

**Alliance Quarterly Webinar
March 13, 2023**

Attendance:

- | | |
|------------------------|--------------|
| 1. Annette Marcus | 35.Zev Braun |
| 2. Angela Franklin | |
| 3. Anna D'Amato | |
| 4. Ashley Meilahn | |
| 5. Becky Jones | |
| 6. Brian Pitkin | |
| 7. Caroline Suiter | |
| 8. Charlette Lumby | |
| 9. Donna-Marie Drucker | |
| 10.Emily Reilly | |
| 11.Galli Murray | |
| 12.Gordon Clay | |
| 13.Hunter Moen | |
| 14.Isaac M | |
| 15.Jacob Dilla | |
| 16.James Dixon | |
| 17.Janeane Krongos | |
| 18.Jenn Fraga | |
| 19.Jenny Camarena | |
| 20.Jonathan Hankins | |
| 21.Julie Scholz | |
| 22.Kelly Martin | |
| 23.Kelsey Murray | |
| 24.Kristin Fettig | |
| 25.Kris Bifulco | |
| 26.Laura Sprouse | |
| 27.Marry Massey | |
| 28.Michelle Bangen | |
| 29.Montell Elliott | |
| 30.Rachel Howard | |
| 31.Sandy Mathewson | |
| 32.Shannon Biteng | |
| 33.Shelaswau Crier | |
| 34.Tanya Pritt | |

Quarterly Webinar and RFP Overview for Coalition Grants

Please put name, email in chat box

March 13, 2023



Oregon
Alliance
to Prevent Suicide
Hope • Help • Healing



Our Agenda

1. Welcome – 2:00 -2:05 minutes
2. Josephine County Suicide Prevention Coalition 2:05 – 2:25
3. Training at ODHS – Rachel Howard 2:25 – 2:45
4. Coalition Webinars 2:45 – 3:30 pm

FRAMING MESSAGES

HOPE

Promote a sense of **hope** and highlight resilience.

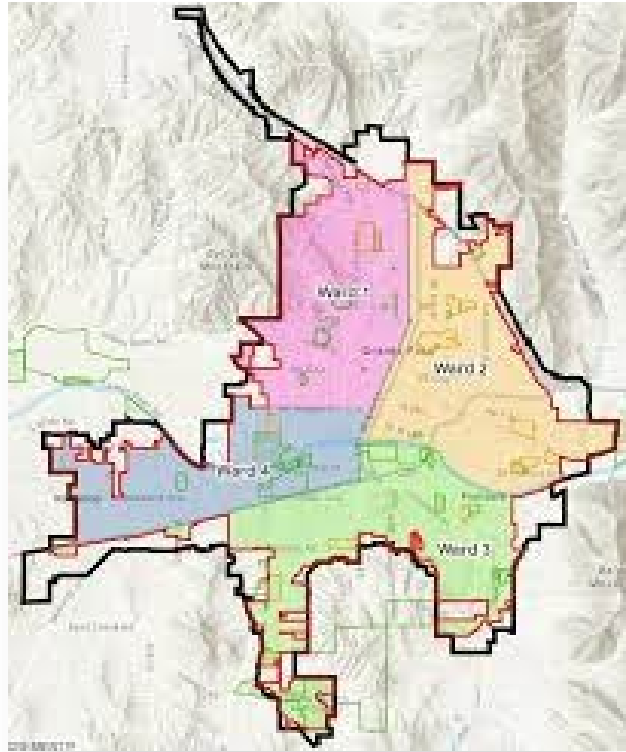
HELP

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

HEALING

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

TRANSFORMATION



Josephine County Suicide Prevention Coalition

- Angela Franklin (AMHA-R, EOLD) she/her
Older Adult Behavioral Health
Specialist
Suicide Prevention
Coordinator
afranklin@optionsonline.org

Oregon Department of Human Services and Suicide Prevention

- Rachel D. Howard, MS, QMHP-C, CCISM, CTP
- She/Hers. Suicide Prevention & Behavioral Health Promotion Coordinator,
Child Fatality Prevention and Review Program
ODHS Child Welfare Program
Rachel.d.howard2@dhsosha.state.or.us
- Shannon Biteng
Trauma Informed Organization Consultant
Advisor
ODHS Chief Administrative Office
Shannon.m.biteng@dhsosha.state.or.us

