

OREGON ALLIANCE TO PREVENT SUICIDE ORIENTATION

HOPE, HELP, HEALING
JUNE 2022



AGENDA

- ❖ Mission, Vision, Equity Statement
- ❖ History
- ❖ Purpose
- ❖ Legislative Successes
- ❖ Helping Connect the Field
- ❖ Thomas Joiner's Interpersonal Psychological Theory of Suicide
- ❖ Framing Messages
- ❖ Structure and Committees
- ❖ Membership, Chairs, Staff
- ❖ How to get Involved

LET'S TAKE GOOD CARE OF EACH OTHER AND OURSELVES

- Let us know with a private chat if you're having a tough time and need someone to talk with. USE THE CHAT
- Take a break when you need to – get up and stretch, get yourself a cup of tea or a bite to eat. Please mute yourself unless you have a comment.
- Draw, doodles, take notes or pat your cat or dog during the meeting



MISSION, VISION, EQUITY STATEMENT

MISSION

The Alliance advocates and works to inform and strengthen Oregon's suicide prevention, intervention and postvention policies, services and supports to prevent youth and young adults from dying by suicide.

VISION

In Oregon all young people have hope, feel safe asking for help, can find access to the right help at the right time to prevent suicide, and live in communities that foster healing, connection, and wellness.

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.

GROUP AGREEMENTS

1. We value being a community of care. Reach in and reach out.
2. Be in the growth zone. All Teach and All Learn.
3. Challenge oppression and racism.
4. Intent does not always equal impact
5. Replace judgment with wonder - be curious not furious
6. Be aware of how much you are speaking. Create space for others.
7. Check for understanding
8. Speak your truth and be aware of the ways you hold privilege
9. Strive for suicide-safer messaging and language

What does it mean to center youth / young adult voice?

What does it mean to center lived experience?

HISTORY

- ❖ Established to advise Oregon Health Authority (OHA) on statewide integration and coordination of youth/young adult suicide prevention, intervention and postvention activities.
- ❖ Members are appointed by the OHA director. Our members and affiliates: young people, loss survivors, attempt survivors, families, state agencies, subject matter experts, regional coalitions and more
- ❖ Passed into statute SB707 in 2019
- ❖ Staffed by the Association of Oregon Community Mental Health Programs (AOCMHP)
- ❖ Monitor and provide feedback to OHA on the 5-year Youth Suicide Intervention and Prevention Plan (YSIPP) practice and policies

HOW TO GET INVOLVED WITH THE ALLIANCE



ALLIANCE LEGISLATIVE SUCCESS – A FEW EXAMPLES

Postvention Legislation –
leading the nation.
CMHP's central to the
effort

Behavioral Health
Emergency Dept. Visit –
require caring contact
follow up

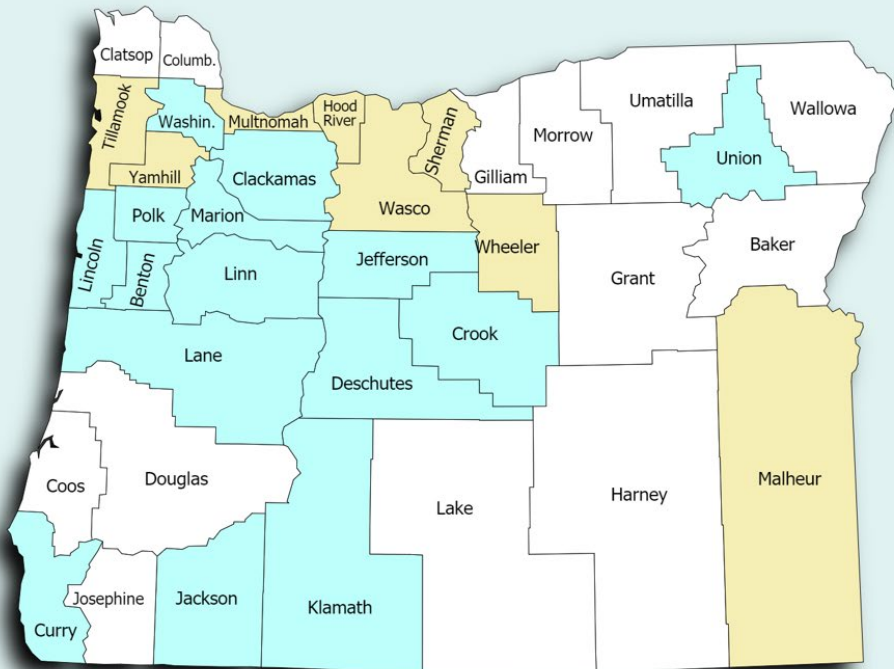
Fund Youth Suicide
efforts in Oregon (\$6
million YSIPP and \$4
million school-based
services)

Require suicide
assessment and
management continuing
education for behavioral
health workforce

Suicide
prevention/postvention
plan in every school
(Adi's Act)

HELPING CONNECT THE FIELD

Regional Suicide Prevention Coalitions



- Not connected with the Alliance / No current coalition
- Established Coalition Connected with the Alliance
- Emerging Coalition Connected with the Alliance

