and Violence Prevention Program Data Glossary](#) for more information on datasets used in this report. Suicide is one of the leading causes of death for the general population in Oregon and the second leading cause of death among people in Oregon age 10 to 24. Suicide prevention is one of OHA's top priority issues. Suicide is a complex behavior and associated with many factors, including:

- Mental health
- Substance use
- Physical health
- Relationships
- Life events
- Isolation
- Social connectivity
- Other environmental and societal conditions
- Adverse childhood experiences, and
- Lack of access to mental and behavioral health services.

Oregon uses various existing administrative data sets, surveys and active surveillance efforts to monitor and track suicide as well as some risk and protective factors that lead to or prevent suicide.

These sources include data elements of interest to policy makers. However, these data sources may fall short in other areas of interest. Standard administrative data used to track outcomes (such as death certificates, hospitalizations or ED visits) do not usually collect:

- Data on risk and protective factors for suicide (for example, depression)
- Past medical and behavioral histories (for example, treatment episodes)
- Other data elements that can tie individual risk and protective factors to suicidal behaviors, or
- Outcomes among individual persons (for example, the number of previous suicide attempts among individuals who died by suicide).

The following data are not available for individual youth who died by suicide:

- School attended
- Previous admissions or treatment for depression or suicidality
- Primary spoken language
- Disability status
- Foster care status
- Depression-related intervention services in the past 12 months, and
- Previous attempts, emergency department visits or hospitalizations in the last 12 months.

Gathering missing data would require more resources, position authority and planning. It would involve many steps, including:

- Linking several large administrative data sets
- In-person case interviews
- Requirements for law enforcement agencies and health care providers to release individual information
- Personnel for data entry and database management, and
- Requirements for hospitals to report more types of data, such as ED data, and specific reporting criteria.

Specific considerations for administrative data sets

Administrative data sets typically capture population data, but tracking public health trends is not their primary function. For example, administrative data sets do not capture all deaths within Oregon or all hospital inpatient visits for suicide attempts. The data do not have information on factors that may have led the person to suicide, such as untreated depression or life stressors. Depending on the administrative dataset used, there is varying support for tracking suicide trends.

Oregon uses administrative data sets to track outcomes such as deaths, medical outcomes and emergency department visits. These data sources include:

- Death certificates collected by the Center for Health Statistics (CHS) at the Oregon Public Health Division (PHD)
- Hospitalization discharge data (HDD) and emergency departments (ED for 2018 forward) from the Oregon Association of Hospitals and Health Systems (OAHHS), and
- Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) data for emergency department and urgent care centers across Oregon.

Specific considerations for survey data

Survey data can capture information on factors associated with suicide, such as depression. However, survey data are based on population samples. Data does not link risk and protective factors for suicide to specific individuals. Survey data come, in part, from the following:

- The Behavioral Risk Factor Surveillance System (BRFSS)
- The Student Health Survey
- The National Survey on Drug Use and Health, and
- The American Community Survey.

These surveys are both state and nationally administered. Some of these surveys sometimes include questions about suicidality or mental health issues. However, surveys often depend on funding from individual programs (for example, BRFSS and OHT) to continue data collection for specific questions year to year. Recent response rates to telephone surveys has been low (sometimes less than 50 percent). Low response rates affect how well the data reflects the general population and therefore limits the findings from such data sources.

Some active surveillance data sources and systems link outcomes to individual risk. The Oregon Violent Death Reporting System collects active surveillance data from multiple sources to provide a more complete picture, such as:

- Detailed demographics
- Mechanism of death, and
- Circumstances surrounding suicide incidents.

Specific considerations for active public health tracking efforts

The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) provides real-time data from all non-federal hospital emergency departments (ED) and select urgent care centers (UCC) across Oregon. These data allow public health agencies and hospitals to monitor what is happening in emergency departments across Oregon before, during and after a public health emergency. The suicide-related query used to provide data for this report was created by the International Society for Disease Surveillance's Syndrome Definition Committee with input from the CDC Division of Violence Prevention. It includes ED and UCC visits for self-harm, suicide ideation and suicide attempt. Important limitations of these data include the following:

- They do not distinguish suicide attempts from other forms of self-harm.
- Data from emergency department and urgent care center visits fluctuate as information is received and updated.
- Not all people in Oregon have access to an emergency department or urgent care center.
- People with suicidal ideations may forgo medical assistance.

