

Alliance Quarterly Meeting
10 March 2023
Attendance

Orientation:

1. Annette Marcus
2. Antonia Alvarez
3. Donna Libemday
4. Jenn Fraga
5. Kelie McWilliams
6. Laura Sprouse
7. Paige Hirt
8. Rosanna Jackson
9. Sandy Mathewson

Meeting:

1. Abby Warren
2. Amber Ziring
3. Annette Marcus
4. Angela Franklin
5. Angela Perry
6. Angi Meyer
7. Antonia Alvarez
8. Ashley Meilahn
9. Bernardino De La Torre
10. Brian Pitkin
11. Catherine Bennett
12. Caroline Suiter
13. Christina McMahan
14. Claire Kille
15. Craig Leets
16. Deb Darmata
17. Donna Libemday
18. Donna-Marie Drucker
19. Emily Reilly
20. Emily Watson
21. Erin Porter
22. Galli Murray
23. Gordon Clay
24. Hunter Moen
25. Jacob Dilla
26. Jammie Gardner
27. Janet Orozco Ortiz
28. Jenn Fraga
29. Jenn Scott
30. Jill Baker
31. John Seeley
32. Jon Davies
33. Justin Potts
34. Kaleigh Bronson
35. Kelie McWilliams
36. Kelsey Murray
37. Kirk Wolfe
38. Kris Bifulco
39. Kristin Fettig
40. Laura Sprouse
41. Linda Hockman
42. Liz Schwarz
43. Maria Gdontakis Pos
44. Mary Massey
45. Meghan Crane
46. Mike James
47. Mila Rodriguez-Adair
48. Montell Elliott
49. Paige Hirt
50. Rachel Howard
51. Rosanna Jackson
52. Sandy Mathewson
53. Scott Vu
54. Shanda Hochstetler
55. Shane Lopez-Johnston
56. Shelaswau Crier
57. Siche Green-Mitchell
58. Stephanie Willard
59. Taylor Chambers
60. Tim Glascock
61. Zev Braun



Alliance March 10, 2023, Quarterly Meeting

Optional Orientation: 8:45 AM – 9:15 AM

Meeting: 9:30 AM – 12:30 PM

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
Materials**

<https://oregonalliancetopreventsuicide.org/about-us/quarterly-meetings/>

9:30 – 9:40 **Welcome, Introductions, Group Agreements, Agenda Overview, Alliance Business**
Galli Murray, Alliance Chair

Galli opened the meeting, welcomed everyone, and thanked attendees for joining us today.

Big View, Review, and Preview

This has been a particularly busy time for the Alliance. We are deep into the legislative session and things are moving quickly. Thank you to all who have been involved in supporting our legislative agenda through attending Capital Days, proving testimony, and writing letters. Kudos to Annette and Jenn for all their amazing work and keeping the Alliance members informed. We will be hearing more about pending legislation later in the agenda.



At each of our quarterly meetings, we read either our group agreements, equity, vision or mission statement to keep us grounded in our shared intent. Galli thanked Kelsey for volunteering to read our vision statement.

Galli briefly reviewed the December quarterly meeting presentations: OHA Public Health spoke on the intersections of suicide and substance use/abuse and Dr. Jeff Todahl presented on the Oregon Child Abuse Prevalence Study. Both presentations reminded us about the complexity of preventing suicide and that we can look across the various professional silos to find ways to address relevant risk and protective factors. We also heard from Jill about progress on the YSIPP and had a breakout session our equity work. The equity committee is working with the feedback from the breakout session and will share more about action ideas in a future quarterly meeting.

Galli and Annette asked attendees to help with recruitment of new members. The Alliance is currently looking to expand its membership and is seeking representation: youth, private insurance, people of color, representation communities/counties off the I-5 corridor, suicide prevention coalitions, and universities and colleges. Please connect with Annette and Jenn if you have questions, would like to make a nomination, and/or if you would like more information about the process. Galli challenged all attendees to help with recruitment.

Vote, December 2022 Quarterly Meeting Minutes

Galli requested a motion to accept the December quarterly meeting minutes. Justin Potts motioned to accept the minutes as presented; Mike James, seconded the motion. Motion passed, no abstentions, no nays.

Agenda Overview

Galli reviewed the agenda for today’s meeting.

9:40 – 9:52 Small Group Breakout, Introductions

Annette reviewed the process for the “Meet and Greet” small group breakout. Attendees were asked to introduce themselves (name, pronoun, and organization if applicable) and share “Which actor or famous person should be cast as you in the movie about your life?”

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



Annette directed attention to the Alliance group agreements which were posted on the PowerPoint.

9:52 – 10:00

OHA Update

Jill Baker, OHA, Youth Suicide Prevention Coordinator

Jill provided an update on the 2023 initiatives that are underway. The first of three updates today is on the initiative to provide mini-grants to suicide prevention coalitions. The Alliance is responsible for this one and Annette will provide greater detail later in the agenda. Briefly, the Alliance responsibility is to administer and evaluate these mini grants. Everything is on target to award and release funds by August.