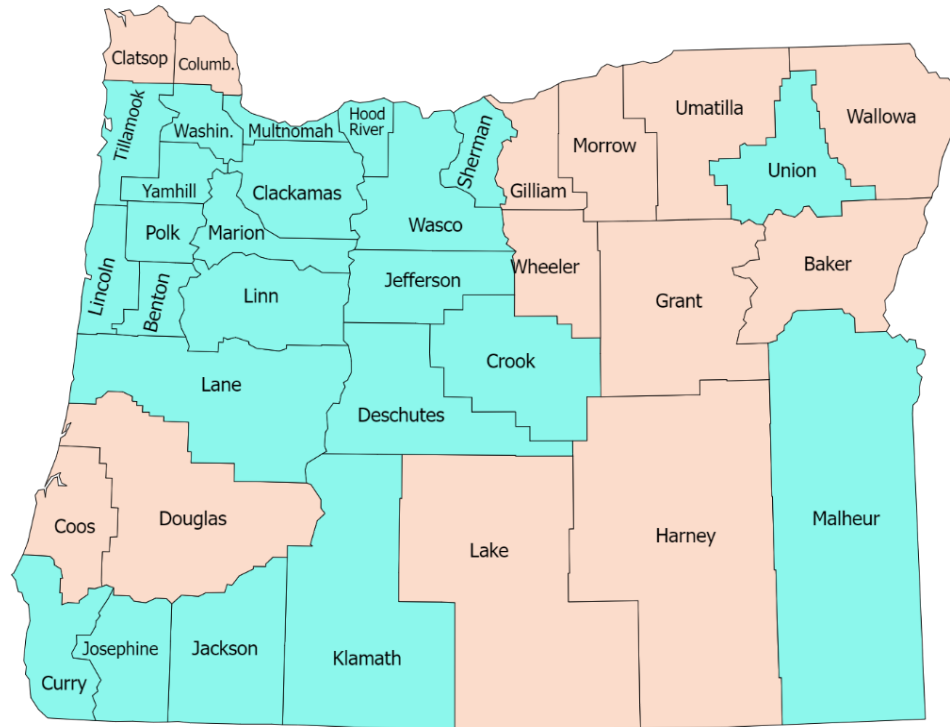
Grants to Support Regional Suicide Prevention Coalitions

March 13, 2023



Oregon Suicide Prevention Coalitions Map

Regional Suicide Prevention Coalitions



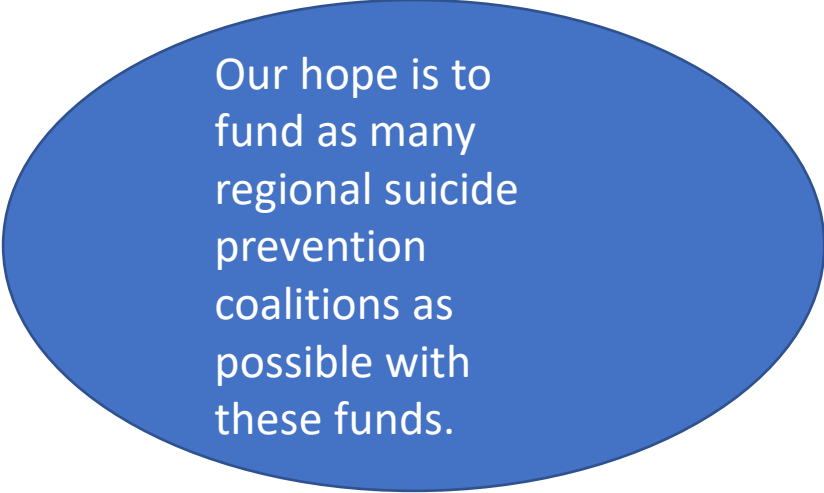
If you aren't on this map but have a coalition, please connect with Jenn Fraga at jfraga@aocmhp.org

■ Regional Coalition Connected with the Alliance
■ No current Coalition / Not connected with the Alliance

Created with [paintmaps.com](https://www.paintmaps.com)

Coalition Mini-Grants: Distribute \$417,338 Statewide

- A regional suicide prevention coalition is made up of multiple local organizations who are working together with a shared region-specific focus on suicide prevention. Membership will most often include people with lived experience and local leaders from multiple sectors. Most coalitions are county-based.
- Creativity is encouraged!
- Awards will be of up to \$20,000 each
- Applications Due: June 6, 2023



Our hope is to fund as many regional suicide prevention coalitions as possible with these funds.