Specific considerations for death certificate data

Death certificate data are collected by the Center for Health Statistics (CHS) at the Oregon Public Health Division (PHD). The data have been traditionally used for public health surveillance. The data provide detailed demographics, general mechanism of injury, health outcome and geographical information. However, the data:

- Do not tell the story behind deaths, such as why the people die by suicide, and
- Do not include factors that may have led persons to suicide, such as untreated depression or life stressors.

Specific considerations for Oregon Violent Death Reporting System (ORVDRS) data

The ORVDRS links deaths to medical examiner reports and law enforcement reports to look at individual risk. ORVDRS data provide a more complete picture, including:

- Detailed demographics
- Mechanism of death
- Circumstances surrounding suicide incidents, and
- Associated suicide risk factors.

However, the lack of standard questionnaires and investigations on deaths in Oregon means data collection and reporting is not always consistent. ORVDRS data does not always include certain data elements (for example, LGBTQIA2S+ status among people who died by suicide). The data rely on witnesses and contacts of a person who died by suicide, so the incident information is not always complete. Therefore, ORVDRS data may underestimate some given circumstances or risk factors.

Appendix I

Table 8. Suicide rates among youth age 10 to 24 by state, United States, 2020

State	Deaths	Crude rate
Alaska	52	36.0
Montana	49	24.2
New Mexico	93	22.2
South Dakota	39	21.7
Wyoming	24	20.9
Colorado	215	19.4
Oklahoma	148	18.2
Idaho	69	18.2
Kansas	102	16.7
Utah	128	16.1
South Carolina	143	14.5
Missouri	170	14.4
Vermont	17	14.4
Arkansas	86	14.4
Arizona	205	14.0
Nevada	78	13.7
West Virginia	43	13.5
Oregon	101	13.3
North Dakota	21	13.2
Kentucky	113	13.1
New Hampshire	31	12.7
Virginia	207	12.6
Indiana	170	12.4
Washington	172	12.3
Iowa	77	11.9
Wisconsin	133	11.8
Maine	26	11.6
Georgia	252	11.5
Texas	713	11.5
Ohio	247	11.1
Tennessee	144	11.1

State	Deaths	Crude rate
Nebraska	43	10.7
Michigan	204	10.7
Alabama	100	10.6
Hawaii	25	10.4
North Carolina	213	10.3
Minnesota	105	9.7
Florida	349	9.5
Louisiana	85	9.4
Mississippi	54	9.0
Illinois	213	8.8
Pennsylvania	197	8.5
Delaware	13	7.4
California	522	6.9
Maryland	73	6.5
Massachusetts	74	5.7
New York	178	5.1
New Jersey	82	5.0
Connecticut	33	4.8
District of Columbia	<10	Not calculated
Rhode Island	<10	Not calculated

Rates are deaths per 100,000.

Source: CDC WISQARS

Note: Does not include 1 Oregon death under age 10 in 2020.

Appendix II University of Oregon Report

2016-2020

>> Youth Suicide Intervention and Prevention Plan



Oregon
Health
Authority
Health Systems Division

Annual YSIPP Evaluation Report Oct 2020-Sept 2021

University of Oregon

Email: Jrochel2@uoregon.edu





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Executive Summary

During the 2020-2021 reporting period, the University of Oregon (UO) Suicide Prevention Lab and its evaluative partnership with the Oregon Health Authority (OHA) and the Oregon Alliance to Prevent Suicide (Alliance) faced the unique challenges presented by COVID-19. The partnership continued to support and evaluate the implementation efforts of the Oregon Youth Suicide Intervention and Prevention Plan (YSIPP), while also leveraging the increased use of remote platforms to broaden and expand its reach of implementation and evaluation activities. Key accomplishments and recommendations are outlined by the four strategic directions of the YSIPP.

