



Executive Committee Meeting May 2, 2022

Agenda

2:30 PM	Welcome
2:40 PM	Application / Membership Update
2:50 PM	Review Request from LGBTQ+ Advisory Group to Executive Committee
3:00 PM	Alliance Policy Proposals
3:50 PM	June Quarterly Meeting Proposed Agenda Items

Welcome

After April's Executive Committee meeting we have decided to take a short pause on Land Acknowledgements. Instead, we will read our Equity Statement:

To achieve our vision, we acknowledge the impact of white supremacy, institutionalized racism, and all forms of oppression. The Alliance endeavors to make Oregon a place where suicide reduction and prevention is achieved for people of all ages, races, ethnicities, abilities, gender identities, sexual orientations, socioeconomic status, nationalities and geographic locations.

Application / Membership Update

Overview of current existing membership:

- 52 official members

- About 6 members will be removed from membership

- 7 non-voting OHA members

Application / Membership Update

De-identified information about applicants was emailed out to group last week. To protect identities, we don't have names attached to demographic or personal information.

Alliance Chairs Galli and Ryan have asked for applicants to be voted on as one group and not individually unless there are concerns about specific applicant(s).

1. Donna-Marie Drucker

2. Siche Green-Mitchell

3. Jamie Gunter

4. Mike James

5. Cassandra Curry

6. Zev Braun

7. Rachel Howard

8. Aaron Townsend

9. Frankie Pfister

10. Erin Porter

11. Angela Perry

12. Jackie Richland

13. Hugo Oscar Sanchez Lopez

14. Christina McMahan

15. Jacob Dilla

16. Mary Massey

Review Request from LGBTQ+ Advisory Group to Executive Committee

Letter sent to Executive Committee Friday, April 29th at 1:58 PM by Annette.



Policy Proposal Feedback from Committees and Advisory Groups

Goal for May 2nd Executive Committee Meeting

- Overview of process and feedback
- Our task today: To forward items there is enough consensus on the executive to support ongoing work to members
- Staff recommendations based on feasibility, existing commitments and feedback received
- Small group discussions
 - Do you support this slate of recommendations? Is there something crucial missing that was included in policy proposals? If so, what is missing and what would the Alliance's role be (lead, collaborate, explore)?
- Large group discussion and vote
 - Which proposals move forward to full Alliance for vote in June

Committee / Advisory Group Participation

Email list included about 70 recipients, not including chairs.

Survey received 16 responses with most participation by the Schools Committee, which is also the largest committee.

Opportunity for comments at committee meetings and by survey and staff did some follow up research – talked with or heard from 70 people through process.

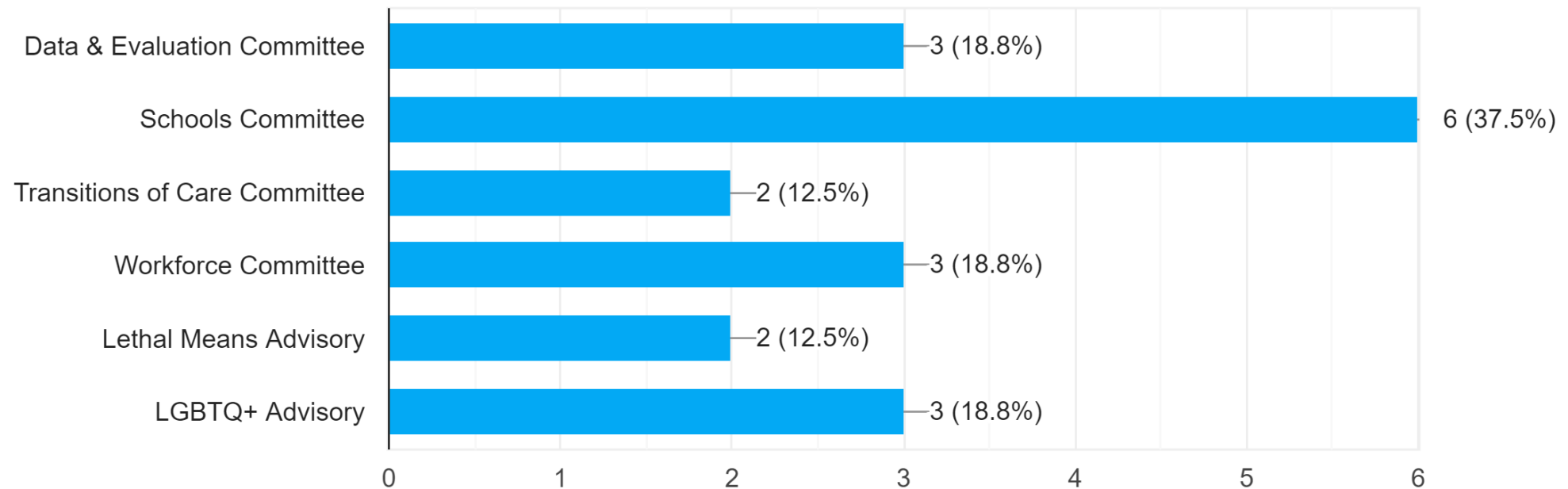
LGBTQ+ received highest votes on survey.

Most divided opinion around cis boys and men proposal.

Committee / Advisory Group Participation

What committee(s) or advisory group(s) do you participate on?

16 responses



Summary of top 5 policy proposals

There are ties for 3rd, 4th, and 5th

Summary of Top 5 Proposals

1. 11 votes: Strengthen state legal protections for LGBTQ2SIA+ youth, especially transgender youth who have been targeted by discriminatory legislation throughout the country.
2. 9 votes: Yearly youth suicide prevention training in school - 6 grade thru 12 grade.
3. 7 votes: Funding for support/treatment services that bridge the gap between crisis response and longer-term care.
7 votes: To fund the student health survey on an annual basis and require all school districts to implement the survey for 6, 8, and 11th grades.

Summary of Top 5 Proposals

4. 6 votes: To develop legislation mirroring HB2315 (passed in 2021) to require Primary Care Professionals (PCP's) and other related medical professionals to take continuing educational units in suicide assessment through vetted courses that will meet the requirement.
6 votes: Collect appropriate data on Oregon LGBT suicide attempts/completions and develop interventions once data is collected.
6 votes: With the partnership of the firearm community (and organizations such as the NSSF, etc.), amend the temporary firearm storage law (ORS 166.435) to include a Good Samaritan Clause.
5. 5 votes: Require all levels emergency department staff (from the triage desk to security to nurses and doctors) to receive training in trauma informed care as it relates to suicide prevention, intervention, assessment, treatment, and management; training should be standard across the state for all emergency departments.
5 votes: Student ID's have both helpline and crisis text line on it.

Existing Responsibilities of Committees and Staff who are Actively Providing Support on Specific Policy/Practice Implementation

Workforce: SB 48, HB2315
- much work remains. Also leading expansion of efforts on Medical Providers

Staff and ad hoc group - HB3139 (parental notification) youth and family voice key

Transitions of Care:
Monitoring 3 bills (HB 2023, HB 3090, HB 3091), engaged with active feedback to OHA, are talking about expanding scope of work to 988/MRSS

Schools: SB52, Adi's Act - mapping systems, monitoring, providing guidance, much work remains.

Lethal Means: Supporting efforts around safe storage and Good Samaritan Clause and other things to strengthen safe storage. No specific legislation.

Data/Eval: Working on metrics for YSIPP, and mapping larger data needs

LGBTQ+ Advisory: No specific legislation but actively working to support student success plans and protecting LGBTQ+ affirming policy and care

Policy Proposals: Two In Process Now – No Vote Needed at Quarterly

CME's for medical providers related to suicide assessment and management.

Lead means we need to write the concept, get legislative lead, garner support. In process and we are aware of significant barriers from medical organizations.

High Impact/High Effort Extensive staff engagement and committee leadership needed through the legislative session. Not in OHA POP, though staff to support HB2315 is and could possibly support this effort.

Alliance expand to lifespan + Support ASIPP

Lead We already sent letter to OHA requesting this. Proposals were different configurations, with no specific regarding allocation of resources financial and staff. Legislative concept needed similar to SB707 both the require ASIPP and report in statute, plus advisory body. Staff believe this deserves a workgroup to assess options, resources needed, and develop one or more possible expansion to be voted on at the September quarterly meeting. Support for the ASIPP includes support for lifespan postvention efforts.

High Impact/High Effort Potential for coordinated lifespan efforts. Analysis needed regarding alignment, committee and staff structure. In OHA POP at this time.

Staff Recommendations

Not all policy proposals are listed under staff recommendations.

Non-listed proposals need further discussion as there were diverging views that need more exploration and a consensus could not be achieved at this time.

Staff Recommendations

- + Bridge the gap between crisis and long-term care

Explore: A strong and effective children's system of care is the focus of many different groups, including those working on the 988/MRSS (with POP attached) and CSAC and the ChildrenSystem of Care Advisory and the Children's Alliance. The opportunity here is that we explore, and when appropriate support and align with their efforts.

