



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.<sup>1</sup> 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.<sup>2</sup>

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

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

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

that method.<sup>3</sup> Research has also shown that many people who attempt suicide often abort the attempt midway through.<sup>4</sup> 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.

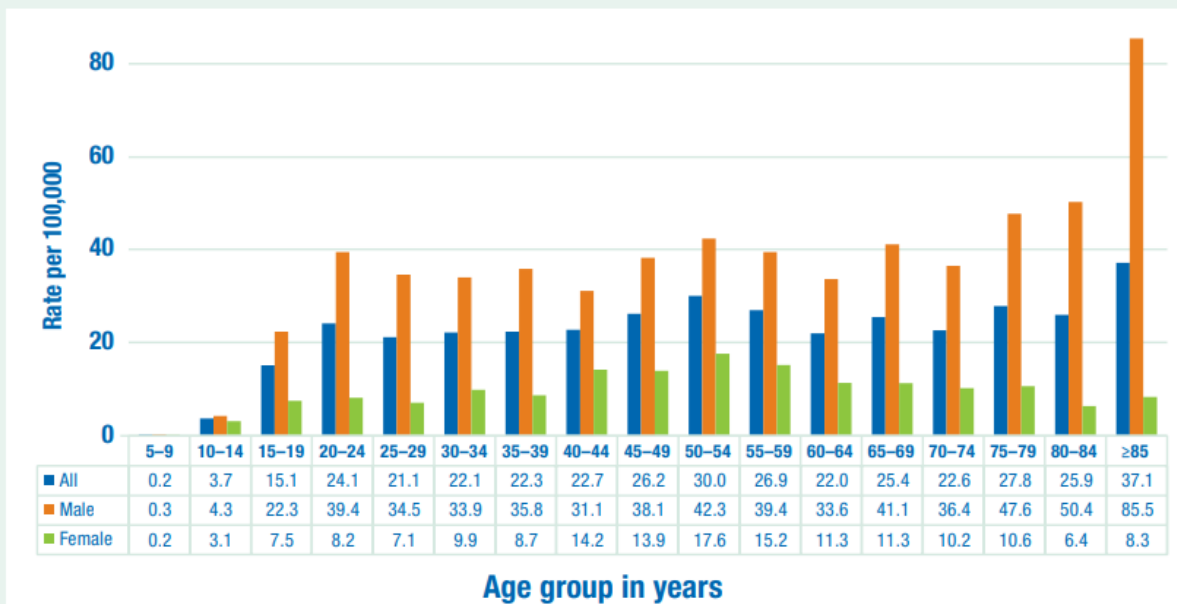
Based on a review of 170 studies that followed those who had attempted suicide over time, between 5-10% of people eventually died by suicide, that means 90% of people do not go on to die by suicide.<sup>5</sup> If we can have protective measures in place for someone experiencing suicidal ideation with 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 2020<sup>6</sup>. Oregon data shows that, “male youth were more than three times more likely to die by suicide than female youth.”<sup>7</sup>

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

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

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

<sup>5</sup> OHA – Counseling on Access to Lethal Means, 2021

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

<sup>7</sup> <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
<b>Age (years)</b>	5–14	8	8%
	15–19	36	36%
	20–24	56	56%
<b>Sex</b>	Male	81	81%
	Female	19	19%
<b>Race or ethnicity†</b>	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%
<b>Student status</b>	Middle School	5	5%
	High School	19	19%
<b>Mechanism of death</b>	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
<b>10–17 years</b>	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
	<b>Total</b>	<b>94</b>		<b>46</b>	<b>0</b>	<b>140</b>	
<b>18–24 years</b>	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
	<b>Total</b>	<b>340</b>		<b>76</b>	<b>0</b>	<b>416</b>	

\* 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).<sup>8</sup>”

### **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.

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

### Advisory Group Recommendations to OHA

Recommendations to OHA in this section address the YSIPP Initiative assigned to this advisory group for the 2021-2022 Fiscal Year – “Create a workplan for Lethal Means work that includes safe storage, collaboration between stakeholders, and policy recommendations.” Information also includes:

- A suggested timeline
- Potential measurement(s) when looking at implementation and completion of different recommendations
- Where it fits in the current YSIPP by naming the framework goal(s) it aligns with, and
- Whether or not the Advisory Group thinks the specific recommendations will require a legislative ask.

Recommendation	Partners Involved	Timeline	Measurement	YSIPP Framework Goal	Is there a Legislative Ask
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.	Oregon Firearm Safety Coalition, Democratic Party of Oregon Gun Caucus, and Oregon Alliance to Prevent Suicide. Look to Louisiana for Safe Harbor Law examples.	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.	Mutually agreed upon definitions and processes across the state created, distributed, and education available. Good Samaritan Clause added to any potential legislation.	2.2.1 "Safe Storage Access" - All Oregonian young people experiencing a behavioral health crisis have access to safe storage for medicine and firearms.	No
Create off site storage options for firearm owners: Lockers - so firearm owners can maintain ownership of firearm; Gun Shops willing	Oregon Firearm Safety Coalition, Oregon Alliance to Prevent Suicide, and local counties / gun shops.	OFSC has already started efforts to connect with local efforts and create a map. This work is ongoing.	Create Google Form of sorts for local efforts to share what they are doing. Form link to live on OFSC or OAPS website.	2.2.1 "Safe Storage Access" - All Oregonian young people experiencing a behavioral health crisis have access to	Yes – ask for funding a position to coordinate effort, manage offsite storage, and



to hold firearm temporarily; Create an offsite storage map for Oregon.		Funding for a position through Oregon State: Decide details first quarter 2024 for it to be prepared for the 2025 Legislative Session.	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. Good Samaritan Clause added to any potential legislation.	safe storage for medicine and firearms.	manage a map of available locations.
<a href="#">Understand and coordinate</a> 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.	Oregon Alliance to Prevent Suicide, OHA Public Health, and OHA Injury and Violence Prevention	Have coordination plan by quarter four of 2022.  Messaging campaign and outreach to local suicide prevention staff and coalitions to advertise this work.	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.	3.1.3 "Substance Use Services" - Substance Use Disorder and Mental Health services are integrated when possible and coordinated when not fully integrated.	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
Create App such as 'Step First'	Oregon Alliance to Prevent Suicide	Rollout pilot project with X number of	App created, easily accessible, and	1.4.1 "Positive Connections" All	Is there any connection to Adi's

<p><a href="https://www.firststeporegon.org/">https://www.firststeporegon.org/</a>: Make it mandatory to be preloaded on all school devices; Statewide campaign with Oregon PTA to have all youths and families download the app. Align work with OHA's Safe + Strong efforts.</p>	<p>(Schools and Lethal Means), Deschutes County (Caroline Suiter and Bethany), ESD Programs, ODE, Healthy Transitions, and Big River Coordinators.</p>	<p>schools / districts / regions. This started in Deschutes County. Have pilot project locations be in different regions of the state (urban, rural, frontier).</p>	<p>statewide campaigns advertising the app occur.</p>	<p>Oregonian young people have access to meaningful places and spaces to experience positive connection &amp; promote mutual aid. 1.4.2 "Coping Strategies" All Oregonian youth people are taught and have access to positive/healthy coping strategies. All OR youth and young adults are taught to understand impact of potentially harmful/negative coping strategies 2.2.3 "Means Reduction Promotion" - Oregon regularly promotes safe storage practices and links it to suicide prevention.</p>	<p>Act or Student Success Act? If so, would it make sense to amend language or add requirement for digital access to support?</p>
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### Advisory Group Tasks Specific to OHA Recommendations

The Advisory Group identified some specific Tasks and Action Items it would like to take to help make progress on some of the recommendations given to OHA around safe storage, collaboration between stakeholders, and policy recommendations. Not all recommendations have identified action items at this time. There is also one specific Action Item that is related to YSIPP Initiatives this Advisory Group is tracking which is noted in the table below.

Recommendations to OHA	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.
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.	Begin efforts to create a Collaborative Frequently Asked Questions (FAQ) that will be drafted by December 2022.
<a href="#">Understand and coordinate</a> 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.	Work with OHA partners to draft a coordination plan by quarter four of 2022.
YSIPP Initiative	Advisory Group Task / Action Item
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.

**YSIPP Fiscal Year 2021-2022 Initiatives tied to the Firearm Safety and Lethal Means Reduction Advisory Group**

This table includes specific YSIPP Initiatives in the 2021-2022 Fiscal Year YSIPP that this Advisory Group wants to be connected with. Information includes:

- The RASCI-AD Role this advisory group identified for itself
- How this Advisory Group envisions implementing it's identified RASCI-AD Role, and
- Specific measurements / data points this advisory group is interested in either gathering or receiving information about

YSIPP Initiative	RASCI-AD Role	RASCI-AD Role Implementation	Measurements / Data Points this Group Wants
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).	Stay Informed	Quarterly updates provided to Advisory Group.	Report or recommendation from Advisory Group demonstrating that data has been processed.
Create a workplan for Lethal Means work that includes safe storage, collaboration between stakeholders, and policy recommendations.	Responsible	Create workplan and distribute as appropriate.	Workplan created and shared with larger Alliance and OHA.
Limited Pilot Project through Association of Oregon Community Mental Health Programs to provide no-cost <i>lock boxes for medication</i> to local mental health authorities.	Stay Informed	Quarterly updates provided to Advisory Group.	<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</p>

			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.
Limited Pilot Project through Association of Oregon Community Mental Health Programs to provide no-cost <i>secure storage of firearms</i> to local mental health authorities.	Stay Informed	Quarterly updates provided to Advisory Group.	<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>
Counseling on Access to Lethal Means (CALM) course is available online at no cost.	Stay Informed	Initial presentation provided to Advisory to review updates to training and implementation efforts.	<p>Annual updates provided to Advisory Group.</p> <p>Data Points: Click tracking – referral source to the click, completed trainings, geographic location and</p>

		Quarterly updates provided to Advisory Group.	sector of those trained, metrics / measurements for Big River would also apply to this training.
Train-the Trainer event for in-person Counseling on Access to Lethal Means (CALM) course held in Fall 2021 and statewide coordination added.	Stay Informed	Annual updates provided to Advisory Group.	Annual updates provided to Advisory Group.  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 <a href="#">Fatality Review Team</a> 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.

## DRAFT LEGISLATION PROPOSAL FOR MEDICAL PROVIDERS

### 1 PROBLEM (describe the problem; attach any additional information)

This is pulled from previous legislation. We can tune up the problem statement to more specifically call out the role of medical providers and data re seeing them prior to a suicide. Just sharing an older example

Suicide is the second leading cause of death in Oregon of young people ages 10 to 24, the third leading cause of death for those 35 to 44 and the eighth leading cause of death overall. Suicide cost Oregon over \$740,356,000 in lifetime medical and lost work costs in 2010. According to OHA Approximately 70 percent of suicide victims had a diagnosed mental disorder, alcohol and /or substance use problems, or a depressed mood at time of death. In spite of this, there are no requirements for Oregon's physical health workforce to receive training in suicide intervention and many mental health professionals feel woefully unprepared or underprepared to deal with suicide ideation in a client. NOTE: Add data re: percentage of people who have seen health care professionals prior to attempt/suicide. Include data on attempts (2020?).

### PROPOSED SOLUTION TO THE PROBLEM

Require medical providers to take continuing medical education so for any patient contact with a medical provider, they will have someone who is competent in screening and assessing for suicide; working with a patient on safety planning and reducing access to lethal means; and connect to community resources and support. This is not intended to change the scope of practice rather it is to equip the workforce to respond to an unmet need and save lives.

Require the Oregon Health Authority to:

- 1) Adopt and apply standards for suicide assessment, treatment and management continuing education for doctors, nurses and other medical providers in consultation with suicide prevention bodies and subject matter experts. Included professions are: a) Certified registered nurse anesthetist, as defined in ORS 678.245; b) Chiropractic physician, as defined in ORS 684.010; c) Clinical nurse specialist, as defined in ORS 678.010; d) Naturopathic physician, as defined in ORS 685.010 e) Nurse practitioner, as defined in ORS 678.010; (f) Physician, as defined in ORS 677.010 (g) Physician assistant, as defined in ORS 677.495; (g) Physical therapist as defined in ORS 688.010, and (h) Physical therapy assistant as defined in ORS 688.010 (i) Acupuncturist
- 2) Require suicide assessment, treatment and management continuing education for licensed physical health care providers. The training must be approved by the relevant licensing/credentialing authority and must include the following elements: suicide assessment, including screening and referral, suicide treatment, and suicide management. A licensing/credentialing authority may approve a training program that does not include all of the elements if the element is inappropriate for the profession in question based on the profession's scope of practice. A training program that includes only screening and referral must be at least three hours in length. All other training programs must be at least six hours in length. A licensing/credentialing authority may specify minimum training and experience necessary to exempt a practitioner from the training requirement.
- 3) Develop a model list of training programs in suicide assessment, treatment, and management that meet minimum standards.

**Commented [JF1]:** Differentiate between workforces and required number of hours they need. Example: doctors need 6 hours but chiropractors need 3.

**Commented [JF2]:** Boards to determine who needs what level of training but OHA determines what is in the training? Boards can help with exceptions and levels of expertise.

**Commented [JF3]:** Define what we mean by model / minimum standards. #2 says they will establish this.

## DRAFT LEGISLATION PROPOSAL FOR MEDICAL PROVIDERS

- 4) If existing courses do not meet minimum standards, OHA develops Oregon specific 6-hour training (including the infrastructure below) (Add description of minimum standards for training, including content that meets culturally specific needs). The training required must be at least six hours in length, unless a disciplining authority has determined that training that includes only screening and referral elements is appropriate for the profession in question, in which case the training must be at least three hours in length. Consult with the affected disciplining authorities, public and private institutions of higher education, educators, experts in suicide assessment, treatment, and management to contract for training development should OHA not have the capacity to develop training.
- 5) By January 2024, the department shall adopt rules establishing minimum standards for the training programs included on the model list. The minimum standards must require that six-hour trainings include content specific to higher risk populations and the assessment of issues related to imminent harm via lethal means or self-injurious behaviors.
- 6) Beginning July 1, 2025, the model list must include advanced training and training in treatment modalities shown to be effective in working with people who are suicidal. The list will be updated at least every two years.
- 7) Develop centralized website with a training registry of existing and approved suicide assessment, treatment and management continuing education options
- 8) Provide funding to support licensing board implementation of suicide assessment, treatment and management continuing education for licensing and re-licensure
- 9) Establish infrastructure to support and monitor licensee engagement in suicide assessment, treatment and management education.

**Commented [JF4]:** Would we also need shorter trainings for different professions that wouldn't be required to take 6 hours like chiro?

**Commented [JF5]:** Two different training tracks: one of screening and referral; one of screening, referral / treatment

**Commented [JF6R5]:** Screening and assessments are different

**Commented [JF7R5]:** Risk or safety assessment. Use same definitions from HB 2315 process.

**Commented [JF8]:** and any other standards the Authority determines to be a minimum standard" or something like that

**Commented [JF9R8]:** Stabilization, de-escalation, etc.

**Commented [JF10R8]:** Add language while also recognizing that the RAC will dive into this more deeply and specifically.  
Scope of practice







# Alliance Annual Satisfaction Survey Results

June 2022





There is a lot of information and data in this PowerPoint. The next slide has a table of contents for where you can find specific information that you are interested in.



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# Survey Limitations

## Completion rates

- Survey was offered to full Alliance, members and affiliates
  - Only people asked not to complete survey are Alliance Staff and OHA Contract Administrators
- Survey was provided to full Alliance 4 times
  - First during June Quarterly meeting during break with time allotted after break for people to complete as well
  - 3 times through emails to the Alliance listserv

# Survey Limitations

## Completion rates

- Alliance Listserv currently has 251 recipients
- Throughout the meeting, we had 60 eligible participants
  - At the time the survey was offered, we had 46 eligible participants
- A total of 49 surveys were completed
  - 38 surveys were completed during the June Quarterly Meeting
  - 11 surveys were completed outside of the June Quarterly Meeting

*While this is a low response rate, it is higher than our last satisfaction survey.*

# Longitudinal Study Limitations

- Hope is to have a survey we use each year with little to no changes in order to better measure progress and areas of improvement while understanding there may need to be some adjustments year-to-year depending on any current need areas
- 2022 survey has some of the same questions but is pretty different

# Current Membership

**56**

Voting Members

**9**

Non-Voting OHA Members

# Membership Prior to June 2022

**45**

Voting Members

**8**

Non-Voting OHA Members



## Comparison - 2020 Survey

**191**

Listserv Recipients

**28**

Completed Surveys

**14.7%**

Completion Rate

## Comparison - 2022 Survey

**251**

Listserv Recipients

**49**

Completed Surveys

**19.5%**

Completion Rate

# Comparison - 2020 & 2022 Survey Questions

## **2020 Survey**

- 30 questions, including demographics
- Satisfaction questions on a rating scale of either 1-5, Strongly Dissatisfied to Strongly Satisfied, few open ended questions

## **2022 Survey**

- 40 questions, including demographics
- Satisfaction questions on a rating scale of either 1-5, Strongly Dissatisfied to Strongly Satisfied, Strongly Disagree to Strongly Agree, more open ended questions

# Changes to 2022 Survey Questions

- Some questions from 2020 survey removed
- New questions for 2022 included:
  - 6 additional demographic questions
  - 4 questions related to engagement in non-Alliance Advisories / Groups
  - 6 from OHA
  - 5 open-ended questions
  - 2 questions relating to equity

# Data that Stood Out

- 71.4% of respondents work full-time (30+ hours)
  - When thinking about member / affiliate engagement, it's important to remember other time commitments. Not because we are less important to them but because we only have so many hours in a day.
- A higher number of respondents reported being a loss survivor
  - 2022: 61.2%
  - 2020: 57%
- A lower number of respondents reported being an attempt survivor / someone with direct, personal lived experience
  - 2022: 55.1%
  - 2020: 61%
- Most of the respondents have been involved with the Alliance 1-3 years: 43.7%

# Data that Stood Out

- Higher satisfaction rates were found with those involved with the Alliance 4+ years
- Less reported a 4 or higher when asked if they felt they were engaged in the work of the Alliance this year compared to 2020 (63.8% in 2022, 71.4% in 2020)
- There are higher satisfaction rates with Alliance priority areas and governance in 2022 than in 2020
  - Priority areas: 2022 87.3%; 2020 81.4%
  - Governance: 2022 78.7%; 2020 64.2%
- Decrease in engagement levels between 2022 and 2020
  - 2022: 63.8%
  - 2020: 71.4%
- 83.3% of respondents reported being able to identify way that the Alliance as a whole has made a difference in the field of suicide prevention
- Most believe they get information about committee meetings (89.3%) and quarterly meetings (91.5%) far enough in advance to review materials prior to meetings



## Data Separated by Length of Service

# Demographics



## Demographics: Original Alliance Members, involved since 2016

- 16% of respondents (8 out of 49)
  - 87.5% Cisgender female (7 out of 8)
  - 12.5% Cisgender male (1 out of 8)
  - 100% White
  - 87.5% employed full-time
  - 12.5% employed part-time
  - 75% are voting Alliance members (6 out of 8)
  - 62.5% are Committee / Advisory Group members (5 out of 8)

## Demographics: Those involved for 4-5 years

- 6% of respondents (3 out of 49)
  - 2% Cisgender female (1 out of 3)
  - 2% Cisgender male (1 out of 3)
  - 67% White
  - 67% employed full-time
  - 33% employed part-time
  - 67% are voting Alliance members (2 out of 3)
  - 67% are Committee / Advisory Group members (2 out of 3)