Strategic Direction 1: Healthy and empowered individuals, families and communities

Key Accomplishments:

- Implementation of a Tribal Networking Framework
- Development of a Regional Coalition Leadership Network and Piloting of a Coalition Needs Assessment
- LGBTQ Initiative Sustainment and Expansion

Summary: Collaboration efforts with the Klamath Tribes continued under the framework of a community-academic partnership (CAP) with several key activities being accomplished including the holding of a youth Gathering of Native Americans (GONA), collection and dissemination of a youth survey, and implementation of three culturally adapted Big River initiatives (Sources of Strength, QPR, and Connect) during the youth GONA. The installation and development of a suicide prevention network for regional coalition leaders took place online with four quarterly meetings being held. A parallel effort was conducted with one of these coalitions, the Clackamas County Suicide Prevention Coalition, where evaluators completed an in-depth needs assessment. Activities for the LGBTQ initiative continued with planning around the scale-up of the Family Acceptance Project (FAP) as a possible solution to address requirements stipulated in Adi's Act.

Strategic Direction 2: Clinical and community preventative services

Key Accomplishments:

- Planning for the Adi's Act Implementation Support Project
- Evaluation of the Big River Initiatives - Mental Health First Aid (MHFA), Question Persuade Refer (QPR), Applied Suicide Intervention Skills Training (ASIST), and Sources of Strength
- Development of Evaluation of Youth SAVE (Suicide Assessment in Virtual Environments)

Summary: The Adi's Act Implementation Support project was developed in partnership with the UO Lab, OHA, Lines for Life, and Matchstick Consulting to better understand (a)

what suicide prevention activities are already occurring in schools, (b) what major barriers schools are facing, and (c) how schools can best be supported in the implementation of the Adi's Act legislation. The team has recruited five of 10 schools to participate in the project and evaluation activities will commence in the spring of 2022. Due to challenges presented by COVID-19, evaluation efforts around the Big River initiatives concentrated on developing cross-initiative systems to track implementation. Looking forward, evaluators are developing a standardized evaluation work plan, creating follow-up training surveys aimed at assessing skill application, and exploring the development of a cross-initiative relational database for tracking and reporting.

Strategic Direction 3: Treatment and support services

Key Accomplishments:

- Evaluation of Connect Postvention
- Advanced Skills Training Pilot Evaluation Development


Summary: The UO Lab and the Connect statewide coordinator revised the shared evaluation work plan and shifted the focus of the evaluation from training evaluations (which were placed on hold) to conducting projects aimed at (a) reviewing implementation progress, (b) improving curriculum content, and (c) planning for future implementation. Development began on a pilot evaluation for five advanced skills trainings (Attachment Based Family Therapy, Assessing Managing Suicide Risk, Cognitive Behavioral Therapy for Suicide Prevention, Dialectical behavioral Therapy, and Collaborative Assessment and Management of Suicidology) provided by OHA for Oregon providers. The pilot evaluation will concentrate on what skills providers find both applicable and useful within their settings.

Strategic Direction 4: Surveillance, research, and evaluation

Key Accomplishments:

- Collaborative Development Process for YSIPP 2.0
- Scanning of State Suicide Prevention Plans
- Key Partners Focus Groups
- Child Fatality Review Needs Assessment

Summary: To support the YSIPP 2.0 development process, the UO Lab helped collect and summarize background data from (a) OHA's updated Suicide Prevention Framework, (b) the National Strategy for Suicide Prevention, and (c) the CDC's Technical Package for Suicide Prevention. A scan of state suicide prevention plans among states with the lowest suicide rates among youth was completed to help build a framework for YSIPP 2021-2025. Key partners throughout the state including youth, Alliance members, individuals with lived experience, and other youth providers were interviewed to solicit input on initiatives and recommendations. In addition, interviews were conducted with 35 county-level child fatality review representatives and a comprehensive summary report was delivered on the findings across counties.



Despite the unique challenges presented by COVID-19, the UO Lab and its partners were able to continue the progress made over the past four years in identifying and mapping out state and local resources, initiatives, and key partner groups and organizations. Much of the evaluation work for the first iteration of the YSIPP (2016-2020) centered on identifying gaps and resources pertaining to suicide prevention across the state, while also supporting the piloting and implementation of several prevention initiatives. As the evaluation process transitions to supporting the next iteration of the YSIPP, the UO Lab recommends concentrating on the development of networks and infrastructure to better connect, coordinate, and suicide prevention activities statewide. To support the development of networks, the UO Lab continues to develop community-academic partnerships throughout the state by (a) regularly meeting with partner organizations (e.g., Lines for Life, ODE, and OHA); (b) attending meetings for each Alliance committee and initiative; and (c) striving for continual suicide prevention collaboration and systems improvement across the state, regional, and local levels.