- + Data

Lead: Improve data collection related to suicide deaths and attempts (several proposals). Needs ongoing work from data committee with OHA staff to determine highest impact asks and assess current landscape. No specific ask this session other than to support OHA POP. **POP asks for an OHA position related to suicide data which could facilitate this process.**

Staff Recommendations

+ Training Proposals

Lead: CME for Medical Professionals

Collaborate: Equity in Trainings (OHA POP)

Explore: Annual training for students 6 – 12th grade (Schools)

Explore: Training for E.D. staff (Workforce or Trans of Care)

+ Lethal Means

Collaborate: Good Samaritan Clause and other things to strengthen safe storage (Lethal Means; additional funds for safe storage in OHA POP)

+ Other

Collaborate: Strengthen state legal protections for LGBTQ2SIA+ youth, especially transgender youth who have been targeted by discriminatory legislation throughout the country.

Lead or Collaborate: Student ID's have both helpline and crisis text line on it. (Would need strong leadership from Schools Committee if we were to lead this effort.)

Questions Asked

- + Proposals organized by type
- + Are there any that your committee would be willing to commit time and resource to leading efforts on?
If yes, which one(s)?
If yes and if you serve on multiple committees / advisory groups, which one would it pertain to?
- + Are there concerns regarding any of the policy recommendations?
- + Is anything key missing regarding training that is relevant to your committee or advisory group charge?

Summary Description

- + Slide of all proposals for each category (example training has 3 proposals, data has 5 proposals)

Specific proposal slide

- + Has one proposal
- + List of Committee(s) / Advisory Group(s) that expressed interest in committing time and / or resources to leading efforts on the policy proposal. This does not specify what role they want to take on the proposal - it only says that the specific member thinks their group should be engaged in some way.
- + Concerns about the specific proposal
- + Slide of anything key missing with the specific category of proposals

Proposals Related to Training

- + Proposal: To develop legislation mirroring HB2315 (passed in 2021) to require Primary Care Professionals (PCP's) and other related medical professionals to take continuing educational units in suicide assessment through vetted courses that will meet the requirement.
- + Proposal: Require all levels emergency department staff (from the triage desk to security to nurses and doctors) to receive training in trauma informed care as it relates to suicide prevention, intervention, assessment, treatment, and management; training should be standard across the state for all emergency departments.
- + Proposal: There should be a requirement that each suicide prevention, intervention, and postvention training must include equity-centered content. Related, it would be important to have some type of requirement or incentive (i.e. certification) for trainers to receive ongoing equity-focused training.

Proposals Related to Training

To develop legislation mirroring HB2315 (passed in 2021) to require Primary Care Professionals (PCP's) and other related medical professionals to take continuing educational units in suicide assessment through vetted courses that will meet the requirement.

Interested Committees:

Workforce Committee x3

LGBTQ+ Advisory

Lethal Means Advisory

Concerns:

I am always concerned about our breadth of influence. Who exactly listens? Not sure how to get the work done sometimes. Unless doctors are on our committee, I fear our influence will not go far.

Proposals Related to Training

Require all levels emergency department staff (from the triage desk to security to nurses and doctors) to receive training in trauma informed care as it relates to suicide prevention, intervention, assessment, treatment, and management; training should be standard across the state for all emergency departments.

Interested Committees:

Transitions of Care Committee x2

Workforce Committee x2

LGBTQ+ Advisory

Concerns:

I still think there needs to be a way for a box to be checked for parent/guardian/student to request disclosure of admittance to school district and who that contact would be.

Proposals Related to Training

There should be a requirement that each suicide prevention, intervention, and postvention training must include equity-centered content. Related, it would be important to have some type of requirement or incentive (i.e. certification) for trainers to receive ongoing equity-focused training.

Interested Committees:

Data & Evaluation Committee

Schools Committee

Workforce x2

LGBTQ+ Advisory x2

Anything key missing with training policy proposals?

- + Differentiation of care between children and adults
- + Communication between health professionals and schools when a student is returning, if possible

Proposals Related to Data

- + Proposal: Require Medical Examiners to gather standardized info at the death scene.
- + Proposal: Collect appropriate data on Oregon LGBT suicide attempts/completions and develop interventions once data is collected.
- + Proposal: Improve data linkage between hospital EDs and OHA for patient visits with suspected and definite suicide attempts, and FTE for data processing at OHA.
- + Proposal: Develop YSIPP initiatives specifically focused on reducing the risk of cis boys and men dying by suicide.
- + Proposal: To fund the student health survey on an annual basis and require all school districts to implement the survey for 6, 8, and 11th grades.

Proposals Related to Data

Require Medical Examiners to gather standardized info at the death scene.

Interested Committees:

Schools Committee

Lethal Means Advisory

Concerns:

Proposals Related to Data

Collect appropriate data on Oregon LGBT suicide attempts/completions and develop interventions once data is collected.

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Schools Committee

Workforce Committee x2

Lethal Means Advisory

LGBTQ+ Advisory x2

Concerns:

Proposals Related to Data

Improve data linkage between hospital EDs and OHA for patient visits with suspected and definite suicide attempts, and FTE for data processing at OHA.

Interested Committees:

Schools Committee

Transitions of Care Committee

Lethal Means Advisory

Concerns:

Yes. ED data collection should be suspected/definite attempt OR ideation (tracked separately).

Proposals Related to Data

Develop YSIPP initiatives specifically focused on reducing the risk of cis boys and men dying by suicide.

Interested Committees:

Schools Committee

Workforce Committee

Lethal Means Advisory

Concerns:

I have some deep concerns about a focus on cis boys/men without their being a similar theme of a focus on trans youth, or autistic young adults, or indigenous adults.

The risk of cis boys and men is not clear -- is the goal to look at data to find guidance about what works for this group? Is the goal to test interventions specific to this group? Or is it really not about data but it is instead about designing programs? Important, supportive, but confused!

Proposals Related to Data

To fund the student health survey on an annual basis and require all school districts to implement the survey for 6, 8, and 11th grades.

Interested Committees:

Data & Evaluation Committee

Schools Committee x5

Workforce Committee

Lethal Means Advisory

Concerns:

Healthy Schools survey directly correlates to schools, but I am not sure if this correlates better to Data or Schools based on goals of each committee. This survey does give districts excellent feedback as to which groups are disproportionately affected by suicide as well as disparity by race/ethnicity, sexual orientation, and socio-economic status, and this data can be invaluable for evaluating the needs of the student population.

Anything key missing with data policy proposals?

- + Preliminary ease / impact assessment that might clarify time and resource requirements? Schools Committee projects are dependent on member availability, which is being assessed under an in-process membership initiative.
- + History of past suicide attempts, and data collected on suicide attempts, will help in assessing patterns of lethal means used
- + I know we want more data gathering and parents/families should have rights to what is public, especially around suicide of family members.
- + I would say we need more of a push toward prevention in the long run. Prevention is building under the water and will support all of the above in the long run. The biggest challenge is having to choose between funding for intervention/postvention supports and preventative measures.
- + We really need to be able to share data between hospital and school so that we can keep kids safe.

Proposals Related to Alliance Structure

There are several different ideas for how the Alliance could restructure to expand our advisory role across the lifespan. This would require legislation as the Alliance is currently mandated to address ages 5-24.

1. Ask for legislation that shifts the Alliance target to lifespan including ages 0-5.
2. Remove ages 19-24 from YSIPP and have this live in the ASIPP.
3. Consider enacting legislation that would expand the Alliance's advisory role to include advising ODE, DHS, DOJ on suicide related matters and require those agencies to also provide funding to support the effort.

Proposals Related to Alliance Structure

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Interested Committees:

Lethal Means Advisory would significantly benefit from 1 and 3.

Schools support 3

Schools like all options

Workforce likes 1.

LGBTQ+ Advisory likes 1.

Anything key missing with Alliance structure proposals?

- + Need a system of how to "advise"
- + I'm missing some context about what is gained by moving 18-24 year olds out of the YSIPP, but in general I think that is not good for that transition aged population. They get missed when they are grouped with adults and most youth serving agencies that are partners in the work view youth as up to 21 or 24 (sometimes 26).
- + Re: OJD, DHS, and ODE. Are we welcome at their tables? What gains have been made?
- + I believe we need to focus and achieve what we are currently working on before we are in a place to add.
- + I like looking at lifespan from 0-24. I do not like removing the ages 19-24. The brain is still maturing at those ages.
- + I don't think they should exclude 19-24, that should be in both youth and adult
- + A bigger scope will require a lot more capacity and infrastructure within the Alliance. Agree 0 - 5 an important age group for preventive mental health, but not sure about fitting under the suicide prevention terminology. Kids are an easier "sell" for funding.
- + Only to ensure that the ages 19-24 being moved to ASIPP still receive equitable care and resources as they would have under YSIPP

Proposal Related to Postvention

- + Mirror the postvention requirement for deaths 24 and below (SB 561) for adults.

Proposal Related to Postvention

Mirror the postvention requirement for deaths 24 and below (SB 561) for adults.

Interested Committees:

Workforce Committee

Lethal Means Advisory

LGBTQ+ Advisory

Concerns:

Postvention efforts should include a lethal means safety assessment, because past suicide attempts are a relatively strong predictor of future suicide attempts.

Broadening our scope of work can take away from our charge.

Generally, feel that this roll-out should be piloted in a few demographic groups, regions first. Postvention is resource intense -- need more ROI and experience before making statewide.

