



Lethal Means Reduction Advisory Group

Youth Suicide Intervention Prevention Plan

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Lethal Means Reduction Areas

- 1st. Firearms
- 2nd. Hanging/suffocation
- 3rd. Poisoning - overdose

3rd. Poisoning - Overdose - Opioids

- Difficult to know the internet - accidental or suicide?
- Understand and coordinate existing efforts at both local county and larger state levels around overdose prevention efforts to ensure we are not duplicating efforts in helping to introduce Narcan and fentanyl testing strips to schools and local public health authorities.
- **Goal:** Free and readily available Narcan and Fentanyl Test Strips in schools and community-based health centers; staff trained on how to administer; resources out at community events; statewide campaigns on where to get free Narcan and test strips, lethality of Fentanyl, why everyone should be trained, carried at all times, and how to use them.

2nd. Hanging/suffocation

- Very difficult to reduce access to means
- Take a strength-based approach
- Develop App such as 'Step First' <https://www.firststeporegon.org/>: Provides resources and support to youth.
- "Positive Connections" All Oregonian young people have access to meaningful places and spaces to experience positive connection & promote mutual aid.
- Sources of Strength Training

1st. Firearms - 90% lethal

- Clarify Transfer Law, SB 554, ORS 166.435 Section (F) Gain clarity around what is legally permissible. Does not change Background Check Law.
- Work with DPO GC to create Safe Harbor Law.
- Develop FAQ material around OR firearm and firearm storage law (in home and offsite).
- Develop offsite storage for firearms and create online map - get them out of the home - Data collection to see what already exists.
- Work with community partners such as Suicide Prevent Coalition & Local Gun Clubs - Develop Statewide consistent messaging.
- Lock Box Data - Who has them? How many have been distributed?



Questions?



Firearm Safety and Lethal Means Reduction Advisory Group
Workplan and Recommendations to the
Oregon Health Authority

June 2022

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Introduction

The Oregon Alliance to Prevent Suicide is a statewide advocacy and advisory group in Oregon working to prevent youth suicide and strengthen suicide intervention and postvention services. It was established in 2016 when the Youth Suicide Intervention and Prevention Plan (YSIPP) was submitted to the legislature by the Oregon Health Authority (OHA). The Alliance is charged with advising OHA on statewide youth suicide prevention and intervention policy and implementation of the YSIPP. Members are appointed by OHA and include leaders from the public and private sectors, legislators, subject matter experts, suicide attempt and loss survivors, and young people from across the state of Oregon.

To advise OHA on the YSIPP, the Alliance has standing committees and advisory groups with specific focus areas. To look closer at lethal means, the Alliance created the Firearm Safety and Lethal Means Reduction workgroup. As the leading means for death by suicide is firearms, the initial focus of this group was on firearm safety. The workgroup tasked themselves with holding focus groups for members of the firearm community and met with firearm and gun shop owners across the state on what they think is important in suicide prevention and how to talk with them about the subject. This project resulted in five recommendations from the firearm community on how to engage with them. Recommendations started to be put into place within a year with the creation of the Oregon Firearm Safety Coalition.

With this project completed, the workgroup decided to change its designation from a time limited workgroup to an ongoing Advisory Group. The decision to not become a standing committee is due to the sensitive topics the group discussed and that the group is comprised of different population specific groups – firearm owners and substance use. With this change in group designation, the focus of work also changed from solely looking at firearms as a means to all means of suicide (including suffocation and poisoning – the second and third leading means in Oregon used in death by suicide).

Rationale

Our previous strategic goals for 2020 included the following:

1. Create messaging directed at firearm owners
2. Support the creation of an Oregon Firearms Coalition
3. Clarify ORS 166.425
4. Foster safe storage

During 2020, the Alliance worked with Lines for Life to hold focus groups specifically for firearm owners in order to hear how to best do suicide prevention work in their community. Findings from the focus groups included in the report cover the following topics:

1. Shared values among firearm owners
2. Learning about firearm safety
3. Safe storage and safe handling
4. Barriers to Adoption and Promotion of Firearm Safety and Suicide Prevention
5. Specific suicide prevention tips
6. Safety education
7. Data needs
8. Messaging strategies and channels

One specific recommendation from this report was to create an Oregon Firearm Coalition which led to the creation of the Oregon Firearm Safety Coalition (OFSC). OFSC created their own Strategic Plan and they have started work on the following: messaging directed at firearm owners, clarifying ORS 166.425, and fostering safe storage. The Oregon Alliance to Prevent Suicide is building partnerships with this newly formed Coalition to provide support when appropriate and elevate the work of OFSC when able.