Background

The 2020-2021 reporting period summarizes activities conducted by the UO Suicide Prevention Lab to support ongoing implementation of the Youth Suicide Intervention and Prevention Plan (YSIPP). Activities undertaken by UO Lab continued and expanded upon work initiated in April 2017, and broadly included (a) direct and participatory evaluation of YSIPP-related efforts, (b) evaluation of suicide prevention educational training and programming, (c) statewide resource assessment, (d) network installation and development, (e) formative research including literature reviews and evidence-based practice identification, and (f) preparation for the YSIPP 2021-2025. These activities were carried out in coordination with the Oregon Alliance to Prevent Suicide, which is tasked with monitoring implementation of the YSIPP.

In order to successfully accomplish the evaluation activities described in this report, UO Lab members collaborated with the Alliance, OHA, Oregon Department of Education (ODE), and other state and local agencies. By partnering with these organizations, the UO team implemented a community-academic partnership (CAP). This approach has been shown to strengthen implementation, enhance success of community health programming and partnerships, and to streamline access to evidence-based knowledge and practices at the community level (Bryk, Gomez, Grunow, & LeMahieu, 2015). To facilitate communication between CAP partners, the UO Lab has embedded members on each of the six Alliance committees. By positioning itself as a *network hub*, the UO provides a centralized mechanism for better resource sharing, problem identification, data collection, and evaluation. In addition, the UO Lab has developed and utilized an Oregon-specific CAP framework (Rochelle, Parr, Thomas, Moore, & Seeley, 2018) that has guided the integration of implementation science strategies into the planning of community-level suicide prevention efforts.

Detail will be provided in this report on the following specific activities carried out by the UO Lab during the 2020-2021 reporting period and are organized according to the four overarching strategic directions of the YSIPP: (1) healthy and empowered individuals, families and communities, (2) clinical and community preventive services, (3) treatment and support services, and (4) surveillance, research, and evaluation. Because this report was written prior to the publication of the YSIPP 2021-2025, it is structured to align with the YSIPP 2016-2020.

The report will conclude with recommendations for new and future activities that could be undertaken by the UO Lab and its partners to strengthen the implementation of the YSIPP as facilitated by the Alliance.

Summaries and Findings

Strategic Direction 1

Healthy and empowered individuals, families and communities

Tribal Networking Framework

The UO lab is developing a framework to guide the participatory collaborative dialogue between tribal governments and communities. The framework will utilize indigenous knowledge and science combined with western scientific methods to create robust culturally sensitive projects through the use of a community academic partnership (CAP). After an extended break due to the holidays, COVID-19, and changes in staffing, the CAP reconvened in January 2021 and began dissemination of a youth survey. Results from the youth survey informed on the planning for a tribal youth Gathering of Native Americans (GONA). A GONA is a culture-based planning process where community members meet to address community-identified issues. Between April and June, the Youth Survey was completed with more than 150 respondents. The purpose of the survey was to capture 'youth voice' about perceptions of accessibility and effectiveness of mental health services available in schools. The CAP quarterly meeting reviewed the Klamath County Community Needs Assessment and the Youth Survey results and discussed next steps to leverage the results to improve youth suicide prevention in Klamath County. Looking forward, results from a female youth GONA retreat in October 2021 will be analyzed. Topics included cultural connectedness, belongingness, and generosity. Three of the Big River initiatives were implemented at this event: Sources of Strength, tribal specific QPR in collaboration with Klamath Basin Behavioral Health (KBBH), and culturally-based Connect Postvention in collaboration with KBBH.

Regional Coalition Leadership Network

The need for the establishment of a statewide regional coalition network came from a scan in August 2020 that identified 22 of 36 Oregon counties confirming having some form of coalition or workgroup, but no way to communicate across coalitions. To address this barrier, the UO Lab partnered with Alliance staff to establish a quarterly Coalition Leaders' Network meeting. The first quarterly Coalition Leaders Network was conducted in March 2021. The meeting focused on identifying the major needs and challenges of local coalition leaders and began planning an initial group project (i.e., creating products for an awareness campaign that all coalitions can use). In September 2021, a successful statewide awareness campaign was conducted by the coalition leaders' network in alignment with suicide prevention awareness month. Looking forward, the network is still in its early phase and the UO Lab along with Alliance staff are attempting to ensure that coalition leaders are having input on the direction of this initiative by having in depth discussion during every meeting about future directions.