## Demographics: Those involved for 1-3 years

- 43% of respondents (21 out of 49)
  - 62% Cisgender female (13 out of 21)
  - 24% Cisgender male (5 out of 21)
  - 14% non-binary (3 out of 21)
  - 90% White (19 out of 21)
  - 5% Asian (1 out of 21)
  - 5% Black or African (1 out of 21)
  - 76% employed full-time
  - 10% retired
  - 5% consumer advocate / volunteer
  - 5% working part-time
  - 5% college student & working part-time
  - 5% college student
  - 29% are voting Alliance members (6 out of 21)
  - 76% are Committee / Advisory Group members (16 out of 21)

# Demographics: Those involved for 6 months-1 year

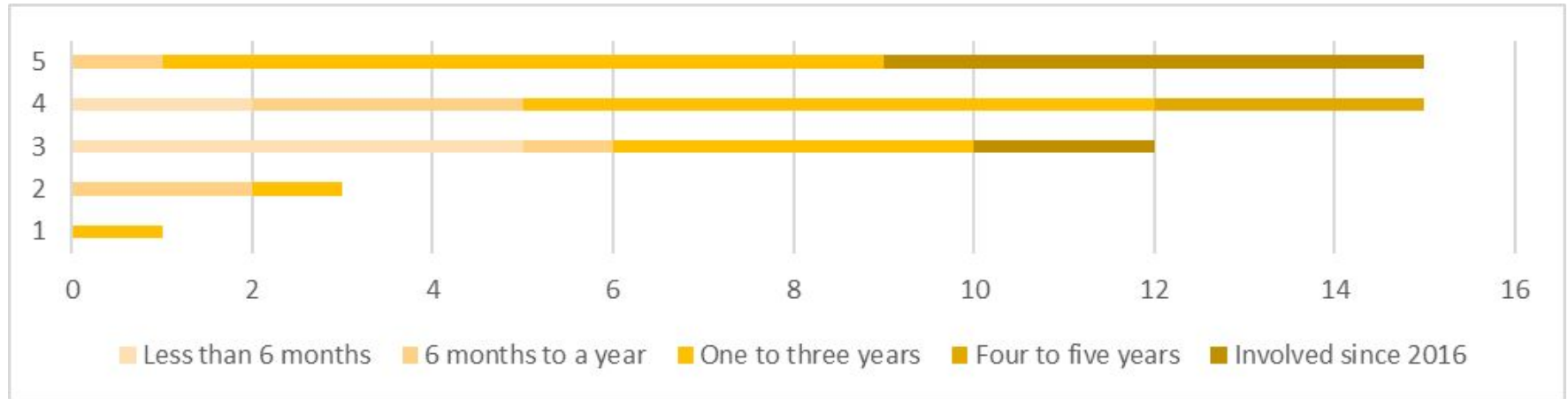
- 14% of respondents (7 out of 49)
  - 57% Cisgender female (4 out of 7)
  - 14% Cisgender male (1 out of 7)
  - 29% non-binary (2 out of 7)
  - 57% White (4 out of 7)
  - 29% Hispanic or Latino (2 out of 7)
  - 14% Multiracial (1 out of 7)
  - 71% employed full-time
  - 14% retired
  - 14% consumer advocate / volunteer
  - 14% are voting Alliance members (1 out of 7)
  - 57% are Committee / Advisory Group members (4 out of 7)

# Demographics: Those involved for less than 6 months

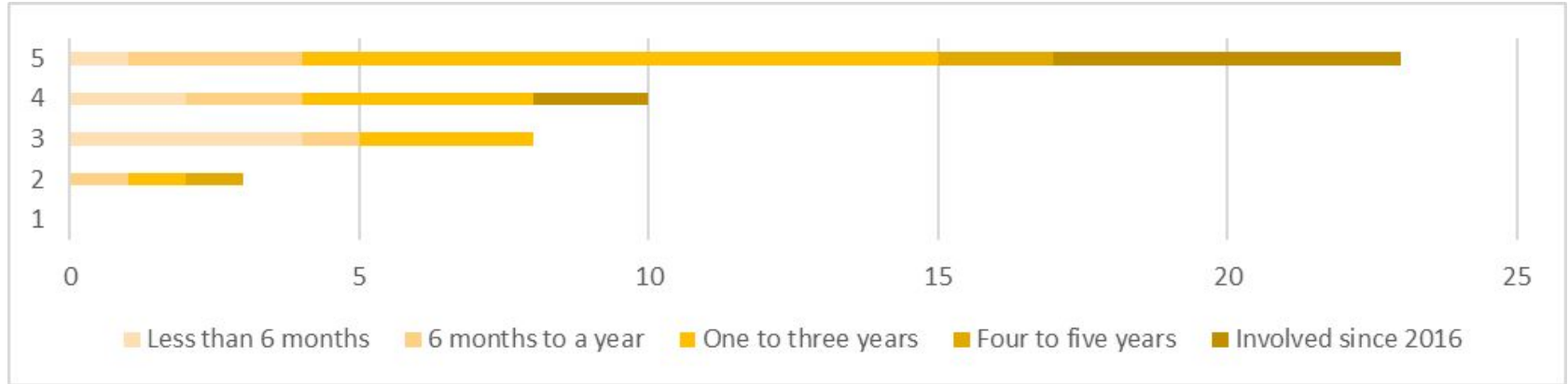
- 18% of respondents (9 out of 49)
  - 56% Cisgender female (5 out of 9)
  - 22% Cisgender male (2 out of 9)
  - 11% non-binary (1 out of 9)
  - 11% Transgender male (1 out of 9)
  - 78% White (7 out of 9)
  - 22% Multiracial (2 out of 9)
  - 89% employed full-time
  - 11% employed part-time
  - 22% are voting Alliance members (2 out of 9)
  - 22% are Committee / Advisory Group members (2 out of 9)

# Survey Responses

# Do you feel that you are engaged in the work of the Alliance - by Length of Service

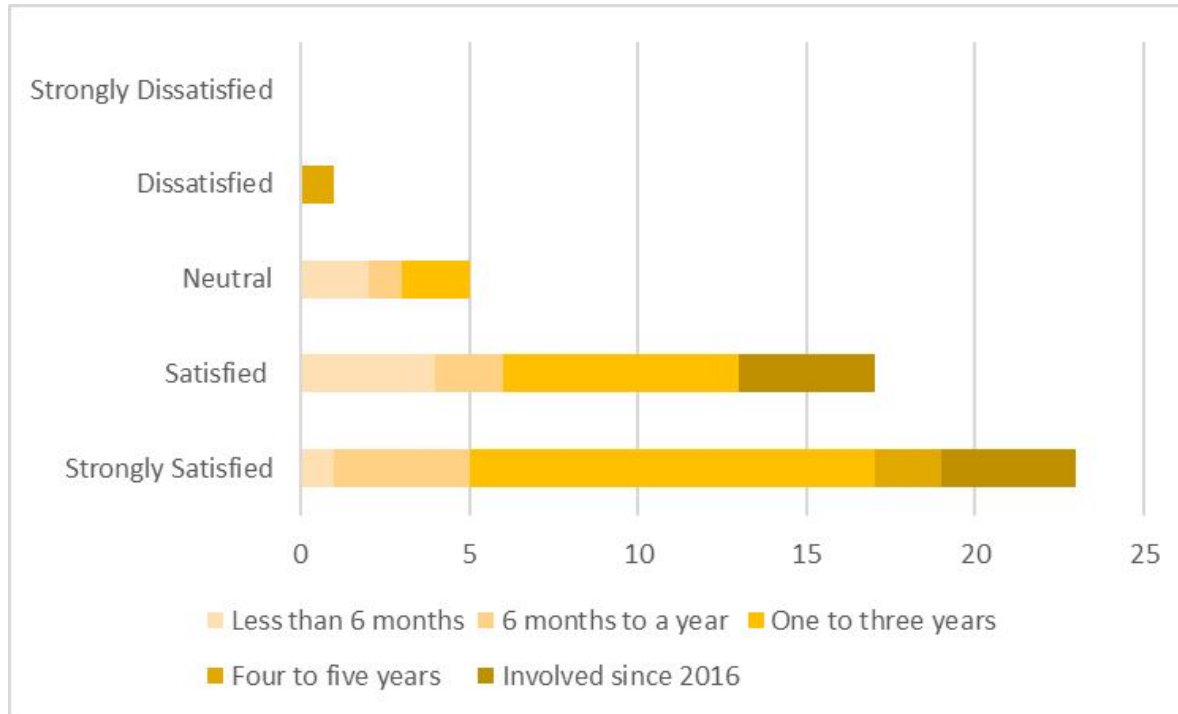


## Do you feel that your contribution to the Alliance is valued - by Length of Service

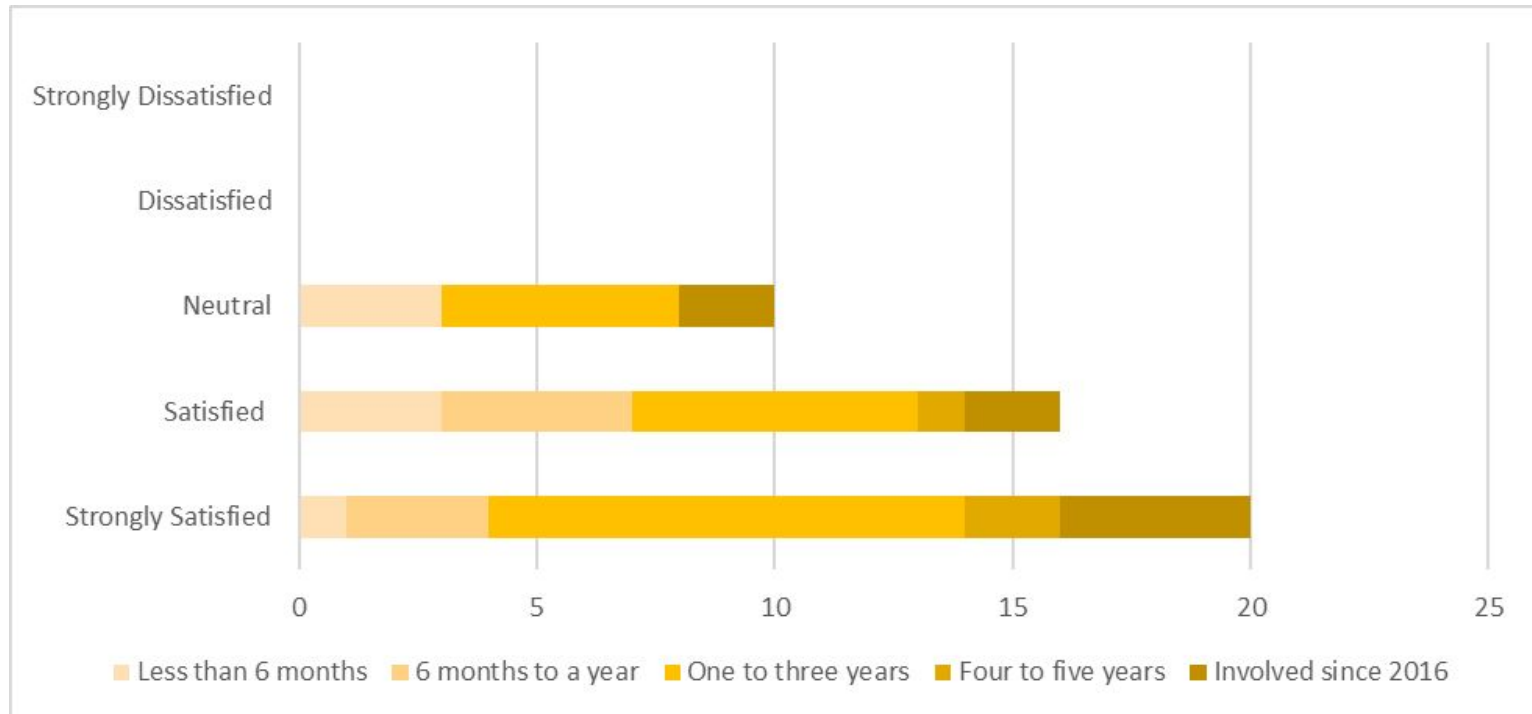




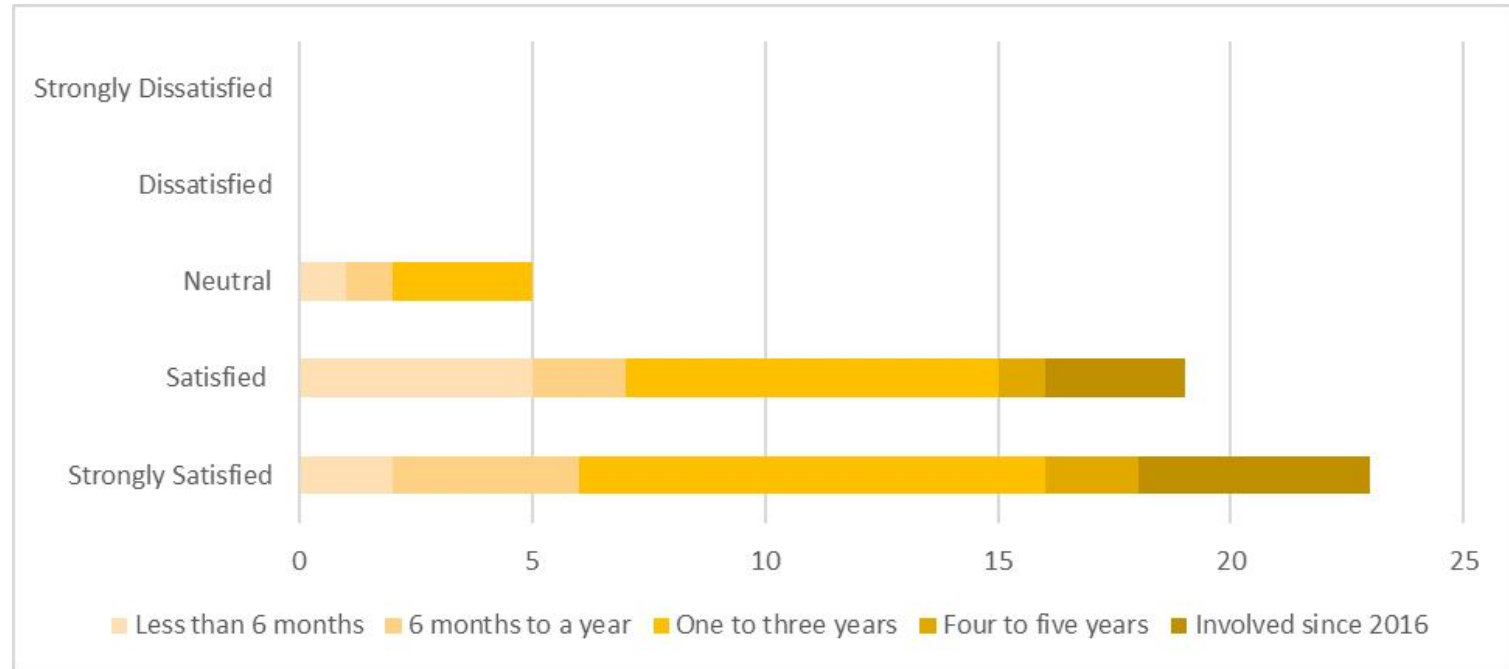
What is your satisfaction with Alliance priority areas. (Advocating for legislation, working on OARs to support effective implementation of existing suicide prevention legislation, working to center lived experience and equity and inclusion). - by Length of Service



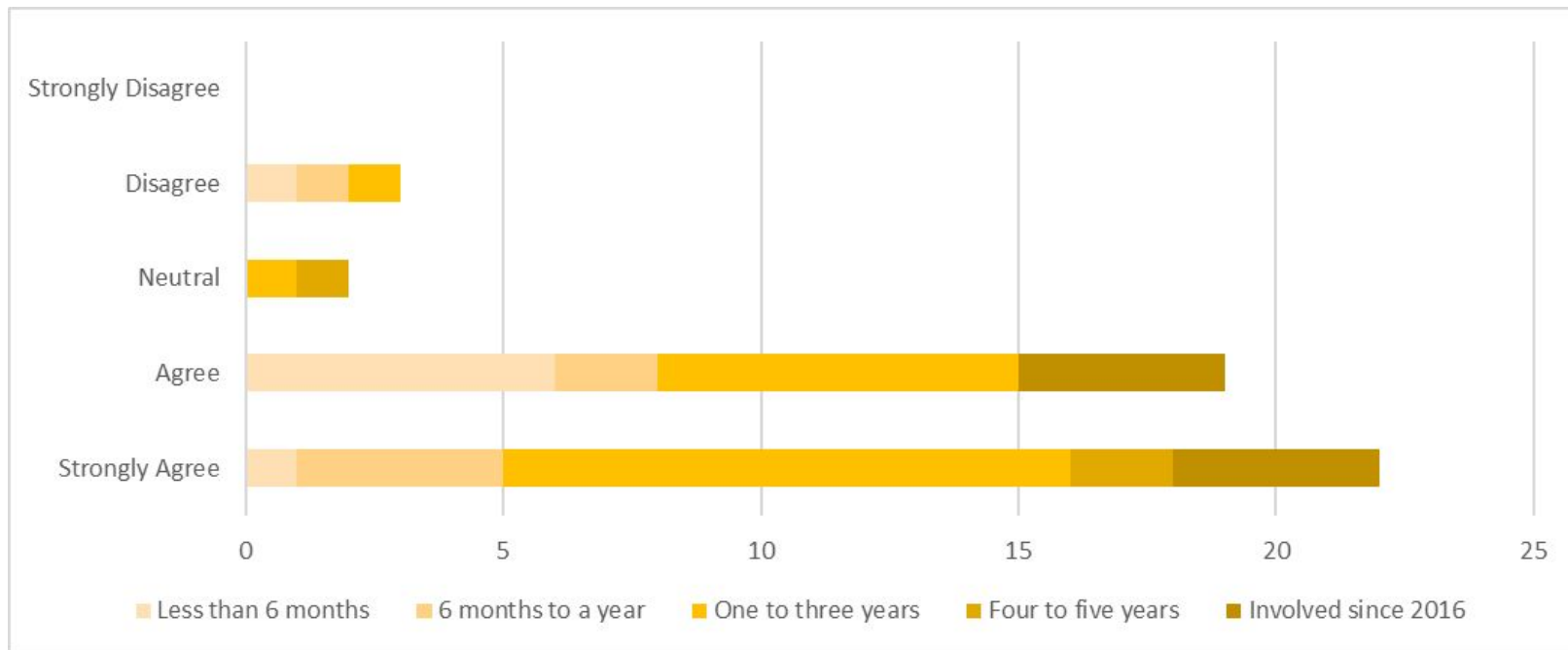
What is your satisfaction with Alliance governance and decision making, committee and advisory group structure (by-laws, voting process, opportunities to contribute ideas and influence work on the Oregon's youth suicide prevention and intervention.) - by Length of Service