Suicide Prevention Coalition Grants: New Timeline



Webinar- FAQs	Due Date	Applicants Informed of Award via email	Funding Distributed	Project Timeline
March 13, 2023 and April 12 10 am – 11 am	June 6, 2023 by 5 pm	June 22, 2023	July/August	July 2023 - June 2024

Note: A recording of the webinar and answers to FAQ's will be posted on the Alliance website
www.oregonalliancetopreventsuicide.org

Suicide Prevention Coalition Grants

- **First Priority:** Established suicide prevention coalitions (regional, county-based) – Including coalitions that encompass other prevention activities, but funding will be used for suicide prevention.
- **Second Priority:** Groups interested in establishing a suicide prevention coalition – Counties or organizations that have a suicide prevention coordinator (or other similar position), but don't have a coalition yet and will use this grant to establish a coalition.
- **Third Priority:** Established coalitions that are focused on suicide prevention but may not have a regional focus.
- **Fourth Priority:** Other applicants – Will be determined based on availability of funds

Scoring Rubric for Coalition Grants	
Area of Focus	Possible Points
Project Description (Section 2; Questions 1a through 1d)	30
Equity and Lived Experience (Section 2: Questions 2 and 3)	15
Community Partnerships (Section 2: Question 4)	10
Project Roles (Who will do what) (Section 2: Question 5)	10
Alignment with Suicide Prevention Framework (Section 2: Question 6)	10
Budget/Budget Narrative (Section 4)	10
Does it build sustainability/infrastructure (Section 2: Question 6)	10
Clear Lead Organization and, if needed, Fiscal Sponsor	5
Priority 1//2/3 (landscape scan)	Indicate Which Priority
Can attend learning collaboratives? (Section 2: Question 7)	Yes or No

Contact Information



Name of coalition



Lead organization for coalition and type of organization



Email and coalition contact



Fiscal Sponsor (if needed – see resource on fiscal sponsorship in attachment to RFP)

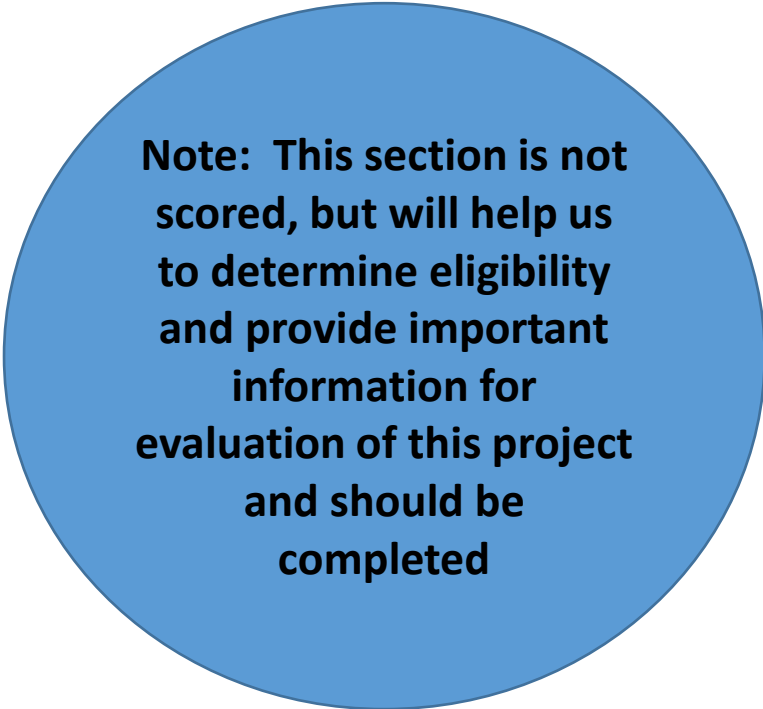


Single Point of Contact for this Proposal

Application Section 1 – Landscape Scan

SECTION 1: SAMPLE QUESTIONS

1. What region does the coalition serve? (City, county, multiple counties, other)
2. Information about your coalition:
 1. What year was the coalition was created?: (Note if you are working to establish a new coalition.)
 2. Is the coalition currently active? (We are defining active as: meeting on a regular basis, have regular attendance at meetings):
 3. How often does/will the coalition meet?:
 4. Does the coalition regularly have projects, strategic goals, or a plan they are working on? If so, please very briefly describe?:
 5. Does the coalition have a website or other online presence? If so, please share the link here:
3. Does your coalition have a mission statement? If so, what is it?



Note: This section is not scored, but will help us to determine eligibility and provide important information for evaluation of this project and should be completed

Application Section 2 – Project Proposal

1. Provide a summary of the project(s) you will support with this funding. Note projects must be completed by June 30, 2024. Responses can be bullet points or short paragraphs.
 - a. What is/are the project(s)? How will this funding be used?
 - b. What process did your coalition use to select this/these project(s)?
 - c. What is the need or problem of focus that this/these project(s) address(es)?
 - d. What are the primary goals of the project(s)? (1-3 goals)?
2. How does the proposed project(s) address health inequities?
3. How does the proposed project(s) incorporate voices of lived experience and/or young people?
4. Who are the partners or entities that will be involved in this project(s)?
5. Broadly describe each role be for the project. (Who will do what?)
6. How does this project contribute to building or strengthening your work as a coalition?
7. Looking at the [Framework Pathways](#), which Pathway(s) will your project address? See Attachment 2 for a list of Framework Pathways.

