ASIPP Statewide Strategic Priority Initiatives 2022-2026 (to be updated annually each Fall)

Framework Levels	ASIPP "high level goals and pathways"
1. Healthy & Empowered Individuals, Families and Communities	
Integrated & Coordinated Activities	
“Coordinated Activities” Suicide prevention programming is coordinated between tribes, state, county, and local leaders to maximize reach & ensure equitable access for all Oregonians.	**Coordinated Activities:** Increase coordination and collaboration between OHA’s suicide prevention plan and activities and counties plan and activities. OHA should serve as clearinghouse on suicide prevention and provide timely information to counties throughout the state.
"SP Policies" Organizations and agencies have suicide prevention policies for clients and staff that are known and utilized.	
"Coordinated Organizations" Organizations and agencies are coordinated and understand their role in suicide prevention.	Collaborate with and advise 988 implementation to address suicide prevention, assessment and treatment. OHA should increase collaboration and coordination among other prevention activities in categories such as AOD, Tobacco, Gambling, Violence, etc. **Coordinated Entities: Suicide prevention activities are coordinated across multiple sectors and settings serving older adults so that there would be many points of contact with providers and supporters that are trained in suicide prevention.**
"Voice of Lived Experience" Folks with lived experience have meaningful voice in Oregon's suicide prevention, including programming decisions and links to key leaders.	Positive Connections: Build active relationships through outreach with organizations of all types led by and working with Black, Indigenous, and People of Color to become fully embedded in the community

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"Equipped Advisory Groups" Advisory groups are well supported, equipped, and function efficiently to make meaningful change.	An advisory group will be established to monitor and advise the implementation of the ASIPP
"Resourced Coalitions" Regional Suicide Prevention Coalitions are informed and resourced to address their local needs and priorities.	**Resourced Coaltions:** OHA should provide better supports to the statewide suicide prevention councils, coalitions.
Media and Communication	
"Safe Messaging" All Oregonians receive safe messaging about suicide and self-injury.	**Safe Messaging:** OHA will develop media and communication campaigns that promote hope, healing, and wellness and portray suicide as both a public health and behavioral health issue.
	All media campaigns should include diversity in terms of ethnicity, sexual orientation, age, and gender expression. **Safe Messaging:** Any media campaign should portray diversity and there should be media campaigns about mental health, stigma and suicide that target disenfranchised populations
	OHA should implement rural-specific outreach and communication strategies for creating safety for LGBTQ+ communities in rural and remote areas.
"Promoting Wellness" Organizations and agencies routinely and strategically promote wellness, emotional strength, mutual aid examples, and protective factors.	
	Promoting Wellness: Implement a sustained male specific public awareness campaign that demonstrates an alternative, healthy set of masculine norms

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	Create media campaigns that promote hope, healing and wellness and portray suicide as both a public health and behavioral health issue.
	Promoting Wellness: Create media campaigns that combat ageism and actively confront stigma associated with aging
"Information Dissemination" SP Programming, information and resources are widely advertised and centrally located on one website. Information is kept up-to-date.	
	Information Dissemination: Increase outreach and communication regarding services and ensure that the information is correct
	OHA will serve as clearinghouse on suicide prevention activities and provide timely information to counties throughout the state.
"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).	
	Each year an ASIPP Annual Report will be created and widely distributed that will include outcomes for the previous year and new strategic initiatives for the upcoming year.
Social Determinants of Health	
"Clear Links" The link between economic factors and risk of suicide is highlighted outside of typical suicide prevention work.	
"Supporting Partners" Suicide prevention advocates and experts support the work of those decreasing health disparities and inequities.	Increase proactive forms of outreach about mental health in activities such as street out-reach.
Coping and Connection	