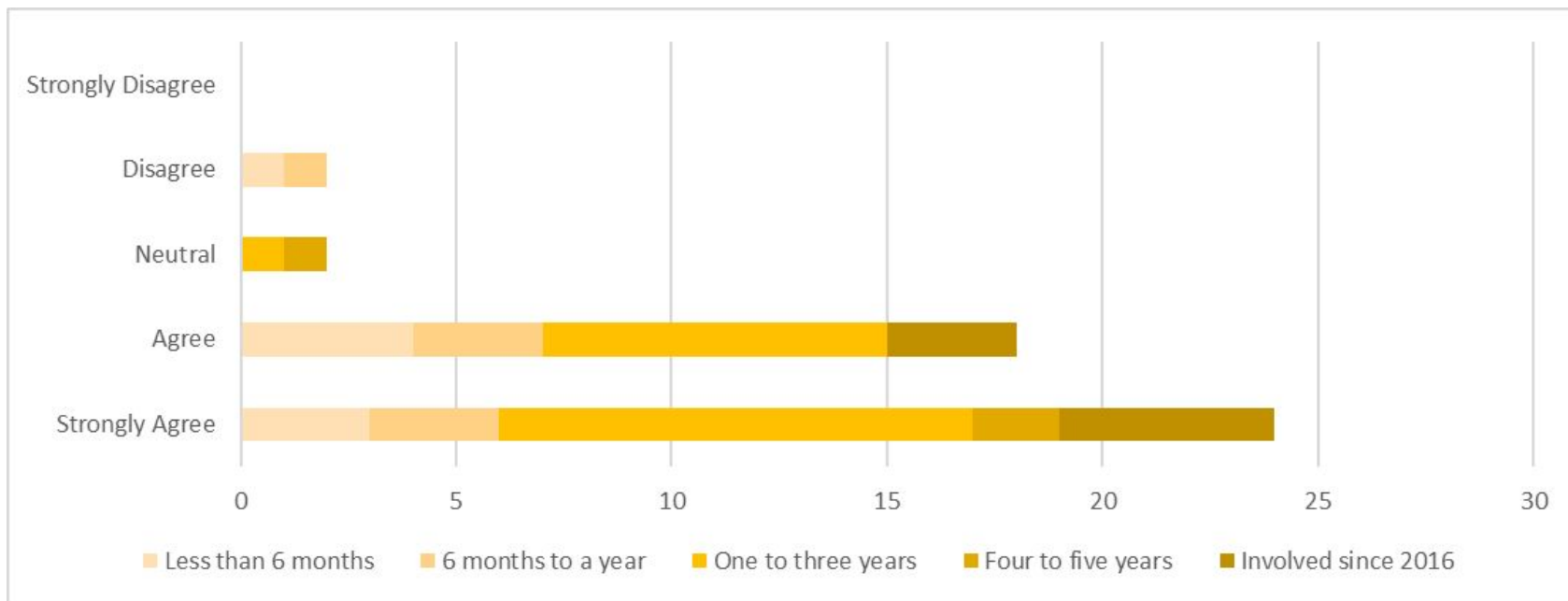
What is your overall satisfaction with communications from The Alliance.  
(Emails, Webinars, Policy Chats, Website) - by Length of Service



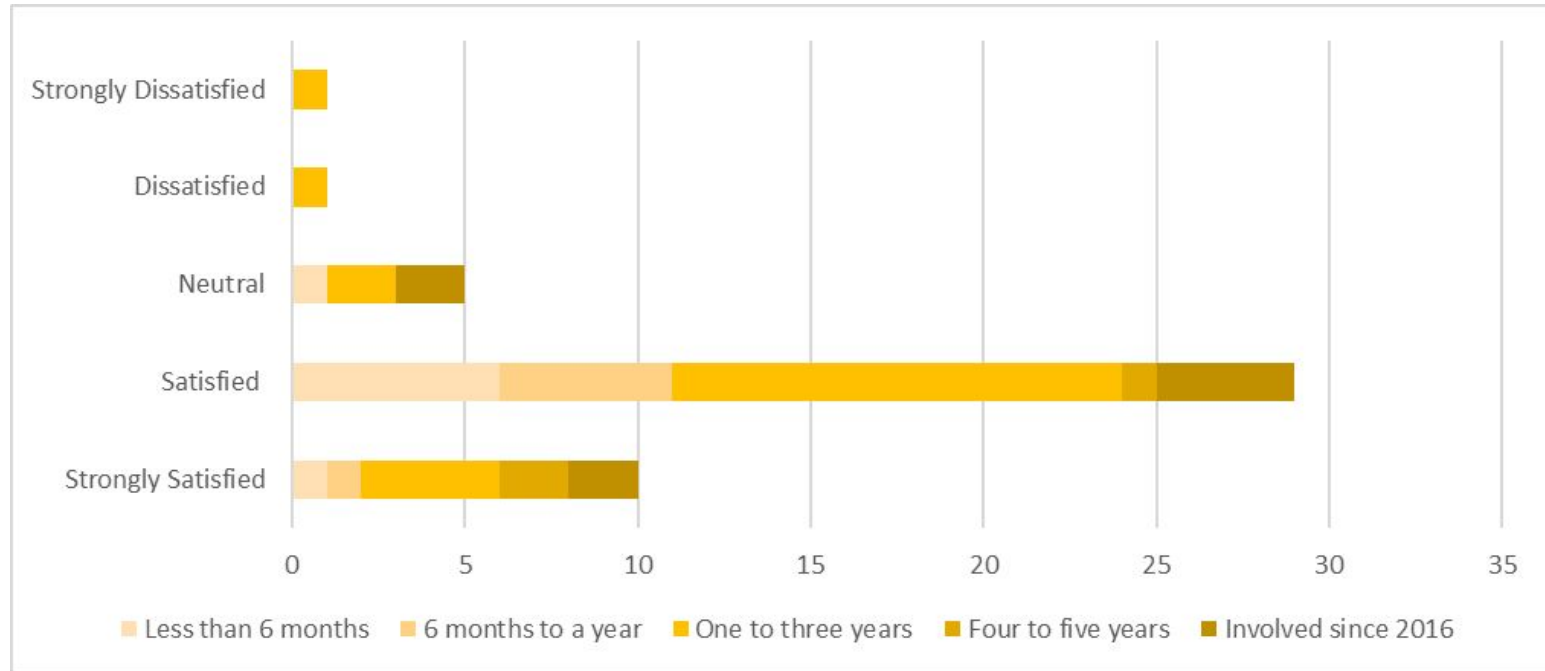
## I believe I get information about committee meetings far enough in advance to review materials prior to meetings - by Length of Service



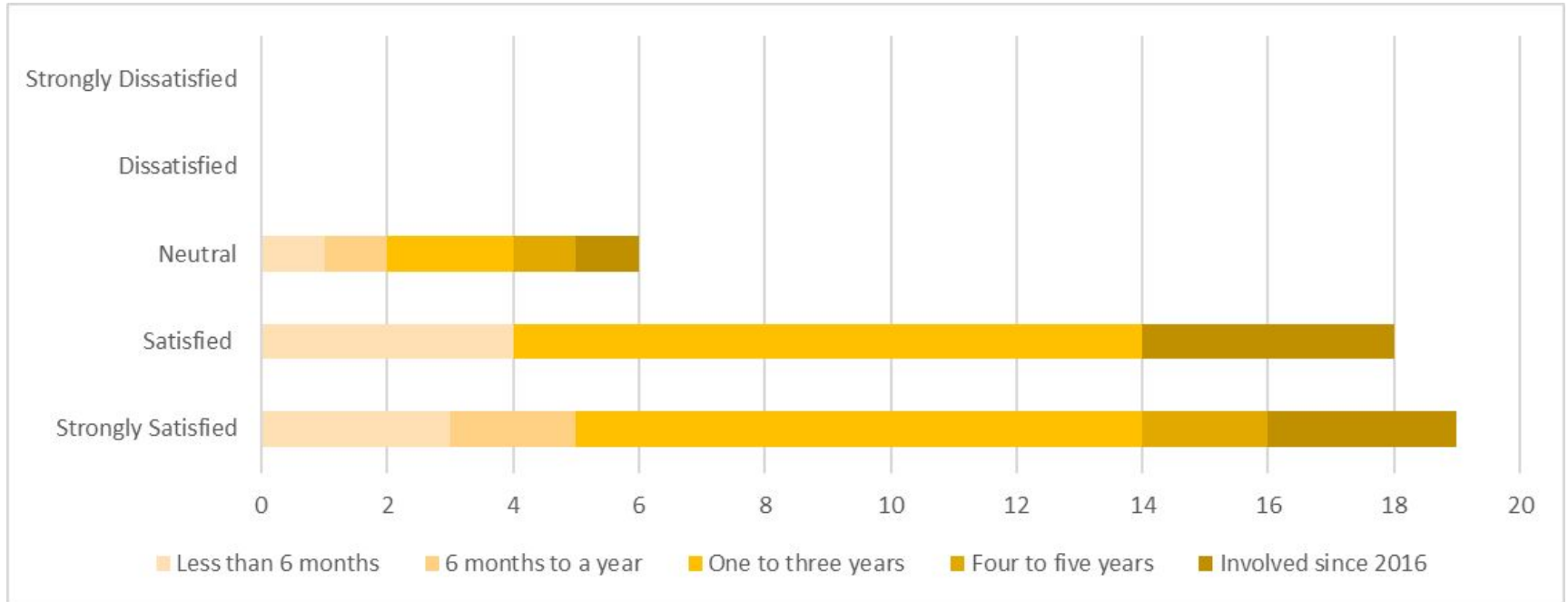
## I believe I get information about quarterly meetings far enough in advance to review materials prior to meetings - by Length of Service



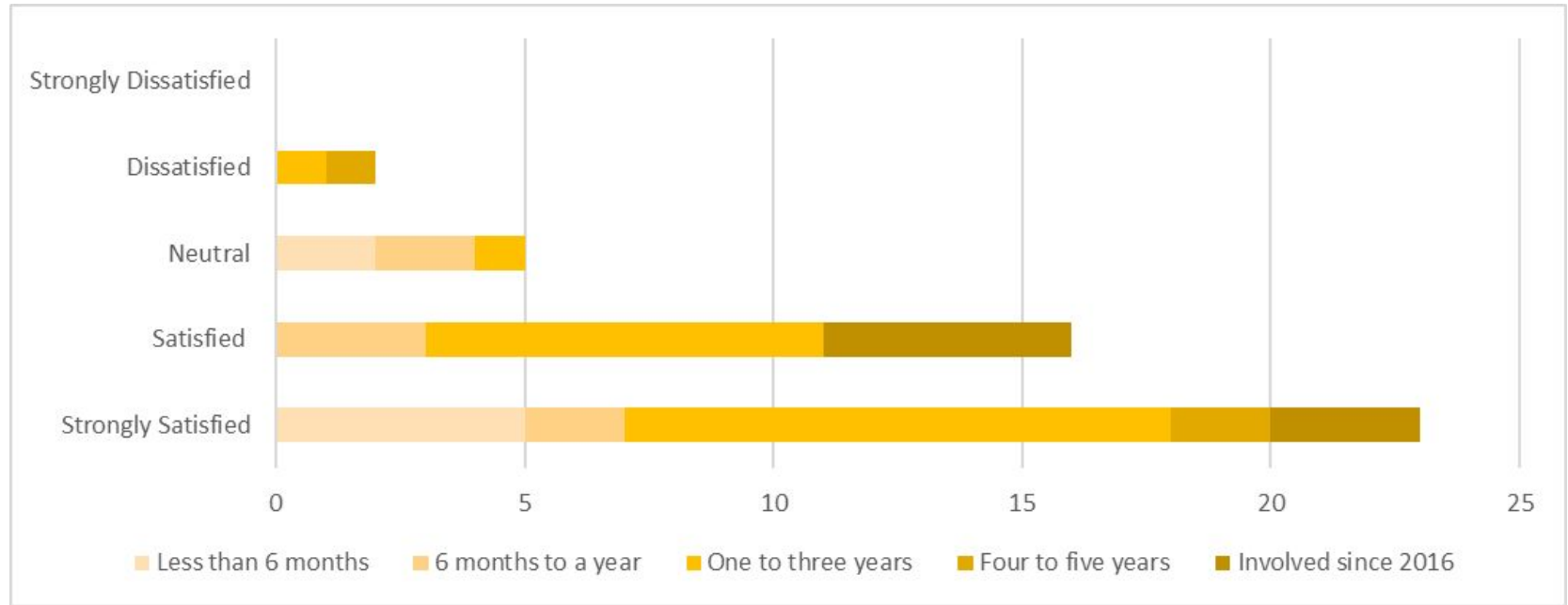
What is your satisfaction with the Alliance website  
<https://oregonalliancetopreventsuicide.org/> - by Length of Service



## What is your overall satisfaction with Alliance Quarterly Meetings - by Length of Service

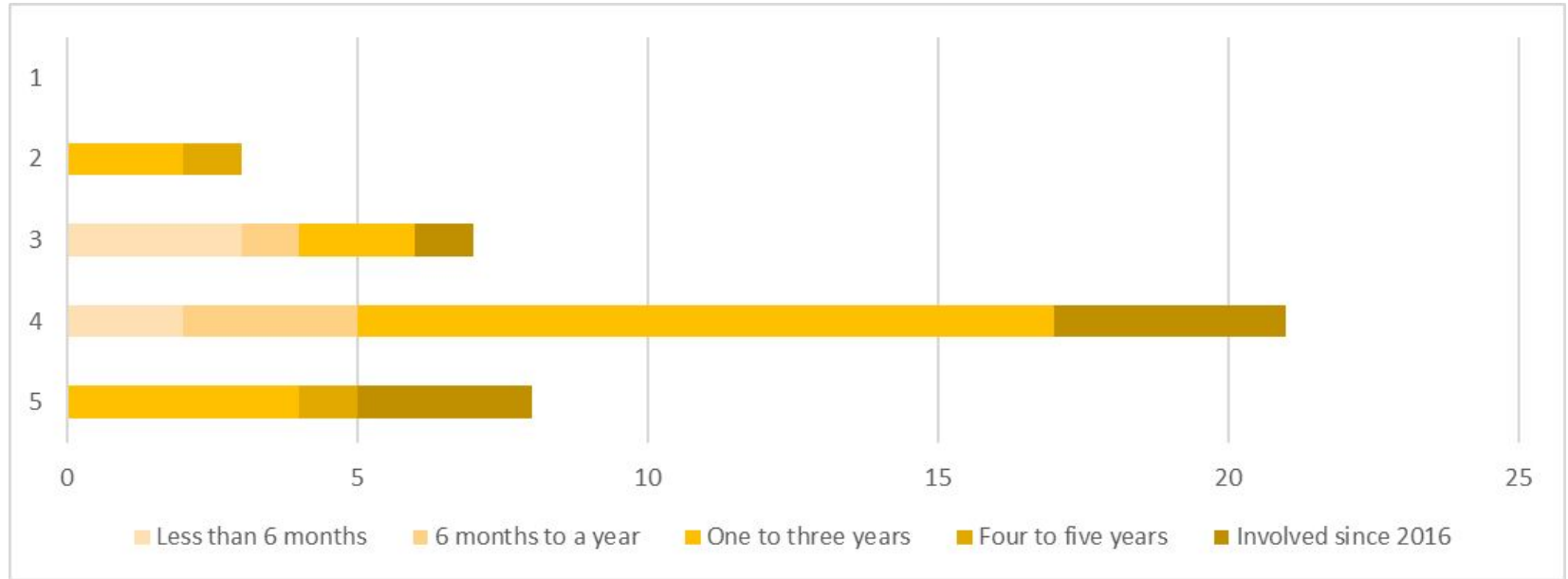


## What is your satisfaction with how the Alliance creates space for diverse views and perspectives during Quarterly Meetings - by Length of Service

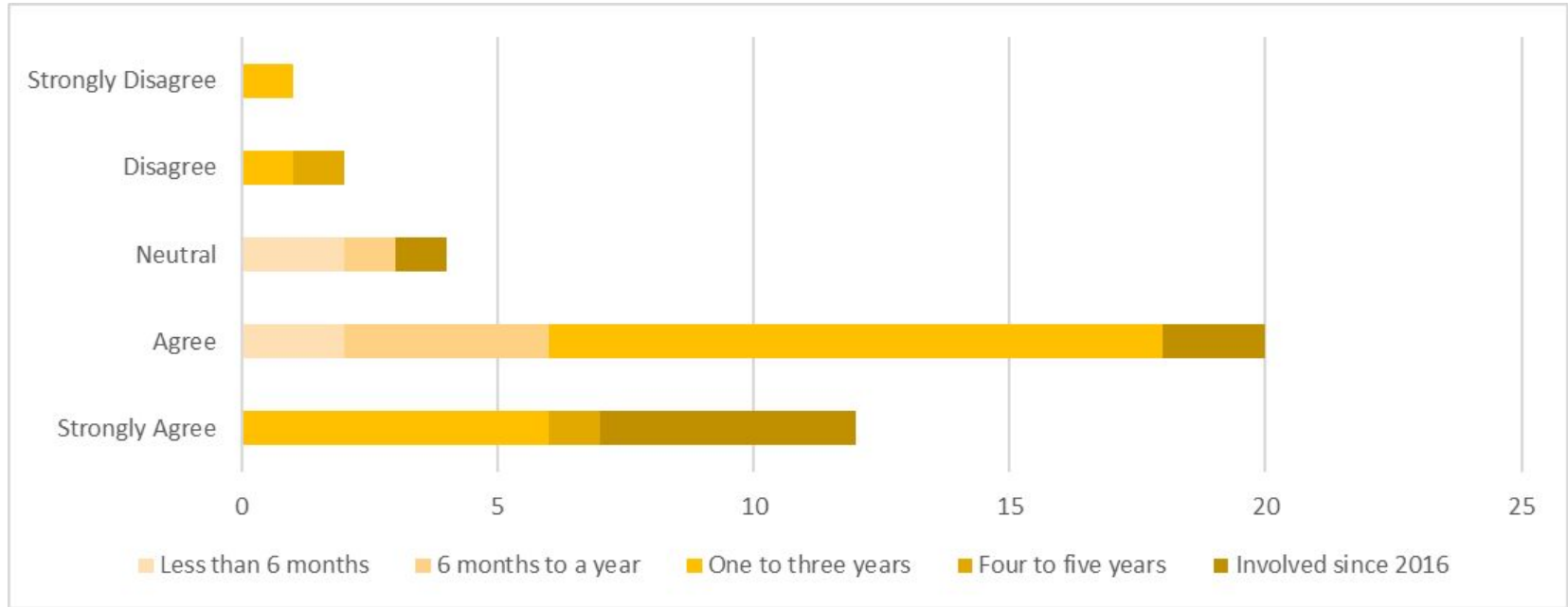




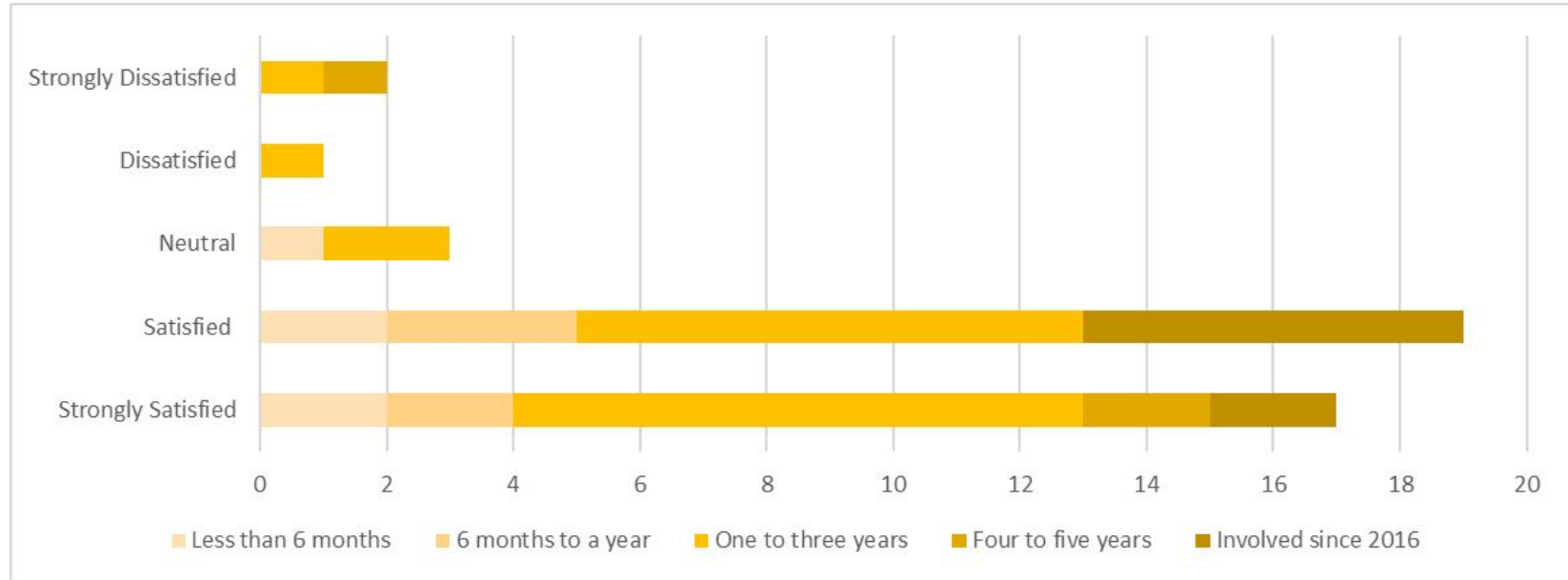
Do you feel the committee, advisory group, or workgroup(s) you attend are making progress on their key goals - by Length of Service



## I believe my committee follows up on action items from meeting to meeting - by Length of Service



## What is your satisfaction with how the Alliance creates space for diverse views and perspectives at monthly meetings - by Length of Service



# Areas of Improvement

## Areas of Improvement by Length of Service - Less than 6 Months (Comments from non-satisfied response rates)

- Would be nice to see more visible representation of the diversity that exists across the state. I have noted a lack of non-white members and always am in support of more Black, Indigenous, immigrant/refugee, formerly incarcerated, disabled, sex workers, HIV+, and other marginalized identities better represented in the room.
- It is hard to be in a smaller county and not able to compete with larger counties and their resources. I feel like sometimes the small subcommittees get steamrolled by the larger counties when it comes to ideas and group activities.
- I am personally not a fan of content heavy meetings before 10am... I can make it work, but it is definitely not a preference.