Clackamas County Needs Assessment

Start-up activities for a comprehensive assessment of suicide prevention resources and needs

began in March 2019. Activities included an initial meeting with key partners to identify needs assessment goals, development and implementation of a member assessment for participants in the Clackamas County Suicide Prevention Coalition, and planning of needs assessment components and activities. Baseline data collection for the Clackamas County Suicide Prevention Needs Assessment was completed in July 2019. A total of 258 residents of Clackamas County responded to the online needs assessment survey, which was made available in English, Spanish, Vietnamese, and Russian languages. Data were analyzed and an Assessment Summary produced and provided to members of the Clackamas County Suicide Prevention Coalition. Additionally, a collection of high-quality visualizations of the findings were provided to facilitate communication of the needs assessment results to a broad array of key partners. Continuing in January of 2020, work on the Clackamas County Suicide Prevention Needs Assessment progressed with the development and finalization of tools to facilitate collection of data on suicide prevention resources available in the county. These include a semi-structured interview guide and an online survey questionnaire. Development of the Clackamas County Suicide Prevention Plan advanced with the collection of data on community and health care resources that are available in the county and could be leveraged for suicide prevention efforts proposed in the Plan. Information on resources were collected using an online survey and through structured key informant interviews. In October of 2020, the survey tool and interview guide were developed, and approximately 160 surveys and 20 interviews were completed by key partners in school and health care systems and in the community. Between April and June of 2021, resource data collection concluded. Analysis of survey data was completed, and the results from the key informant interviews were presented and organized across the three major domains of community, clinical, and school. Within each domain, key themes were identified across three subcategories: resources, barriers, and opportunities. Looking forward, planning the organization and components of the strategic plan has begun.

LGBTQ Initiative

The UO Lab continued its collaboration with Dr. Ryan to explore implementing and evaluating the Family Acceptance Project (FAP) within Oregon schools to help address the requirements of Adi's Act and the Student Success Act. UO Lab members also conducted an evaluation of the FAP training attended by Oregon Family Support Network (OFSN) members and disseminated the report to OFSN. In addition, the LGBTQ workgroup has been holding meetings to discuss identity and the goals of the Advisory Group. This identity reformation has included meetings to discuss the role in the implementation and support of SB 52 (2019) throughout Oregon schools and communities, as well as brainstorming what responsibilities and actionable items the Advisory Group can oversee within the Alliance.

Strategic Direction 2

Clinical and community preventative services

Adi's Act Support Pilot

The UO Lab in partnership with OHA, Lines for Life, Matchstick Consulting, and the Alliance are working on a 3-year intensive evaluation of youth suicide prevention work in schools within 10 regions of Oregon. The purpose is to gain a deeper understanding of how youth suicide prevention efforts are working and not working on a local level in various regions across the state. The team is planning to focus on 10 school districts that represent geographic and cultural diversity and to conduct a series of surveys and interviews with students, staff, and mental health leaders over a three-years period. In addition, incentives will be used to support school buy-in and to offset the increased burden to schools for participation in the intensive evaluation. Overall, the purpose of the evaluation project is to better understand and support the suicide prevention activities in schools by providing ongoing progress monitoring and responsive support for each school partner. As of October 2021, five of the ten targeted schools have confirmed participation. The core collaborative team has continued work finalizing the student survey and has five key activities planned for the spring rollout: (a) Lines-for-Life consult and needs assessment, (b) UO Lab consult and implementation monitoring assessment, (c) ten school focus groups, (d) initial network-improvement community (NIC) meeting, and (e) communication directory and tracking system.