A couple areas of current partnership between OFSC and the Alliance is around clarifying ORS 166.425 and fostering safe storage. While OFSC is focusing on fostering safe storage as it relates to firearms, the Alliance is working to foster safe storage as it relates to firearms, substances, and other leading means used in suicide attempts.

With the creation of OFSC, the Firearm Safety and Lethal Means Reduction Advisory Group can widen their scope of work to include other leading causes of suicide attempts and deaths such as suffocation and poisoning / overdose.

We know that one way to help prevent suicide is to address means used to die by suicide and to have specific interventions focused on identified means is important.

If we don't talk about means when discussing someone's risk for a suicide attempt, we aren't looking at the whole picture for suicide prevention work. We know that reducing access to lethal means can help to save a life because:

- Suicide attempts most often occur during an acute crisis period.
- An acute crisis period is typically short with one in four people who attempted suicide stating that they thought about their attempt for less than 5 minutes before attempting.¹ In addition to a short acute crisis period, another study shows that 48% of people who attempted suicide first started thinking about it less than 10 minutes before their attempt.²

Once a specific means is identified by someone to use to attempt suicide, they typically will not try to use something different. This means that, if we can put time and distance between a person and their identified means and / or particularly lethal means, we can help to prevent a suicide attempt from happening when they are experiencing an acute crisis period. Many studies have shown that lethal means being less available can lead to a decrease of attempts by

¹ <https://www.hsph.harvard.edu/means-matter/means-matter/duration/>

² <https://www.hsph.harvard.edu/means-matter/means-matter/duration/>

that method.³ Research has also shown that many people who attempt suicide often abort the attempt midway through.⁴ This means that certain methods allow the person time to reconsider their attempt while others do not. As many people have reported to be ambivalent about their attempt, having a period to think about it and allowing time for rescue can save lives.

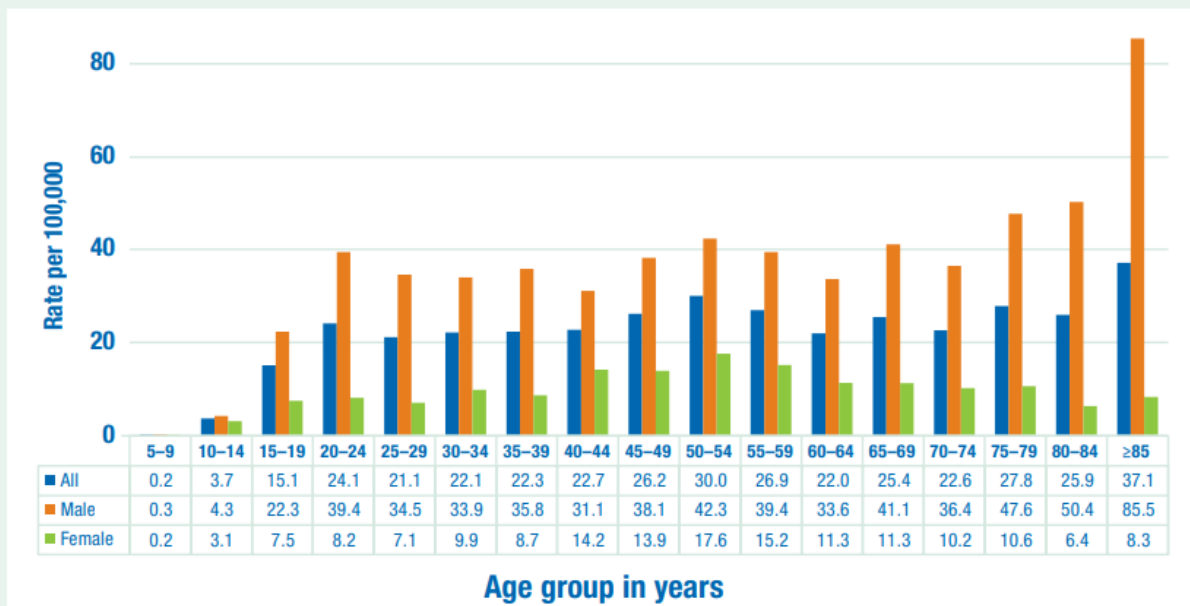
Based on a review of 170 studies that followed those who had attempted suicide over time, between 5-10% of people eventually died by suicide, that means 90% of people do not go on to die by suicide.⁵ If we can have protective measures in place for someone experiencing suicidal ideation with an identified plan and means, we can help to save lives.