## Areas of Improvement by Length of Service - 1-3 Years (Comments from non-satisfied response rates)

- Would like better transparency on projects, status and outcomes
- Interaction between committees and advisory groups unclear. Unsure on status of expected guidance on committee structures and roles and responsibilities of chairs, members, etc.
- I think there should be improvement in how to contribute ideas and work together, especially if we are truly statewide and need representation and engagement from everywhere

## Areas of Improvement by Length of Service - 1-3 Years (Comments from non-satisfied response rates)

- I think there is lots of room to have a voice. I am not always sure about my committees communication with the larger structure.
- I wish that meeting emails that come up and then get immediately canceled is a problem when a meeting is actually cancelled.
- I would like the website to add more about all legislation bills etc that pertain to suicide

## Areas of Improvement by Length of Service - 4-5 Years (Comments from non-satisfied response rates)

- Certain views are allowed but others would not be tolerated.



## Areas of Improvement by Length of Service - Member since 2016 (Comments from non-satisfied response rates)

- The role of the evaluation and data committee is still a bit unclear to me. Do other members come to us with questions? Are we advisors? Are we asked to develop and complete our own projects?
- Website needs to be updated related to its relationship with the ASIPP. Is it expanding to the ASIP? Website says the charge is around YSIP, but ASIP stuff is on the website.
- I don't really engage with the website. Perhaps we need to promote why more?

## Areas of Improvement by Length of Service - Member since 2016 (Comments from non-satisfied response rates)

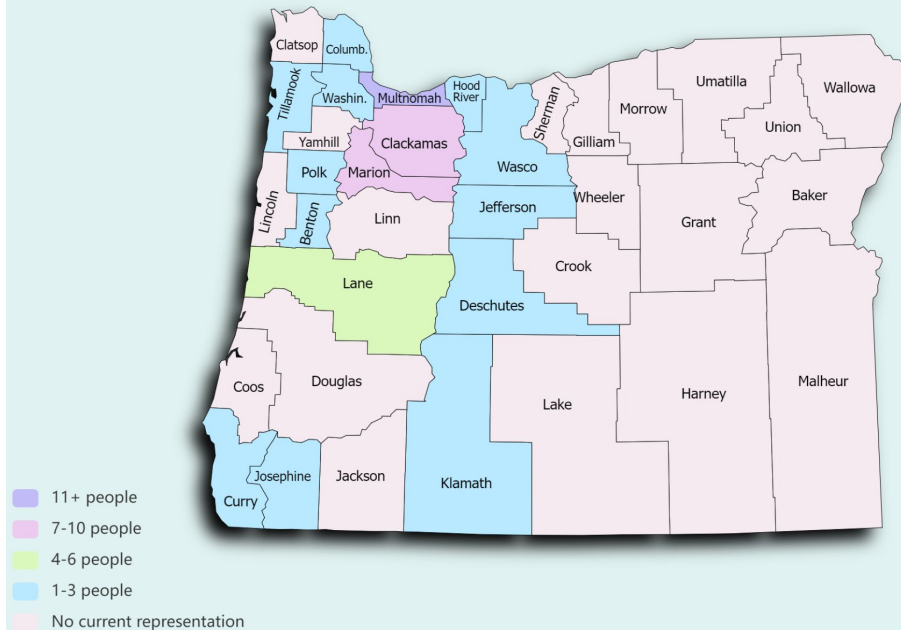
- I get a bit unsettled when we deviate far from the timelines or don't complete the Alliance agendas. I confess to ascribing to white culture concepts of time, and there is a lot of thought that goes into crafting the agendas so when they get derailed it feels like something is being shortchanged. I recognize this can be difficult with side conversations, and we want to be flexible to the needs of participants and allow organic paths ... but it does feel like some of those questions and discussions are disruptive, especially by those who tend to talk most. Other solutions are to have less on the agenda, build more time into meeting, or allow more sections of "non-linear" exploration in the meetings.
- I'm not sure that there is a clear goal [for committee meetings]. There is little consistency from meeting to meeting. Minutes from other meetings are mixed in with the agenda and new business or follow up on old business can be unclear.

# Full Survey Responses

# Member / Affiliate Information

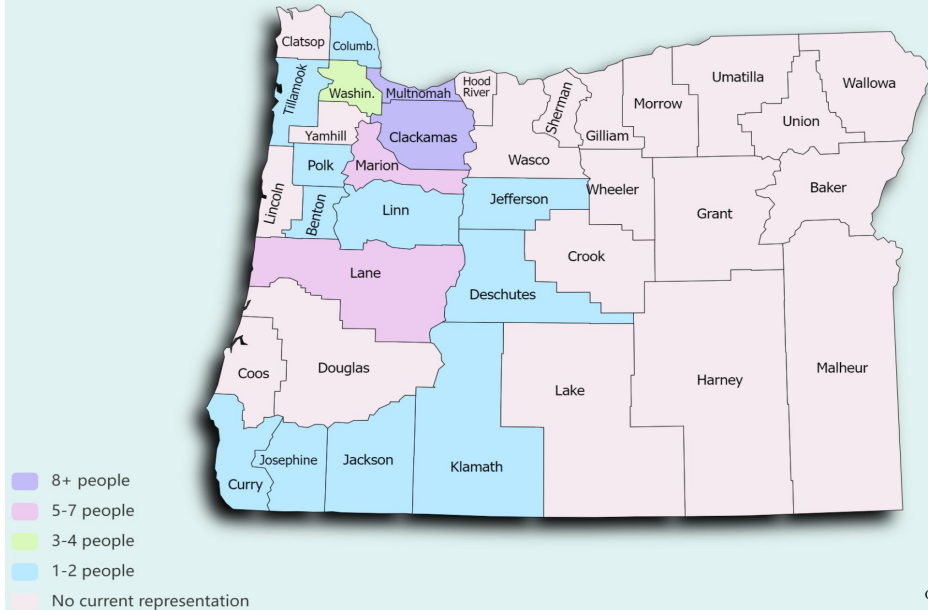
# Demographics - Work Location

2022 Satisfaction Survey Geographic Work Location



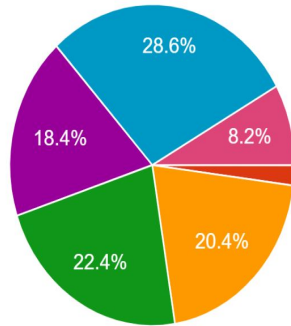
# Demographics - Residence Location

2022 Satisfaction Survey Geographic.Residence Location



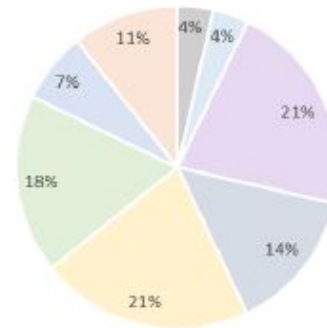
# Demographics - Age

**2022**



- Under 18
- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65+
- Prefer not to answer

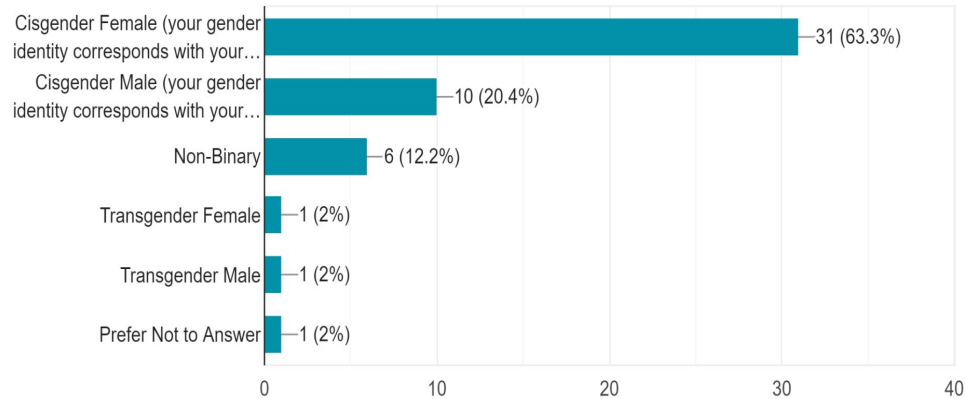
**2020**



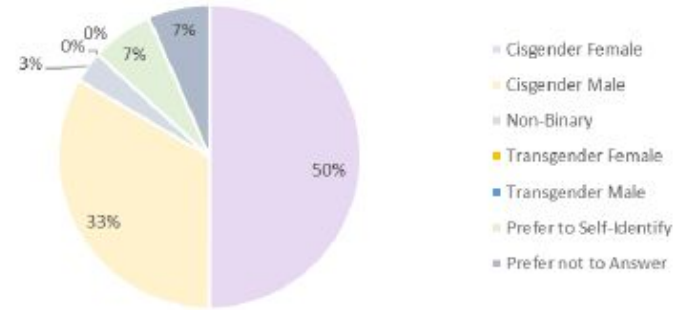
- Under 18
- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65+
- Prefer not to Answer

# Demographics - Gender

**2022**



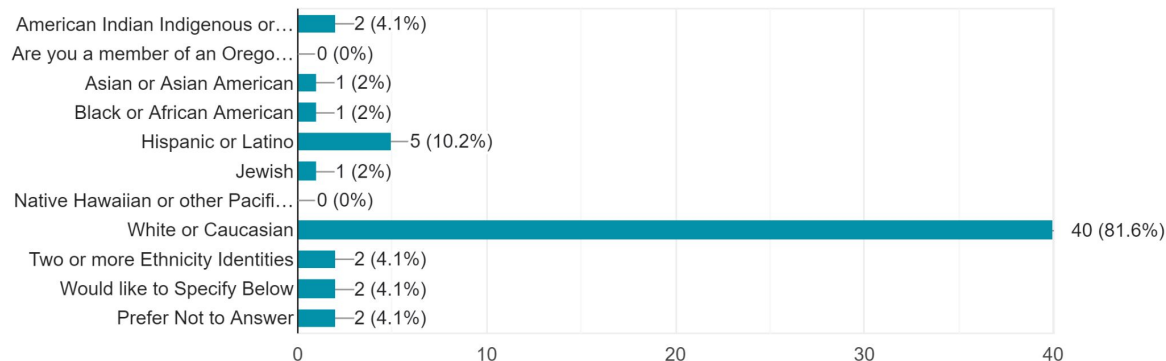
**2020**



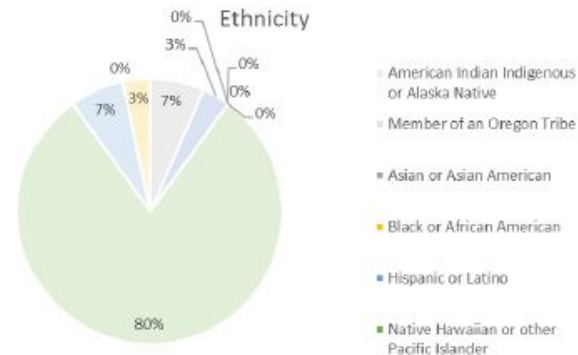


# Demographics - Ethnicity

**2022**

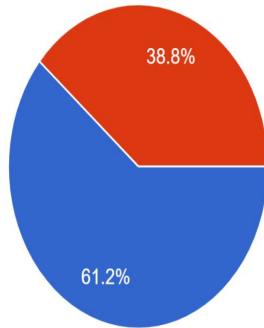


**2020**



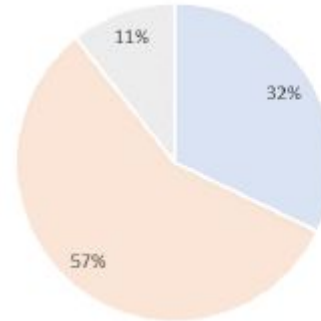
# Demographics - Loss Survivor

**2022**



- Yes
- No
- Prefer not to answer

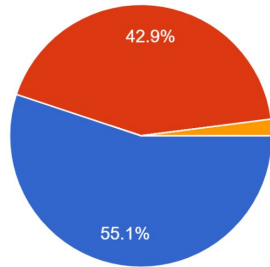
**2020**



- Yes
- No
- Prefer not to Answer

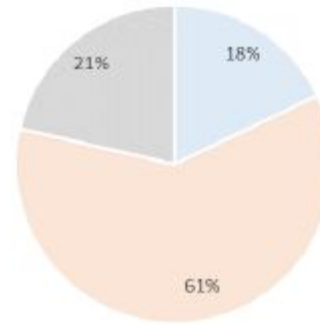
# Demographics - Attempt Survivor

**2022**



- Yes
- No
- Prefer not to answer

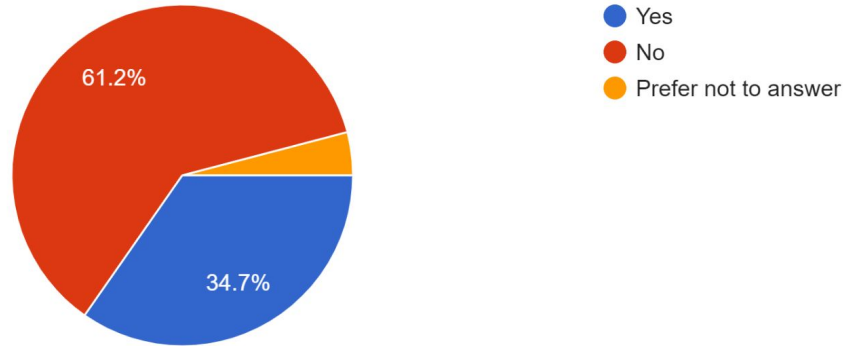
**2020**



- Yes
- No
- Prefer not to Answer

# Demographics - New

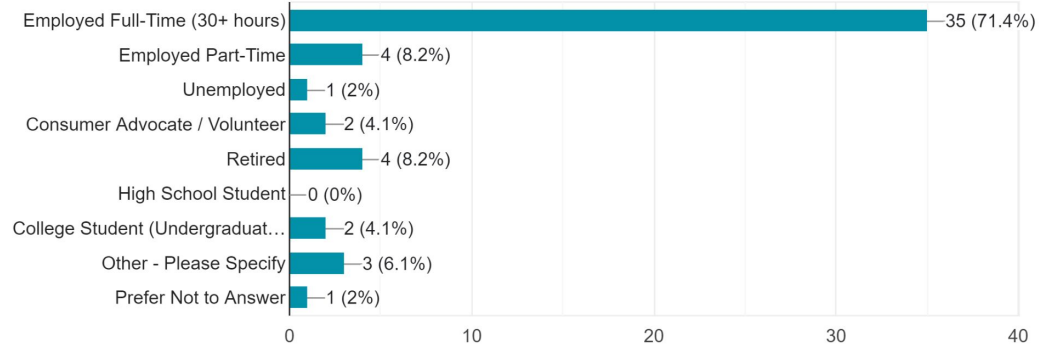
Do you identify as part of the LGBTQ+ Community?  
49 responses



# Demographics - New

What is your current employment status? (Select all that apply)

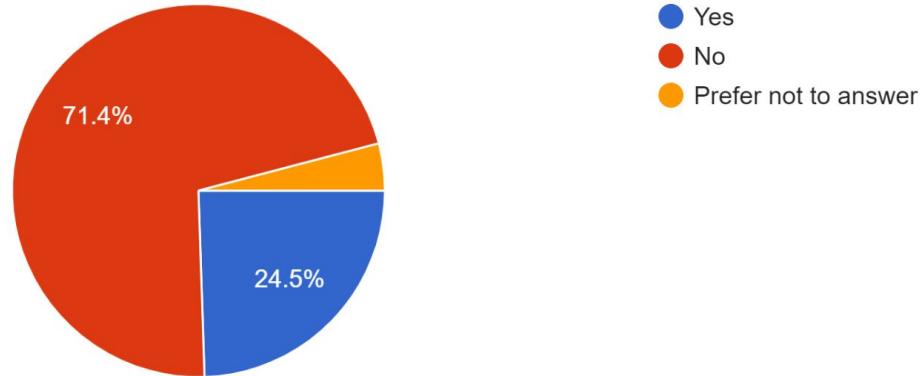
49 responses



# Demographics - New

Do you identify as someone with a disability?

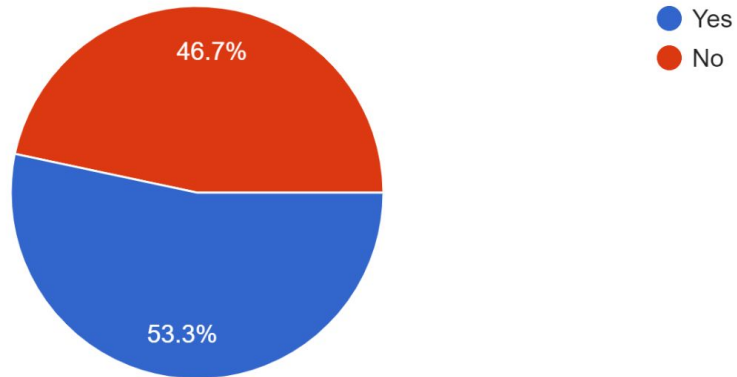
49 responses



# Resource Mapping

Do you participate in a regional suicide prevention coalition?