Big River Initiatives

ASIST Evaluation

The UO Lab, in partnership with AOCMHP and LivingWorks, has continued the statewide evaluation process for Oregon ASIST trainings. The lab initially met with LivingWorks to establish a working relationship aimed at designing evaluation measures that focus on participants' knowledge and behavior changes. For the 2020-21 reporting period, the evaluation has contained three major components. First, the UO team developed pre and post training ASIST surveys to evaluate participants' knowledge, self-efficacy, and behavior changes. Second, the lab designed novel evaluation tool for the ASIST Tune-Up training, which is for participants who have already participated in ASIST and would like a refresher. Third, the lab is continuing to collect data on Tune-Up trainings and have brainstormed ways to increase response rates moving forward, and a data use agreement has been executed between the UO Lab and Livingworks in order to obtain data collected by the ASIST developer.

QPR Evaluation

The UO Lab has worked in collaboration with Lines for Life to co-design the evaluation for QPR gatekeeper trainings and the train-the-trainer model. For this process, the lab initially met with the Lines for Life state coordinator and a team obtained from the agency and outlined a logic model for trainings and how to translate these to constructs for evaluation. The initial focus of the evaluation was to establish pre-post skill acquisition and follow-up application of the QPR skills. The team also developed an evaluation of the QPR learning collaborative to identify implementation barriers and facilitators of skill application. In December of 2020, pre-post and follow up measures were finalized and approved by the QPR Institute. In February 2021, the UO

Lab provided Lines for Life with a memo detailing next steps for reporting data to the Oregon Employment Department. Additionally, the UO Lab provided descriptive data for a presentation proposal to the 2021 Oregon Suicide Prevention Conference. Pre-post data were collected and analyzed for the Oregon Police Department QPR training. Reports summarizing the evaluation data have been prepared for the Pacific Northwest Carpenter's Institute and Oregon Law Enforcement. A report to OHA is being prepared to summarize the lessons learned from the three cohort trainings thus far. Also, a collaboration with QPR Institute to access data of Oregon trainers and trainees was established and a data use agreement with QPR is being executed. Looking forward, we are exploring the possibility to adapt the QPR Institute items and adding a follow-up survey to their online platform. In addition, a human subjects research application will be submitted to the UO IRB to allow for publications on the evaluation findings.

Sources of Strength Evaluation


The UO Lab has continued to hold monthly collaboration meetings with Matchstick Consulting as well as conducting bi-weekly internal team meetings to support the comprehensive statewide evaluation efforts for Sources of Strength Secondary and Elementary initiatives. To expand on the previous COVID-19 Bethel evaluation pilot, the UO Lab conducted a 7-month three site pilot with Springfield School District aimed at collecting student-level data related to suicide risk and protective factors. In March 2021, the UO Lab (a) provided the final school-level reports for each site with major findings from both the quantitative and qualitative sections of the survey, and (b) completed formative interviews with coaches from the Sources Elementary pilot and submitted a summary report detailing key findings. Next, the UO Lab helped to develop and pilot the elementary coach training feedback survey. During the initial use, the survey had over a 90% response rate and no inter-survey participant attrition. Additionally, feedback in the qualitative sections was robust and allowed the evaluators and Matchstick Consulting to get an in-depth review of participants' training experience. Looking forward, the evaluation team is in the process of fully developing an evaluation work plan designed in collaboration with Matchstick Consulting.

Mental Health First Aid Evaluation

The UO Lab has continued to collaborate with AOCMHP to provide a comprehensive evaluation for MHFA. In January 2021, the evaluation focus pivoted due to the rollout by National MHFA of both pre, post, and follow-up training surveys. Instead of continuing separate local surveys for Oregon, the UO Lab is working with the MHFA coordinator to design a system for tracking all trainings by quarter and to create an additional database that keeps a directory of active versus inactive trainers.

Youth SAVE

The Youth SAVE virtual training was developed by the Oregon Pediatric Society (OPS) to equip school- and community-based mental health professionals to virtually assess for and collaboratively create safety plans with youth who have thoughts of suicide. The UO Lab worked with OPS to develop and administer the pre-post training assessment for the first trainings held and prepared an initial report for OPS on the first two trainings. The lab completed the analysis of the pre-post training data and submitted a report to OPS. The follow-up survey to assess skill application has been developed and data collection will occur during the year. In addition, the lab assisted with the development of the pre-post training survey and fidelity monitoring for the



Youth SAVE train-the-trainer virtual trainings; the pre-post training data and fidelity monitoring data will be analyzed the next quarter. Looking forward, the team is working on an R01 NIH application to design a culturally responsive version of Youth SAVE specifically for Black providers working with Black youth. Evaluation of the current Youth SAVE is continuing with data collection.

