



Alliance December 9, 2022 Quarterly Meeting
Optional Orientation: 8:45 AM – 9:15 AM
Meeting: 9:30 AM – 12:30 PM

Attendance

1. Amber Ziring
2. Angela Perry
3. Annette Marcus
4. Ashley Meilahan
5. Ashley Thirstrup
6. Avalon Mason
7. Boston Colton
8. Camille Kruegar
9. Catherine Bennett
10. Charlette Lumby
11. Chelsie Vukovich
12. Chris Sorvani
13. Christina McMahan
14. Claire Kille
15. Craig Leets
16. David Westbrook
17. Debra Darmata
18. Donna Marie Drucker
19. Emily Reilly
20. Emily Watson
21. Erin Porter
22. Iden Campbell
23. Jacob Dilla
24. James Dixon
25. Jeff Todahl
26. Jessie Eagan
27. John Seeley
28. Jonathan Hankins
29. Julian Foulks
30. Julie Magers
31. Julie Scholz
32. Justin Potts
33. Kaleigh Bronson
34. Karen Cellarius
35. Kelsey Murray
36. Kirk Wolfe
37. Kris Bifulco
38. Laura Rose Misaras
39. Lauren Hval
40. Leslie Golden
41. Linda Hockman
42. Lisa Shields
43. Maria GdontakisPos
44. Marielena McWhirler
45. Mary Massey
46. Maryanne Mueller
47. Meghan Crane
48. Michelle Bangen
49. Michelle Gear
50. Mike James
51. Nanuette Lundee
52. Pam Pearce
53. Rachel Howard
54. Scott Vu
55. Shanda Hochstetler
56. Siche Green-Mitchell
57. Stephanie Willard
58. Tamara Bavaro
59. Taylor Chambers
60. Tim Glascock
61. Vivian Koomson



THIS MEETING WILL BE RECORDED

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

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

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

Agenda and Minutes

9:30 – 9:50 Welcome, Introductions, Group Agreements, Agenda Overview, Alliance Business

Charlette Lumby, Alliance Co-chair

Charlette welcomed everyone and shared Galli sends her regrets that she is unable to join us today; and, looks forward to joining next quarterly meeting.

- **Big View:** The Alliance continues to be active in policy and advocacy for suicide prevention. Our members, staff and community partners are our strength.
Review: at the last quarterly meeting we took a look at centering lived experience perspective in our work; acknowledged member feedback re: Alliance transparency and looked at ways to improve; reviewed the school board testimony kit, presentations re: Adi’s Act, and heard an update on YSIPP.
Preview: reviewed today’s agenda

Breakout: Charlette invited everyone to join a group for a meet and greet with self-introductions.



Charlette asked for volunteers to read the mission statement (read by Emily Reilly) and equity statement (read by Canada).

She requested a motion to accept the September quarterly meeting minutes. Emily Reilly motioned to accept the minutes as presented; Canada, seconded the motion. Motion passed, no abstentions, no nays.

Lived Experience Position on Executive Committee: Charlette asked nominee Angela Perry to share a bit about herself. Charlette then called for a motion to accept the nomination. Leslie Golden motion to accept Angela Perry for membership to the Alliance; Canada, seconded the motion. Motion passed; no abstentions, no nays

9:50- 10:25 **Suicide and Substance Use/Abuse: Shared Risk and Protective Factors**
Meghan Crane, Chris Sorvari, Lisa Shields – OHA, Public Health

Lisa provided background information on population health/quality of life outcomes and social determinates of health to frame her presentation. Lisa emphasized that collective action maximizes sustainable change with limited resources. She also reviewed two detailed tables: 1) shared risk factors across multiple forms of violence and 2) shared protective factors and are included in the presentation slides. The slides are attached to the meeting materials, <https://oregonalliancetopreventsuicide.org/quarterly-meeting-archived-agendas-and-minutes/>

Presentation highlights include:

- When populations lack access to social determinants such as health care or economic stability, they are less likely to attain the best possible health and quality of life outcomes. **These are risk factors.**
- When populations obtain the skills and supports necessary to avoid risk or promote resilience in the face of risks, it is more likely they will have optimal outcomes. **These are protective factors**

Shared Risk and Protective Factor (SRPF)

SRFP approaches are efforts to improve multiple populations health and quality-of-life outcomes by aligning diverse, multi-sector interventions that positively and equitably impact the social determinants of health.