Oregon Data Points

Suicide was the second leading cause of death among youth under 25 years old in Oregon in 2020⁶. Oregon data shows that, “male youth were more than three times more likely to die by suicide than female youth.”⁷

The following figures and tables were pulled from the 2021 Annual Report of the Youth Suicide Intervention and Prevention Plan.

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



Source: OPHAT

³ <https://www.hsph.harvard.edu/means-matter/means-matter/saves-lives/>

⁴ <https://www.hsph.harvard.edu/means-matter/means-matter/case-fatality/>

⁵ OHA – Counseling on Access to Lethal Means, 2021

⁶ <https://oregonalliancetopreventsuicide.org/wp-content/uploads/2022/03/YSIPP-Annual-Report-2021.pdf>

⁷ <https://oregonalliancetopreventsuicide.org/wp-content/uploads/2022/03/YSIPP-Annual-Report-2021.pdf>

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

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

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

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

Source: Oregon Violent Death Reporting System

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

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

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

* Includes unknown sex

Source: ORVDRS

In 2020, the most often observed mechanisms of injury in suicide deaths among youth included:

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

“The mechanism used in suicide deaths among youth varies by gender. The mechanism of injury among suicide deaths by age group and sex in Oregon between 2015 and 2019. Among 10- to 17-year-olds, almost half of males (48.9 percent) died by firearm suicide followed by hanging or suffocation (41.5 percent). Among females aged 10 to 17 years old, 63 percent died by hanging/suffocations followed by firearm suicide (21.7 percent). Among males 18–24, firearm suicide is the leading cause of death (56.2 percent) followed by hanging/suffocation (27.9 percent). Almost half of females aged 18–24 died by hanging/suffocation (47.4 percent) followed by firearm suicide (21.1 percent) and poisoning (17.1 percent).⁸”

Advisory Group Recommendations and YSIPP Initiatives

The Firearm Safety and Lethal Means Reduction Advisory Group for the Oregon Alliance to Prevent Suicide has specific recommendations to the Oregon Health Authority on how to increase access to life saving prevention and intervention methods and they have identified specific YSIPP Initiatives for the 2021-2022 fiscal year that they would like to track in order to provide ongoing feedback and guidance to OHA.

⁸ <https://oregonalliancetopreventsuicide.org/wp-content/uploads/2022/03/YSIPP-Annual-Report-2021.pdf>