Proposal Related to Crisis Response

- + Funding for support/treatment services that bridge the gap between crisis response and longer-term care.

Proposal Related to Crisis Response

Funding for support/treatment services that bridge the gap between crisis response and longer-term care.

Interested Committees:

Data & Evaluation Committee

Schools Committee

Transitions of Care Committee x2

Workforce Committee

Lethal Means Advisory

LGBTQ+ Advisory

Concerns:

Lack the data infrastructure to look at comparative helpfulness and success of different approaches to long-term treatment engagement.

For kids it will be potential communication with schools to help navigate reentry

Anything key missing with Crisis Response proposal?

- + Specificity of several levels of care, how it would be implemented statewide if resources are scarce in areas of the state.
- + I am concerned about the declining services (SUD) for youth in this state. Often, if not most often, youth thinking about suicide or planning suicide, are also involved with substance abuse. Declining services hinder immediate interventions.
- + Schools often have a screening process, but the referral to care can fall flat. Often, that is where the gap lies. Funding for referral to care is invaluable. An example is Care Solace, a mental health care concierge who bridges the gap between the initial screen (crisis response) and helping to gain long term care with follow up and reduction of barriers to the family.

Proposal Related to Schools

- + Yearly youth suicide prevention training in school - 6 grade thru 12 grade.
- + Student ID's have both helpline and crisis text line on it.

Proposal Related to Schools

Yearly youth suicide prevention training in school - 6 grade thru 12 grade.

Interested Committees:

Schools Committee x6

Workforce Committee x2

Lethal Means Advisory x2

LGBTQ+ Advisory x2

Concerns:

Making sure districts are presenting evidence of certification in trainings.

Does it mean students will have suicide prevention training or staff or both?

Lethal means need to consider what discussion of means at what level of detail is appropriate. Especially firearms and Narcan.

Anything for youth needs to engage youth specifically in regards to content and scope. And not sure how this would/would not align with other education efforts happening like SEL or health education or even tribal history or LGBT history.

Proposal Related to Schools

Student ID's have both helpline and crisis text line on it.

Interested Committees:

Data & Evaluation Committee

Schools Committee x6

Workforce Committee

Lethal Means Advisory

LGBTQ+ Advisory

Anything key missing with Schools proposals?

- + Preliminary ease / impact assessment that might clarify time and resource requirements? Schools Committee projects are dependent on member availability, which is being assessed under an in-process membership initiative.

Proposal Related to Lethal Means

- + With the partnership of the firearm community (and organizations such as the NSSF, etc.), amend the temporary firearm storage law (ORS 166.435) to include a Good Samaritan Clause.

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Interested Committees:

Data & Evaluation Committee

Schools Committee x2

Lethal Means Advisory x3

Concerns:

Anything key missing with Lethal Means proposal?

- + Ensure that the good Samaritan clause is written so as not to undermine the universal background check system for firearm transfers in Oregon.
- + Perhaps advocating that school staff who performs screenings have taken CALM (Counseling on Access to Lethal Means).

Proposal Related to Equity

- + Strengthen state legal protections for LGBTQIA2S+ youth, especially transgender youth who have been targeted by discriminatory legislation throughout the country.

Proposal Related to Equity

Strengthen state legal protections for LGBTQIA2S+ youth, especially transgender youth who have been targeted by discriminatory legislation throughout the country.

Interested Committees:

Schools Committee x4

LGBTQ+ Advisory x4

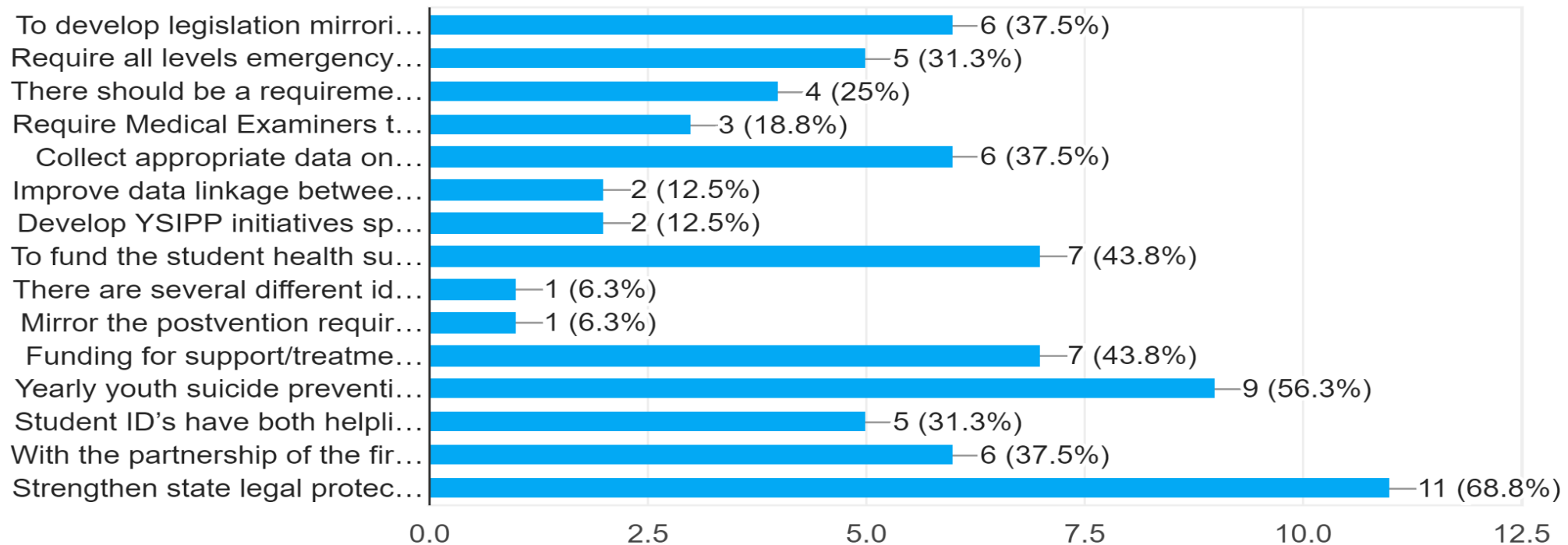
Anything key missing with Equity proposal?

- + School data on the percent of LGBTQ+ youth who have seriously considered attempting suicide vs those who identify as straight or heterosexual would be important to include.

Summary of Top 5 Proposals

Given all of the policy proposals, what are your personal top 5 priority areas?

16 responses



Summary of Top 5 Proposal Votes

- + 6 votes: To develop legislation mirroring HB2315 (passed in 2021) to require Primary Care Professionals (PCP's) and other related medical professionals to take continuing educational units in suicide assessment through vetted courses that will meet the requirement.
- + 5 votes: Require all levels emergency department staff (from the triage desk to security to nurses and doctors) to receive training in trauma informed care as it relates to suicide prevention, intervention, assessment, treatment, and management; training should be standard across the state for all emergency departments.
- + 4 votes: There should be a requirement that each suicide prevention, intervention, and postvention training must include equity-centered content. Related, it would be important to have some type of requirement or incentive (i.e. certification) for trainers to receive ongoing equity-focused training.

Summary of Top 5 Proposal Votes

- + 3 votes: Require Medical Examiners to gather standardized info at the death scene.
- + 6 votes: Collect appropriate data on Oregon LGBT suicide attempts/completions and develop interventions once data is collected.
- + 2 votes: Improve data linkage between hospital EDs and OHA for patient visits with suspected and definite suicide attempts, and FTE for data processing at OHA.
- + 2 votes: Develop YSIIPP initiatives specifically focused on reducing the risk of cis boys and men dying by suicide.
- + 7 votes: To fund the student health survey on an annual basis and require all school districts to implement the survey for 6, 8, and 11th grades.

Summary of Top 5 Proposal Votes

- + 1 vote: Proposal: There are several different ideas for how the Alliance could restructure to expand our advisory role across the lifespan. This would require legislation as the Alliance is currently mandated to address ages 5-24.
- + 1 vote: Mirror the postvention requirement for deaths 24 and below (SB 561) for adults.
- + 7 votes: Funding for support/treatment services that bridge the gap between crisis response and longer-term care.
- + 9 votes: Yearly youth suicide prevention training in school - 6 grade thru 12 grade.

Summary of Top 5 Proposal Votes

- + 5 votes: Student ID's have both helpline and crisis text line on it.
- + 6 votes: With the partnership of the firearm community (and organizations such as the NSSF, etc.), amend the temporary firearm storage law (ORS 166.435) to include a Good Samaritan Clause.
- + 11 votes: Strengthen state legal protections for LGBTQIA2S+ youth, especially transgender youth who have been targeted by discriminatory legislation throughout the country.