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"Positive Connections" All Oregonians should have access to meaningful places and spaces to experience positive connection & promote mutual aid.	**Positive Connections:** Strategically engage men during major life transitions such as retirement, unemployment, separation, death of a spouse, moving from military to civilian, transitioning from foster care, divorce, or exit from criminal justice systems.
	Coordinated Activities (or positive connections): Increase points of care by Integrating and coordinating older adult suicide prevention activities across multiple sectors, settings and points of care and connection **Positive Connections:** Increase opportunities and programing to reduce social isolation with older adults.
"Coping Strategies" All Oregonians understand and have access to what helps them to cope with hardship as an individual and within their community including culturally specific strategies.	
"Support Roles" People, family and caregivers understand and feel equipped to fulfill their role and understand their important impact on suicidality.	**Adult Roles (change to Supprt Roles or Family of Choice Roles):** Provide educational opportunities for caregivers of adults experiencing mental health crisis, suicide thoughts or suicide behaviors.

2. Clinical & Community Prevention Services

Frontline & Gatekeeper Training

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"Appropriately Trained Community" - (including the peer support workforce) receive the appropriate level of training for suicide prevention (basic awareness, enhanced, and/or advanced) and are retrained appropriately.	**Appropriately Trained Community:** Increase suicide preventon training for family and friends of Older Adults and Veterans **Appropriately Trained Community:** OHA should promote suicide prevention gatekeeper trainings for employment sectors with with dispariate rates of suicide **Appropriately Trained Community:** Create reccomendations to incorporate mental health promotion and suicide prevention resources and information into regularly scheduled safety meetings for industries that employ high risk populations.
"Supported Training Options" - Suicide prevention frontline and gatekeeper training is widely available at low or no cost for Oregon communities. "Representative Trainers" - The trainer pool in Oregon for suicide prevention programming represents the cultural and linguistic diversity of the communities in which they train.	**Supported Training Options:** OHA should fund suicide prevention gatekeeper trainings for employment sectors with disparate rates of suicide. **Supported Training Options:** OHA should fund and promote suicide prevention training (QPR) as a part of all CIT training statewide. **Supported Training Options (maybe equipped workforce):** Promote and provide CALM training to gatekeepers and health care professionals. **Representative Trainers:** Increase number of suicide prevention trainers in rural and remote areas.

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"Culturally Relevant Training" - Suicide prevention programming is regularly evaluated and updated to ensure equity, cultural relevance and responsiveness, and linguistic needs are addressed.	**Culturally Relevant Training:** OHA should increase gatekeeper trainings and outreach for black youth ages 18-24 or those who work with black youth ages 18-24.
Means Reduction	
"Safe Storage Access" - All Oregonians experiencing a behavioral health crisis should have access to safe storage for medicine and firearms.	**Safe Storage Access:** Develop and distribute a list of entities that are willing and able to temporarily hold guns for safe storage **Safe Storage Access:** Develop guidelines and requirements for assisted living facilities and older adult communities that allow gun owners to have safe storage facilities in place.
"Means Reduction Education" - Oregon communities are equipped with means reduction strategies and resources.	**Means Reduction Education:** Partner with Gun Safety instructors to develop and distribute a suicide prevention module that complements existing firearm safety and Concealed Handgun License education. **Means Reduction Education:** Counseling on Access to Lethal Means (CALM) is available online at no cost. **Means Reduction Education:** OHA will increase availability of Oregon CALM (in-person).
"Means Reduction Promotion" - Means reduction practices are promoted regularly in Oregon and are linked to suicide prevention.	**Means Reduction Promotion**: Promote safe storage of medicine and firearms to the general population with a focus on older adults
Protective Programing	

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"Population Focused Programming" - People within populations at greater risk for suicide have access to positive and protective programming in their community.	**Population Focused Programming:** OHA should implement peer delivered services for youth transitioning out of foster programs **Population Focused Programming:** OHA should support the workforce by providing peer programs, especially to industries with high suicide rates or companies that have had suicide clusters **Population Focused Programming:** OHA should implement rural-specific outreach and communication strategies for creating safety for LGBTQ+ communities in rural and remote areas. **Population Focused Programming:** OHA should identify and widely distribute available supports for older LGBTQ+ adults and issue recommendations for addressing gaps in services. **Population Focused Programming**: Increase proactive forms of outreach by providing drop in centers. OHA and people who identify as LGBTQ2SIA+ should develop a toolkit/training on how to create services that are safe and inclusive. **Population Focused Programming:** OHA should support veteran and veteran family peer delivered services
"Available Support" Oregonians who need immediate support or crisis intervention have access to it.	**Available Support:** OHA should develop a 24/7 TELEHEALTH CRISIS RESPONSE TEAM designed for and by LGBTQ+ **Available Support:** Provide respite opportunities for caregivers of adults experiencing mental health crises.