Advisory Group Recommendations to OHA

Recommendation	Partners Involved	Timeline	Measurement	YSIPP Framework Goal	Is there a Legislative Ask
<p>Transfer Law, SB 554, ORS 166.435 - Gain clarity around what is legally permissible and available for safe storage in the state. Have statewide consistency instead of county-by-county. Create a collaborative and living FAQ on the law to live somewhere. OR CALM document good starting point.</p>	<p>Oregon Firearm Safety Coalition, Democratic Party of Oregon Gun Caucus, and Oregon Alliance to Prevent Suicide. Look to Louisiana for Safe Harbor Law examples.</p>	<p>OFSC and Democratic Party of Oregon Gun Caucus has already started efforts on this. Clarity created and shared by Summer 2023. Collaborative Frequently Asked Questions (FAQ) drafted by December 2022.</p>	<p>Mutually agreed upon definitions and processes across the state created, distributed, and education available. Good Samaritan Clause added to any potential legislation.</p>	<p>2.2.1 "Safe Storage Access" - All Oregonian young people experiencing a behavioral health crisis have access to safe storage for medicine and firearms.</p>	<p>No</p>
<p>Create off site storage options for firearm owners: Lockers - so firearm owners can maintain ownership of firearm; Gun Shops willing to hold firearm temporarily; Create an offsite storage map for Oregon.</p>	<p>Oregon Firearm Safety Coalition, Oregon Alliance to Prevent Suicide, and local counties / gun shops.</p>	<p>OFSC has already started efforts to connect with local efforts and create a map. This work is ongoing. Funding for a position through Oregon State: Decide details first quarter 2024 for it to be prepared for the 2025 Legislative Session.</p>	<p>Create Google Form of sorts for local efforts to share what they are doing. Form link to live on OFSC or OAPS website. Easily accessible and regularly updated map as well as updated / clarified legislation surrounding what gun shops can do and any liability associated with holding firearms.</p>	<p>2.2.1 "Safe Storage Access" - All Oregonian young people experiencing a behavioral health crisis have access to safe storage for medicine and firearms.</p>	<p>Yes – ask for funding a position to coordinate effort, manage offsite storage, and manage a map of available locations.</p>

			Good Samaritan Clause added to any potential legislation.		
<p><u>Understand and coordinate</u> existing efforts at both local county and larger state levels around overdose prevention efforts to ensure we are not duplicating efforts in helping to introduce Narcan and fentanyl testing strips to schools and local public health authorities.</p>	<p>Oregon Alliance to Prevent Suicide, OHA Public Health, and OHA Injury and Violence Prevention</p>	<p>Have coordination plan by quarter four of 2022.</p> <p>Messaging campaign and outreach to local suicide prevention staff and coalitions to advertise this work.</p>	<p>Free and readily available Narcan and Fentanyl Test Strips in schools and community-based health centers; staff trained on how to administer; resources out at community events; statewide campaigns on where to get free Narcan and test strips, lethality of Fentanyl, why everyone should be trained, carried at all times, and how to use them.</p>	<p>3.1.3 "Substance Use Services" - Substance Use Disorder and Mental Health services are integrated when possible and coordinated when not fully integrated.</p>	<p>Yes - Funding: point person / group to see existing efforts on both state and county levels; provide education to suicide prevention coalitions and public health agencies on Narcan distribution and link to suicide prevention</p>
<p>Create App such as 'Step First' <u>https://www.firststeporegon.org/</u>: Make it mandatory to be preloaded on all school devices; Statewide campaign with Oregon PTA to have all youths and families download the app.</p>	<p>Oregon Alliance to Prevent Suicide (Schools and Lethal Means), Deschutes County (Caroline Suiter and Bethany), ESD Programs, ODE, Healthy Transitions, and Big River Coordinators.</p>	<p>Rollout pilot project with X number of schools / districts / regions. This started in Deschutes County. Have pilot project locations be in different regions of the state (urban, rural, frontier).</p>	<p>App created, easily accessible, and statewide campaigns advertising the app occur.</p>	<p>1.4.1 "Positive Connections" All Oregonian young people have access to meaningful places and spaces to experience positive connection & promote mutual aid.</p>	<p>Is there any connection to Adi's Act or Student Success Act? If so, would it make sense to amend language or add requirement for</p>

<p>Align work with OHA's Safe + Strong efforts.</p>			<p>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 2.2.3 "Means Reduction Promotion" - Oregon regularly promotes safe storage practices and links it to suicide prevention.</p>	<p>digital access to support?</p>
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YSIPP Fiscal Year 2021-2022 Initiatives tied to the Firearm Safety and Lethal Means Reduction Advisory Group