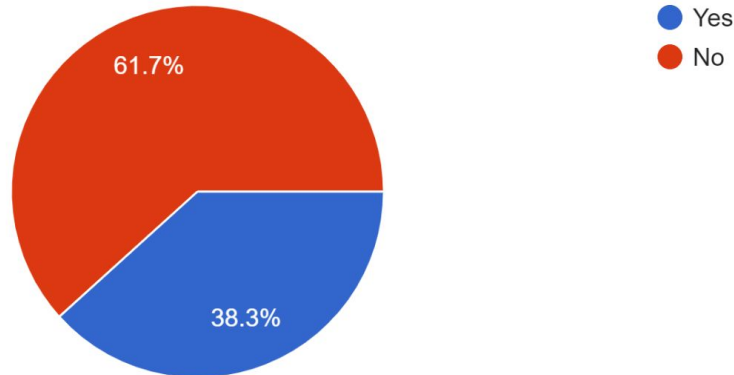
45 responses



# Resource Mapping

Do you participate in other state level advisory groups?

47 responses



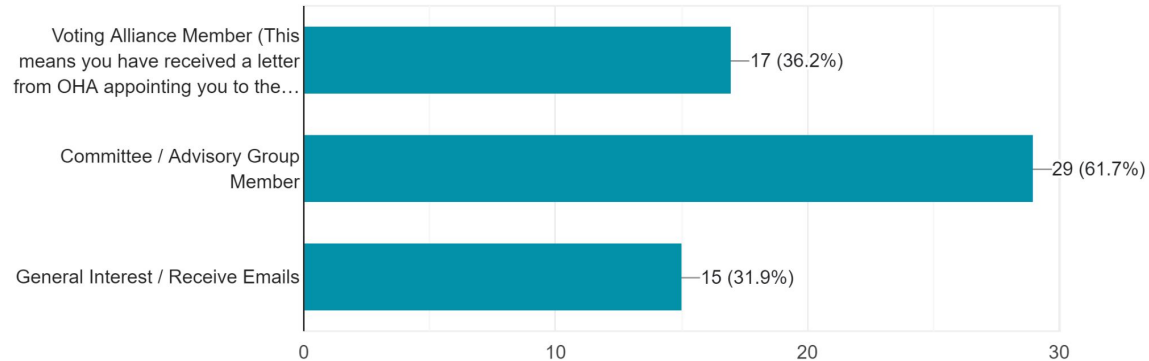
- Governor's Behavioral Health Advisory
- OHA SHIP
- Systems of care x3
- CSAC x2
- Youth Development Council (staffed by Youth Development Division of ODE)
- OYA LGBTQ+ Advisory Committee
- Zero Suicide Advisory Committee
- ASIPP Work



# Alliance Role

What is your role on the Alliance? (You can choose more than one)

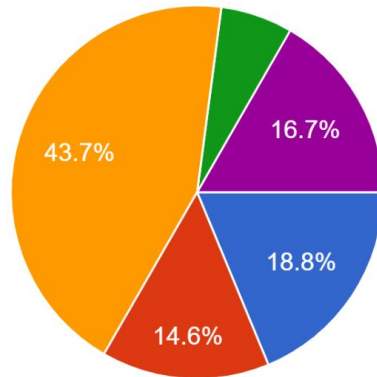
47 responses



# Alliance Length of Service

How long have you been involved with the Alliance?

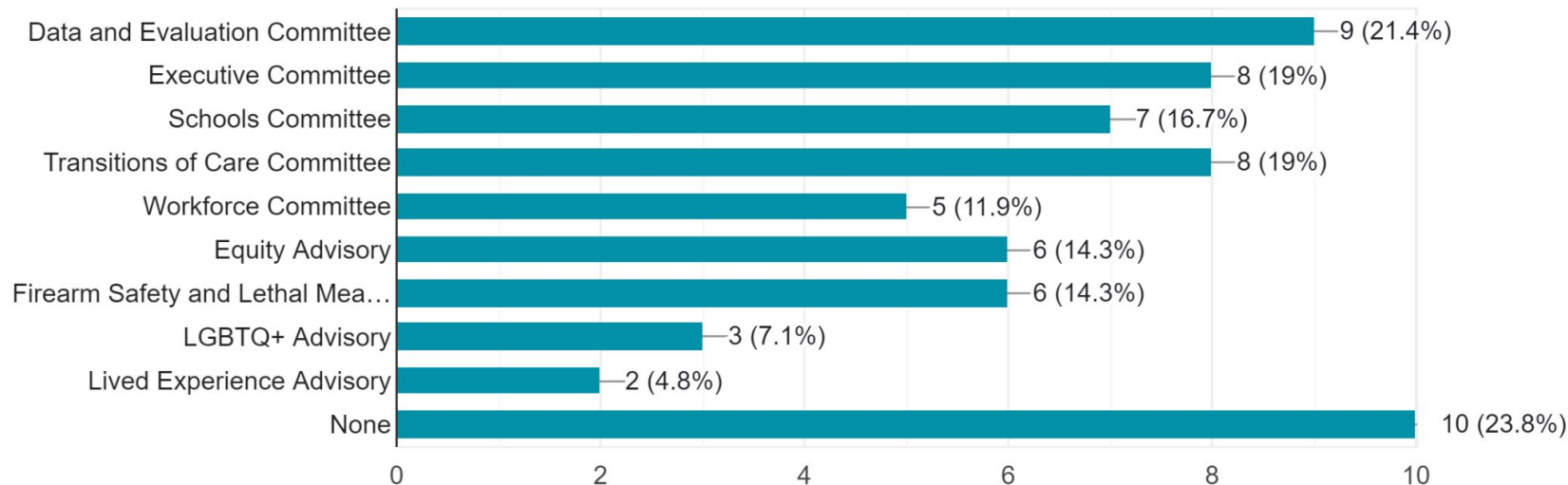
48 responses



- Less than 6 months
- 6 months to a year
- One to three years
- Four to five years
- I was one of the original members and have been involved since 2016

## Which committees and/or advisory groups do you attend?

42 responses

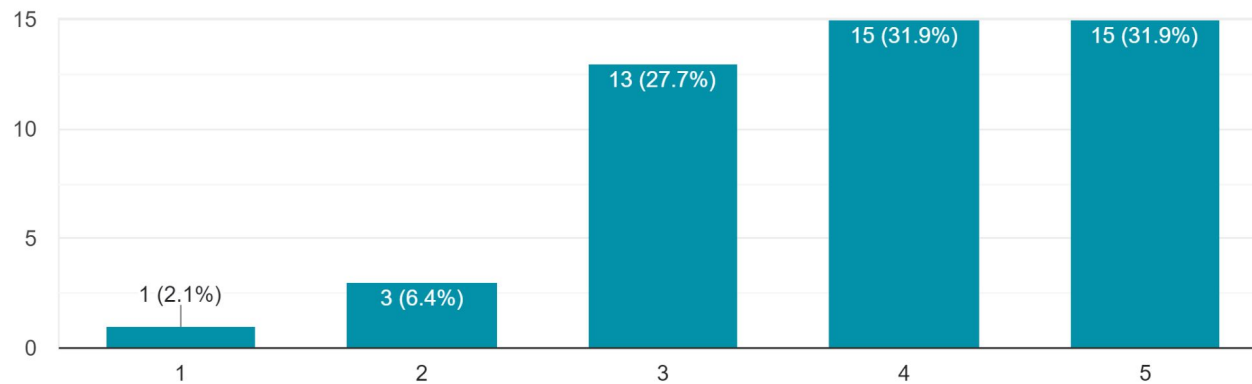




# Engagement and Overall Alliance Questions

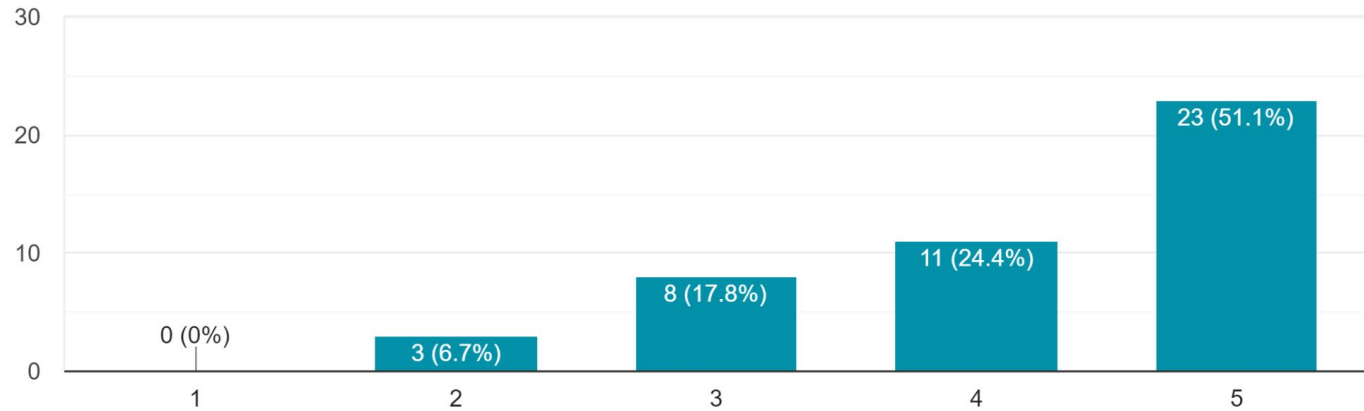
Do you feel that you are engaged in the work of the Alliance.

47 responses



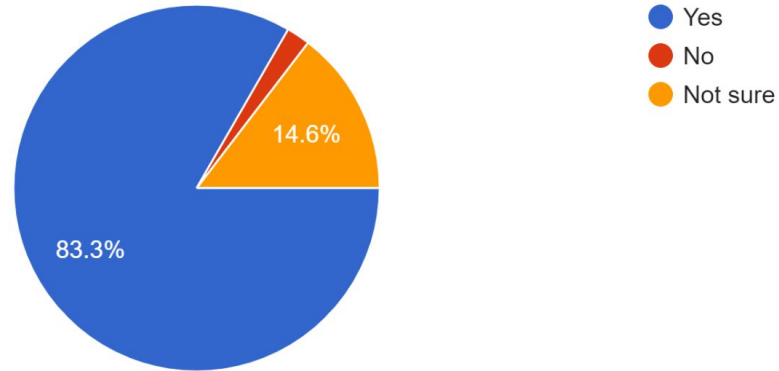
Do you feel that your contribution to the Alliance is valued.

45 responses



I can identify ways the Alliance as a whole has made a difference in the field of suicide prevention.

48 responses



I can identify ways the Alliance as a whole has made a difference in the field of suicide prevention.

- Passing of several laws
- As a stakeholder group informing agencies on policy and implementation
- Connections between organizations/listening to those with lived experience
- Legislation, information and awareness, suicide education and prevention
- Amazing advocacy for this very important work; building relationship and creating connections
- Policy and advocacy, community of conversation and role modeling
- OHA's Proclamation; Adi's Act
- Implementation of adi's act, legislation
- Implementation of the YSIPP



I can identify ways the Alliance as a whole has made a difference in the field of suicide prevention.

- The law that states counselors must have suicide prevention training.
- Lock boxes and awareness campaign
- Work on HB 3090
- Legislation, Recommendations, Collaboration
- Coordination of the work, collaborative opportunities with others across the state, highlighting agencies/orgs. doing great work!
- Statewide Awareness
- Legislation, policy recommendations - workgroup initiatives
- YSIPP, postvention processes/protocols
- Legislation
- Bringing a voice to this topic, action in prevention for youth and now the ASSIP as well, decreasing stigma, I could go on and on :)
- Identifying problems and issues with suicide prevention programs in the state

I can identify ways the Alliance as a whole has made a difference in the field of suicide prevention.

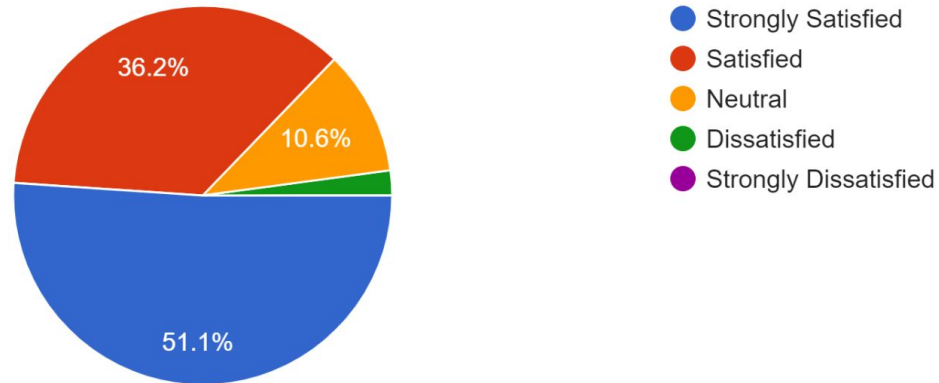
- Education, networking, statewide organization/facilitation
- YSIPP, ASIPP, advocating for important legislation, advocating for LGBTQIA+ and other at risk populations and so much more! Thank you!
- Fostering collaborations especially urban-rural, passing state laws, advising on training needed
- Too new to say at this point. I am hearing what the Alliance says they do and the work they've been involved in, but I'll need more time with the group to actually be able to tangibly see the impact of the work.
- Promotion of legislation. Brining things to OHA's attention.
- The Alliance consistently has an impact on OAR and legislative improvements that help prevent suicide - schools, provider training, access, provider collaboration, etc.

## I can identify ways the Alliance as a whole has made a difference in the field of suicide prevention.

- Awareness, means restriction info, advocacy
- Legislation, networking, policy work, voice, collaboration
- Impacted policy decisions at state level (legislation, OHA LGBTQ+ commitment letter). Connecting folks across the state.
- Promoting awareness and decreasing stigma.
- Consistent advocacy from the Alliance has resulted in several bill changes in the legislature prioritizing suicide prevention efforts and increasing system-funding for various suicide prevention initiatives as well as holding system partners accountable in adhering to OAR changes requiring changes related to suicide prevention.
- Assisting in passing legislation
- Information sharing, connecting community stakeholders, providing education and information.
- Provides networking and education

What is your satisfaction with Alliance priority areas. (Advocating for legislation, working on OARs to support effective implementation of existing sui...center lived experience and equity and inclusion).

47 responses

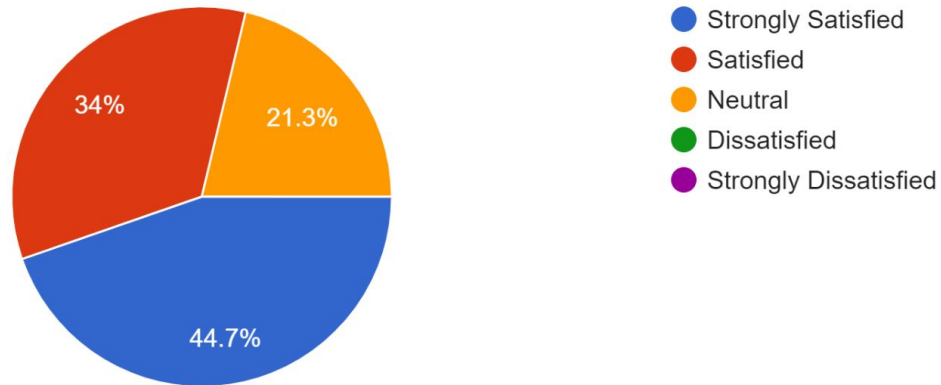


# Comments

- Annette and Jenn are amazing!
- Thank you for all you do!
- Would like better transparency on projects, status and outcomes
- Again, too soon to make any strong opinionated statements about the work the Alliance does. I am always going to be critical of any govt. related work and will note that it would be nice to see more visible representation of the diversity that exists across the state. I have noted a lack of non-white members and always am in support of more Black, Indigenous, immigrant/refugee, formerly incarcerated, disabled, sex workers, HIV+, and other marginalized identities better represented in the room.

What is your satisfaction with Alliance governance and decision making, committee and advisory group structure (by-laws, voting process, opportun...gon's youth suicide prevention and intervention.)

47 responses



# Comments

- I think there should be improvement in how to contribute ideas and work together, especially if we are truly statewide and need representation and engagement from everywhere
- It is hard to be in a smaller county and not able to compete with larger counties and their resources. I feel like sometimes the small subcommittees get steamrolled by the larger counties when it comes to ideas and group activities.
- Thank you for all you do!
- Interaction between committees and advisory groups unclear. Unsure on status of expected guidance on committee structures and roles and responsibilities of chairs, members, etc.
- The role of the evaluation and data committee is still a bit unclear to me. Do other members come to us with questions? Are we advisors? Are we asked to develop and complete our own projects?
- I think there is lots of room to have a voice. I am not always sure about my committees communication with the larger structure.

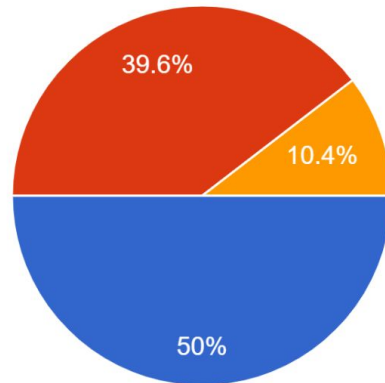


# Alliance Communications



What is your overall satisfaction with communications from The Alliance. (Emails, Webinars, Policy Chats, Website)

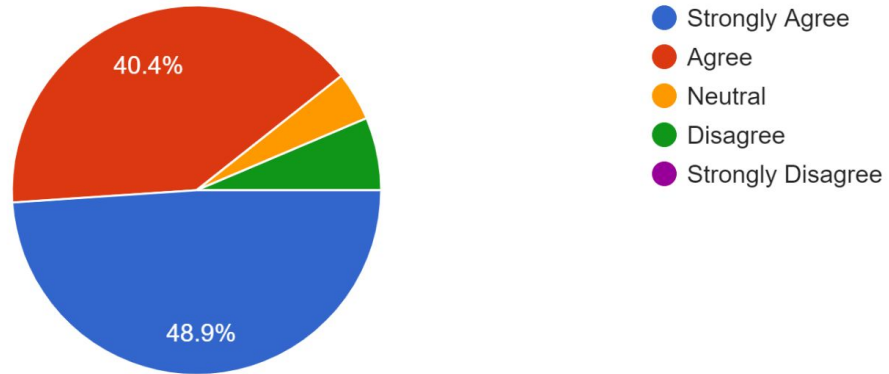
48 responses



- Strongly Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Strongly Dissatisfied

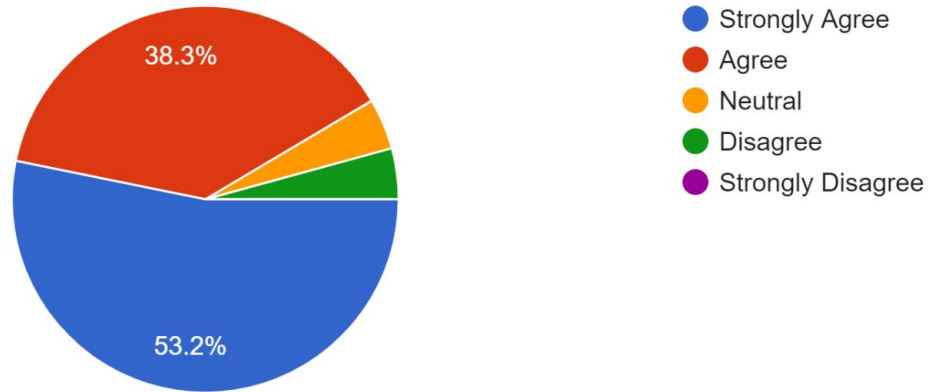
I believe I get information about committee meetings far enough in advance to review materials prior to meetings.