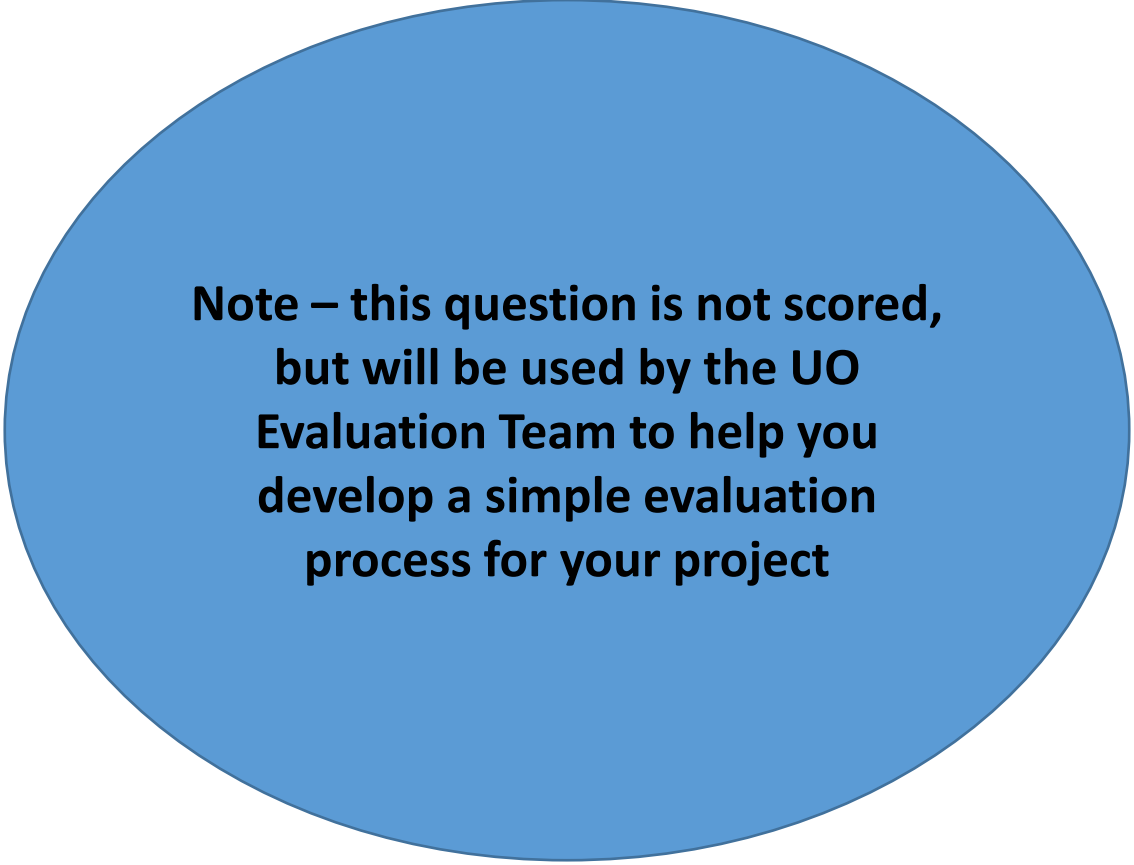
Section 2: Learning Collaborative Meetings

Recipients of grants will be expected to attend at least 8 of 11 monthly learning collaborative meetings. These meetings will focus on providing support for strengthening your coalition and keeping you updated on latest suicide prevention information. They will also be a time for you to connect closely with other coalition leaders and the evaluation team from the UO Suicide Prevention lab. These meetings will be of most benefit if you have one or two people who attend consistently. Multiple attendees from each coalition are welcome. Below are the meeting dates for the monthly learning collaboratives.

- | | | | |
|---------------------|------------------|-------------------|------------------|
| • August 9, 2023 | September TBD | October 11, 2023 | November 8, 2023 |
| • December 13, 2023 | January 10, 2024 | February 14, 2024 | March 13, 2024 |
| • April 10, 2024 | May 8, 2024 | June 12, 2024 | |

Section 3: Evaluation

- How will your organization know you were successful in achieving your stated goals?
- Are there specific project outcomes your coalition is interested in measuring




Note – this question is not scored, but will be used by the UO Evaluation Team to help you develop a simple evaluation process for your project

Section 4: Projected Budget

Type of Expense (Staff, Consulting/Subcontracts, Materials, Communications, Consulting, Overhead, Stipends, Meetings, Travel, Other)	Purpose (Narrative)	Amount
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Additional Supports