Strategic Direction 3

Treatment and support services

Connect Postvention Evaluation

For the 2020-21 reporting period, the UO Lab and the Connect statewide coordinator revised the shared evaluation work plan and shifted the focus of the evaluation from training evaluations (which were placed on hold) to conducting projects aimed at (a) reviewing implementation progress, (b) improving curriculum content, and (c) planning for future implementation. To this aim, the lab conducted eight formative interviews with the county-level Connect coordinators. These interviews informed on common themes and differences across counties during the initial three-year scale-up. Next, the lab supported AOCMHP during the Connect learning collaborative to gather data around Connect curriculum improvement. Finally, the lab is working with the Connect coordinator to conduct a scoping literature review into the research base supporting the train-the-trainer model in the mental health and suicide prevention fields. Currently, over fifty relevant research articles have been identified. The purpose of the review is to determine how effective the train-the-trainer model is for delivering programs and how the model can be improved. Looking forward, the lab will begin re-designing the Connect training evaluations to align with the new content and focus on acceptability, feasibility, and behavior change.

Advanced Skills Training

The UO Lab expanded its comprehensive evaluation of the MHFA initiative to also include pilot evaluations of the five advanced skill trainings (ABFT, AMSR, CBT-SP, DBT, CAMS) for clinicians. Currently, a pilot has been designed to be used across all five trainings. The purpose of the survey is to assess skill application within their settings. Looking forward, the team is currently designing additional gender, diversity, equity, and inclusion training questions that can be piloted.

Strategic Direction 4

Surveillance, research and evaluation

YSIPP 2021-2025 Development

Project Overview

As the OHA aims to update its Youth Suicide Intervention and Prevention Plan (YSIPP) for the next five-year phase (2021-2025), it must take stock of the current state of affairs for youth suicide prevention across sectors and regions. Since OHA established the initial YSIPP in 2015, suicide prevention efforts have significantly expanded with new county-led initiatives and meaningful state legislative action, requiring extensive collaboration among key partners to guide the next five-year plan. To support the YSIPP evaluation process, the University of Oregon (UO) Suicide Prevention Lab has collaborated with OHA's suicide prevention coordinators to collect information to shape the state's strategy and priorities for the future of youth suicide prevention. Our main objective in the last year has been to collect and summarize information for the next YSIPP, according to OHA's updated Suicide Prevention Framework, grounded in the National Strategy for Suicide Prevention and the CDC's Technical Package for Suicide Prevention. The activities and deliverables that we have completed are as follows:

- Summarize activities and accomplishments associated with YSIPP 1.0 (2016-2020) using extant documentation, then organize to identify areas of strength and areas for improvement.
- Report on suicide prevention strategies and frameworks according to the latest evidence-based scientific literature and exemplar suicide prevention plans from other states (i.e., ORS 481.733, HB 4124, Section 2).
- Incorporate key informant feedback on specific YSIPP-related initiatives and accomplishments into the new Suicide Prevention Framework.

YSIPP 2016-2020 Activities Summary

A summary of activities and accomplishments under YSIPP 1.0 was compiled based on extant documentation and organized to distill areas of strength and areas receiving less attention to date. Feedback from key informants on specific YSIPP-related activities and accomplishments was incorporated into the summary according to specific sectors. Looking forward, the UO Lab continues to work with the OHA and Alliance leadership to complete the repository of research regarding YSIPP 2016-2020 activities.

State Suicide Prevention Plan Scan

The UO Lab completed a review of state suicide prevention plans among states with the lowest suicide rates among youth, according to the latest data from the CDC. The team also reviewed state suicide prevention plans from states with the highest reductions in suicide rates and those that had been identified as exemplars according to the Suicide Prevention Resource Center (SPRC) guidelines for state planning. The review of the plans has been compiled in a summary to reflect the states' varying priorities, strategies, and frameworks to suicide prevention according to the SPRC's standards of suicide prevention plans.