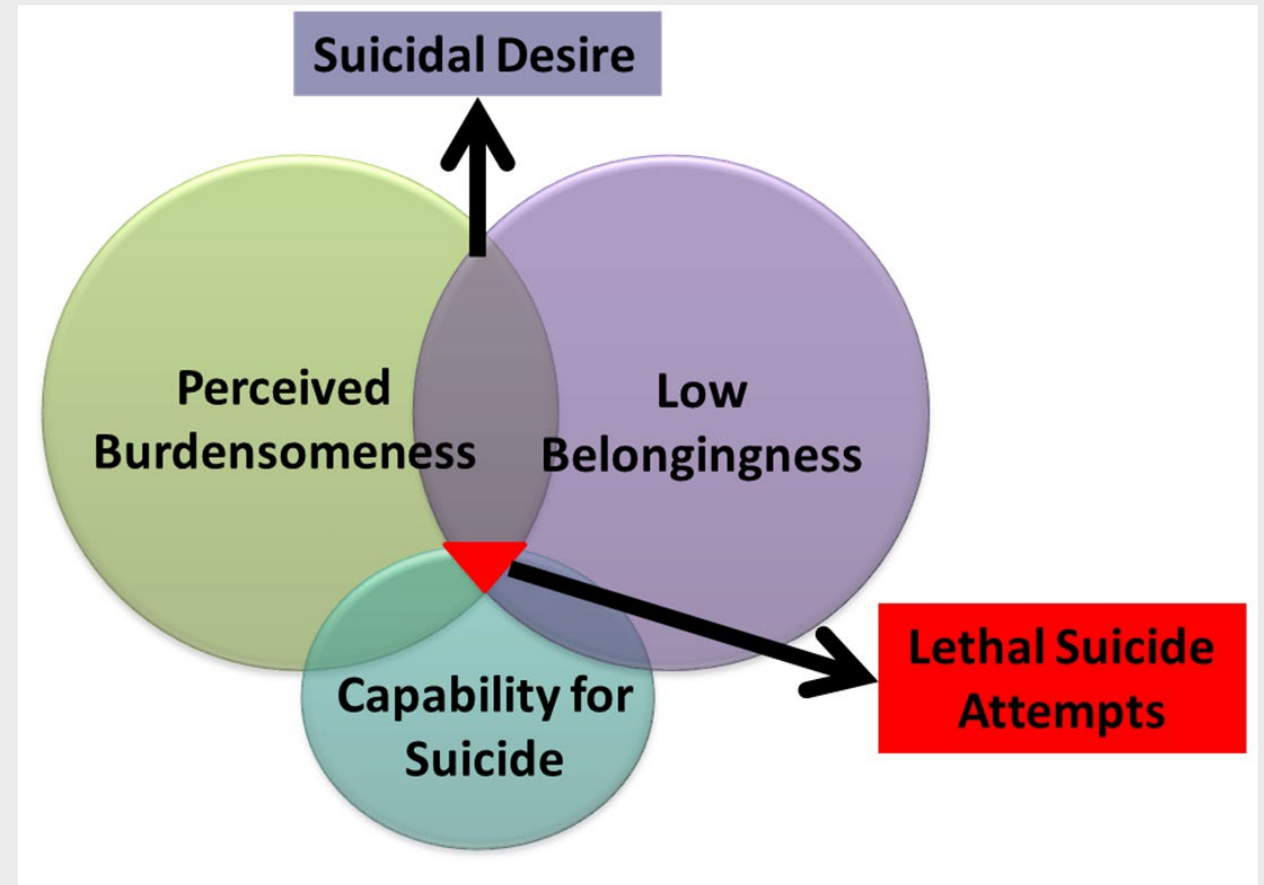
Created with paintmaps.com

Alliance and Regional Suicide Coalitions – Connecting the Field and Amplifying our Voices

- ❖ Promote a sense of hope and highlight and support strategies for resilience
- ❖ Support people to ask for help and ensure that the right help is available at the right time.
- ❖ Engage individuals and communities in the healing process after an attempt or suicide

THOMAS JOINER'S INTERPERSONAL PSYCHOLOGICAL THEORY OF SUICIDE

This figure illustrates the circles of Influence that affect suicide risk and must be addressed in suicide prevention activities.