Alliance Member List

From September 2020 – September 2022

Updated September 2020

List of Voting Members:

- ~~○ Aniceto, Juanita~~
- Barnes, Tia
- Botero, Maria Antonia
- Brubaker, Roger
- ~~○ Bryant, Maya~~
- Bumpus, Sandy
- Campbell, Iden
- Clay, Gordon
- ~~○ Cooper, Emma~~
- Delbridge, Spencer
- Erickson, Donald
- Fettig, Kristin
- Foster, Dan
- Fulner, Wren
- Gelser, Sara Senator
- Golden, Leslie
- Jackson, Rosanna
- Jones, Kimberlee
- Largent, Judah
- Lewis, Spencer
- Lumby, Charlette
- Magers, Julie
- Marshall, Rebecca
- McConahay PhD, Gary
- Misaras, Laura Rose
- Murray, Galli
- ~~○ Nilsson, Olivia~~
- Nunez-Pineda, Jesus
- Pearce, Pam
- Potts, Justin
- Price, Ryan
- Pritt, Tanya
- Read, Karli
- Roberts, Shane
- Ruona, Amy
- Scholz, Julie
- Seeley, John
- Staub, Lon
- Stepaneko, Joseph
- Stadelman, Suzie
- Stringer, Sydney
- ~~○ Vigna, Olive~~
- Willard, Stephanie
- Wilson, Roxanne
- Wolfe M.D., Kirk

Note on Voting Membership:

Per Alliance By-laws, each organization represented can only have one voting member. However, others from the organization can still participate in Committees and overall Alliance work.

Alliance Member List

From September 2020 – September 2022

Updated September 2020

List of OHA Representatives (OHA members are unable to vote on Alliance matters):

- Baker, Jill
- Chisholm, Laura
- Crane, Meghan
- Hochstetler, Shanda
- Holcomb, Chelsea
- Pearson, Fran
- Schneidman, Lev

Number	County Live / Work	Age / School Status	Lived Experience	SP Coalition Connection	SB 707 Category	Notes
1	Multnomah	17 or younger / College & Working	Yes	No	18 and younger	
2	Washington / Clackamas	35-44	Yes	Clackamas	Lived Experience	AFSP Board President
3	Unknown	55-64 / College	Yes	No	None	
4	Marion / Clackamas	55-65	No	No	Juvenile justice	Work in juvenile justice, parent of transgender child
5	Multnomah	35-44 / College	Yes	Clackamas & Washington	Lived Experience	OR Firearm Safety Coalition, co-chairs Lethal Means Advisory
6	Curry / Curry, Josephine, Jackson, Douglas	35-44	Yes	No	CCO - AllCare	Previous experience with AOCMHP as a former community mental health program director, has served on community health improvement plans, BH advisory board, and many others
7	Coos / Coos & Curry	35-44	Yes	No	Community College Teacher	Leads sources of strength at her college, LGBTQ+ and suicide prevention activist from Utah, very interested in youth engagement and getting students connected
8	Unknown	18-24 (18) / College	Yes	No	24 and younger	Engaged in Alliance YET and LE Advisory; "you have helped me find my voice and it's only fair that I give back to youth in my position and help them find their voice."

9	Multnomah / Eastern OR	25-34 / College & Working	Yes	Eastern OR SPC	CCO? - GOBHI?	Leads Eastern OR coalition; specifically interested in foster care population
10	Clackamas / Hood River & Wasco	25-34	No	Gorge Wellness Alliance	CCO - PacificSource	facilitates Gorge Wellness Alliance
11	Deschutes	45-54	Yes	No	none	Leading Adi's Act efforts in Bend-La Pine SD, wants to join workforce or TOC committee, school counselor
12	Washington	55-64	Yes	Steering Committee Suicide Fatility Review for WA County	none	Active on OAPS schools transitions of care committees
13	Clackamas / Marion	55-64	Yes	No	Military / Veteran	Suicide Prevention NCO, experienced trainer
14	Jackson	45-54	Yes	Multiple	Member of a Tribe	Child welfare connection as an employee
15	Unknown	25-34	Yes		none	School counselor, teaches counselors in grad programs in diverse communities about SP, social justice perspective, OR Coalition for Restorative Justice, LGBTQ+ Advisor to the Superintendent
16	Washington	25-34	No	Washington	None	Facilitates WA County SPC, BOD for Thrive Hood River, active in ASIPP and YSIPP committees

Proposal related to Training

Proposal: To develop legislation mirroring HB2315 (passed in 2021) to require Primary Care Professionals (PCP's) and other related medical professionals to take continuing educational units in suicide assessment through vetted courses that will meet the requirement.

YSIPP Alignment: 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.

Alliance Committee / Advisory Group Connection: Workforce Committee

Problem Statement: Contact with a primary care physician is common even in the final month before a death by suicide. A comprehensive literature review indicates that 80% contacted healthcare professional in prior year and 44% saw a physician in the month before dying.¹ Yet, healthcare professionals often have little specific training on suicide assessment, treatment, and management. Both AFSP and OHA recommend training healthcare professionals as key policy need. From OHA's SB48 report: "Physical and behavioral health providers that are confident, competent, and equipped to provide the best care to those who experience suicide ideation is an essential part of Oregon's suicide prevention strategy. To ensure Oregon's workforce is meeting the needs of people most at-risk, the law should require suicide prevention education in professional training programs and continuing education for key professions."

Staff thoughts about Context: The Alliance's past policy agendas included legislation to ensure both behavioral health and physical healthcare providers receive training in suicide assessment, management, and treatment, and was successful in getting HB2315 which requires behavioral health workforce to receive suicide assessment, treatment and management continuing education. Legislation with a broad mandate to require training of all healthcare clinicians was met with sharp resistance from the medical professional organizations. The Workforce committee is working in close partnership with the Oregon Pediatric Society to develop a legislative concept focused on the healthcare professionals most likely to interact with a youth or family. Also, to be considered is how to implement this for adult medical providers.

Equity: Research shows that, in communities where mental health professionals may not be trusted or utilized, physical health providers are still accessed. This legislation would increase the possibility that physical health providers will screen and treat for suicide. However, ensuring that training is culturally responsive will be essential for the success of this proposal.

Committee or Person who Submitted Recommendation: Workforce Committee and Gordon Clay, gordonclay@aol.com submitted the same proposal.

¹ Scandinavian Journal of Public Health, 2019; 47: 9–17

Proposal related to Training

Proposal: Require all levels emergency department staff (from the triage desk to security to nurses and doctors) to receive training in trauma informed care as it relates to suicide prevention, intervention, assessment, treatment, and management; training should be standard across the state for all emergency departments.

YSIPP Alignment: 2.3.1 "Available Support" - Oregonians who need immediate support or crisis intervention have access to it; 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; 3.3 Appropriate Treatment & Management of Suicidality

Alliance Committee / Advisory Group Connection: Transitions of Care Committee and Workforce Committee

Problem Statement: Many emergency department staff are not equipped to provide trauma informed and safe suicide management care when folks present in a crisis which can both exacerbate what the person is experiencing and prevent them from seeking help in the future if they experience another crisis.

Staff thoughts about Context: The Alliance supported legislation (HB 3090, 3091, 2023) that requires follow-up for people presenting with a behavioral health crisis in the emergency department. However, youth who have presented to emergency departments for a mental health crisis have reported treatment received varied from hospital-to-hospital and even from staff-to-staff within the same hospital. Inconsistent and poor treatment can exacerbate the current crisis and prevent people from seeking help in the future. In addition, if a hospital within one's catchment area is known to provide poor care but one some county's over is known to provide excellent care, folks will travel outside of their catchment area to the one they know they will receive good care from. However, individual hospitals are not equipped to receive an influx of patients from other areas of the state. Lastly, folks may experience more than one mental health crisis in their lifetime and we want to make sure our resources do not prevent them from seeking care again in the future. If they have a negative or harmful experience, they may not ask for help again when they need it. This recommendation aligns with the Healthcare Training recommendation by expands it to include triage desk staff, security officers, and other staff of emergency departments.

Equity: This is especially important because emergency departments are often the place of last resort that people who don't or are unable to access traditional behavioral or physical healthcare. This is especially true for people who are undocumented or who have had negative interactions with healthcare providers.

Committee or Person who Submitted Recommendation: Lived Experience Advisory, Jenn Fraga on behalf of Noah Rogers

Proposal related to Training

Proposal: There should be a requirement that each suicide prevention, intervention, and postvention training must include equity-centered content. Related, it would be important to have some type of requirement or incentive (i.e. certification) for trainers to receive ongoing equity-focused training.

YSIPP Alignment: 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; 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; 4.5 Equity

Alliance Committee / Advisory Group Connection: Equity Advisory Group

Problem Statement: The state of Oregon is currently supporting a number of evidence-based suicide prevention, intervention, and postvention trainings; however, these trainings generally do not have a strong focus on equity or culturally specific understandings of suicide, mental health. Addressing this gap in the foundational suicide related trainings, aligns both with the Alliance's commitment to equity and OHA's commitment to eliminate health inequities by 2030² which includes specific measures such as meaningful language access.

Suicide prevention, intervention, and postvention trainings have been created from dominate culture research and development practices. While their effectiveness has been tested in dominate cultures, there is a lack of research into whether these trainings benefit others outside of the dominate culture. With the rise in suicide risk in diverse and underrepresented populations, it is vital that suicide prevention, intervention, and postvention trainings adjust their content, delivery methods, and implementation strategies so that they address the needs of all Oregonians. In addition to the trainings needing structural changes, it is also important that trainers have a way to grow their skills to implement trainings in a culturally humble, agile, and relevant way. Every trainer comes in with different levels of knowledge, understanding, and experiences which can affect their ability to implement trainings in a relevant way. Ongoing training opportunities would help build a baseline of abilities and competencies of trainers while ensuring attendees are ensured a certain level of training.