47 responses



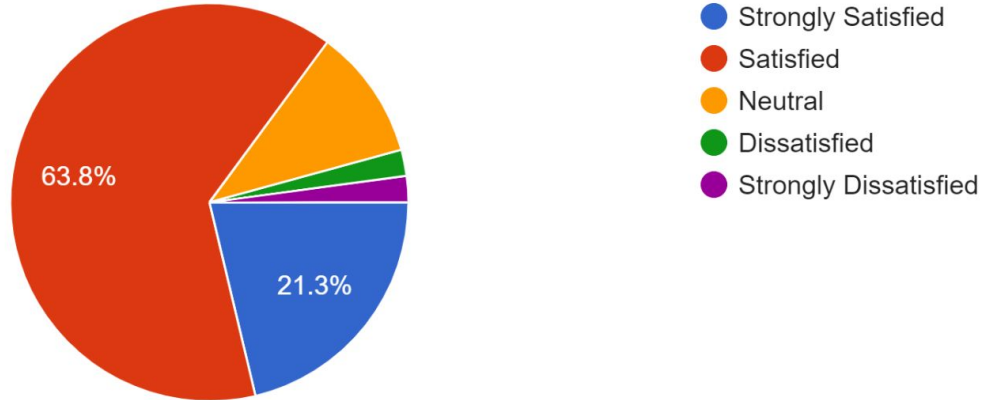
I believe I get information about quarterly meetings far enough in advance to review materials prior to meetings.

47 responses



What is your satisfaction with the Alliance website <https://oregonalliancetopreventsuicide.org/>

47 responses



# Comments

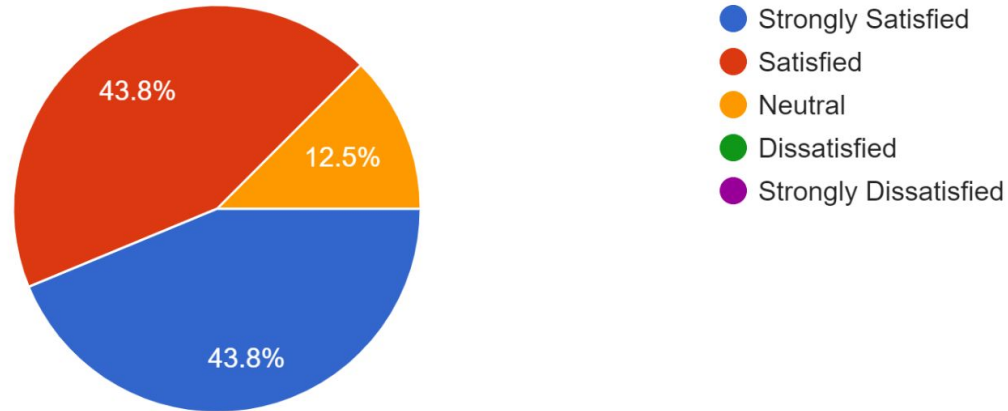
- I would like the website to add more about all legislation bills etc that pertain to suicide
- Nothing re: the Alliance specifically - it's just hard to stay on top of all the groups I'm involved in.
- I don't really engage with the website. Perhaps we need to promote why more?
- As I get better familiarized with the work I will be sure to give feedback as it is helpful.
- Website needs to be updated related to its relationship with the ASIPP. Is it expanding to the ASIP? Website says the charge is around YSIP, but ASIP stuff is on the website.
- I wish that meeting emails that come up and then get immediately canceled is a problem when a meeting is actually cancelled.
- Scheduling for meetings can make regular attendance difficult.
- The email announcements and attachments from Annette are wonderful!!!



# Alliance Meetings

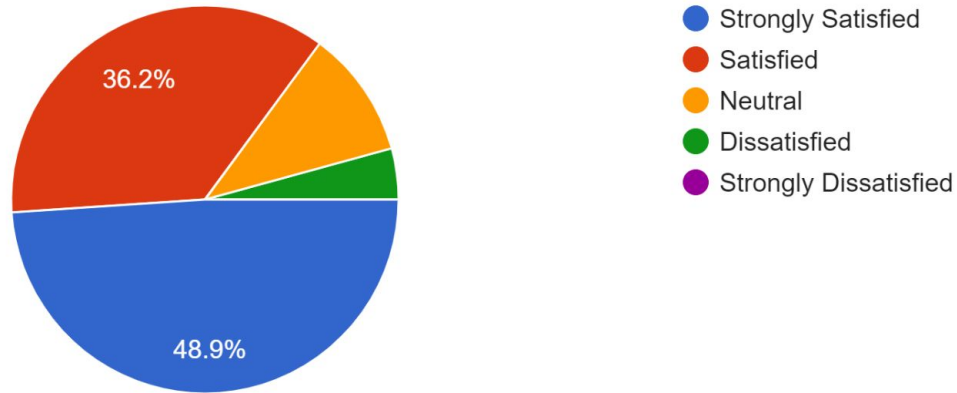
What is your overall satisfaction with Alliance Quarterly Meetings.

48 responses



What is your satisfaction with how the Alliance creates space for diverse views and perspectives during Quarterly Meetings.

47 responses



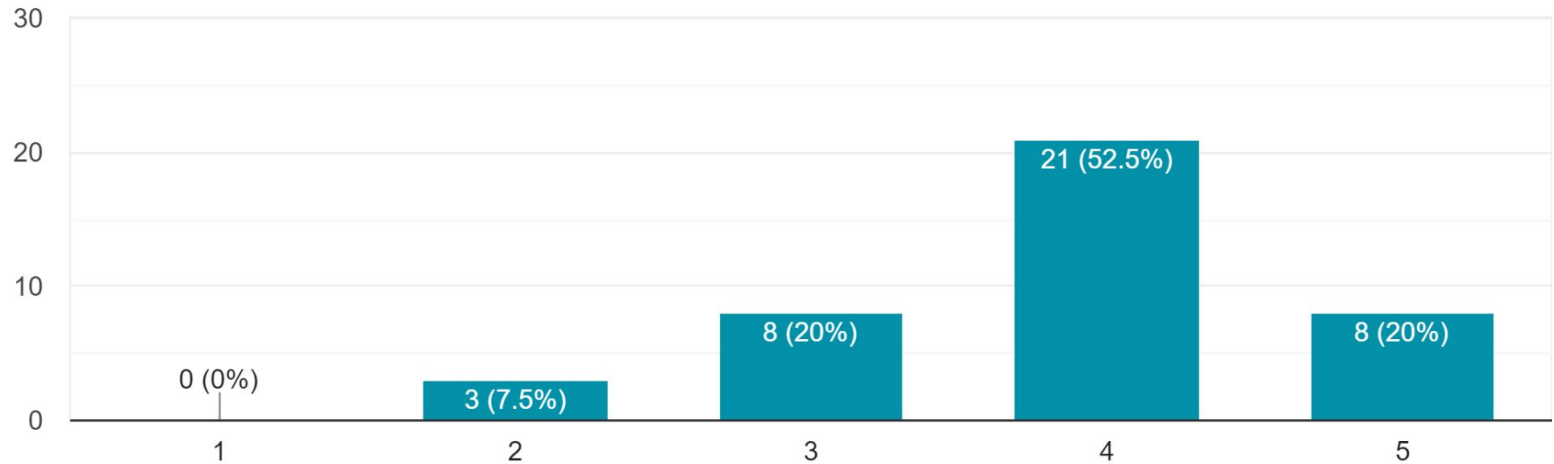


# Comments

- I get a bit unsettled when we deviate far from the timelines or don't complete the Alliance agendas. I confess to ascribing to white culture concepts of time, and there is a lot of thought that goes into crafting the agendas so when they get derailed it feels like something is being shortchanged. I recognize this can be difficult with side conversations, and we want to be flexible to the needs of participants and allow organic paths ... but it does feel like some of those questions and discussions are disruptive, especially by those who tend to talk most. Other solutions are to have less on the agenda, build more time into meeting, or allow more sections of "non-linear" exploration in the meetings.
- I am personally not a fan of content heavy meetings before 10am... I can make it work, but it is definitely not a preference.
- Certain views are allowed but others would not be tolerated.
- Unfortunately they are usually scheduled at the same time as other meetings I have

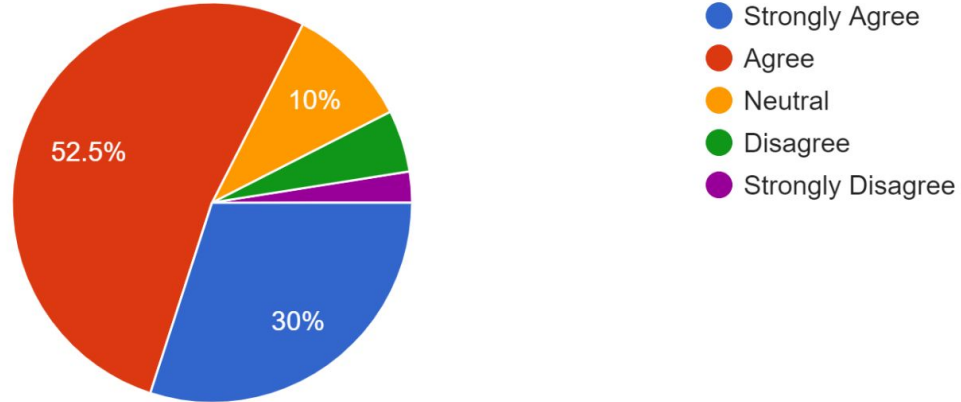
Do you feel the committee, advisory group, or workgroup(s) you attend are making progress on their key goals?

40 responses



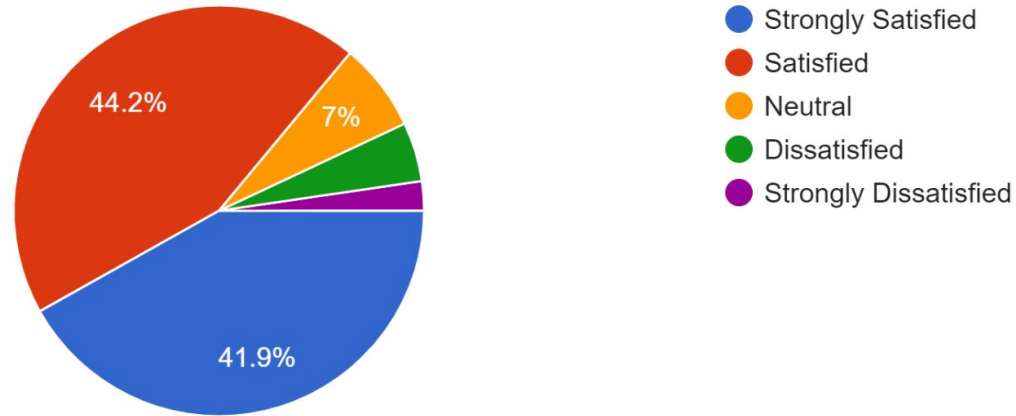
I believe my committee follows up on action items from meeting to meeting.

40 responses



What is your satisfaction with how the Alliance creates space for diverse views and perspectives at monthly meetings.

43 responses



# Comments

- I love our committee. We couldn't do it without Annette.
- Again, better representation of diversity in communities and perspectives. Voices from the Muslim/Islamic Community, Jewish, Sikh and what would be considered other religious minorities in the U.S.; People living with a variety of visible and invisible disabilities, chronic illness, or severely immune compromised; people who have been recently released from an incarceration facility (both adult & youth); people with SPMI, people who have experienced chronic homelessness; COVID-19 long-haulers; and really the list goes on.. There are so many different voices that I think are not well represented in decision-making or in mental health conversations that I think the Alliance can work to fill in those gaps and really uplift the wide variety of people who are impacted by suicide.
- I'm not sure that there is a clear goal. There is little consistency from meeting to meeting. Minutes from other meetings are mixed in with the agenda and new business or follow up on old business can be unclear.
- I am unable to attend at this time

# Final Comments

# Comments

- Some of the most committed, passionate, brilliant and kind people I have the pleasure of sharing time with in my very busy life.
- Supporting standing up and sustainability of local coalitions/alliances.
- More transparency on status of projects and plans to achieve
- The group has continued to be an increasingly functional and effective group and agent for change. thank you !!!
- I am unable to be as involved as I would like to at this time but would like to later
- Just here to support, offer feedback and help make connections to frontline communities. Please use me as a resource when it makes sense to.

## Comments not directly tied to the Alliance but related to suicide intervention, prevention, and postvention work

- Concern about QPR Firearms course, this is not supported by the National CALM and QPR tends to hold less fidelity. Important to make sure our messages are unified as identified by the means committee.
- The lack of attention to the role suicide plays in boys and men's lives and assuming boys and men have the same risk factors and warning signs as girls and men. Also assuming that boys are addressed when looking at analysis of bipoc, tribal and maab of gbtq males and can be reaching with prevention techniques (one size fits all). If that were true, the reduction in suicides in the last two years would see both groups reduced equally. Fact: Suicide down 3% from 2019 to 2020 (I think those were the last years, and the fact is that boys went down 3% and girls down 8% This is because the cultural training of what it is to be a man continues not to be addressed with programs created to look at this kind of training through a specific lens that recognizes and reacts to the need the actively change this cultural training. until that happens, suicide, domestic violence, rape, sexual abuse and other violent acts perpetrated by boys and men will, sadly, continue to rise in a culture that is increasingly turning towards white supremacy.



The Oregon Alliance to Prevent Suicide

Member Satisfaction Survey

July 2022

## **Alliance Voting Membership**

The Oregon Alliance to Prevent Suicide (Alliance) membership increased from 2020 to 2022. Prior to June 2022, the Alliance had 45 voting members and 8 non-voting OHA members. Starting in June 2022, the Alliance has 56 voting members and 9 non-voting OHA members.

## **Survey Respondents**

Alliance Staff distributed the Annual Satisfaction Survey to members and affiliates during the June Quarterly meeting and through the listserv. At the time the survey was offered, we had 46 eligible participants and 38 surveys were completed during the June Quarterly Meeting. The survey was then distributed to our full listserv comprising of 251 recipients which added 11 additional completed surveys totaling 49 surveys resulting in a 20% completion rate. While this is a low response rate, it is higher than our last satisfaction survey which was a 15% completion rate. The only non-eligible survey respondents include Alliance Staff and OHA Contract Administrators for the Alliance. Attachment 1 lists survey questions.

Respondent demographic make-up partially reflect the overall demographics of the Alliance. Most respondents were not voting members but Committee / Advisory Group members (61.7%) or have a general interest in the Alliance / receive listserv emails (31.9%). Most have been involved with or connected to the Alliance for one – three years (43.7%). Most respondents work in Multnomah, Clackamas, and Marion counties and most live in Multnomah, Clackamas, Marion, and Lane counties. Most are aged between 55-64 (28.6%) followed by those aged 35-44 (22.4%); over half identify as cisgender female (63.3%); the vast majority identify as White or Caucasian (81.6%); and less than half identify as part of the LGBTQ2SIA+ Community (34.7%). More than half are loss survivors (61.2%) and attempt survivors / people with direct lived experience (55.1%). Most respondents work full-time in addition to their work on the Alliance (71.4%); less than half identify as someone living with a disability (24.5%). More than half report participating in a Regional Suicide Prevention Coalition (53.3%) and less than half report participating in other state level advisory groups (38.3%).

## **Respondent Changes from 2020 to 2022**

Majority age shifted to 25-34 and 45-54 (21.4% each) to 55-64 (28.6%) followed by those aged 35-44 (22.4%). More respondents identify as cisgender female (53.6% in 2020 vs. 63.3% in 2022); less respondents identify as White or Caucasian (85.7% in 2020 vs. 81.6% in 2022). Almost twice as many respondents identify as being a loss survivor in 2022 (61.2%) than in 2020 (32.1%) and more than three times as many people identify as an attempt survivor / someone with direct lived experience in 2022 (55.1%) than in 2020 (17.9%). Less voting members completed the survey in 2022 (36.2%) than in 2020 (40.7% voting members. Please see Attachment 2 for a full look at respondent demographics.

## **Overview of Results from Survey**

Survey questions were measured on a scale of either 1 – 5 (with five being the highest level), strongly dissatisfied to strongly satisfied, and strongly disagree to strongly agree. The survey covered the following domains:

- Engagement and overall Alliance feedback
- Alliance communications
- Alliance quarterly meetings
- Alliance monthly committee and advisory group meetings.

The majority of responses across all topics were at least satisfied, agree, or a four out of five. The highest satisfaction areas in order are as follows:

- Alliance quarterly meetings: 90.5% satisfied or strongly satisfied responses
- Alliance communications: 85.5% agree, strongly agree, satisfied, or strongly satisfied responses
- Alliance monthly committee and advisory group meetings: 82.7% 4, 5, agree, strongly agree, satisfied, or strongly satisfied responses
- Engagement and overall Alliance feedback: 74.4% 4, 5, satisfied, or strongly satisfied responses

When compared to the previous survey conducted in 2020, the two areas with the highest level of satisfaction (i.e., satisfied or strongly satisfied) were the Alliance's overall communications (89.3%) and the Alliance Quarterly Meetings (88.9%). These two are still the highest rated domains but switched places with communications decreasing by about 4% and quarterly meetings increasing by about 1.5%.

Highest areas of dissatisfaction, disagree, or 2 or lower are in order as follows along with key areas of concern:

- Alliance monthly committee and advisory group meetings: 8% 1, 2, strongly disagree, disagree, strongly dissatisfied, or dissatisfied responses.
  - Do you feel the committee, advisory group, or workgroup(s) you attend are making progress on their key goals?
  - I believe my committee follows up on action items from meeting to meeting.
  - What is your satisfaction with how the Alliance creates space for diverse views and perspectives at monthly meetings.
- Alliance communications: 4.7% strongly disagree, disagree, strongly dissatisfied, or strongly dissatisfied responses.
  - I believe I get information about committee meetings far enough in advance to review materials prior to meetings.
- Engagement and overall Alliance feedback: 4.5% 1, 2, strongly disagree, disagree, strongly dissatisfied, or dissatisfied responses.
  - Do you feel that you are engaged in the work of the Alliance?
  - Do you feel that your contribution to the Alliance is valued?
- Alliance quarterly meetings: 4% strongly dissatisfied, or dissatisfied responses.
  - What is your satisfaction with how the Alliance creates space for diverse views and perspectives during Quarterly Meetings?

When compared to the previous survey conducted in 2020, the two areas with the lowest levels of satisfaction were respondents' level of engagement (71.4%) and satisfaction with the committee structure (75%). These two previously separated domains were combined

for the current 2022 survey and were rated under the Engagement and overall Alliance feedback domain which ranked lowest in overall levels of satisfaction with 74.4% satisfied or higher responses. This is a slightly higher score when compared to an average of the previously separated 2020 results which comes to 73.2%.