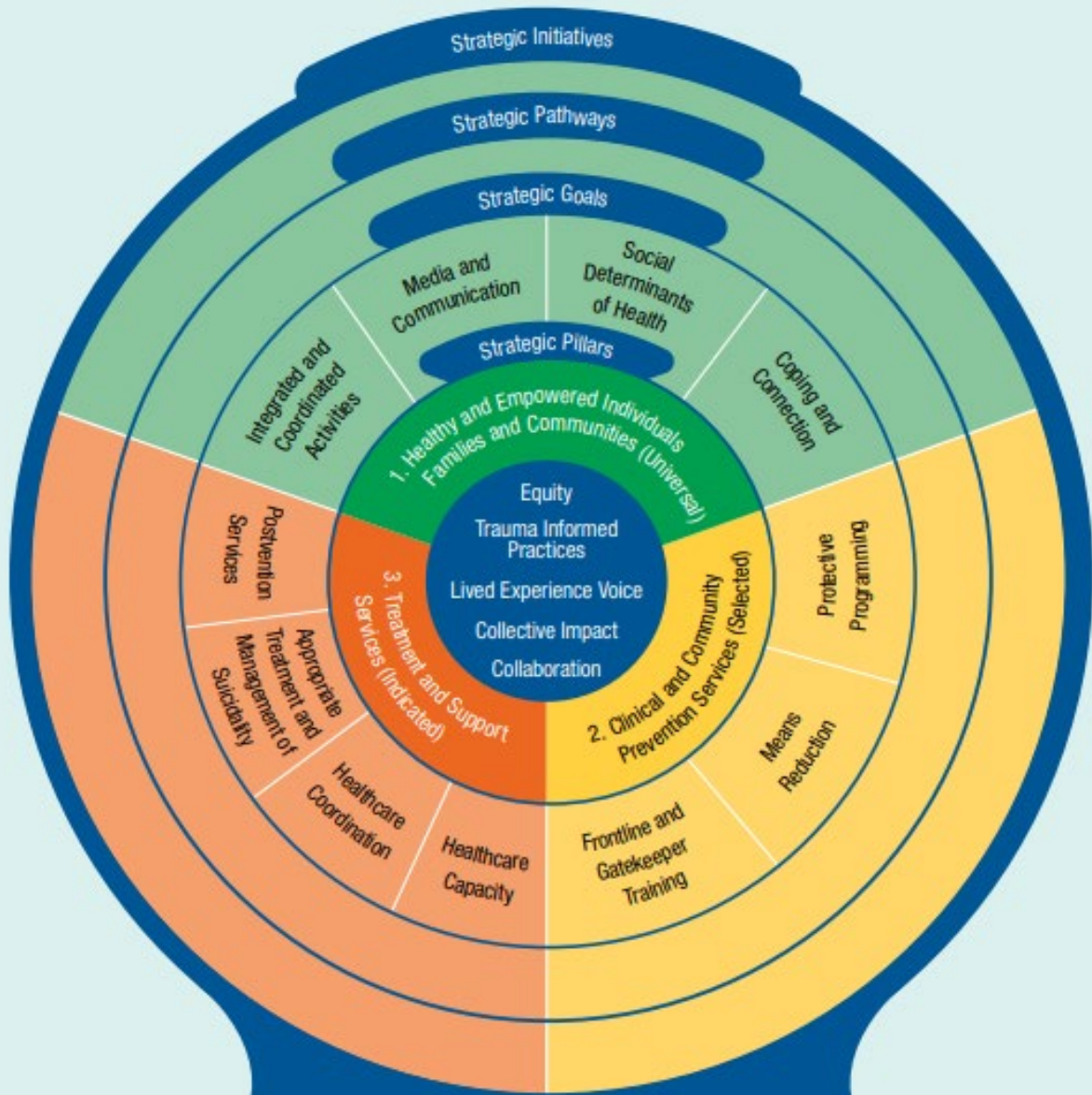
FRAMING MESSAGES

HOPE - Promote a sense of hope and highlight resilience.

HELP - Make it safe to ask for help and ensuring that the right help is available at the right time.

HEALING - Work with individuals and communities in the healing process after an attempt or suicide

T R A N S F O R M A T I O N



YSIPP FRAMEWORK

[YSIPP OHA Initiatives Smartsheet](#)

[Alliance Specific Initiatives](#)

Policy • Funding • Data • Evaluation

STRUCTURE AND COMMITTEES

Committees

- ❖ Data and Evaluation (Jenn is the staff)
- ❖ Executive (Annette is the staff)
- ❖ Transitions of Care (Jenn is the staff)
- ❖ Schools (Annette is the staff)
- ❖ Workforce Development (Annette is the staff)

Advisory Groups

- ❖ Equity Advisory (Annette is the staff)
- ❖ LGBTQ+ Advisory (Annette is the staff)
- ❖ Lived Experience (Jenn is the staff)
- ❖ Firearm Safety & Lethal Means Access Reduction (Jenn is the staff)
- ❖ University of Oregon Suicide Prevention Lab - Community Academic Partnership with the Alliance (Annette is the liaison)

WEBSITE NAVIGATION

Alliance Website

The screenshot shows the top navigation bar of the Alliance website. The main menu includes: HOME, ABOUT THE ALLIANCE, COMMUNITY RESOURCES, POLICY, PARTNERSHIP, and CONTACT US. A dropdown menu is open under 'ABOUT THE ALLIANCE', listing: ALLIANCE HISTORY, ALLIANCE MEMBERS, ALLIANCE STAFF, ALLIANCE PUBLICATIONS, ALLIANCE COMMITTEES & ADVISORY GROUPS (highlighted), HOW TO GET INVOLVED, and ACCESSIBILITY STATEMENT. A second dropdown menu is open under 'ALLIANCE COMMITTEES & ADVISORY GROUPS', listing: DATA & EVALUATION COMMITTEE, EXECUTIVE COMMITTEE, SCHOOLS COMMITTEE, TRANSITIONS OF CARE COMMITTEE, WORKFORCE COMMITTEE, LGBTQ+ ADVISORY GROUP, LIVED EXPERIENCE ADVISORY GROUP, YOUTH AND YOUNG ADULT ENGAGEMENT ADVISORY, and OUTREACH & AWARENESS COMMITTEE – ARCHIVED.

Executive Committee

What is the Executive Committee?

The Executive Committee oversees all committees, workgroups, and activities of the Alliance. They also organize Alliance business, make decisions on behalf of the Alliance between meetings, and make policy recommendations to OHA.

This Committee currently meets the first Monday of the month from 2:30 PM – 4:00 PM virtually. To join, please go to this link <https://us02web.zoom.us/j/89796541408?pwd=OGpPRVArcDhTS1MzWml3YUhaZHV3dz09> and can also be joined by calling 669.900.9128,,89796541408#,,,,*651946#

Below are the dates that the meetings have been held and when they will be held. Meeting agendas are posted at least seven days before the meeting and meeting minutes will be posted within seven days post meeting.

To find previous meeting minutes, please go [here](#).

If you have questions about this Committee, please email Alliance staff Annette Marcus at amarcus@aocmhp.org.

Fiscal Year 2021 – 2022
Current and Past Meetings

ALLIANCE CHAIRS

- ❖ Alliance Chair: Galli Murray, Suicide Prevention Coordinator, Clackamas County
- ❖ Alliance Vice-Chair: Ryan Price, American Foundation for Suicide Prevention
- ❖ Data & Evaluation Committee Chairs: Elissa Adair and Roger Brubaker
- ❖ Schools Committee Chairs: Lon Staub and Kimberlee Jones
- ❖ Transitions of Care Committee Chairs: Charlette Lumby and Joseph Stepanenko
- ❖ Workforce Committee: Julie Scholz and Don Erickson
- ❖ LGBTQ+ Advisory: Aubrey Green and Wren Fulner
- ❖ Lethal Means: Jonathan Hankins, Donna-Marie Drucker, and Pam Pearce
- ❖ Lived Experience: Laura Rose Misaras

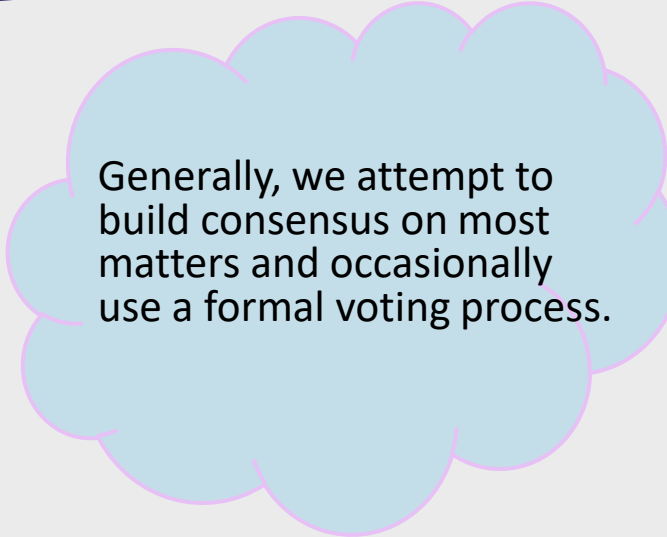
STAFF AND OHA PARTNERS

- ❖ Alliance Staff Suicide Prevention Policy
Manager: Annette Marcus
- ❖ Alliance Staff Suicide Prevention
Program Coordinator: Jennifer Fraga
- ❖ AOCMHP Staff Postvention Connect:
Kris Bifulco
- ❖ OHA Youth Suicide Prevention
Coordinators: Jill Baker and Shanda
Hochstetler
- ❖ OHA Adult Suicide Prevention
Coordinator: Deb Darmata
- ❖ OHA Zero Suicide in Health Systems
Coordinator: Meghan Crane
- ❖ OHA Public Health Suicide Prevention
Coordinator: Taylor Chambers