Staff thoughts about Context: While this is framed as a legislative ask, staff suggests that we include this as a recommendation for the annual update on the YSIPP and assess progress before the next long session in 2025. If significant progress has not been made, perhaps this should move forward as a legislative concept at that time. A policy was enacted in Washington state which forced training developers to embed required content into their trainings, especially those who may be slower or more resistant to including such content. More research on this is needed if the Alliance moves forward with this proposal.

While the Alliance has done great work to ensure suicide prevention, intervention, and postvention trainings for different populations (i.e. HB 2315), it is also important to ensure that those trainings are not only effective for dominate cultures but also to historically underrepresented populations as well. There has been some work to understand concerns from trainers and county coordinators related to the lack of relevance of trainings for various populations though most training developers are slow or uninterested in adapting their trainings.

Equity: This proposal focus on an equity-centered lens for all suicide prevention trainings.

Person who Submitted Recommendation: Tim Glascock, tglascock@aocmhp.org

² Oregon Health Authority Equity Advancement Plan

Proposal related to Data

Proposals: Require Medical Examiners to gather standardized info at the death scene.

YSIPP Alignment: 1.3.1 "Clear Links" The link between economic factors and risk of suicide is highlighted outside of typical suicide prevention work; 3.4.3 "Fatality Data" - Youth suicide fatality data is gathered, analyzed, and used for future system improvements and prevention efforts; 4.1 Data and Research

Alliance Committee / Advisory Group Connection: Data & Evaluation Committee and Lethal Means Advisory

Problem Statement: Medical Examiner reports currently are not consistent between counties nor do they consistently collect information that is needed to develop targeted prevention efforts to address suicide deaths based on real data and deaths. Of particular concern are inconsistencies in how ethnicity and Sexual Orientation and Gender Identify information is collected. It would also be hopeful to have accurate information regarding how lethal means were obtained.

Staff thoughts about Context: Prior to a vote by the Alliance, additional background information is needed including: 1) Current guidelines for medical examiners, 2) Better understanding of whether this should be addressed through administrative rules or a legislative concept, and 3) Explore the possibility that child fatality review boards report once a biennium to the Alliance on what they have learned about child deaths as it relates to access to lethal means, demographic information, high level systems gaps, and risk and protective factors.

Equity: There is a concern that medical examiners may not record race or ethnicity with accurate information but rather based on appearances. Additionally, medical examiners often rely on family members of the deceased to determine a person's gender or sexual identity. Since many in the LGBTQ2SIA+ community are not either or supported by their families, this leads to underreporting of this population.

Person who Submitted Recommendation: Galli Murray, gallimur@co.clackamas.or.us

Proposal related to Data

Proposal: Collect appropriate data on Oregon LGBT suicide attempts/completions and develop interventions once data is collected.

YSIPP Alignment: 3.4.3 "Fatality Data" - Youth suicide fatality data is gathered, analyzed, and used for future system improvements and prevention efforts; 4.1 Data and Research

Alliance Committee / Advisory Group Connection: Data & Evaluation Committee and LGBTQ+ Advisory

Problem Statement: There is a concern that medical examiners often rely on family members of the deceased to determine a person's gender or sexual identity. Since many in the LGBTQ2SIA+ community are not either or supported by their families, this leads to underreporting of this population. We need to learn what information is available when it comes to suicide attempts.

Staff thoughts about Context: In recent years, Oregon passed legislation to improve data collection in relationship to issues of equity. Staff recommend further conversation with Public Health to better understand SOGI data as it relates to suicide attempts and deaths.

The Alliance must devote time to determining the effectiveness of current postvention programs and policies in Oregon and be mindful of findings across the nation. Aside from supporting current legislation, the Alliance will explore effective data collection, reporting and sharing and work with fatality review boards to better understand the specific risk factors and relationship to suicide prevention.

Equity: This addresses a specific at-risk population.

Person who Submitted Recommendation: Vickie Johnson, vickiejohnsonlcsw@gmail.com

Proposal related to Data

Proposal: Improve data linkage between hospital EDs and OHA for patient visits with suspected and definite suicide attempts, and FTE for data processing at OHA.

YSIPP Alignment: 3.4.3 "Fatality Data" - Youth suicide fatality data is gathered, analyzed, and used for future system improvements and prevention efforts; 4.1 Data and Research

Alliance Committee / Advisory Group Connection: Transitions of Care Committee and Data & Evaluation Committee

Problem Statement: The suicide attempt data is available for people 18-years of age and younger. It provided valuable information in terms of developing the YSIPP. Having this information for people across the lifespan would allow local coalitions and policy developers to make more strategic data-based decisions regarding suicide prevention priorities across the lifespan.

Staff thoughts about Context: Oregon hospitals are required by law (Oregon Revised Statue 441.750) to report adolescent (under 18 years of age) suicide attempts to the Oregon Public Health Division. The Public Health Division has developed, in partnership with Oregon hospital emergency departments, an electronic data reporting system, known as ESSENCE (Electronic Surveillance System for the Early Notification for Community-Based Epidemics), that can be used to gather mandated statistical information about adolescent suicide attempts. No additional reporting by hospitals is needed to meet Oregon Revised Statue 441.750.³ To see what is available on the Data Dashboard, visit this [link](#).

Equity: Clear and accurate demographic data will help us to understand in real time trends in specific communities and alert us to needs for additional supports and resources to those communities.

Person who Submitted Recommendation: Zev Braun, zev_braun@co.washington.or.us

³ <https://www.oregon.gov/oha/ph/PREVENTIONWELLNESS/SAFELIVING/SUICIDEPREVENTION/Pages/ASADS2.aspx>

Proposal related to Data

Proposal: Develop YSIPP initiatives specifically focused on reducing the risk of cis boys and men dying by suicide.

YSIPP Alignment: 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; 2.2.2 "Means Reduction Education" - Youth serving adults and caregivers are equipped with means reduction strategies and resources; 3.4.3 "Fatality Data" - Youth suicide fatality data is gathered, analyzed, and used for future system improvements and prevention efforts.

Alliance Committee / Advisory Group Connection: Equity Advisory Group and Data & Evaluation Committee

Problem Statement: Cis Boys and men die by suicide at a higher rate than Cis girls and women. Research indicates the majority who die by suicide have not been diagnosed with a mental health diagnosis but that cis boys/men form serious intent to die, most often after an intense stressor or trigger. The YSIPP does not include an initiative that specifically is designed to meet the needs of this population, including specific strategies to address conditioning around masculinity that may contribute to suicide risk.

Gordon thoughts about Context: Most research asks those individuals for risk factors and warning signs and have determine that most of the attempters have been diagnosis with a mental health disorder. It seems clear from the research that I have seen that those who die on the first attempt have a serious intent to die, set up by social gender indoctrination and because that includes "Don't be a victim" and "Don't ask for help" they use lethal means to insure their death. Also, research that I have seen related to their psychological autopsy, is that very few of them have been diagnose with a mental health disorder.

Staff thoughts about Equity: There are a number of ways to look at this through an equity lens. One perspective is that since suicide prevention and intervention are generally based on a dominant culture paradigm, they already have been developed to address the needs of, at the minimum, white cis boys and men. Meanwhile, LGBTQ+ and Native American people are dying at a higher rate than the general population. Some would argue that resources should be focused on populations underserved and under supported. However, as Gordon points out, cis boys and men across ethnicities die by suicide at a higher rate than cis girls and women which shows that current efforts are not adequately addressing this population.

Person who Submitted Recommendation: Gordon Clay, gordonclay@aol.com

Proposal related to Data

Proposal: To fund the student health survey on an annual basis and require all school districts to implement the survey for 6, 8, and 11th grades.

YSIPP Alignment: 4.1 Data and Research

Alliance Committee / Advisory Group Connection: Data & Evaluation Committee and Lethal Means Advisory

Problem Statement: Student health survey is one of the primary ways that we get information about the mental health needs of Oregon's young people. The survey currently is optional and not all school districts use it. Additionally, even in counties where it is used, it can be difficult for local suicide prevention planners to access data that shows local trends. Suicide prevention and mental health promotion strategies include population-based approaches related to public policy, public health and health care system design.

Gordon thoughts about Context: It is around an hour test and provides detailed information on what students are getting out of their education in Oregon and will provide valuable information to guide Oregon those districts that will take it seriously to drastically improve the effect what and how we teach education has on our students. I would consider changing it grades to 7, 9, and 11 or 6, 8 and 10 to provide valid trend data. (Apples to apples).

Equity: Population level data allows us to get a broad view of Oregon's mental health needs. The survey design and dissemination should prioritize reaching underserved and historically oppressed communities so that their needs and strengths are addressed in behavioral health, public health, and suicide prevention planning.

Person who Submitted Recommendation: Gordon Clay, gordonclay@aol.com

Proposal related to Alliance Structure

Proposal: There are several different ideas for how the Alliance could restructure to expand our advisory role across the lifespan. This would require legislation as the Alliance is currently mandated to address ages 5-24.