Overall, when compared to the previous 2020 survey, results showed an improvement in satisfaction levels of Alliance members and affiliates regarding the work of the Alliance. There are still some areas of improvement for staff to address that will meet stated concerns brought up in this survey, which can be found below in the “Survey Respondents Satisfaction” section.

Additionally, while survey response rates increased from 14.7% to 19.5%, continued efforts should be made to engage and gather feedback from the large portion of non-respondents to better understand why certain members may not actively participate in the Alliance.

### **Survey Respondents Satisfaction**

#### **Overall Engagement and Alliance Work**

Most respondents (63.8%) rated themselves a 4 or higher when asked if they felt they were engaged in the work of the Alliance which is down from the 2020 results that reported 71.4% of respondents felt they were engaged. When asked if they felt their contribution to the Alliance was valued, 75.5% responded with a 4 or higher and 83.3% of respondents reported being able to identify way that the Alliance as a whole has made a difference in the field of suicide prevention. When asked for about their satisfaction with Alliance priority areas (i.e., advocating for legislation, working on OARs to support effective implementation of existing suicide prevention legislation, working to center lived experience and equity and inclusion), 87.3% rated themselves as satisfied or strongly satisfied which is an increase from the 2020 rate of 81.4% satisfaction. When asked about satisfaction with Alliance governance (i.e. by-laws, voting process, opportunities to contribute ideas and influence work on the Oregon’s youth suicide prevention and intervention), 78.7% reported they were satisfied or strongly satisfied

which is an increase from 2020 results where only 64.2% noted satisfaction levels with this area of Alliance work.

Below are comments about the Alliance overall:

Affirmative Feedback:

- “Annette and Jenn are amazing!”
- “Thank you for all you do!”
- “I think there is lots of room to have a voice.”

Improvement and Recommendation Feedback:

- “Would like better transparency on projects, status and outcomes.”
- “I am always going to be critical of any govt. related work and will note that it would be nice to see more visible representation of the diversity that exists across the state. I have noted a lack of non-white members and always am in support of more Black, Indigenous, immigrant/refugee, formerly incarcerated, disabled, sex workers, HIV+, and other marginalized identities better represented in the room.”
- “I think there should be improvement in how to contribute ideas and work together, especially if we are truly statewide and need representation and engagement from everywhere.”
- “It is hard to be in a smaller county and not able to compete with larger counties and their resources. I feel like sometimes the small subcommittees get steamrolled by the larger counties when it comes to ideas and group activities.”
- “Interaction between committees and advisory groups unclear. Unsure on status of expected guidance on committee structures and roles and responsibilities of chairs, members, etc.”
- “The role of the evaluation and data committee is still a bit unclear to me. Do other members come to us with questions? Are we advisors? Are we asked to develop and complete our own projects?”
- “I am not always sure about my committees communication with the larger structure.”

## **Survey Respondent Satisfaction with Alliance Communications**

Most respondents said they were satisfied or strongly satisfied with communications from the Alliance were asked about their satisfaction with Alliance communications (89.6%) which is the same rate for 2020 respondents (89.3%). Most respondents believe that they get information about committee meetings (89.3%) and quarterly meetings (91.5%) far enough in advance to review materials prior to meetings. The same number of respondents in 2022 reported satisfaction or strong satisfaction with the Alliance [website](#) (85.1%) when compared with 2020 satisfaction rates (85.2%).

Below are comments left by respondents about Alliance communications:

### **Affirmative Feedback:**

- “The email announcements and attachments from Annette are wonderful!!!”

### **Improvement Feedback:**

- “I would like the website to add more about all legislation bills etc. that pertain to suicide.”
- “I don't really engage with the website. Perhaps we need to promote why more?”
- “Website needs to be updated related to its relationship with the ASIPP. Is it expanding to the ASIP? Website says the charge is around YSIP, but ASIP stuff is on the website.”
- “I wish that meeting emails that come up and then get immediately canceled is a problem when a meeting is actually cancelled.”

## **Survey Respondent Satisfaction with Alliance Quarterly Meetings**

Almost all respondents (87.6%) said they were either satisfied or strongly satisfied with Alliance Quarterly Meetings which is a minimal decrease from 2020 (88.9%). Most reported being satisfied or strongly satisfied (85.1%) with how the Alliance creates space for diverse views and perspectives during Quarterly Meetings.

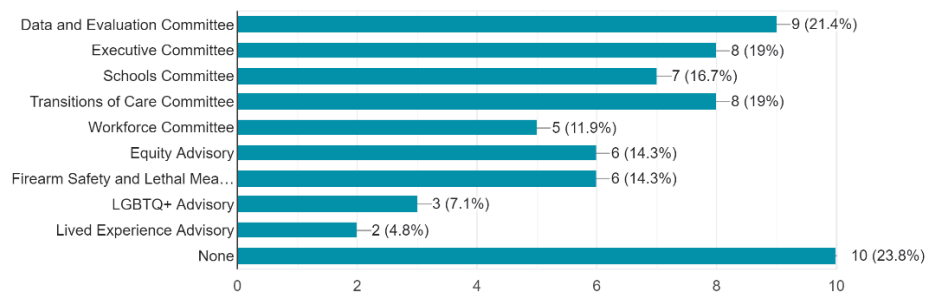
Below are comments left by respondents about Alliance Quarterly Meetings:

Improvement and Recommendation Feedback:

- “I get a bit unsettled when we deviate far from the timelines or don't complete the Alliance agendas. I confess to ascribing to white culture concepts of time, and there is a lot of thought that goes into crafting the agendas so when they get derailed it feels like something is being shortchanged. I recognize this can be difficult with side conversations, and we want to be flexible to the needs of participants and allow organic paths ... but it does feel like some of those questions and discussions are disruptive, especially by those who tend to talk most. Other solutions are to have less on the agenda, build more time into meeting, or allow more sections of "non-linear" exploration in the meetings.”
- “I am personally not a fan of content heavy meetings before 10am... I can make it work, but it is definitely not a preference.”
- “Certain views are allowed but others would not be tolerated.”

**Survey Respondent Satisfaction with Alliance Monthly Committee, Advisory Group, and Workgroup Meetings**

Most respondents (72.5%) rated a 4 or higher when asked if they feel the committee, advisory group, or workgroup(s) they attend are making progress on their key goals which is slightly less than 2020 responses (75%). 82.5% believe their committee follows up on action items from meeting to meeting. 86.1% reported being satisfied or strongly satisfied with how the Alliance creates space for diverse views and perspectives at monthly meetings. Committee, Advisory Group, and Workgroup makeup of survey respondents is noted below:





Below are some comments left by respondents about the monthly committee, advisory group, or workgroup(s) that they attend:

Affirmative Feedback:

- “I love our committee. We couldn't do it without Annette.”

Improvement and Recommendation Feedback:

- “Again, better representation of diversity in communities and perspectives. Voices from the Muslim/Islamic Community, Jewish, Sikh and what would be considered other religious minorities in the U.S.; People living with a variety of visible and invisible disabilities, chronic illness, or severely immune compromised; people who have been recently released from an incarceration facility (both adult & youth); people with SPMI, people who have experienced chronic homelessness; COVID-19 long-haulers; and really the list goes on. There are so many different voices that I think are not well represented in decision-making or in mental health conversations that I think the Alliance can work to fill in those gaps and really uplift the wide variety of people who are impacted by suicide.”
- “I'm not sure that there is a clear goal. There is little consistency from meeting to meeting. Minutes from other meetings are mixed in with the agenda and new business or follow up on old business can be unclear.”

**Action Items from Survey Results**

1. “Would like better transparency on projects, status and outcomes.”
  - a. Alliance Staff have finalized a project plan tool that they will review monthly with committees and update on the Alliance website to provide regular updates to members and affiliates on key Alliance initiatives and deliverables.
2. “Interaction between committees and advisory groups unclear. Unsure on status of expected guidance on committee structures and roles and responsibilities of chairs, members, etc.”

"I am not always sure about my committees communication with the larger structure."

- a. Alliance Staff recently finalized two pieces of work for leaders, members, and affiliates. These include the Leadership Packet and a paper on existing Alliance infrastructure. These items can be shared out with the Alliance listserv and highlighted as resources and a webinar can be provided that walks through these items and explains how the Alliance operates.
3. "The role of the evaluation and data committee is still a bit unclear to me. Do other members come to us with questions? Are we advisors? Are we asked to develop and complete our own projects?"
  - a. The purpose of the Data & Evaluation Committee was recently finalized with the chairs, Alliance staff, and OHA contractors and reviewed with the committee. This can be more shared again with the Committee and have time allotted during the meeting for questions for clarification.
4. "I would like the website to add more about all legislation bills etc. that pertain to suicide."

"I don't really engage with the website. Perhaps we need to promote why more?"

  - a. Alliance Staff need more clarification on this as there is already information on the [Alliance website](#) that details existing suicide prevention legislation and the website is somewhat regularly shared out during meetings and listserv emails. Perhaps a recorded webinar detailing what resources exist on the website and then shared with the listserv could be beneficial.
5. "Website needs to be updated related to its relationship with the ASIPP. Is it expanding to the ASIP? Website says the charge is around YSIP, but ASIP stuff is on the website."
  - a. Alliance Staff added information to the [website](#) about the ASIPP to help OHA with a CDC grant they submitted but this has not been explained to the general membership or affiliates. Alliance chair resubmitted a request to OHA surrounding our ask to be the advisory group for the ASIPP after the original one

was submitted October 2021. Alliance Staff can update membership and affiliates on current progress and what potential next steps are.

6. "I wish that meeting emails that come up and then get immediately canceled is a problem when a meeting is actually cancelled."
  - a. Alliance Staff isn't sure how to address this concern and recurring issue. It is a technical problem with Outlook and changing names on the listserv. Staff will follow up with OHA contractors about the contract requirement for meetings being on calendars 6-months in advanced and potential fixes.
7. "I get a bit unsettled when we deviate far from the timelines or don't complete the Alliance agendas. I confess to ascribing to white culture concepts of time, and there is a lot of thought that goes into crafting the agendas so when they get derailed it feels like something is being shortchanged. I recognize this can be difficult with side conversations, and we want to be flexible to the needs of participants and allow organic paths ... but it does feel like some of those questions and discussions are disruptive, especially by those who tend to talk most. Other solutions are to have less on the agenda, build more time into meeting, or allow more sections of "non-linear" exploration in the meetings."
  - a. Alliance Staff need to talk with Chairs around this concern for potential ways to move forward.
8. "Certain views are allowed but others would not be tolerated."
  - a. Alliance Staff need more clarity around this piece of feedback before being able to make any steps to address it.
9. "I'm not sure that there is a clear goal. There is little consistency from meeting to meeting. Minutes from other meetings are mixed in with the agenda and new business or follow up on old business can be unclear."
  - a. Alliance Staff can make agendas and minutes more clear around new and old information to help with clarity and identifying progress being made.

## Attachment 1

### Alliance Member and Affiliate Satisfaction Survey Questions

#### Demographics

1. What is your age range?

Under 18

18 - 24

25 - 34

35 - 44

45 - 54

55 - 64

65+

Prefer not to answer

2. What city and county do you work in?

3. Do you live in the same city and county you work in? If no, what city and county do you live in?

4. People have many different ways of identifying their gender. For data purposes it is helpful to have some pre-designated categories. We have agreed to use the following set of data below. We acknowledge that people may have other ways of identifying their gender.

(Please check all that apply):

Cisgender Female (your gender identity corresponds with your birth sex)

Cisgender Male (your gender identity corresponds with your birth sex)

Non-Binary

Transgender Female

Transgender Male

Prefer Not to Answer

5. What is your ethnicity?

American Indian Indigenous or Alaska Native

Are you a member of an Oregon tribe (Burns Paiute Tribe; Confederated Tribes of Coos, Lower Umpqua, and Sisulaw; Confederated Tribes of the Grand Ronde; Confederated Tribes of Siletz; Confederated Tribes of the Umatilla Indian Reservation; Confederated Tribes of Warm Springs Reservation; Coquille Indian Tribe; Cow Creek Band of Umpqua Tribe; Klamath Tribes)

Asian or Asian American

Black or African American

Hispanic or Latino

Jewish

Native Hawaiian or other Pacific Islander

White or Caucasian

Two or more Ethnicity Identities

Would like to Specify Below

Prefer Not to Answer

6. If you said that you wanted to specify your ethnicity, please do so below.

7. Do you identify as part of the LGBTQ+ Community?

Yes

No

Prefer not to answer

8. What is your current employment status? (Select all that apply)

Check all that apply.

Employed Full-Time (30+ hours) Employed Part-Time Unemployed

Consumer Advocate / Volunteer Retired

High School Student

College Student (Undergraduate or graduate) Other - Please Specify

Prefer Not to Answer

9. If you answered "Other," please specify below.

10. Do you identify as someone with a disability?

Yes

No

Prefer not to answer

11. Have you lost someone to suicide (loss survivor)?

Yes

No

Prefer not to answer

12. Are you a suicide attempt survivor or someone who has direct personal experience with suicidal ideation?

Yes

No

Prefer not to answer

Feedback on Alliance Work:

13. What is your role on the Alliance? (You can choose more than one)

Check all that apply.

Voting Alliance Member (This means you have received a letter from OHA appointing you to the Alliance) Committee / Advisory Group Member

General Interest / Receive Emails

14. How long have you been involved with the Alliance?

Less than 6 months

6 months to a year

One to three years

Four to five years

I was one of the original members and have been involved since 2016

15. Do you participate in a regional suicide prevention coalition?

Yes

No

16. Do you participate in other state level advisory groups?

Yes

No

17. If comfortable, please list which one(s). This information will be used for our connection mapping.

18. Do you feel that you are engaged in the work of the Alliance.

1      2      3      4      5

Not engaged    Very engaged

19. Do you feel that your contribution to the Alliance is valued.

1      2      3      4      5

Not Valued    Very Valued

20. I can identify ways the Alliance as a whole has made a difference in the field of suicide prevention.

Yes

No

Not sure

21. What are some ways you can identify that the Alliance has made a difference in the field of suicide prevention?

22. What is your satisfaction with Alliance priority areas. (Advocating for legislation, working on OARs to support effective implementation of existing suicide prevention legislation, working to center lived experience and equity and inclusion).

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

23. Do you have any comments to add?

24. What is your satisfaction with Alliance governance and decision making, committee and advisory group structure (by-laws, voting process, opportunities to contribute ideas and influence work on the Oregon's youth suicide prevention and intervention.)

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied



25. Do you have any comments to add?

26. What is your overall satisfaction with communications from The Alliance. (Emails, Webinars, Policy Chats, Website)

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

27. I believe I get information about committee meetings far enough in advance to review materials prior to meetings.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

28. I believe I get information about quarterly meetings far enough in advance to review materials prior to meetings.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

29. What is your satisfaction with the Alliance website

<https://oregonalliancetopreventsuicide.org/>

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

30. Do you have any comments to add about Alliance communications? (Emails, webinars, policy chats, meeting materials)

31. What is your overall satisfaction with Alliance Quarterly Meetings.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

32. What is your satisfaction with how the Alliance creates space for diverse views and perspectives during Quarterly Meetings.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

33. Comments about Alliance Quarterly Meetings.

34. Which committees and/or advisory groups do you attend?

Data and Evaluation Committee

Executive Committee

Schools Committee

Transitions of Care Committee

Workforce Committee

Equity Advisory

Firearm Safety and Lethal Means Access Reduction Advisory

LGBTQ+ Advisory

Lived Experience Advisory

None

35. Do you feel the committee, advisory group, or workgroup(s) you attend are making progress on their key goals?

1      2      3      4      5

Not at all      Making great progress

36. I believe my committee follows up on action items from meeting to meeting.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

37. What is your satisfaction with how the Alliance creates space for diverse views and perspectives at monthly meetings.

Strongly Satisfied

Satisfied

Neutral

Dissatisfied

Strongly Dissatisfied

38. Do you have any specific feedback about the monthly committee or advisory groups you attend?

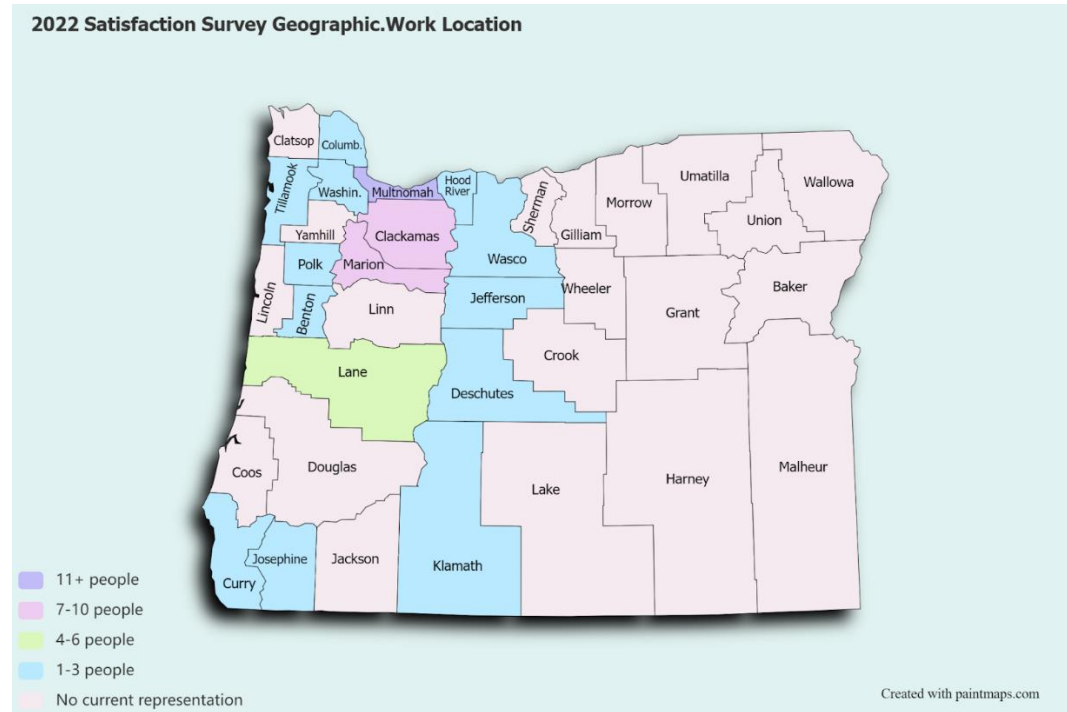
39. Additional comments you would like to provide about The Oregon Alliance to Prevent Suicide.

40. If you would like to be contacted about a concern you have, please state your concern below along with your name and contact information.