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"Protective Policies" - Entities have policies and procedures that increase protection against suicide risk (including passive risk, active risk, and crisis intervention) and those policies are implemented.	**Protective Policies:** Improve identification of suicide risk and lethal means assessments targeting older adults, IDD patients, men, and post-partum patients in primary healthcare settings **Protective Policies:** Promote and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors **Protective Policies:** OHA should encourage healthcare systems to develop and maintain policy and procedure for completing a suicide risk assessment following serious (terminal, chronic, life-threatening) physical health diagnosis. **Protective Policies:** OHA should encourage healthcare systems to develop and maintain policy and procedure for follow-up care after a suicidal crisis. **Protective Policies:** Healthcare systems including but not limited to emergency departments should have policies that promote smooth transitions of care. **Protective Policies:** Healthcare organizations employing Traditional Health Workers (including Peer Support Specialists) should have clear polices that include peer supervision and support for Traditional Health Workers (including Peer Support Specialists) to prevent and mitigate vicarious/secondary trauma, compassion fatigue and burnout.

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	Protective Policies (or means reduction promotion): Develop guidelines and requirements for assisted living facilities and older adult communities that allow gun ownership to have safe storage facilities in place. **Protective Policies: Promote and implement effective clinical and professional practices for assessing and treating those identified at being at risk for suicide.**
Healthcare Capacity	
"Accessible Services" Oregonians 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.	**Accessible Services (maybe available support):** Increase proactive forms of outreach which may include mobile crisis, home-based care, street out-reach, drop-in centers, PEARLS programs etc. Ensure that all behavioral health services are culturally and linguistically appropriate for BIPOC, Native American and LGBTQ+ people
	Available Services: OHA should support veteran and veteran family peer delivered services **Available Services: OHA should support implementation of Peer Delivered services for LGBTQ+ adults who are experiencing suicidal thoughts or behaviors with a target population of those experiencing housing insecurities or financial distress.** **Increase proactive care by focusing on home-based mental health services.** **Accessible Services: Increase availability of culturally and linguistically appropriate and relevant approaches to treatment. (CHANGE WORDING)**

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Right Sized Workforce	**Right-Sized Workforce:** Support debt forgiveness programs for healthcare providers serving in the veteran community. **Right-Sized Workforce: Attract and retain behavioral healthcare providers in rural areas by offering scholarship field placements, living stipends, loan repayment, educational opportunities etc.** **Right-Sized Workforce: Actively support diverse behavioral workforce professionals by offering "internships" or mentorships for historically excluded populations**
Healthcare Coordination	
"Coordinated Transitions" - All Oregonians who access healthcare for behavioral health crises or suicidal ideation receive coordinated care in transitions between levels of care.	
"Appropriate Communication" There is formal communication between healthcare providers, behavioral healthcare providers	
"Substance Use Services" - Substance Use Disorder and Mental Health services are integrated when possible and coordinated when not fully integrated.	OHA suicide prevention should Increase collaboration and coordination with SUD and other behavioral health treatment activities.
"Integrated Care" - Oregonians will receive integrated models of healthcare in primary care settings	
Healthcare Capacity	