1. Ask for legislation that shifts the Alliance target to lifespan including ages 0-5.
2. Remove ages 19-24 from YSIPP and have this live in the ASIPP.
3. Consider enacting legislation that would expand the Alliance's advisory role to include advising ODE, DHS, DOJ on suicide related matters and require those agencies to also provide funding to support the effort.

YSIPP Alignment: *Unknown*

Alliance Committee / Advisory Group Connection: Executive Committee

Problem Statement: The Alliance forwarded a proposal to include funding and staffing for the ASIPP. We strongly believe that Alliance engagement in youth and young adult suicide prevention has been an essential component of the recent growth and increasing integration of youth suicide prevention efforts. Under current structure, the Alliance cannot focus on lifespan issues. Regarding suggestion 3, Since suicide is a complex multi-sector problem, this work should be integrated across the state system.

Staff thoughts about Context: While the Executive Committee and Alliance as a whole has generally been supportive of the idea of expanding our scope, no specific vision or structure has been agreed on by the Executive. Instead of analyzing the specific proposals, Staff suggests that this proposal go to general membership for support for a legislative ask around expanding our role. This would be a big change and, if this were to pass, a specific recommendation in legislation would need to be developed by Alliance members and the Executive over the summer to be ready for the 2023 Legislative Session.

Equity: A thoughtful process for developing a proposed model for Alliance structure should be approached using the equity lens developed for the ASIPP.

Person who Submitted Recommendation: Multiple people (Gordon Clay can provide specific information about their proposals, which include proposals 1 & 2, to interested parties. Proposal 3 has emerged out of conversations with a variety of people and needs much further exploration to assess viability of the idea.)

Proposal related to Postvention

Proposal: Mirror the postvention requirement for deaths 24 and below (SB 561) for adults.

YSIPP Alignment: 3.4.2 "Postvention Response Leads" - Postvention Response Leads (PRLs) (and teams) are supported and equipped to fulfill their legislative mandates; 3.4.3 "Fatality Data" - Youth suicide fatality data is gathered, analyzed, and used for future system improvements and prevention efforts; 4.3 Policy Needs/Gaps.

Alliance Committee / Advisory Group Connection: *Unknown*

Problem Statement: The ripple impact of a suicide is well documented and, without support to those impacted, their risk of suicide increases. Because the majority of our suicide deaths in OR are middle aged adults and these adults have connections to youth and young adults, requiring postvention for deaths 25 and above would have tremendous significance in getting support to those that need it. Additionally, many adult deaths have profound lifelong impacts on children and youth. A comprehensive postvention approach could help decrease the risk that these young people will die by suicide in the future. A lifespan postvention approach has the potential to prevent suicides in the long-term.

Staff thoughts about Context: Oregon has led the way nationally in institutionalizing postvention work. The youth postvention legislation became an unfunded mandate which has been especially problematic for communities that do not have a full-time suicide prevention coordinator or response person. Resources have gradually been added in terms of training, rapid response, and regular meetings of postvention response leads. But this has taken years to build and there are still gaps and needs. For implementation of a lifespan approach to be effective, we believe there should be specific funding attached to support the effort from the beginning.

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

Equity: Postvention as a strategy to address the needs of young people was prioritized because of the risk of contagion. There is less evidence of the phenomenon of contagion amongst adult suicides however, there is strong evidence that the long-term impact of exposure to a suicide increases risk of suicides for all who are impacted by it. This universal approach to postvention would ensure that we are providing supports to our most vulnerable communities.

Person who Submitted Recommendation: Galli Murray, gallimur@co.clackamas.or.us

Proposal related to Crisis Response

Proposal: Funding for support/treatment services that bridge the gap between crisis response and longer-term care.

YSIPP Alignment: 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; 3.2.1 "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; 3.2.3 "Available Services" - There are enough available services to provide all Oregonian young people access to care when they need it; 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).

Alliance Committee / Advisory Group Connection: Transitions of Care Committee

Problem Statement: It can take at least 6-8 weeks to get an appointment with MH professional, there should be some kind of treatment/option/meeting available in the short term that can help bridge the gap between crisis and treatment. There are good examples of this, for example, the Hope Institute (<https://www.thehopeinstitute.net/about-3>). As part of the crisis response ecosystem, suicidal people may need to have access to more support between their crisis and their appointment.

Access and delivery of care is critical to individuals experiencing a need for mental health services. Addressing a lack of access to mental health care includes support for health and behavioral health care systems. Federal and state laws are designed to ensure health insurance plans have equal treatment of mental and substance use disorders equally with physical health.

Staff thoughts about Context: This proposal has some similarities to the CATS program and IHIBHT Program currently being funded for youth and young adults. It also touches on the intense workforce pressures experienced in the behavioral health workspace that has resulted in reduced counselor availability. This concept could be promoted as part of the continuum of support available through the 988/MRSS implementation and might make sense as part of the larger legislation being considered. Additionally, this could be an area of partnership with AOCMHP to ensure that what is proposed builds on current systems, resources, and constraints.

In 2021 the Oregon legislature passed HB 3046 (2021) requiring parity of billing and access for health and behavioral health services. This applies to both private and public insurance. Concurrently, Oregon is beginning the process of implementing the 988-response system which is intended to increase access and support to behavioral health crisis response.

Equity: Availability of services depends on insurance type, and geographic location making it more difficult for some parts of Oregon to receive timely access to care.

Person who Submitted Recommendation: Ryan Price, rprice@afsp.org

Proposal related to Schools

Proposal: Yearly youth suicide prevention training in school - 6 grade thru 12 grade.

YSIPP Alignment: 1.4.1 "Positive Connections" All Oregonian young people have access to meaningful places and spaces to experience positive connection & promote mutual aid; 1.4.2 "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; 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; 4.7 Lived Experience Voice

Alliance Committee / Advisory Group Connection: Schools Committee and Lethal Means Advisory

Problem Statement: We need to give our youth the tools to help recognize that a friend might be at risk, teach them how to ask each other about thoughts of suicide, and make sure they have access to resources - such as an app that connects them to the youthline and other resources.

Staff thoughts about Context: This would build on Adi's Act requirements for every school to have a suicide prevention plan. There is no specific current funding for this universal approach at this time although there has been significant investments in training students through Big River Programs, such as Sources of Strength and Youth Mental Health First Aid. A universal approach might require something like a standard unit that is taught through health or social studies. Collaboration with Oregon Department of Education would be needed to develop an effective concept.

There is evidence to suggest benefits of peer social norms and community engagement activities to protect against suicidal behavior; however, it has not been evaluated to determine if this also translates into reduced suicide attempts and deaths. Another approach is coping and problem-solving skill training which has shown to improve resilience and reduce problem behaviors and risk factors for behaviors related to suicide. For children, youth and young adults, schools are a primary avenue for developing these skills. Funding programs such as Sources of Strength and emphasizing the importance of social emotional learning are two examples of how policy has been built to promote social connectedness.

Equity: This universal approach would ensure that students receive information about suicide prevention and safety regardless of their specific social and cultural identity or how they are perceived by others. Note – without an equity centered approach to trainings, there is a risk that a universal approach could prioritize dominant culture needs. The OHA funds trainings for behavioral health specialist that focus on treating and managing suicidality (e.g. Collaborative Assessment and Management of Suicidality (CAMS) Assessing and Managing Suicide Risk (AMSR), and Cognitive Behavior Therapy (CBT)). While these therapeutic interventions are important, they miss people who are not engaged in the behavioral health system. As we think about equity, the Alliance needs to identify non-traditional approaches to consider.

Person who Submitted Recommendation: Donna Marie Drucker, donnamarie.ofsc@gmail.com

Proposal: Student ID's have both helpline and crisis text line on it.

YSIPP Alignment: 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; 1.4.2 "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; 4.4 Funding Needs

Alliance Committee / Advisory Group Connection: Schools Committee

Problem Statement: The Safe Oregon Tip Line is broadly disseminated to students across the state, yet data shows a majority of their calls are related to suicide and other mental health issues. There is no consistent way across the state that students receive information about the resources specifically designed to address suicide (YouthLine, Crisis Text Line, Suicide Hotline, and in near future 988).

Gordon thoughts about Context: Immediate funding for a program that effectively informs and educates all students and staff within the educational system of the 24/7 crisis text line, it's benefits, safety, and ease of use. Include an approach that encourages boys and young men to use the service and its privacy. They currently represent only about 20% of text line contacts in Oregon. At least have the information on the back of student ID cards as soon as possible.

Equity: This universal approach would provide more consistent information across the state and potentially address disparities between school districts regarding student knowledge and access to crisis lines and crisis text services.

Person who Submitted Recommendation: Gordon Clay, gordonclay@aol.com

Proposal related to Lethal Means

Proposal: With the partnership of the firearm community (and organizations such as the NSSF, etc.), amend the temporary firearm storage law (ORS 166.435) to include a Good Samaritan Clause.

YSIPP Alignment: 2.2.3 "Means Reduction Promotion" - Oregon regularly promotes safe storage practices and links it to suicide prevention.

Alliance Committee / Advisory Group Connection: Lethal Means Advisory

Problem Statement: This statute is not used by the firearm community and would be if individuals knew that they would not be held accountable for negative actions that occur (homicide, suicide, etc.) after the firearm is returned. The temporary firearm storage law is underutilized by the firearm community and they have cited concerns about liability as a key barrier. A Good Samaritan Clause would address this barrier.