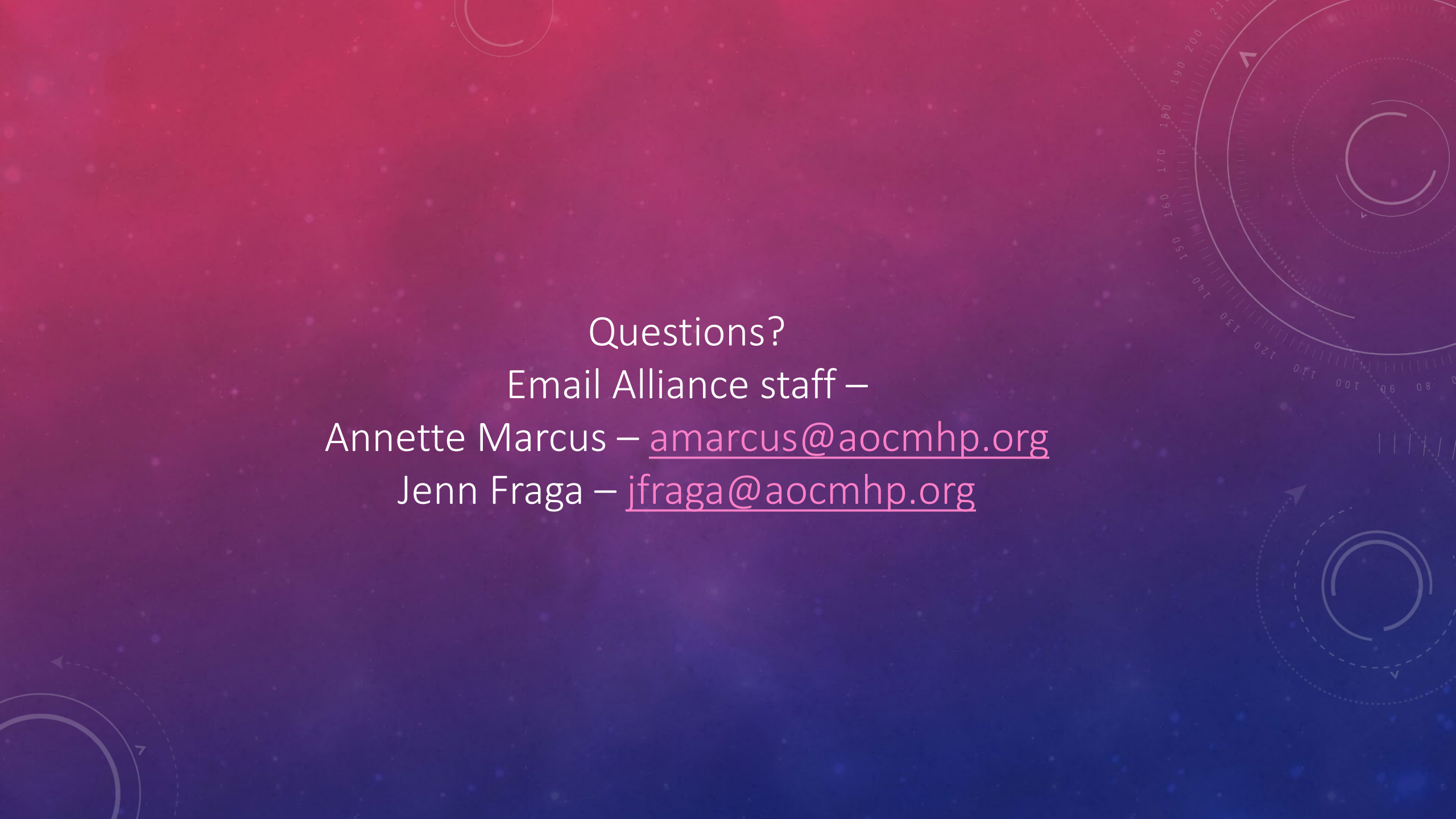
VOTING

- ❖ Taking public stand on policy
- ❖ Alliance Chair positions
- ❖ Updates to Alliance processes

NOTE: No more than one vote per organization but welcome more than one participant per organization. Also, OHA staff participate but do not vote.



Generally, we attempt to build consensus on most matters and occasionally use a formal voting process.



Questions?
Email Alliance staff –
Annette Marcus – amarcus@aocmhp.org
Jenn Fraga – jfraga@aocmhp.org



Oregon
Alliance
to Prevent Suicide
Hope • Help • Healing

June Quarterly Meeting

June 10, 2022

Agenda

- Welcome, Introductions, Share Videos from Shared Messaging Campaign for May Mental Health Awareness Month, Group Agreements, Agenda Overview
- Update on LGBTQ response from OHA
- Announcement Coalition Mini-grants
- Welcome New Alliance Members
- Update on Alliance Lethal Means Workplan
- Alliance Annual Survey
- Alliance Co-Chair Process
- Discuss and Determine Policy Agenda for 2022 – 2025
- Committee and Advisory Group Open House

Shared Messaging Campaign for May Mental Health Awareness Month Videos

- [English language video](#)
- [Spanish language video](#)

Group Agreements for Breakout Discussion

1. We value being a community of care. Reach in and reach out.
2. Be in the growth zone. All Teach and All Learn.
3. Challenge oppression and racism.
4. Intent does not always equal impact
5. Replace judgment with wonder - be curious not furious
6. Be aware of how much you are speaking. Create space for others.
7. Check for understanding
8. Speak your truth and be aware of the ways you hold privilege
9. Strive for suicide-safer messaging and language

Breakout Groups

- Name, pronoun, organization.
- Review group agreements and identify which one is important to you during a meeting or one that you would like to challenge yourself with?