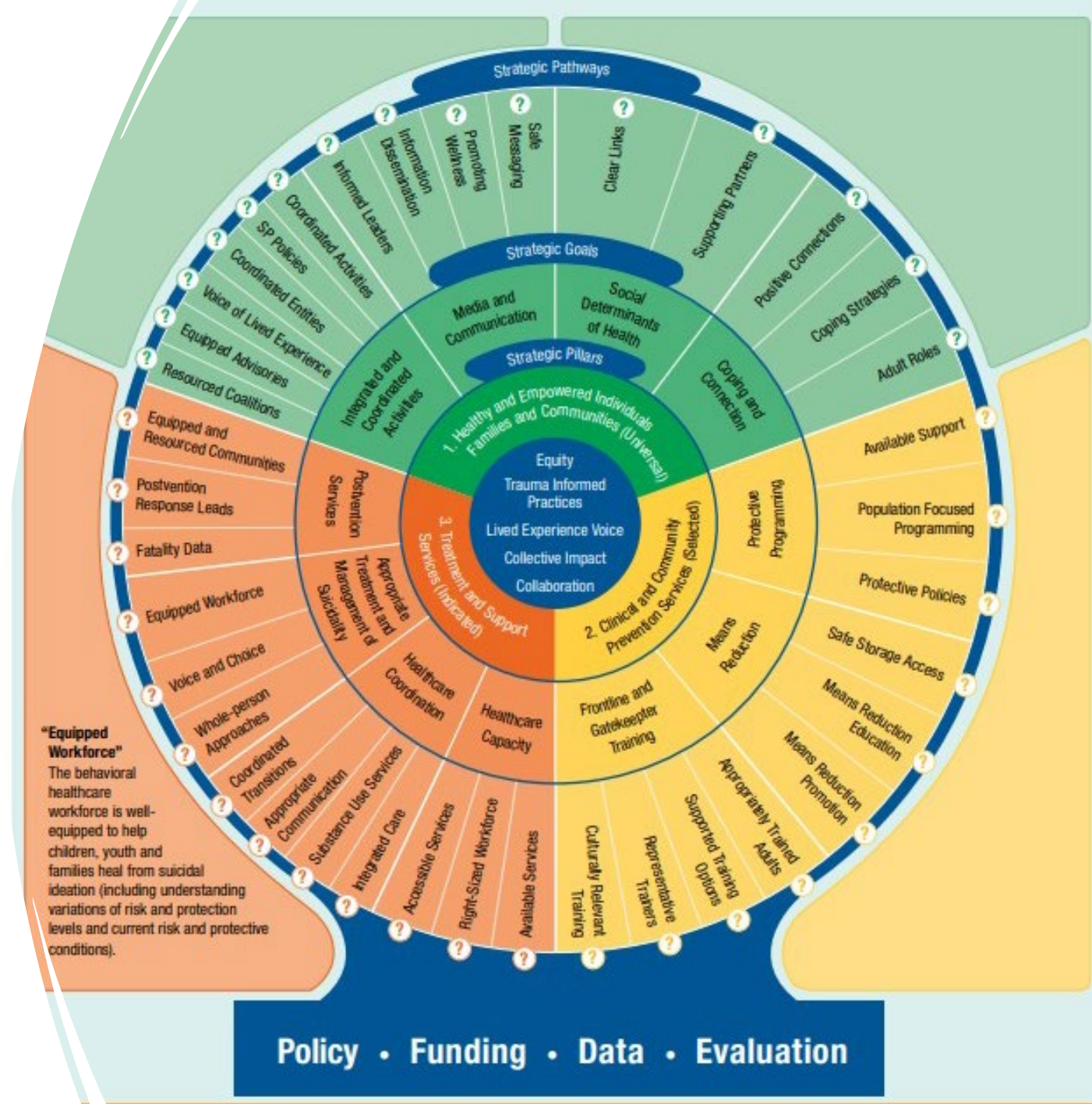
*Evaluation
Support with
University of
Oregon

*Enhanced
Learning
Community and
Mutual Support

*Technical
Assistance
(support based on
local needs)

Oregon Suicide Prevention Framework

- Your project(s) need to align with the framework. We've provided sample project topics aligned with the framework to help you.
- Also available is a video orientation to the framework by Jill Baker: [this 10-minute video from OHA](#).