Staff thoughts about Context: To date, the Attorney General has not issued an opinion on whether individuals complying with the storage law are protected from prosecution despite written requests. This seems like a practical and concrete approach to addressing this significant issue. The CDC suggest three potential approaches to create environments that protect against suicide including reducing access to lethal means among persons at risk of suicide, setting organizational policies and culture to promote protective environments, and implementing community-based policies to reduce excessive alcohol use. The Arizona paper focused on access to lethal means and reviewed practices of several states. They found there is evidence to support safe storage of medications, firearms, and other household products to reduce the risk for suicide as these approaches increase the time interval between deciding to act and the suicide attempt.

Equity: This proposal comes directly from the community that it would most directly impact and it supports the development of a support system within the community it would serve.

Person who Submitted Recommendation: Galli Murray, gallimur@co.clackamas.or.us

Proposal related to an Equity Focus

Proposal: Strengthen state legal protections for LGBTQIA2S+ youth, especially transgender youth who have been targeted by discriminatory legislation throughout the country.

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

Alliance Committee / Advisory Group Connection: LGBTQ+ Advisory

Problem Statement: Throughout the United States over 1.9 million, or 9% of the total population of students ages 13-17 identify as Lesbian, Gay, Bisexual, Transgender or Queer (LGBTQ+). Like their school-aged peers, most LGBTQ+ students spend the majority of their time away from home at school. Unfortunately, due to prevalent discrimination and a lack of LGBTQ+ affirming policies, schools are often a hostile environment where many LGBTQ+ students face discrimination, bullying, and exclusion by their peers and school staff members. This victimization has a negative impact on LGBTQ+ students' mental health and academic performance and can lead to long-term issues that negatively impact communities such as suicide, homelessness, unemployment, substance use, and incarceration.

Staff thoughts about Context: A multi-faceted approach is needed to create school environments that foster academic and social success for LGBTQ+ youth. This action requires legislators and other representatives to repeal laws that prohibit (and even punish) teachers and school staff from discussing LGBTQ+ issues and enact legislation that protects LGBTQ+ students and staff members from discrimination based on sexual orientation and gender identity. While some states have enacted legislation that prohibit discrimination based on sexual orientation and gender identity, the majority of states have not adopted such policies. Additionally, some states have policies that promote discrimination by punishing school personnel who talk about LGBTQ+ issues. The LGBTQ+ Advisory Group believes that the Alliance needs to take a proactive role in responding to efforts across the state to block implementation of the LGBTQ2SIA+ Student Success Act and be prepared for the likelihood that in the next legislative session there will be proposals that mirror other states' anti LGBTQ+ legislation.

Equity: Research shows that laws and policies that specifically protect sexual orientation and gender identity are more effective than those that provide general guidelines against bullying. Only 19 of states have enacted antibullying policies that protect LGBTQ+ students. As a result of discrimination and marginalization, LGBTQ+ students are 2 – 3 times more likely to attempt suicide than their peers. In 2021, 47% of transgender students considered suicide, and 19% make an attempt. Discrimination within the school system and by its administrators goes directly against the National Academy of Education's (2009) statement that "every child deserves the opportunity to attain an excellent and equitable education, and the public education system cannot truly be excellent if it is not equitable for all students, families and staff."

Person who Submitted Recommendation: Kris Bifulco, Kbifulco@aocmhp.org

Proposals related to Training
Proposal: To develop legislation mirroring HB2315 (passed in 2021) to require Primary Care Professionals (PCP's) and other related medical professionals to take continuing educational units in suicide assessment through vetted courses that will meet the requirement.
Proposal: Require all levels emergency department staff (from the triage desk to security to nurses and doctors) to receive training in trauma informed care as it relates to suicide prevention, intervention, assessment, treatment, and management; training should be standard across the state for all emergency departments.
Proposal: There should be a requirement that each suicide prevention, intervention, and postvention training must include equity-centered content. Related, it would be important to have some type of requirement or incentive (i.e. certification) for trainers to receive ongoing equity-focused training.
Proposals related to Data
Proposal: Require Medical Examiners to gather standardized info at the death scene.
Proposal: Collect appropriate data on Oregon LGBT suicide attempts/completions and develop interventions once data is collected.
Proposal: Improve data linkage between hospital EDs and OHA for patient visits with suspected and definite suicide attempts, and FTE for data processing at OHA.
Proposal: Develop YSIPP initiatives specifically focused on reducing the risk of cis boys and men dying by suicide.
Proposal: To fund the student health survey on an annual basis and require all school districts to implement the survey for 6, 8, and 11th grades.
Proposal related to Alliance Structure
<p>Proposal: There are several different ideas for how the Alliance could restructure to expand our advisory role across the lifespan. This would require legislation as the Alliance is currently mandated to address ages 5-24.</p> <ol style="list-style-type: none"> 1. Ask for legislation the shifts the Alliance target to lifespan including ages 0-5. 2. Remove ages 19-24 from YSIPP and have this live in the ASIPP. 3. Consider enacting legislation that would expand the Alliance's advisory role to include advising ODE, DHS, DOJ on suicide related matters and require those agencies to also provide funding to support the effort.
Proposal related to Postvention
Proposal: Mirror the postvention requirement for deaths 24 and below (SB 561) for adults.
Proposal related to Crisis Response
Proposal: Funding for support/treatment services that bridge the gap between crisis response and longer-term care.
Proposal related to Schools

Proposal: Yearly youth suicide prevention training in school - 6 grade thru 12 grade.
Proposal: Student ID's have both helpline and crisis text line on it.
Proposal related to Lethal Means
Proposal: With the partnership of the firearm community (and organizations such as the NSSF, etc.), amend the temporary firearm storage law (ORS 166.435) to include a Good Samaritan Clause.
Proposal related to an Equity Focus
Proposal: Strengthen state legal protections for LGBTQIA2S+ youth, especially transgender youth who have been targeted by discriminatory legislation throughout the country.

Group 1

Do you support this slate of recommendations? Is there something crucial missing that was included in policy proposals? If so, what is missing and what would the Alliance's role be (lead, collaborate, explore)?

Staff Recommendations on Policy Proposals

+Bridge the gap between crisis and long-term care

Explore: A strong and effective children's system of care is the focus of many different groups, including those working on the 988/MRSS (with POP attached) and CSAC and the ChildrenSystem of Care Advisory and the Children's Alliance. The opportunity here is that we explore, and when appropriate support and align with their efforts.

+Data

Lead: Improve data collection related to suicide deaths and attempts (several proposals). Needs ongoing work from data committee with OHA staff to determine highest impact asks and assess current landscape. No specific ask this session other than to support OHA POP. **POP asks for an OHA position related to suicide data which could facilitate this process.**

+Training Proposals

Lead: CME for Medical Professionals

Collaborate: Equity in Trainings (OHA POP)

Explore: Annual training for students 6 – 12th grade (Schools)

Explore: Training for E.D. staff (Workforce or Trans of Care)

-Not just ED staff, transitions of care happen hospitalwide and in many depts

+Lethal Means

Collaborate: Good Samaritan Clause and other things to strengthen safe storage (Lethal Means; additional funds for safe storage in OHA POP)

Missing- linking education of providers and of the general public

+Other

Collaborate: Strengthen state legal protections for LGBTQ2SIA+ youth, especially transgender youth who have been targeted by discriminatory legislation throughout the country.

Lead or **Collaborate**: Student ID's have both helpline and crisis text line on it.
(Would need strong leadership from Schools Committee if we were to lead this effort.)

Consider this as a concrete tool to be included in school suicide prevention plans?
Addition to Adi's Act guidance, exemplary plan?

Group 2

Do you support this slate of recommendations? Is there something crucial missing that was included in policy proposals? If so, what is missing and what would the Alliance's role be (lead, collaborate, explore)?

Staff Recommendations on Policy Proposals

+Bridge the gap between crisis and long-term care

Explore: A strong and effective children's system of care is the focus of many different groups, including those working on the 988/MRSS (with POP attached) and CSAC and the ChildrenSystem of Care Advisory and the Children's Alliance. The opportunity here is that we explore, and when appropriate support and align with their efforts.

+Data

Lead: Improve data collection related to suicide deaths and attempts (several proposals). Needs ongoing work from data committee with OHA staff to determine highest impact asks and assess current landscape. No specific ask this session other than to support OHA POP. **POP asks for an OHA position related to suicide data which could facilitate this process.**

+Training Proposals

Lead: CME for Medical Professionals

Collaborate: Equity in Trainings (OHA POP)

Explore: Annual training for students 6 – 12th grade (Schools)

Explore: Training for E.D. staff (Workforce or Trans of Care)

+Lethal Means

Collaborate: Good Samaritan Clause and other things to strengthen safe storage (Lethal Means; additional funds for safe storage in OHA POP)

+Other

Collaborate: Strengthen state legal protections for LGBTQ2SIA+ youth, especially transgender youth who have been targeted by discriminatory legislation throughout the country.

Lead or Collaborate: Student ID's have both helpline and crisis text line on it. (Would need strong leadership from Schools Committee if we were to lead this effort.)