Highlights from Alliance Request to OHA re LGBTQ+ Public Statement

- We are writing to ask 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 are alarmed by the national wave of anti-trans and anti-LGBTQ+ legislation. Research shows us that discrimination and negative messaging about the LGBTQ+ community 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 can make a difference and save lives by implementing policies that support:

1. **Family acceptance of LGBTQ2SIA+ youth.**
2. **Access to gender affirming care.**
3. **Positive content about LGBTQ+ people and issues in classroom curricula to help increase feelings of safety in school and reduce suicide risk for LGBTQ+ students**

Welcome New Alliance Members!

1. Mike James ODHS Training & Development
2. Hugo Oscar Sanchez Lopez Young Adult Community Member
3. Zev Braun Suicide Prevention Program Coordinator
4. Jamie Gunter School Counselor
5. Donna-Marie Drucker Oregon Firearm Safety Coalition
6. Angela Perry AFSP OR Chapter Board President
7. Aaron Townsend High School Student Community Member
8. Cassandra Curry Peer Support Specialist
9. Siche Green-Mitchell School Counselor
10. Jacob Dilla CCO Staff
11. Jackie Richland Suicide Prevention Coalition Staff
12. Erin Porter CCO Staff
13. Frankie Pfister College Professor
14. Mary Massey School Mental Health Coordinator
15. Christina McMahan Juvenile Justice
16. Rachel Howard DHS Suicide Prevention Staff
17. Lukas Soto Owner of local Consulting Group

Our Role – Modeled on AFSP Policy Approach

- **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.

CDC Suicide Prevention Strategies

Sample Approaches

Strengthen economic supports

- Strengthen household financial security
- Housing stabilization policies

Strengthen access and delivery of suicide care

- Coverage of mental health conditions in health insurance policies
- Reduce provider shortages in underserved areas
- Safer suicide care through systems change

Create protective environments

- Reduce access to lethal means among persons at risk of suicide
- Organizational policies and culture
- Community-based policies to reduce excessive alcohol use

Promote connectedness

- Peer norm programs
- Community engagement activities

Teach coping and problem-solving skills

- Social-emotional learning programs
- Parenting skills and family relationship programs

Identify and support people at risk

- Gatekeeper training
- Crisis intervention
- Treatment for people at risk of suicide
- Treatment to prevent re-attempts

Existing Policy Commitments

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.

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

Lead

- **DATA:** 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

- **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.
- **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.
- **EQUITY:** Strengthen state legal protections for LGBTQIA2S+ youth, especially transgender youth who have been targeted by discriminatory legislation throughout the country.
- **PROTECTIVE ENVIRONMENTS:** Student ID's have both helpline and crisis text line.

Explore

- **TRANSITIONS OF CARE:** 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.
- **TRAINING:** Regular youth suicide prevention training in school - 6 grade thru 12 grade.
- **TRAINING:** 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.

Policy Discussion

- Are there any you would be especially excited to work on?
- Is there anything in here that you are concerned about the Alliance supporting? If so, what and why?
- Are you aware of existing efforts being done for any of these?

Committee/Advisory Open House

- Workforce Committee
- Schools Committee
- Data and Evaluation Committee
- Transitions of Care
- Lethal Means Advisory
- Equity Advisory





Lethal Means Reduction Advisory Group

Co-Chairs: Donna-Marie Drucker, Jonathan Hankins, Pam Pearce

Lethal Means Reduction Areas

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

3rd. Poisoning - Overdose - Opioids

- Difficult to know the internet - accidental or suicide?
- **What we've been doing:** Data Collection, Presentation by those leading community efforts, Trying to determine the best ways to move forward.
- **Goal:** 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

2nd. Hanging/suffocation

- Very difficult to reduce access to means.
- Reviewing Research, Presentations by community experts.
- Take a strength-based/protective factor approach.
- Develop App such as 'Step First' <https://www.firststeporegon.org/>: Provides resources and support to youth.
- Sources of Strength Training - approach.
- We still have a lot to learn - we feel we are at the beginning of our learning journey.

1st. Firearms - 90% lethal

- Alliance focus groups paved the way for connection with the firearm community.
- We are actively working with Gun Clubs/Ranges throughout the state on providing suicide prevention that includes safe storage and removing firearms from the home.
- 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 offsite storage for firearms and create online map - get them out of the home - Data collection to see what already exists.
- Develop FAQ material around OR firearm and firearm storage law (in home and offsite).
- 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? - how can we expand.

1st. Firearms - So much more work to be done

- Between 2019 and 2020 firearm sales increased by 64%. First time firearm owners represented 40% of those sales.
- Youth firearm suicide increased by 31% between 2019 and 2020
- Past 24 months over 1 million firearms have been sold in Oregon
- Demographics of firearm owners has changed: Women, BIPOC, LatinX, LGBTQ+.
- We are still learning, and we have a lot of hard work ahead.



Donna-Marie Drucker

Co-chair Lethal Means Reduction
Workgroup

President & Co-founder of the Oregon
Firearm Safety Coalition

donnamarie.ofsc@gmail.com

Call/Text: 917 968 4089



Questions?

May 16, 2022

Dear Director Patrick Allen; Behavioral Health Director; Steve Allen; Director of Child and Family Behavioral Health Chelsea Holcomb:

We are writing to ask 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 Colt Gill, Director of the Oregon Department of Education, for his public statements reaffirming ODE's commitment to supporting transgender students as heard on Think Out Loud on Oregon Public Radio ([Link to Colt Gill Interview](#)), and hope to see similar public statements from OHA.