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"Accessible Services" - Oregonian 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.	Increase infrastructure including adopting specific models to provide least restrictive options during a suicidal crisis.
Appropriate Treatment & Management of Suicidality	
"Equipped and Well Workforce" - The healthcare workforce is well-equipped to support Oregonians with suicidality (including understanding variations of risk and protective factors and current risk and protective conditions).	**Equipped Workforce:** OHA should ensure that behavioral health providers, certified peer support specialists and traditional health workers have access to and receive low or no cost role appropriate education around suicide prevention, intervention, treatment and postvention. **Equipped Workforce:** OHA and LGBTQ+ stakeholders should develop a toolkit/training on how to create services that are more inclusive **Equipped Workforce:** All physicians and other medical professionals should be required to complete continuing education in suicide prevention **Equipped Workforce:** Increase Safety Planning training among Health Care professionals
	Equipped Workforce: Healthcare organizations employing Traditional Health Workers (including Peer Support Specialists) should have clear polices that include peer supervision and support for Traditional Health Workers (including Peer Support Specialists) to prevent and mitigate vicarious/secondary trauma, compassion fatigue and burnout.
	Equipped Workforce: Increase availability of culturally and linguistically appropriate and relevant approaches to treatment.??? CHANGE WORDING to fit

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"Voice and Choice--Oregonians have voice and choice in treatment.	
"Whole-person Approaches" - Whole-person approaches are used to enhance treatment for suicide and to increase effectiveness of management of long term symptoms.	**Whole-person Approaches: Suport and fund behavioral healthcare services in settings that are "non-traditional."** **Whole-person Approaches: Support and fund culturally specific treatments such as sweat lodges and Eastern medicine.**
Postvention Services	
"Equipped & Resourced Communities" - Oregon communities are equipped to proved trauma informed postvention care for those impacted by a suicide death.	Equipped and Resourced Communities: Increase culturally responsive postvention services across Oregon with a focus on Black, Indigenous, and People of Color, American Indian/Alaskan Native people, people who identify as Lesbian, Gay, Bisexual, Transgender, and Queer+, veterans, and older adult populations.

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	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.
"Postvention Response Leads" Postvention Response Leads (PRLs) and teams are supported and equipped to fulfill their legilsative mandates.	
"Fatality Data" - Suicide fatality data is gathered, analyzed, and used for system improvements and prevention efforts.	**Fatality Data:** OHA to encourage statewide best practices in suicide death investigation for Medical Examiners and Medical-Legal Death Investigators to collect more specific and inclusive data **Fatality Data:** Increase the number of psychological autopsies performed
4. Foundations and Centering Lenses	
Data and Research	
	Data Needs: Partner with pertinent organizations to collect data to better understand the impact of illness/disabilities on mental health, including suicide OHA will contract with a university to conduct research to implement tne ASIPP Public Health Division Suicide-related Surveillance Report is released monthly by OHA and includes emergency department data, urgent care centers data, calls to poison control, and calls to LifeLine.

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Evaluation	OHA should monitor and report patient satisfaction with mental health and crisis response services and work to achieve consistent and continuous empathic and effective mental health care. *OHA will design an evaluation plan, including contract for services, to monitor ASIPP progress*
Policy Needs/Gaps	
	OHA should develop policies, procedures, and requirements (including appropriate billing codes) that promote Medicaid reimbursement of outreach, caring contacts, follow-up services, non-traditional that therapies, therapy in non-traditional places, and peer delivered services
Funding Needs	
	OHA's Suicide Prevention team will maintain a list of funding needs related to ASIPP strategic initiatives. OHA's Suicide Prevention team will propose a Policy Options Package to management in February 2022 for consideration to be included in OHA's 2023/2025 budget to address suicide prevention funding needs. The POP will include requests for both the ASIPP and YSIPP
Equity	
Principles of Equity are promoted throughout many other Goalls and Pathways	**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)**

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	Promote a system wide use of an anti-racist, integrated public health framework to address systemic inequality by deceasing barriers to cultually responsive healthcare and using cultually adaptive assessment tools. **Ensure that all behavioral health services and outreach services are culturally and linguistically appropriate for BIPOC + AI/AN populations and the LGBTQ2SIA+ populations.** **The ASIPP Equity Toolkit should be revised and widely distributed to CMPH's amd LMHA's, 988 Centers, Measure 110 Centers**