YSIPP Initiative	RASCI-AD Role	RASCI-AD Role Implementation	Measurements / Data Points this Group Wants
<p>Within the OHA Recovery Report, suicide prevention work is highlighted at least quarterly. (The Recovery Report is a monthly email communication to help the state's behavioral health stakeholders stay up-to-date on news from the Oregon Health Authority).</p>	<p>Stay Informed</p>	<p>Quarterly updates provided to Advisory Group.</p>	<p>Report or recommendation from Advisory Group demonstrating that data has been processed.</p>
<p>Create a workplan for Lethal Means work that includes safe storage, collaboration between stakeholders, and policy recommendations.</p>	<p>Responsible</p>	<p>Create workplan and distribute as appropriate.</p>	<p>Workplan created and shared with larger Alliance and OHA.</p>
<p>Limited Pilot Project through Association of Oregon Community Mental Health Programs to provide no-cost lock boxes for medication to local mental health authorities.</p>	<p>Stay Informed</p>	<p>Quarterly updates provided to Advisory Group.</p>	<p>Report from AOCMHP Staff about project – how it started, application process, how it’s going.</p> <p>Data Points: Number of boxes provided to the community, how they’re advertised, specific locations that boxes are held and given out, are instructions on how to use the product provided with the box, when are boxes offered, how is it decided to handout a box (case-by-case, community giving events, everyone), are LMHAs using them, were staff instructed on how to talk about the boxes with clients, what settings are boxes offered (clinical or community) and where are they finding more success, are providers trained in CALM.</p>

<p>Limited Pilot Project through Association of Oregon Community Mental Health Programs to provide no-cost secure storage of firearms to local mental health authorities.</p>	<p>Stay Informed</p>	<p>Quarterly updates provided to Advisory Group.</p>	<p>Report from AOCMHP Staff about project – how it started, application process, how it’s going.</p> <p>Data Points: Number of boxes provided to the community, how they’re advertised, specific locations that boxes are held and given out, are instructions on how to use the product provided with the box, when are boxes offered, how is it decided to handout a box (case-by-case, community giving events, everyone), are LMHAs using them, were staff instructed on how to talk about the boxes with clients, what settings are boxes offered (clinical or community) and where are they finding more success, are providers trained in CALM.</p>
<p>Counseling on Access to Lethal Means (CALM) course is available online at no cost.</p>	<p>Stay Informed</p>	<p>Initial presentation provided to Advisory to review updates to training and implementation efforts. Quarterly updates provided to Advisory Group.</p>	<p>Annual updates provided to Advisory Group. Data Points: Click tracking – referral source to the click, completed trainings, geographic location and sector of those trained, metrics / measurements for Big River would also apply to this training.</p>
<p>Train-the Trainer event for in-person Counseling on Access to Lethal Means (CALM) course held in Fall 2021 and statewide coordination added.</p>	<p>Stay Informed</p>	<p>Annual updates provided to Advisory Group.</p>	<p>Annual updates provided to Advisory Group.</p>

			Data Points: Completed trainings, geographic location and sector of those trained, metrics / measurements for Big River would also apply to this training
Recommendations for suicide risk assessment and treatment included in the Measure 110 requirements for Addiction Recovery Centers established by this law.	Stay Informed and Consult	Advisory Group received an initial presentation on M110 during FY '21-'22. Group to receive new presentation on current status for project and review opportunities for this Advisory for consultation.	Twice a year updates on progress of M110 implementation for first 5 years of the program. Advisory Group will then reassess how often they would like updates.
Psychological Autopsy (PA) project led by OHA will consider ways to increase availability of PA for youth suicide deaths in Oregon.	Stay Informed and Support	Initial presentation provided to Advisory to review current status of efforts and future plans.	Twice a year updates provided to Advisory Group.
State Child Fatality Review Team and Child Fatality Review at the county level / Fatality review teams meet (county and state level) to analyze child fatalities, including suicide deaths, and produce system recommendations for prevention opportunities.	Stay Informed and Support	Initial presentation provided to Advisory to review current status of efforts and future plans.	Twice a year updates provided to Advisory Group.