This letter is on behalf of the Oregon Alliance to Prevent Suicide and our LGBTQ+ Advisory Group. We are alarmed by the national wave of anti-trans and anti-LGBTQ+ legislation. Research shows us that discrimination and negative messaging about the LGBTQ+ community 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.

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 transgender 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 affirm our support for LGBTQ+ people.

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, loved and protected. Just to share one compelling statistic, the 2019 Healthy Teens Survey reported that **47%** of Oregon's trans youth had seriously considered suicide. Statistics like this make it clear that advocating for youth suicide prevention must include advocacy to affirm the experiences of Trans and LGBTQ2SIA+ youth. In contrast to the harmful legislation, we are seeing in

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.

other states, research proves that gender affirming care and support for LGBTQ2SIA+ build protective factors, reduce stigma, and ultimately reduce risk of suicide. We can make a difference and save lives by implementing policies that support:

1. **Family acceptance of LGBTQ2SIA+ youth.**
2. **Access to gender affirming care.**
3. **Positive content about LGBTQ+ people and issues in classroom curricula to help increase feelings of safety in school and reduce suicide risk for LGBTQ+ students.**

Here at the Alliance, our committees and advisory groups can (and are) actively promoting these kinds of policies by coordinating OHA's LGBTQ mini-grants, supporting initiatives that promote partnership with the Oregon Pediatricians Society, work through our Schools Committee on Adi's Act, including highlighting the need to promote a 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 health 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 request a response from OHA leadership. Our June 10, 2022 quarterly would be an ideal time to share this response since it also Pride Month. A response can be sent to our policy manager, Annette Marcus, amarcus@aocmhp.org. Thank you for your continued work to prevent suicide.

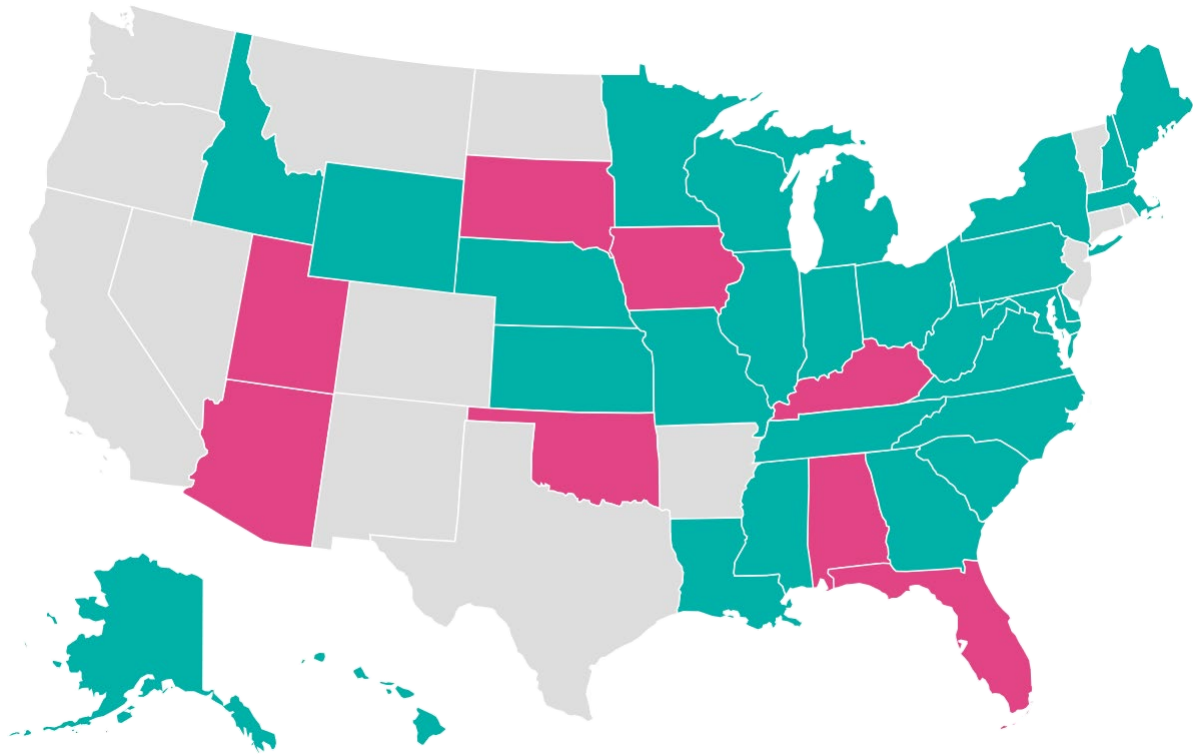
Sincerely,



Galli Murray, LCSW
Chairperson, Oregon Alliance to Prevent Suicide.

P.S. You can find statements of support for these type of policies 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.

CC: State System of Care Advisory Committee, Children's System Advisory Council, OHA Suicide Intervention Prevention Team (Meghan Crane, Jill Baker, Shanda Hochstetler, Debra Darmata, Taylor Chambers)



Updated Friday, April 15, 2022

-  **States with no anti-LGBTQ bills introduced/not in legislative session** (14 States & DC): Arkansas, California, Colorado, Connecticut, Montana, Nevada, New Jersey, New Mexico, North Dakota, Oregon, Rhode Island, Texas, Vermont, Washington, Washington, DC
-  **States that have introduced anti-LGBTQ bills** (28 States): Alaska, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Hampshire, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Virginia, West Virginia, Wisconsin, Wyoming

OHA recognizes Pride Month with resources to support LGBTQ2SIA+ youth

The Oregon Health Authority and Department of Human Services sent this bulletin at 06/09/2022 01:24 PM PDT

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June 9, 2022

Media contacts: Jonathan Modie, OHA, 971-246-9139,
PHD.Communications@dhs.oha.state.or.us

OHA recognizes Pride Month with resources to support LGBTQ2SIA+ youth

Agency reaffirms commitment to youth, families as school wraps up

PORTLAND, Ore. — June is Pride Month, and Oregon Health Authority (OHA) is reaffirming its commitment to supporting lesbian, gay, bisexual, trans, queer, two-spirit, intersex and asexual+ (LGBTQ2SIA+) youth and families.