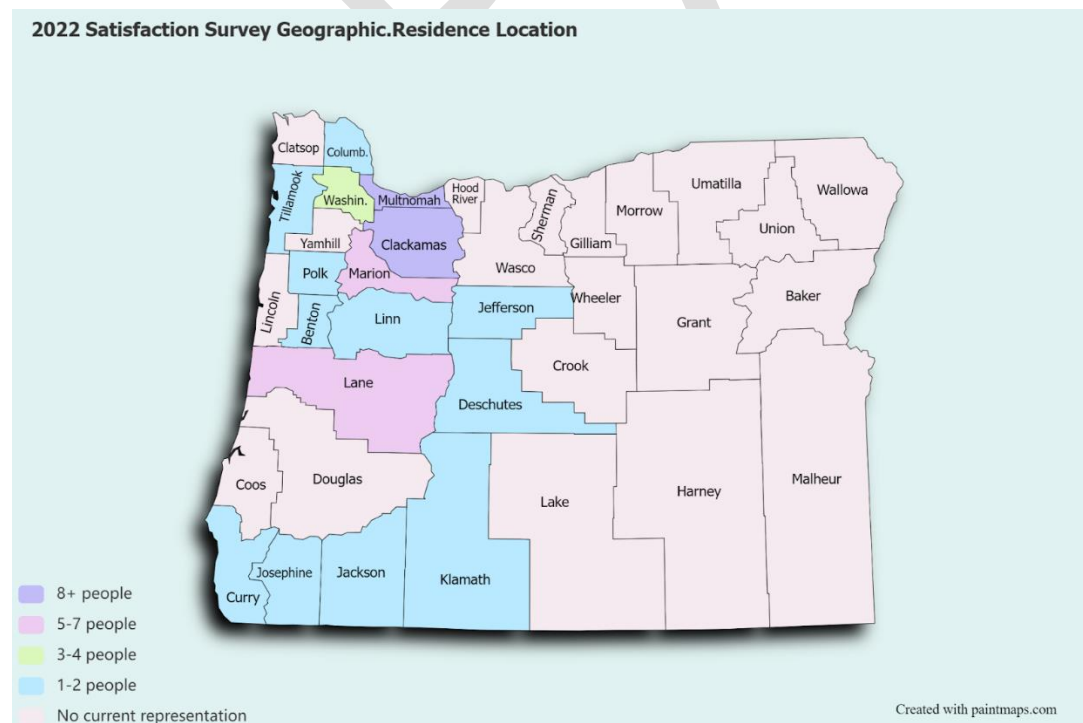
## Attachment 2

### 2022 Survey Respondent Demographics Compared 2020 Results

#### Work Location



#### Residence Location

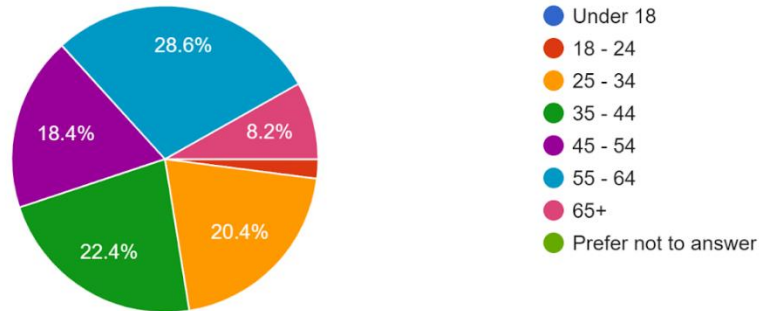


## Age

### 2022 Respondents

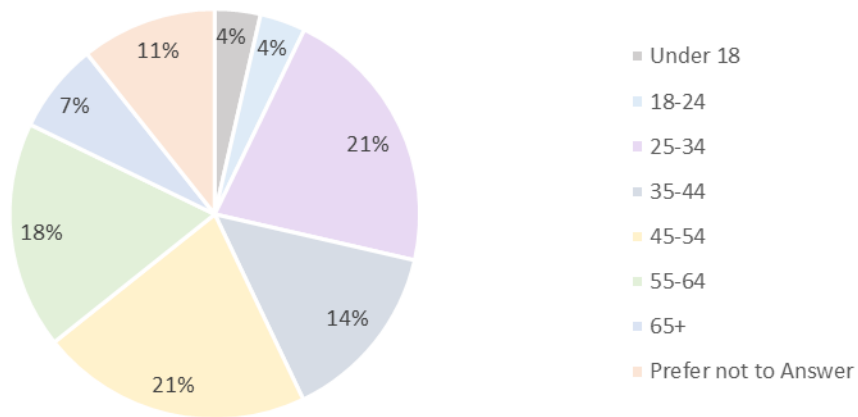
What is your age range?

49 responses



### 2020 Respondents

Age

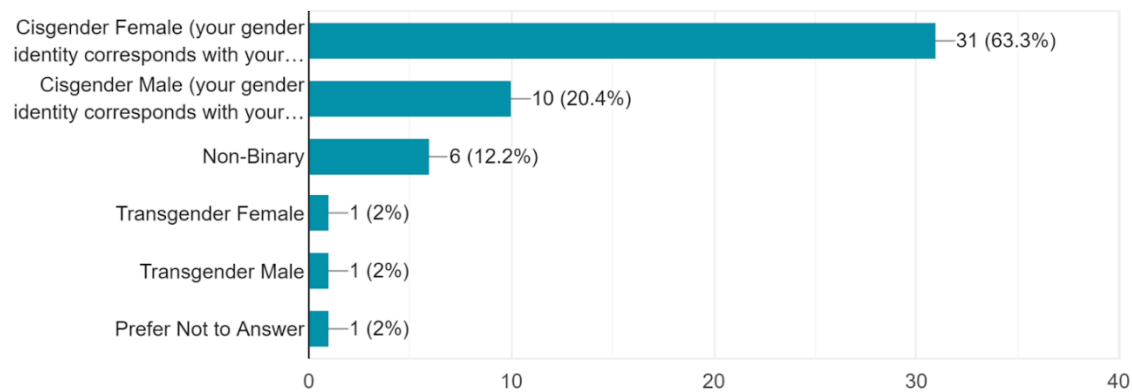


## Gender

### 2022 Respondents

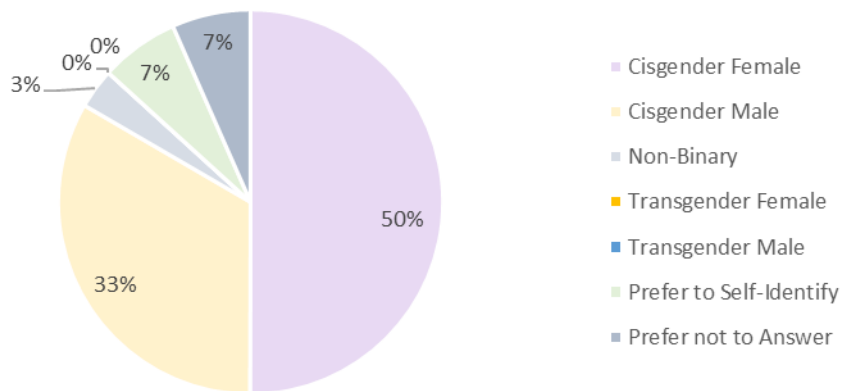
People have many different ways of identifying their gender. For data purposes it is helpful to have some pre-designated categories. We have agreed t...may have other ways of identifying their gender.

49 responses



### 2020 Respondents

#### Gender

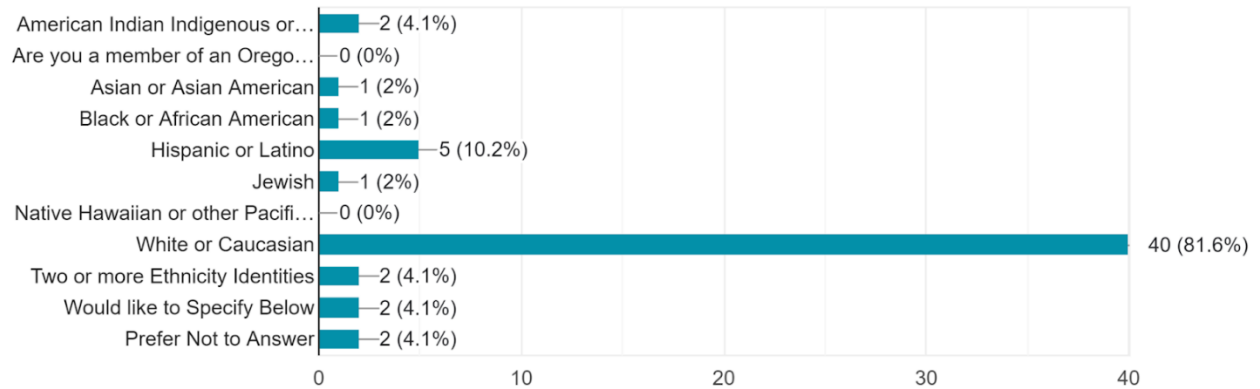


## Ethnicity

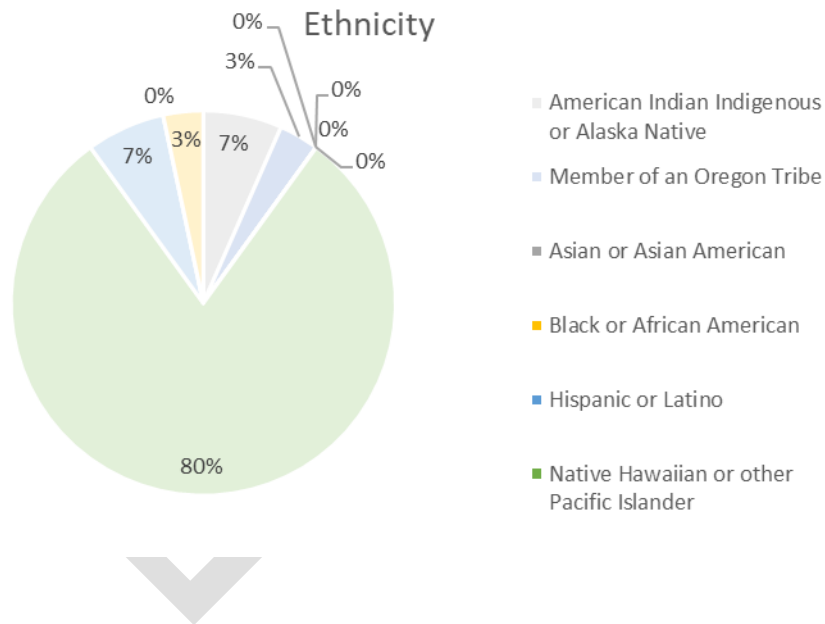
### 2022 Respondents

What is your ethnicity?

49 responses



### 2020 Respondents



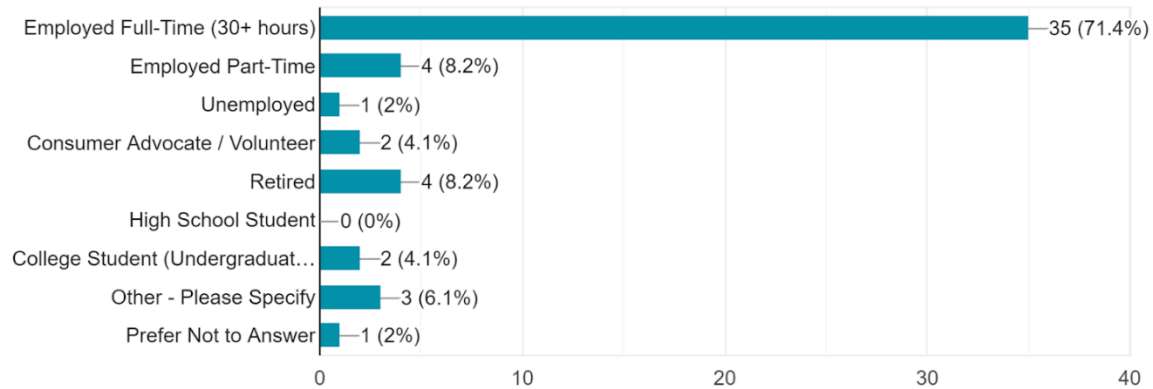


## Employment Status

2022 Respondents

What is your current employment status? (Select all that apply)

49 responses

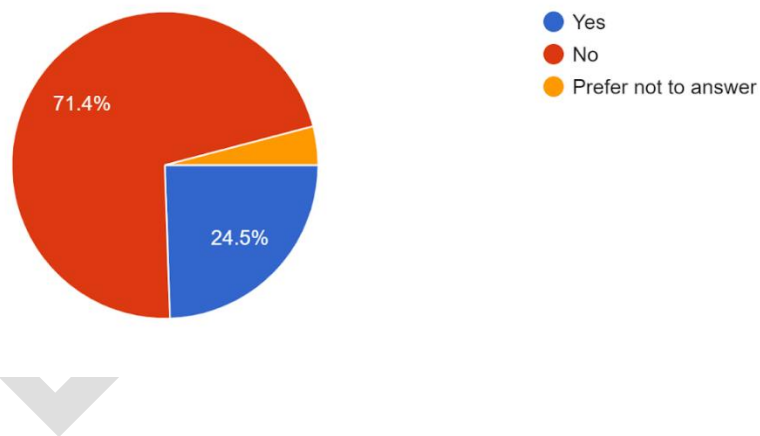


## Disability Status

2022 Respondents

Do you identify as someone with a disability?

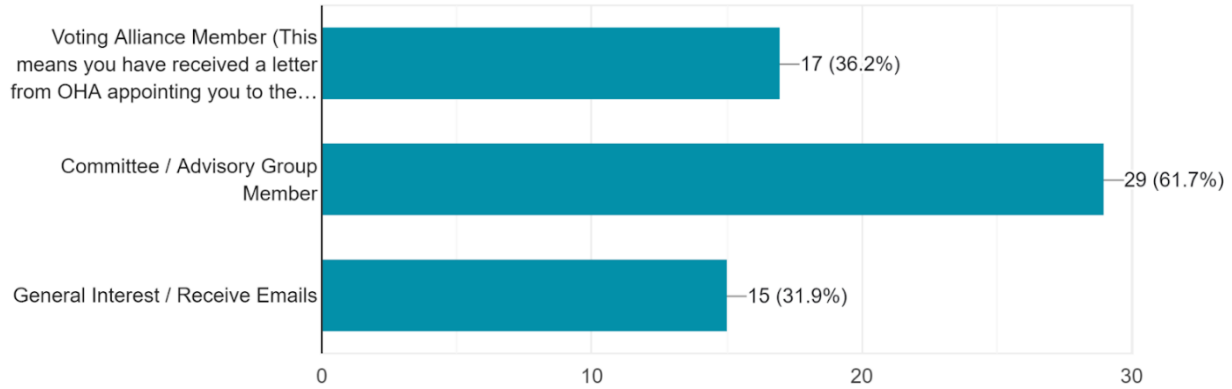
49 responses



## Alliance Connection

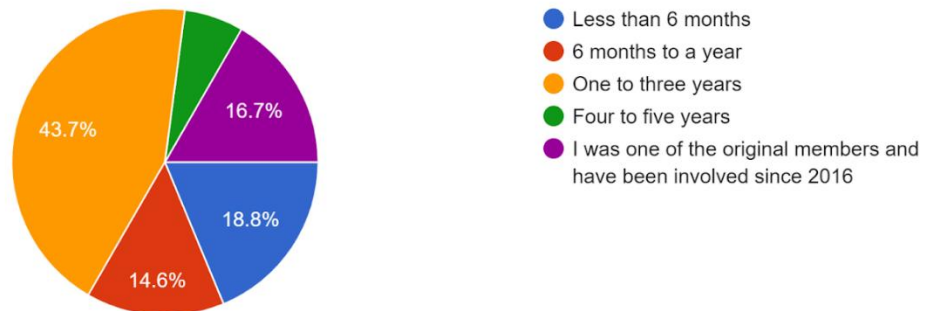
What is your role on the Alliance? (You can choose more than one)

47 responses



How long have you been involved with the Alliance?

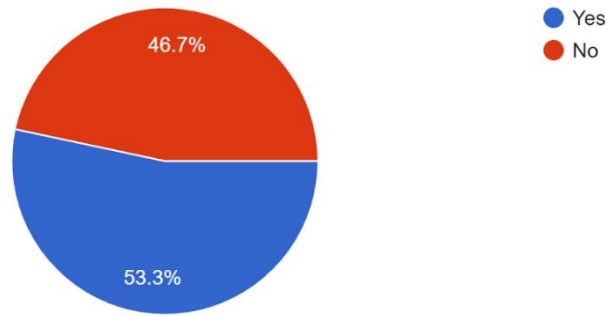
48 responses



## Resource Mapping

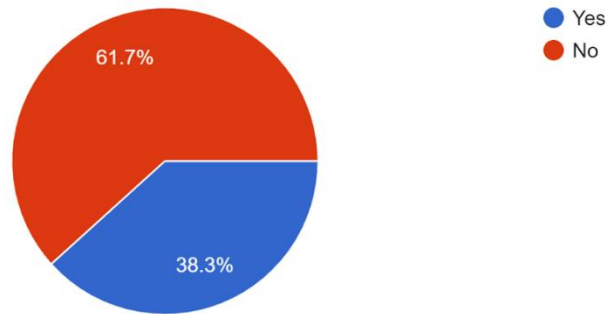
Do you participate in a regional suicide prevention coalition?

45 responses



Do you participate in other state level advisory groups?

47 responses

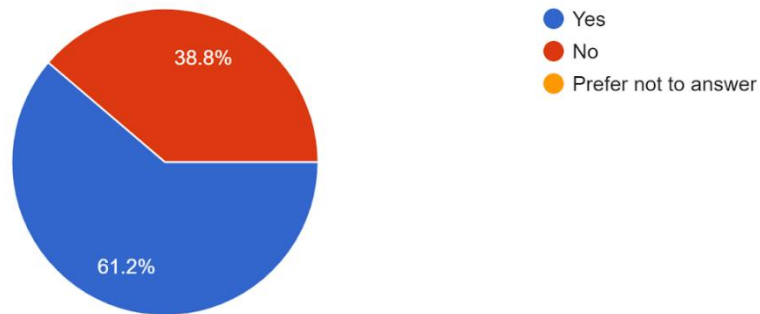


## Identify as a Loss Survivor

2022 Respondents

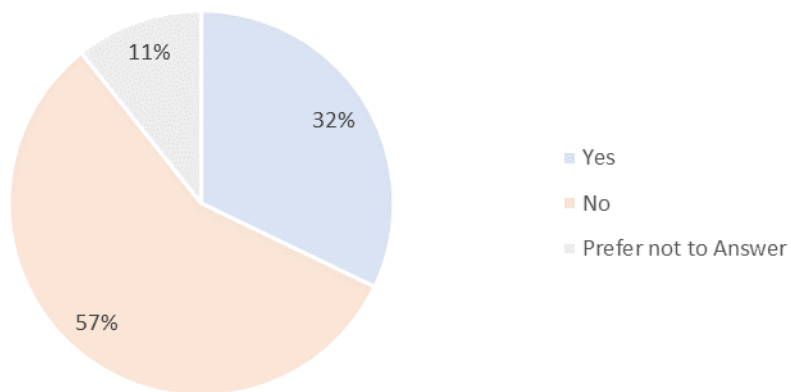
Have you lost someone to suicide (loss survivor)?

49 responses



2020 Respondents

Identify as a Loss Survivor

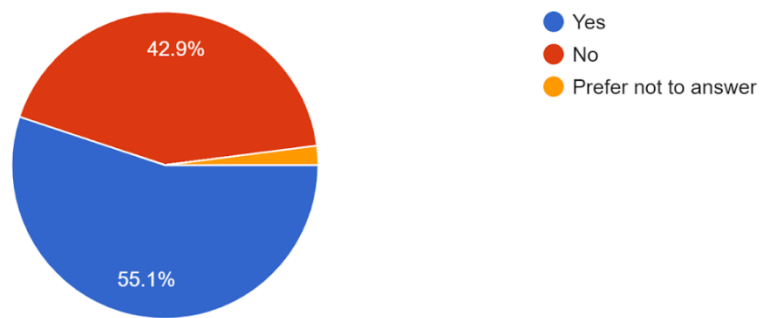


## Identify as someone with Direct Lived Experience, such as an attempt survivor

2022 Respondents

Are you a suicide attempt survivor or someone who has direct personal experience with suicidal ideation?

49 responses



2020 Respondents

Identify as an Attempt Survivor