Key Informant Focus Groups and Formative Interviews

Key focus groups and formative interviews were conducted to better inform on the structure, strategy, and content of YSIPP 2021-2025. Focus groups included (a) the Alliance, (b) the Youth & Young Adult Engagement Advisory members, (c) the Emergency Medical Services for Children, (d) OHA staff, (e) the Alliance Schools Committee, and (f) members of the Oregon Council for Child and Adolescent Psychiatry.

Child Fatality Review Project

The UO Lab collaborated with the State Child Fatality Review team to finalize the needs and resources assessment work plan along with developing the survey and formative interview methodology for the review project. Next, the lab conducted interviews with 35 county child fatality review representatives and delivered reports summarizing the needs assessment process and themes from the collected data. Looking forward, the team plans to schedule a meeting with the OHA/DHS to review the informant feedback to inform program and policy recommendations.

Conclusion and Recommendations

Evaluation activities conducted during the 2020-21 reporting period centered on addressing two major aims. First, the UO Lab used environmental scans, survey research, program evaluation, focus groups, and formative interviews to build upon the YSIPP evaluation work that had been conducted over the previous five years. Second, the UO Lab and its partners worked to support key partners and practitioners while they faced the unique challenges presented by COVID-19. Based on the work over the past five years, the following recommendations have emerged:

- ***Centralization and standardization of the evaluation approach and metrics for statewide suicide prevention initiatives – including the Big River- to more efficiently and effectively measure program impact within regional and local contexts.*** As initiatives from the Big River continue to scale-up across Oregon, it becomes more essential to track the progress and impact of each individual initiative and also across initiatives. By utilizing a standardized approach for tracking and measuring the effect of each initiatives, evaluators will better be able to address variability in performance across programs.
- ***Dissemination of implementation science strategies and tools to support practitioners while they implement programs in real world environments.*** The majority of evidence-based programs do not successfully transition from effectiveness trials to real-world implementation by practitioners. However, through the use of implementation science, the UO Lab, OHA, and the Alliance can better facilitate the successful scale-up efforts and sustainment of selected evidence-based programs.
- ***Strategic sustainment and funding for a networked-community comprised of the local suicide prevention coalitions.*** Work began during the 2020-2021 reporting period to identify local coalition leaders and bring them together in a shared digital space to solve problems of practice and share common solutions. The continued support and funding of this work will not only better allow suicide prevention activities to be strategically disseminated throughout local Oregon communities, but will also allow the lab to obtain contextual local data that can better illuminate the diverse challenges that communities face across the state.
- ***Installation and support of a county-level suicide prevention coordinator network.*** A previous scan of regional suicide prevention coordinators found that while a small percentage of counties had a designated fulltime suicide prevention coordinator, most counties either did not have a lead suicide prevention contact or only had a small portion of FTE dedicated to suicide prevention. To address this issue, the UO Lab suggests the following two-pronged approach: (a) facilitate an ongoing collaboration of core suicide prevention coordinators for the purpose of problem solving and resource sharing, and (b) develop a network of all county-level suicide prevention coordinators or “leads” that the identified tools and resources can be disseminated.

- ***Development of a centralized relational database for surveilling the progress of suicide prevention activities across the state.*** The state of Oregon is in need of a centralized relational database that can be used to connect and monitor all suicide prevention efforts taking place across the state. The UO Lab is developing a proposal for a database that would (a) track Big River training data, (b) house a directory of suicide prevention contacts, (c) track initiative implementation by sector, and (d) install a library of all suicide prevention-related documents and tools.
- ***Continued testing and development of technical assistant strategies and supports for schools.*** With the passing of Adi's Act, the evaluation team recommends continuing to test and disseminate methods for supporting the scale-up of comprehensive suicide prevention in schools across the state. A promising process for supporting the scale-up of comprehensive school suicide prevention is the installation of network-improvement communities, which will be tested during the three-year pilot evaluation project of 10 Oregon schools.

As the evaluation transitions into the 2021-2022 reporting period, activities will include the continued identification, connection, and support of suicide prevention activities across the state of Oregon, while also expanding the reach of the current suicide prevention partner network. The UO Lab will also begin to collect and analyze data related to the latest iteration of the YSIPP. Finally, the lab is committed to continuing the practice of providing implementation support in the form of technical assistance, network installation guidance, progress monitoring, and recommendations for quality improvement.

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Endnotes

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