OHA is encouraging family members and communities to join in supporting LGBTQ2SIA+ young people by celebrating gender and sexual orientation diversity and affirming the unique and diverse identities of young people in Oregon. OHA is also highlighting resources that help promote well-being, safety and inclusion as summer gets under way.

“Summer can be a challenging time for our LGBTQ2SIA+ youth, particularly transgender and LGBTQ2SIA+ youth of color, who lose many of the supports they had access to the rest of the year,” said OHA Director Patrick Allen. “For any youth, and LGBTQ2SIA+ youth in particular, having positive, affirming supports from their families and community organizations over the summer can make the difference between surviving and thriving.”

In June 2020, the Oregon Department of Education (ODE) published the [LGBTQ2SIA+ Student Success Plan](#) to address “barriers to educational success for Oregonian students who identify as lesbian, gay, bisexual, non-binary, transgender, gender queer, two-spirit, intersex, asexual (+).” The plan establishes a framework for creating safe, inclusive and welcoming schools for LGBTQ2SIA+ students. One of the primary strategies within the plan is to align State of Oregon agencies to support LGBTQ2SIA+ youth to thrive.

ODE Director Colt Gill said the Success Plan “recognizes the tremendous inherent strengths in each of our LGBTQ2SIA+ students. It also acknowledges the statistically inhospitable educational settings they experience in school and in their communities. It sets forth strategies to increase inclusivity, increase student belonging, reduce bullying, address bias-based harassment and campus assaults, and improve attendance.”

Communities, families and trusted adults play a critical role in contributing to and supporting their LGBTQ2SIA+ children’s well-being. Family behaviors that promote self-esteem, overall health, and strong, affirming relationships protect LGBTQ2SIA+

young people against potential suicidal behavior, depression and substance use.

A number of local, state and national resources are available for LGBTQ2SIA+ youth and families to thrive as summer kicks off:

- [TransActive Gender Project](#) at Lewis & Clark Graduate School Works to empower transgender and gender-expansive children, youth and their families in living healthy lives that are free of discrimination through a range of services and expertise.
- PFLAG offers [quick tips to parents](#) for supporting their LGBTQ2SIA+ children during the coming-out process. PFLAG also has [nine chapters](#) in Oregon, including in eastern, southern and central Oregon and the Portland metro area.
- The [Family Acceptance Project](#) works to increase family and community support for LGBTQ2SIA+ children and youth, decrease health and mental health risks, and promote well-being. An [Oregon page](#) also is available.
- [The Trevor Project](#) promotes suicide prevention and crisis intervention for LGBTQ2SIA+ young people. Public education materials are available on its [website](#), and it recently published the results of its [2022 National Survey on LGBTQ Youth Mental Health](#).
- The Centers for Disease Control and Prevention offers a number of resources for LGBTQ2SIA+ youth, their friends and supporters on its [website](#). The CDC also provides [professional development resources](#) for teachers and school staff.
- The [Center of Excellence on LGBTQ+ Behavioral Health Equity](#) at the University of Maryland aims to address disparities in mental health and substance use disorder treatment systems that affect the LGBTQ2SIA+ community. The center published a [short video](#) last year on basic terminology that is important for people to know when working with those of diverse sexual orientations or gender identities.
- New Avenues for Youth's [Sexual & Gender Minority Youth Center](#) provides culturally specific support for LGBTQ2SIA+ youth.

The Student Health Survey (SHS) is a comprehensive, school-based, anonymous and voluntary health survey of sixth-, eighth- and 11th-graders that OHA and ODE jointly conduct in the fall of even-numbered years. SHS data is used to improve the health and well-being of all Oregon students to help them succeed; the survey is a key part of statewide efforts to help local schools and communities support all Oregon youth to be healthy and successful learners. According to Oregon's 2020 Student Health Survey, youth identifying as lesbian, gay, bisexual or transgender are much more likely to report mental health concerns compared with their peers.

- Among eighth-graders, 38% of lesbian, gay and bisexual youths contemplated suicide in the past year, compared with 7% of heterosexual youth.
- Among 11-graders, 44% of transgender or gender diverse youth contemplated suicide compared with 18% of females and 10% of males.
- Also among eighth-graders, 40% of lesbian/gay youth experienced anxiety almost every day, compared with 8% of straight peers.

Tribal two spirit, black LGBTQ2SIA+ and youth of color often experience racial discrimination as well as the weight of discrimination related to their sexual and gender identities. The survey found:

- Thirty-nine percent of LGBTQ2SIA+ youth of color strongly agree/agree that there is conflict at school based on race/ethnicity/culture, compared with 38% of all LGBTQ2SIA+ youth and 27% of all youth.
- Fifteen percent of LGBTQ2SIA+ youth of color strongly disagree/disagree that adults at their school respect people from different backgrounds, compared with 13% of all LGBTQ2SIA+ youth and 7% of all youth.
- Twenty percent of LGBTQ2SIA+ youth of color experienced recent school bullying, compared with 21% of all LGBTQ2SIA+ youth and 12% of all youth.
- Forty percent of LGBTQ2SIA+ youth of color said they had no one at school to go to if they had a problem with their physical or mental health during the

school day, compared with 39% of all LGBTQ2SIA+ youth and 27% of all youth.

The survey also found that queer and transgender youth experienced school bullying at much higher rates than their peers:

- Among 11-graders, 26% who are transgender, 19% who are lesbian/gay and 17% who are bisexual report experiencing bullying over the last 30 days, compared with 8% of straight peers.
- Among eighth-graders, bullying rates were 30% for transgender, 23% lesbian/gay, 24% bisexual and 10% straight.