Framework Pillars and Examples

Pillar 1	Pillar 2	Pillar 3
<p>Healthy & Empowered Individuals, Families and Communities: These goals and pathways seek to reduce suicide risk by promoting wellbeing and creating supportive communities for all Oregonians. Other terms you might recognize here are "universal", "primary prevention" and "upstream prevention" or "tier 1 strategies."</p>	<p>Clinical & Community Prevention Services: These goals and pathways seek to reduce suicide by focusing on strategic locations, groups, and sectors to promote wellbeing, to help navigate challenges, to decrease risk, and to recognize warning signs early. Other terms you might recognize here are "selected", "prevention", "primary intervention" or "tier 2 strategies".</p>	<p>Treatment and Support Services: These goals and pathways seek to reduce suicide by focusing services and policies for those who experience suicidality or have been impacted by suicide loss. Other terms you might recognize include "indicated", "Tier 3 strategies", or "intervention".</p>

Some sample activities aligned to the framework

- *1.1.1 "Coordinated Activities"* Youth suicide prevention programming is coordinated between tribes, state, county, and local leaders to maximize reach & ensure equitable access for all Oregonians.
 - **Project Example:** Develop a Strategic Plan with Clear Goals for Suicide Prevention Month and Sustainability
- *1.4.2 "Coping Strategies"* All Oregonians understand and have access to what helps them to cope with hardship as an individual and within their community including culturally specific strategies.
 - **Project Example:** Increase Youth Engagement Through Partnership with Local Sources of Strength
- *2.1.1 "Appropriately Trained Community"* Oregonians receive the appropriate level of training for suicide prevention (basic awareness, enhanced, and/or advanced) and are retrained appropriately.
 - **Project Example:** Increase Coalition's Ability to Coordinate and Manage Local Training; Increase Number of People who Receive ASIST Training

More Project Examples Aligned to Framework

- **2.2.1 “Safe Storage Access”** All Oregonians experiencing a behavioral health crisis have access to safe storage for medicine and firearms.
 - **Project Example:** Safe Storage Distribution Project in Partnership with Local CMHP.
- **3.4.1 “Equipped & Resourced Communities”** Oregon communities are equipped to provide trauma informed postvention care for those impacted by a suicide death.
 - **Project Example:** Stipend for Suicide Loss Support Group Facilitators and Trainings



JOSEPHINE COUNTY
SUICIDE PREVENTION
COALITION

Angela Franklin
Suicide Prevention
Coordinator



Josephine County Suicide Prevention Taskforce Created in 2016

2022 -- Changed from Taskforce to Coalition

In hopes to increase participation from community
and community members with lived experience.

More inclusive and representative of the diversity
in our communities.

Members:

Local Mental Health Organization

Crisis Response

LEAs

Juvenile Justice

School Districts: Admin and BH Support

DHS

VA

Hospitals/ Clinics

Advocacy Groups: Lines for Life, SOESD

Youth Support/Resources: Maslow Project

Some Community Members

Areas of Focus:

- Bettering Communication: LEAs and ED with Schools
- Postvention Response Team and Resources
- Connect with Firearm Community for Collaboration and Partnership



A partnership between City of Grants Pass Police Department, Josephine County Sheriff's Office, Oregon State Police, Grants Pass School District 7 and Three Rivers School Districts, with support from the Josephine County Suicide Prevention Coalition.

****LAUNCH DATE APRIL 2023****

Handle with Care

Notification system between law enforcement and the school district that allows law enforcement to notify the school when a child is exposed to a potentially traumatic event.

Stressful events impact a child's ability to learn, remember, and practice emotional intelligence. This program is meant to give a heads up to appropriate staff that a child might be having a hard time.

Student's name, D.O.B., and the phrase "HANDLE WITH CARE"

Handle with Care

What It Is:

- Notification system between law enforcement and the school district.
- Students exposed to potentially traumatic events.
- Ensures students exposed to trauma receive appropriate interventions.
- Supports staff in managing difficult student behaviors that can stem from trauma.
- Gives staff the opportunity to get ahead of potential challenges in the classroom.

What It Is Not:

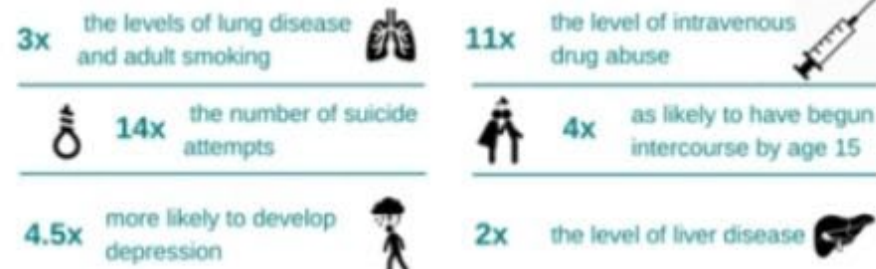
- A rumor mill. HWC notifications will only go to designated school personnel.
- An opportunity to ask questions. Staff who receive an HWC notification will respect the student's right to privacy.
- A guarantee that a mandatory report will be necessary. An HWC notification does not mean the child is unsafe at the home.
- An invitation to "rescue" the student. Staff will focus on healthy support including setting boundaries, empowering students to do what they can for themselves, and recognizing when students need a break.

Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing



4 or more ACEs



“ Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today ”

Dr. Robert Block, the former President of the American Academy of Pediatrics

67%
of the population have at least 1 ACE



Handle With Care started in West Virginia 2013.

Implementation:

- Minimum key stakeholders include:
schools, law enforcement agencies, and mental health providers.
- Commitments from local leaders (county school superintendent, principal, police chief, sheriff, mental health provider).
- Team Leaders/Champions: school, law enforcement and mental health providers should designate a person to serve as the Team Leader/Champion for their organization. The Champions act as liaisons between key stakeholders.
- One organization/individual to serve as the coordinator for the program.

Implementation cont'd:

- Key stakeholders must develop protocols and MOUs utilizing examples of existing agreements and protocols .
- Schools must develop and utilize required forms (HANDLE WITH CARE form, parental permission to treat, student handbook notification, brochures, etc).
- LEAs must develop communication protocol for getting email notification to identified school district personnel before the beginning of the next school day, if possible.

Developing postvention materials:

Magnet, resource card and guide





Connecting with Firearm Community:

Collaborating with VA and LEAs for outreach

Firearm QPR

w/ Donna-Marie Drucker (OFSC) in May



Meet every 4th Monday
3-4pm via Zoom

afranklin@optionsonline.org



Oregon Child Welfare Suicide Prevention & Behavioral Health Promotion

March 2023

A Bit About “Who”:

Rachel Howard, MS, QMHP-C, CCISM, CTP

Suicide Prevention & Behavioral Health Promotion Coordinator, Oregon Child Fatality Prevention and Review Program

Rachel.d.howard2@dhsosha.state.or.us

541-305-3592

Vision for Transformation – 3 Guiding Principles

Guiding principle 1 - Supporting families & promoting prevention

- Gaining an understanding of what the family needed & what they received through CIRT & Safe Systems Analysis
- Creating new prevention pathways through building trust & relationship with new & existing community partners
- Leading multiple prevention efforts

Guiding principle 2 – Enhancing our staff & infrastructure

- Gaining an understanding of what our professionals need and what they receive through CIRT & Safe System Debriefing
- Safety Culture – building culture carriers & stronger teams, creating an environment of learning

Guiding principle 3 – Enhancing the structure of our system by using data with CQI

- CIRTs, near fatalities, and Safe System Analysis utilize qualitative & quantitative data to understand how the Child Welfare system is functioning. Can drive critical system change to improve outcomes for children & families, not compliance based

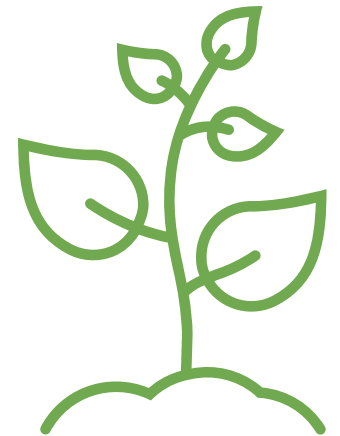


Child Fatality Prevention & Review Program (CFPRP) Mission and Goals

The mission of the Child Fatality Prevention and Review Program (CFPRP) is to improve child safety by identifying determinants of maltreatment fatalities and collaborating with child and family-serving systems to employ equitable, innovative, and data-informed strategies for child maltreatment prevention and systemic change.


Program Goals:

- 1) Child Maltreatment and Fatality Prevention
- 2) Identify, Promote, & Implement Systemic Change



Learning and Innovation

- Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities
- Safe systems mapping to inform broader system improvement
- Suicide prevention
- Safe sleep training and support and infant safety logic model
- CARA implementation – Plans of Care
- Community Context Smartsheet to support upstream prevention planning
- Neglect training and practice support
- Safety Culture
- State Child Fatality Review Team



CHILD WELFARE SAFETY CULTURE HOUR

Are you curious about how to foster psychological safety in your team? Would you like to know more about what a safety culture in child welfare can look like? Are you interested in engaging with other child welfare professionals as we cultivate a workplace that supports learning, fosters connection, and promotes quality practice? Then Child Welfare Safety Culture Hour is the place for you!

Click [here](#) to register for the September 13 session at 10:05 a.m.

Click [here](#) to register for the September 22 session at 1:05 p.m.