Room 2 Notes: We are in favor of the proposals on this document but have some questions about the next steps prior to and during the session.

- How are the initiatives/projects related to the above assigned resources?
- How do we determine in what ways we collaborate on initiatives? On those initiatives, do we know who leads?
- How will we be updated on initiatives we are leading?
- Will the schools committee determine if we are leading/collaborating on the student ID initiative?

Group 3

Do you support this slate of recommendations? Is there something crucial missing that was included in policy proposals? If so, what is missing and what would the Alliance's role be (lead, collaborate, explore)?

Group 3 was aligned behind these recommendations. We discussed the need to establish a leg subcommittee of interested Exec members (with leg process understanding) to help support, drive, inform session efforts.

Leslie Golden would like to see some detail around 988 "data" starting to reference long term, statewide, data system goals for longitudinal BH reforms.

Staff Recommendations on Policy Proposals

+Bridge the gap between crisis and long-term care

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Lead or Collaborate: Student ID's have both helpline and crisis text line on it. (Would need strong leadership from Schools Committee if we were to lead this effort.)



Legislative Agenda 2022-2025

The Oregon Alliance to Prevent Suicide has modeled its legislative priority structure after the American Foundation for Suicide Prevention in that it classifies each priority as something the Alliance will either lead, collaborate, or explore.

Lead Issues on which Alliance will play a leadership role by developing the policy position, marshaling support, and generating advocacy activity.

Collaborate Issues on which Alliance will work as part of a coalition or group, providing active support to achieve these important policy objectives.

Explore Issues that are rising in importance and require further exploration or policy research and analysis but have not yet become Alliance active policy proposals.

Policy areas the Alliance is currently actively engaged in and will be priority areas for the 2023 Legislative Session:

Lead Expand existing legislation of HB 2315 (2021) requirement for behavioral health providers to receive continuing education on suicide assessment, treatment, and management to include medical providers.

The Alliance is currently in process of writing the legislative concept, finding a legislative lead, and garnering support.

High Impact/High Effort: Extensive staff engagement and committee leadership needed through the legislative session.

Lead Widen Alliance's scope of work to have a lifespan approach, instead of ages 5-24, and provide support to the new Adult Suicide Intervention and Prevention Plan (ASIPP).

The Alliance has sent written request about expanding Alliance's scope to OHA. There will need to be a legislative concept needed similar to SB707 (2019) to require ASIPP, annual reports, and an advisory body in statute.

High Impact/High Effort: This has the potential for coordinated lifespan efforts. Analysis is needed regarding alignment, committee, and staff structure.

Alliance Staff received recommendations for policy priorities for the 2023 Legislative Session from our members, committees, and affiliates. The Executive Committee reviewed submitted proposals and, based on staff recommendations, decided to focus on the following proposals. If approved my Alliance membership, this list would serve as the beginning of our long-term policy agenda.

Lead

1. Improve data collection related to suicide deaths and attempts (several proposals). Needs ongoing work from data committee with OHA staff to determine highest impact asks and assess current landscape. No specific ask this session other than to support OHA POP. POP asks for an OHA position related to suicide data which could facilitate this process.

Collaborate

1. There should be a requirement that each suicide prevention, intervention, and postvention training must include equity-centered content. Related, it would be important to have some type of requirement or incentive (i.e. certification) for trainers to receive ongoing equity-focused training.
2. With the partnership of the firearm community (and organizations such as the NSSF, etc.), amend the temporary firearm storage law (ORS 166.435) to include a Good Samaritan Clause.
3. Strengthen state legal protections for LGBTQIA2S+ youth, especially transgender youth who have been targeted by discriminatory legislation throughout the country.

Explore

1. Funding for support/treatment services that bridge the gap between crisis response and longer-term care. A strong and effective children's system of care is the focus of many different groups, including those working on the 988/MRSS (with POP attached) and CSAC and the Children System of Care Advisory and the Children's Alliance. The opportunity here is that we explore, and when appropriate support and align with their efforts.
2. Yearly youth suicide prevention training in school - 6 grade thru 12 grade.
3. Require all levels of hospital staff (from the triage desk to security to nurses and doctors) to receive training in suicide prevention, intervention, assessment, treatment, and management; training should be standard across the state for all emergency departments.

Lead or Collaborate

1. Student ID's have both helpline and crisis text line on it.

DRAFT

Request to Executive (includes language that could be used in a letter to OHA)

From: LGBTQ+ Advisory Group
To: Alliance Executive Committee
Date: 4/29/2022

As the LGBTQ+ Advisory Committee, we are alarmed by the national wave of anti-trans and anti-LGBTQ+ legislation that puts youth and young adults at higher risk of suicide, among other negative health outcomes. As of April 8, 325 anti-LGBTQ+ bills have been introduced, with 130 of those bills specifically targeting transgender youth (map attached). In Oregon, we are aware of similar discriminatory policies being discussed or passed by school boards as well as community-wide organizing to attack trans and LGBTQ+ youth and their families.

We are writing to request the Alliance to recommend that OHA make a clear public statement regarding the agency's commitment to supporting and affirming LGBTQ+ youth and families. Given the plethora of anti-LGBTQ+ legislation sweeping the country. We commend the Oregon Department of Education for making a public proclamation of support (see attached proclamation). [As Basic Rights Oregon wrote](#), "Here in Oregon, we aren't seeing any of these hateful and unnecessary bills come to pass—yet. But we are witnessing the humanity of trans and queer people once again become a political football for politicians eager to gain attention and inspire the worst instincts of potential voters." This creates an opportunity for those of us working on suicide prevention, including the Oregon Health Authority, to publicly demonstrate our unwavering support for these young people and their families. At the Oregon Alliance to Prevent Suicide, we are showing our support through our communications, policy priorities such as successful implementation of Adi's Act and support for the Student Success Plans, and the very successful LGBTQ mini-grant process and learning community developed with OHA Public Health and the Alliance. We are asking Oregon Health Authority to similarly take a public stand of support in advance of our next legislative session when it is possible that we will see such discriminatory policies introduced.

We must be clear that this isn't a party-line, political issue; it is a health and human rights issue. All Oregonians deserve support. The Oregon Alliance to Prevent Suicide's core mission is to reduce Oregon's high rate of youth and young adult suicide. We are deeply concerned that the lives of our youth and young adults are at risk should similar legislation pass here. We feel that a public statement by OHA has the potential to be protective for LGBTQ+ youth, young adults, and families. They need to hear that in Oregon they are supported, accepted, and cared for.

The 2019 Healthy Teens Survey, alarmingly reported that **47%** of Oregon's trans youth had seriously considered suicide. This compels us to strongly advocate that we protect the lives of Trans and LGBTQ2SIA+ youth.

In contrast to the harmful legislation we are seeing elsewhere, research proves that gender affirming care and support for LGBTQIA2S+ build protective factors, reduce stigma, and reduce suicide. Some main findings specifically showing that:

- Supportive families help reduce suicide risk for LGBTQIA2S+ youth
- Gender affirming care is medically appropriate and necessary and can be life saving
- Including positive content about LGBTQ+ people and issues in classroom curricula can help increase feelings of safety in school and reduce suicide risk for LGBTQ+ youth in those schools.

Here at the Alliance, our committees and advisory groups can (and are) actively promoting these kinds of policies with the LGBTQ mini-grants and supporting initiatives that promote, partnership with the Oregon Pediatricians Society, and work through our Schools Committee on Adi's Act and the need to promote positive, culturally responsive school climate such as the various Student Success Plans (i.e., LGBTQIA2S+ Student Success Plan, Black Student Success Plan, etc.), and programs like Sources of Strength that help students to actively build a community of support and inclusion.

This is a matter of urgency, as we are already seeing efforts at school boards across the state to limit implementation of protective policies like the LGBTQIA2S+ Student Success Plan. It is likely that during the next legislative session, legislation mirroring the anti-LGBTQ+ legislation in other states will be introduced in Oregon. The Oregon Health Authority, with its focus on equity and inclusion and its position as a state leadership organization, has a responsibility to take a public and proactive approach to helping legislators and community members understand the gravely dangerous health implications of policies such as criminalizing gender affirming care for minors, excluding trans youth from sports or proper bathrooms, or speaking about LGBTQ+ lives.

We would like to request a response from OHA – perhaps for our June 2022 quarterly?

Post-Script: You can find statements of support from medical and professional associations along with supporting research at the National SOGIE (Sexual Orientation Gender Identity & Expression) Center website [here](#). Among cited organizations are the American Academy of Pediatrics, the American Association of Child and Adolescent Psychiatry, and over 20 child health and welfare groups nationwide.

Who We Are: The Oregon Alliance to Prevent Suicide is charged with advising the Oregon Health Authority on the development and administration of strategies to address suicide intervention and prevention for children and youth 5 through 24 years of age, and consulting with the Youth Suicide Intervention and Prevention Coordinator on updates to the Youth Suicide Intervention and Prevention Plan under ORS 418.733 to develop a public agenda for suicide intervention and prevention across agencies, systems and communities. Alliance members are appointed by the OHA and include subject matter experts, state agencies, suicide prevention coalitions, and both youth and adults who either have experienced a suicide loss or their own struggles with suicide thoughts or attempts.