OHA works with other state agencies, counties, Tribal Nations, communities and advocacy groups across the state to prevent suicide in Oregon, including offering links and contact information to help lines and other resources:

- Find a [training program near you](#) to learn about how you can help prevent suicide and connect to help.
- Oregon launched the [Safe + Strong Helpline and website](#) at the beginning of the COVID-19 pandemic to provide support for those struggling with the loss of loved ones and lifestyle changes. The Safe + Strong Helpline, 1-800-923-HELP (4357), is available 24/7. More help and resources are available in multiple languages on the Safe + Strong website.
- 24-hour National Suicide Prevention Line by Lines for Life: 1-800-273-8255
- 24/7 Crisis Text Line: Text "OREGON" to 741741
- YouthLine for teen-to-teen support. A phone line and text support line are available where trained youth respond from 4 to 10 p.m. Monday through Friday, PDT.
 - Call 1-877-968-8491
 - Text teen2teen to 839863

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

June 2022

Table of Contents

Introduction.....	2
Rationale.....	2 - 4
Oregon Data Points.....	4 - 6
Advisory Group Recommendations to OHA.....	6 - 9
YSIPP Fiscal Year 2021-2022 Initiatives tied to the Firearm Safety and Lethal Means Reduction Advisory Group.....	10 - 12
Advisory Group Tasks Specific to OHA Recommendations and YSIPP Initiatives.....	13

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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.

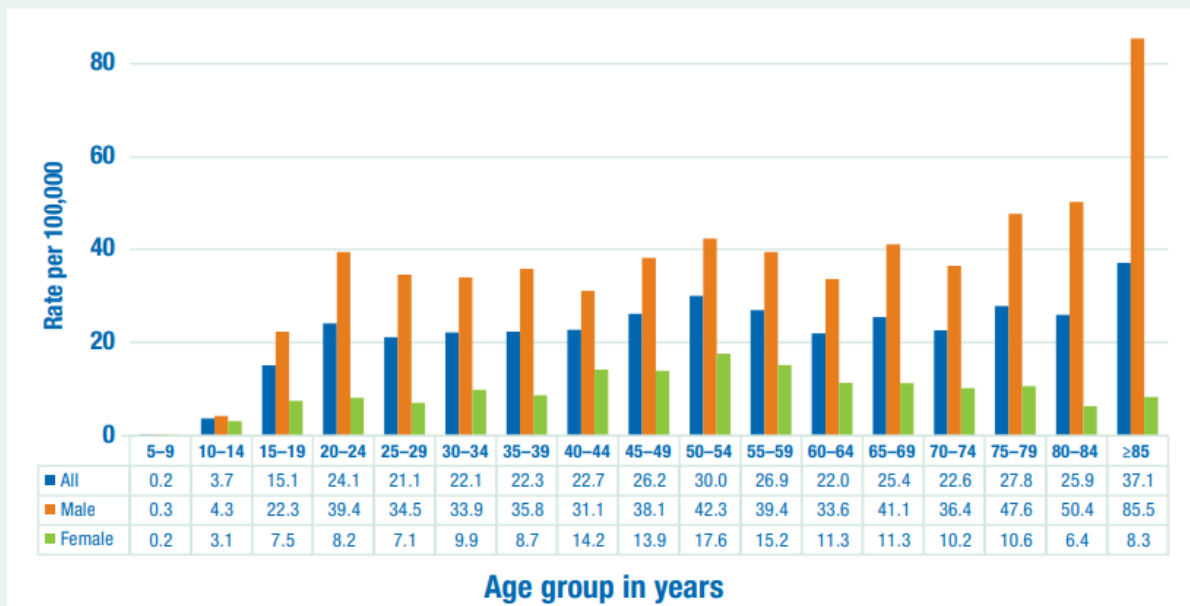
Based on a review of 170 studies that followed those who had attempted suicide over time, between 5-10% of people eventually died by suicide, that means 90% of people do not go on to die by suicide.⁵ If we can have protective measures in place for someone experiencing suicidal ideation with an identified 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://oregonalliancetopreventsucide.org/wp-content/uploads/2022/03/YSIPP-Annual-Report-2021.pdf>

⁷ <https://oregonalliancetopreventsucide.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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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. **DATA:** 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. **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.
2. **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.
3. **EQUITY:** Strengthen state legal protections for LGBTQIA2S+ youth, especially transgender youth who have been targeted by discriminatory legislation throughout the country.

Explore

1. **TRANSITION OF CARE:** 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. **TRAINING:** Regular youth suicide prevention training in school - 6 grade thru 12 grade.
3. **TRAINING:** 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. **PROTECTIVE ENVIRONMENTS:** Student ID's have both helpline and crisis text line.

Data and Evaluation Committee Open House

- *Welcome. Today we are going to talk about:
- *The Focus of our work
- *What is exciting and challenging about the work
- *What your interest in this area is
- *If you'd like to join this committee, let Jenn and Annette know so we can add you to the committee invitations.

Key YSIPP Initiative for FY '21-'22

While the Data & Evaluation Committee doesn't have a specific key YSIPP Initiative for this fiscal year, we are providing feedback on overall metrics for Alliance specific initiatives to OHA.

Equity Advisory Group Open House

- *Welcome. Today we are going to talk about:
- *The Focus of our work
- *What is exciting and challenging about the work
- *What your interest in this area is
- *If you'd like to join this committee, let Jenn and Annette know so we can add you to the committee invitations.

Key YSIPP Initiative for FY '21-'22

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

Firearm Safety and Lethal Means Access Reduction Advisory Group

*Welcome. Today we are going to talk about:

*The Focus of our work

*What is exciting and challenging about the work

*What your interest in this area is

*If you'd like to join this committee, let Jenn and Annette know so we can add you to the committee invitations.

Key YSIIPP Initiative for FY '21-'22

The Alliance will create a workplan for Lethal Means work that includes safe storage, collaboration between stakeholders, and policy recommendations.

Transitions of Care Committee Open House

- *Welcome. Today we are going to talk about:
- *The Focus of our work
- *What is exciting and challenging about the work
- *What your interest in this area is
- *If you'd like to join this committee, let Jenn and Annette know so we can add you to the committee invitations.

Key YSIPP Initiative for FY '21-'22

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

Workforce Committee Open House

- *Welcome. Today we are going to talk about:
- *The Focus of our work
- *What is exciting and challenging about the work
- *What your interest in this area is
- *If you'd like to join this committee, let Jenn and Annette know so we can add you to the committee invitations.

Key YSIPP Initiative for FY '21-'22

HB 2315 Rulemaking process will include recommendations from OHA defining continuing education opportunities that are applicable and relevant to meet the suicide prevention training requirement for relicensure.