Join the Child Welfare Safety Culture Hour. We will opportunistically create a space and We will opportunistically create a space and look to you and look to you and

Child Fatality Prevention and Review Program

Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities

Oregon developed a comprehensive, statewide plan to prevent child fatalities, which was submitted in the 2020-2024 CFSP. In February 2020, the Child Fatality Prevention and Review Program (CFPRP) became a new Independent Child Welfare program serving directly under the Child Welfare Director's Office. Since its inception, this program has focused on the response to child fatality, including support to professionals and family, data gathering, and prevention. This program is expanding its focus to include serious physical injury/hear fatality. This program also leads efforts related to Child Abuse Prevention and Treatment Act (CAPTA)/Comprehensive Addiction and Recovery Act (CARA) with a strong focus on prevention. The following is an update to the comprehensive plan, beginning with an overview of the work of the CFPRP.

Child Fatality Prevention and Review Program

OREGON DEPARTMENT OF HUMAN SERVICES | CHILD WELFARE DIVISION | APRIL 2022

SAFE SLEEP FOR OREGON'S INFANTS

Study Training Opportunity



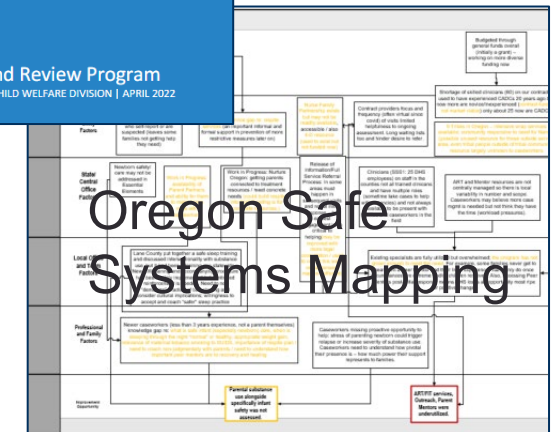
the Moments in an infant's Day Matter

DHS | Oregon Department of Human Services
CHILD WELFARE



QPR INSTITUTE

Gatekeeper Training



The “Why?”

Critical Incident Review Team (CIRT) Data

Calendar Year	Total CIRTs	Suicide Deaths
2017	7	3
2018	18	0
2019*	29	4
2020	34	2
2021	16	1
2022	30	1, 1 Discretionary Review

**CIRT rule governing criteria for assigning a CIRT changed in 2019 → increase in number of CIRTs assigned*

The “How”

- OHA/ODHS collaboration to determine best course of action to improve staff knowledge
- Garrett Lee Smith (GLS) Youth Suicide Prevention Grant award to support ODHS staff training
- Development and hiring of .5 FTE position within the CFPRP dedicated to Suicide Prevention and Intervention for development, coordination, and provision of suicide prevention and behavioral health support to ORCWP staff;
- Pre-pandemic:
 - QPR identified as a valid, adaptable, easy to administer training program
 - @120 DHS staff trained as QPR Trainers in 2019
 - Several in person QPR trainings for Oregon Child Welfare staff
 - Oregon Child Welfare is only the 2nd state in the country to bring QPR training to Child Welfare staff
- Upon COVID-restriction:
 - QPR adapted to a computer -based training for virtual offering
- Upon deeper reflection of ORCWP staff needs:
 - Collaborated w/QPR Institute to develop QPR-CW, a Child Welfare specific QPR training
 - QPR-CW modified to be facilitated live to ORCWP staff in caseworker, training, & leadership positions

The “Did it Matter”?

➤ Approximately 900 ORCWP staff trained via computer or facilitated training

➤ PSU evaluation of GLS Youth Suicide Prevention grant indicate:

👍 Overwhelmingly positive response

⬆ Knowledge base

⬆ Comfort with suicide prevention strategies

The “How” Continued

- **Participation and engagement in statewide, regional, and local suicide prevention coalitions and initiatives;**
- **Development and provision of Suicide Prevention Training to Oregon Child Abuse Hotline (ORCAH) staff with all existing and incoming staff trained;**
- **Cross-systems coordination and collaboration with Oregon Health Authority, Oregon Alliance to Prevent Suicide, and ODHS Shared Services for implementation of Garrett Lee Smith Grant activities and Oregon’s Youth Suicide Intervention and Prevention Plan (YSIP);**
- **Local branch/district case consultation and safety planning support as needed.**

Looking Ahead

YouthSAVE for ORCWP Development and Implementation Fall 2023;

Collaboration with Equity, Training, and Workforce Development Team for increased Resource Parent supports around Suicide Prevention/Intervention;

Continued Quarterly Facilitated QPR Trainings;

Implementation of 6 month Post-Training surveys for QPR participants to assess and address training drift;

Continued community collaboration;

Continued ad hoc staff consultation and support.



Thank You