Advisory Group Tasks Specific to OHA Recommendations and YSIPP Initiatives

Recommendation / YSIPP Initiative	Advisory Group Task / Action Item
Transfer Law, SB 554, ORS 166.435 - Gain clarity around what is legally permissible and available for safe storage in the state. Have statewide consistency instead of county-by-county.	Collaborate with other groups to hold town halls to hear from a local government how this has been implemented. It's important to connect with a sheriff / police department as they enforce and / or promote this law.
Within the OHA Recovery Report, suicide prevention work is highlighted at least quarterly. (The Recovery Report is a monthly email communication to help the state's behavioral health stakeholders stay up-to-date on news from the Oregon Health Authority).	Advisory Group submit written recommendation to Alliance Executive Committee for a staffing request to help lead the lockbox pilot project.

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Equity Advisory Work Plan

Pillar 1: Transparency in the Process

- Determining Alliance Capacity:
 - For maintaining and building new relationships
 - Money – how can we financially support others? Can we build coalitions? Is that something we should do?
 - Time – 2 Alliance staff and many amazing volunteers fitting Alliance work into their day jobs / lives
 - What are the other capacity pieces we need to think through? Knowledge, connections, etc.
 - Assess opportunities for where we can deepen our relationships / work. Who are we already connected with? How can we expand out? Examples of where we have deep connections: Queer community, Peer support world / organizations, firearm owners?
- Burnout is real across the board – how can we meaningfully, gently, and respectfully engage with others?
- Pillar 2: Collaborative / Collective Impact
 - **?: Create new / updated resource map with Equity Advisory Group. Stephanie will send us a roadmap for how to do this well.**
 - Traditional Health Workers (THW), Peer Supports, Community Resource Workers on Reservations, Community Health work, etc.
 - Alliance supported retreats
 - Community care plan for rest
 - Reset, step back, rest
 - Self-care can look like stepping back
 - *What does membership mean, look like, and how can it be flexible?*
- Pillar 3: Demystifying systems and breaking down barriers to access
 - Trainings – offer free trainings: ECHO Model, CSSR-S, other?
 - Pay trainers from communities to facilitate, not necessarily doctors (example)

- Leverage spaces like Oregon Suicide Prevention Conference (OSPC) for this work while also being safe and aware of different communities
- Showing non-traditional forms of suicide prevention – arts, housing first, gender affirming care, etc.
 - Good opportunity for community connections and amplify work of community leaders
 - *Ask the question: what does suicide prevention look like in your community?*
 - Tri-folds: “Ask the question” with space on the tri-fold for people to write / draw responses
 - Conversations that are culturally responsive

- a. Internal Work: Integrating an anti-racist and liberatory approach to Alliance functioning
 - a. Create a meeting culture around anti-racism, oppression, and promoting inclusivity
 - i. November 2021: Develop Equity Statement
 - ii. January 2022: Executive Committee approved statement
 - iii. March 2022: Developed shared group agreements
 - iv. June 2022: Review group agreements with Executive Committee then full Alliance
 - b. Create/implement a consistent way to support and on-board new members
 - i. June 2022: New member orientation updated to include equity and lived experience
 - ii. September 2022: New members oriented to committees, connected to chairs, and, if they'd like, are assigned an Alliance Buddy (needs to be designed further)
 - c. Create/implement a tool and process to access alliance recommendations and policy from an equity perspective
 - i. February 2022: Reviewed ASIPP Equity Framework Tool
 - ii. May 2022: next steps on feedback from March quarterly with Laura Rose. Stay tuned for next steps.
 - iii. June / July 2022: YET and other youth / young adults (like Trace) review ASIPP Tool
 - iv. August 2022: Hold youth / young adult town hall(s) for input on Tool? Want to confirm idea with YET before proceeding
 - v. ?: Follow-up on lived experience feedback and share recommendations with full Alliance
 - d. Develop consistent way for committees/advisories to assess recommendations and actions through an equity lens -- including youth perspective and lived experience
 - i. ?: Introduce Tool and process to Advisory Groups and Committees
 - e. Share Uprise Report with Alliance, OHA along with recommendations and workplan
 - i. September 2022
 - f. Provide/Develop opportunities for ongoing learning about community needs, strengths as relates to suicide prevention, intervention, postvention
 - i. Consider BIPOC Caucus
 - ii. Develop a learning community

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