Risk and Protective Factors for Substance Use

Risk Factors	Protective Factors
<ul style="list-style-type: none"> • Genetic predisposition to addiction or exposure to alcohol prenatally • Adverse Childhood Experiences: ACES • Neighborhood poverty and violence • Racism and lack of economic opportunity • Poor social coping skills • Having few friends or few healthy relationships • Poor academic achievement 	<ul style="list-style-type: none"> • Secure attachment as a child • Supportive relationship with family • Positive self-image • Emotional self-regulation • Positive peer group • Availability of faith-based resources and after- school activities • Academic success • Hate-crime laws • Policies limiting the availability of alcohol

- Substance use disorder and suicide share many risk and protective factors.
- Examples of SRPF in Oregon: LGBTQ+ Mini-Grants (OHA and Alliance partnership); Pinpoint, connects clinics to regional and state overdose prevention initiatives (OHSU, Rural Practice-based Research Network; see <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/ORPRN-SBIRT-Antecedent-Pinpoint.pdf> HB4045 (2022), to reduce community violence (OHA participated in workgroup on legislation re: reducing community firearm violence).

10:25-10:55 **Oregon Child Abuse Prevalence Study (OCAPS)**
 Jeff Todahl, PhD, Director Center for Prevention of Abuse and Neglect, Univ. of Oregon

Before Jeff began his presentation he commented on how strong and attainable the Alliance equity statement is. He acknowledged the work of the Alliance and thanked the group for all their efforts.

Highlights of the presentation include:
 In Oregon we cannot accurately answer these questions: *How many Oregon children experience child maltreatment including physical and sexual abuse, neglect, exposure to intimate partner violence and identity-based violence? Have we made headway in decreasing trauma in childhood in the past 20 years?*

Jeff emphasized youth voice influenced OCAPS. It began in Lane County and is moving to a statewide evaluation effort with state funding and foundation support. It took four legislative sessions to secure state funding. The lesson learned is to stick with it, data is



important to us help better understand what is happening especially with youth. OCAPS surveyed Lane County youth, and, at a glance, this new source of data showed:

- Sexual abuse experience types: 29.2% of students reported at least one sexual assault experience type, e.g., forced touch, forced penetration, forced viewing.
- Physical Abuse: 52% of students reported at least one type of physical abuse by adults; 39% experienced four or types of physical abuse.
- Intimate Partner Violence: 31% of students reported seeing or hearing at least one type of intimate partner violence; 12% experienced three or more types; 8% experienced four or more types.
- The survey asked: *“At any time in your life did any of your parents or another adult in your home, because of an argument, break or ruin anything in the house, or punch the wall or throw something?”* As self-reported by students, when they answered **“yes”**, they indicated their grades were:
 - Mostly A’s/B’s 47%
 - Mostly C’s 53%
 - Mostly D’s/F’s 82%
- There is a culture of silence, denial, and minimization. Among all Lane County high school juniors/seniors with a trauma/abuse history, 47% had never shared their experience with anyone at anytime (OCAPS).

Jeff invited the Alliance Data and Evaluation Committee to submit one open ended question for survey/focus groups.

For more information about OCAPS, see <https://cpan.uoregon.edu/ocaps-faqs-2/>

Jeff’s slide presentation is included in the meeting materials on the Alliance website: <https://oregonalliancetopreventsuicide.org/quarterly-meeting-archived-agendas-and-minutes/>

10:55-11:10 **Policy and Mini-Grant Update**
 Annette Marcus, Alliance, Policy Manager

Annette provided an update on the Suicide Prevention Coalition mini-grants. The funding was announced last spring, however due to issues around fund source and contracting



the release of funds has been delayed. The Alliance submitted a letter requesting a review of the decision to administer the funds through OHA. Partners at OHA supported having the project go through AOCMHP/Alliance much like the LGBTQ+ mini-grants. The good news is the issues have been resolved. Annette thanked all who helped and summarized:

- Mini- grants for coalitions approved through Public Health/HSD Collaboration
- AOCMHP/Alliance will administer and Alliance/UO will partner for evaluation
- Alliance will consult coalition leaders’ group re: eligibility criteria and scope
- \$417,338 is available to distribute to coalitions across the state
- Coalition activities can occur after June
- Coalition leaders (staff/officers) meeting is December 16, 2022 to start the process

Policy update – Key Focus Areas

Lead

- LC1237: Requires OHA to develop and/or make available training on suicide risk assessment and treatment for physical health providers for CME’s. Note: this is a shift from Alliance moving legislation requiring training.
- Lifespan work: in the POP and LC2630

Collaborate

- 988 Trustfund (NAMI)
- Data – OHA POP re: SOGI data and LC to require healthy teen/SEED survey
- Basic Rights Oregon – Gender Affirming Care
- Support for strengthening behavioral health care system and equity related bills

Capital Day: February 13, 2023; Alliance is collaborating with AFSP and Lines for Life. Annette invited all to participate. It’s a good way to meet with legislators and this year, about 30% are new. It is a good opportunity to have small conversations with legislators who may support our efforts/suicide prevention.

For information on the OHA POP:

https://www.oregon.gov/oha/ERD/SiteAssets/Pages/Government-Relations/2023-25%20OHA%20POPs%20print-ready_rev%208-23-22.pdf

11:10-11:20

BREAK



11:20-11:50 Updated and New YSIPP Initiatives

Jill Baker, OHA, Youth Suicide Prevention Coordinator

Jill briefly reviewed Alliance committees and advisory groups were asked to review their current YSIPP initiatives to assess progress and identify what remains to be completed. They were asked to consider 2023 bandwidth when determining what to stop, start, and continue. It was also an opportunity to recommend initiatives/projects for OHA to add. Jill will be updating the interactive OHA Suicide Prevention Framework to reflect 2023 activities.

Presentation highlights:

- Collectively, there were 117 YSIPP initiatives in 2021-20; Alliance lead initiatives – 15.
- Progress: 93 initiatives – 79% completed; 20 initiatives -17%, mostly on track; 4 initiatives- 3%, behind on deadlines, most work is stalled indefinitely.
- Purpose of the annual adjustments is to maintain a current list of priorities, identify what we think we can accomplish, and regular cadence of checking in with system partners. Annual adjustments are to create a comprehensive list of what we could do.
- Summary of what you will see in 2023: removed 13 initiatives; reword 44 initiatives; 51 initiatives stayed the same; and, we have 60 new ones for a total of 159 initiatives for 2023.
- What we did better this year:
 - Process for feedback from Alliance committees and workgroups
 - Including lifespan impacts of ZeroSuicide
 - Lifespan impacts of CDC grant activities
 - Including suicide prevention specific initiatives from state agency partners
 - Including suicide prevention specific initiatives from other OHA work
- Highlights of what was added to the priority list:
 - THW 3hr training
 - Latinx Considerations
 - OCUSPP support
 - CISM work
 - Coalitions Mini Grants
 - 988
 - Mobile Response (lifespan)
 - Stabilization Services (ages 0-20)
 - SPIP – State Agency Partnerships
 - SPIP – OHA Youth Focused



- The YSIPP 2023 SmartSheet will be available January 2023 and updates include: a population focus column and metric, baseline and benchmark. It will be updated twice a year.

Discussion highlights

What are we doing for boys and boys? All initiatives serve both girls/women and boys/men, segregating can feel stigmatizing. Without a boys/men strategy, we miss the bigger issues of 4:1 ratio of boys/men to girls/women in terms of incarceration, graduation rate, and other risk factors. The gender binary is problematic and doesn't give the most accurate picture.

Annette added that at the March 2023 quarterly meeting we will dig into this area which is both complex and nuanced. Annette thanked Jill for her presentation.

12:11-12:30 **Reflection to Action: Check-in On Equity** Small Group Discussion

Annette provided instruction on the breakout group discussion and asked that each group select a member to facilitate and another to take notes on the jam board that Maria will send to each group. We will not reconvene as a large group due to our late start on the breakout session. Annette thanked everyone for joining us today.

12:30 **Meeting Adjourned**