The second initiative update is about training. OHA is collaborating with the Alliance Workforce Committee to develop and offer a free three-hour suicide prevention online training appropriate for traditional health workers and other related workforces; it will highlight problem gambling as a risk factor for suicide. This training will launch in August, be online/on demand and free, and will meet licensing requirements for traditional health care workers. The second training is in collaboration with Oregon Colleges and Universities Suicide Prevention Programs (OCUSPP), funding is being provided to PSU with the goal of enhancing policy and programs at colleges, universities, and trade schools. OHA is also developing a training related to suicide prevention considerations for Latine communities and will be launched in August on online. This training is for all providers; specific trainings in Spanish will also be available. All trainings meet the requirements for SB2315, the Alliance sponsored bill for required behavioral health workforce training. These trainings will be available through 2025.

The last update is on the contract for Oregon Human Collective to work on a toolkit for school settings for suicide assessment and safety planning for students with intellectual and developmental disabilities, and considerations for cultural, age and school resources. Jill provided a link for more information on these initiatives and the YSIPP.

<https://app.smartsheet.com/b/publish?EQBCT=d24bc54127804908b09a98d98642b4fe>



10:00 – 10:10

Coalition Mini-Grant Applications

Annette Marcus, Alliance, Policy Manager

Jill Baker, OHA, Youth Suicide Prevention Coordinator

Galli thanked OHA for the \$417,000 resource for Suicide Prevention Coalitions. Annette thanked members for their advocacy on behalf of the Alliance, it resulted in securing this funding for coalitions. The most important work happens at the local level and this resource is key to supporting that work. Annette provided an updated on the grant process and said the maximum grant is \$20,000. Intent is to make these applications low barrier and accessible. Grants will be awarded in June and funding distributed July/August. Priority areas are:

- **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.

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.

Additional supports for grantees include: 1) evaluation through UO (John Seeley and Jonathan Rochelle) will be data based for learning but not burdensome, coalitions will be engaged in the process; 2) monthly learning community convenings to enhance mutual support and learn from one another, and 3) technical assistance provided by Alliance staff based on coalition identified local needs (i.e. strategic planning, resources, connecting with peers and learning community). Timeline for the grants:



Webinar/FAQs	Application Due Date	Applicants Informed of Award	Grant Funds Distributed	Project Timeline
March 13, 2023	June 6, 2023	June 22, 2023	July/August 2023	July 2023 – June 2024

A recording of the webinar and answers to FAQ’s will be posted on the Alliance website <https://oregonalliancetopreventsuicide.org/2023-coalition-grants/>

Jill added that applicants consider their work in the context of the YSIPP suicide prevention framework and partner with OHA in their efforts.

Galli asked if there were questions, hearing none, she introduced Kris Bifulco and her presentation on OCALM.

10:10 – 10:10 Oregon Counseling on Access on Lethal Means (OCALM) Update
 Kris Bifulco, Suicide Prevention Coordinator, AOCMHP

Kris opened with a brief acknowledgment of CALM, a national training program developed by Kathy Barber and Elaine Frank, which is considered as an evidenced-based, high-fidelity program. The national model has been adapted with permissions to better meet Oregon needs. OCALM is an interactive 6-hour training developed to assist medical, clinical, and other direct service providers with lethal means counseling using an informed, collaborative, and culturally responsive approach that respects firearm ownership values. OCALM is neither anti-gun nor anti-medication but working to have safe conversations about lethal means. The learning outcomes for the training are:

Learning Outcomes

- Understand the impact of addressing suicide means through local and national data, relevant research, and practice scenarios.
- Learn the most effective ways to address means with individuals who own firearms through interactive case studies, video demonstrations, and practice scenarios.
- Understand the impact of addressing suicide means through local and national data, relevant research, and practice scenarios.



- Learn the most effective ways to address means with individuals who own firearms through interactive case studies, video demonstrations, and practice scenarios.

Working with Elaine Franks and local firearm owners we developed a training specific to Oregon. We also had support from Incite Agency for Change who partnered with us and OHA on this initiative. Here are the differences in the Oregon and nation model:

Oregon CALM Model	National CALM Model
Live training- online or in person	On-demand, self-paced training
5 CEUs from NASW	Certificate of completion provided
6 hours, including lunch break	~2 hours
Grounded in local data and contexts	National data
Hands-on experience through role plays and case scenarios, with coaching from trainer	Recorded case scenarios for observation
Additional focus on rural cultural context around suicide and firearms	More general focus on firearm owner contexts
Variable cost; valued at \$125/person	Free

In collaboration with OHA’s Comprehensive Suicide Prevention Grant and Incite Agency for Change, we are offering 12 OCALM trainings per year for rural, remote, and older adult direct service providers. Trainings are kicking off next week at a reduced fee of \$25. Incite is also working to host a pre-conference training in conjunction with the American Association of Suicidology Conference in Portland.

To register for a training, go to <https://www.inciteforchange.org/events>

A training of trainers will be offered **October 25 & 26, 2023**, for more information: <https://www.inciteforchange.org/event-details/ocalm-t4t>

For questions, contact Kris kbifulco@aocmhp.org

Galli asked if there were questions about OCALM and opportunities. Justin asked if outreach included sheriff offices. Kris replied not to date, however, they will be added to the contact list for information.



Galli asked Annette to kick off to the legislative update.

10:10 – 10:45 Legislative Update

Annette Marcus, Alliance, Policy Manager

Annette opened with comments on the very successful Capital Day event and thanked all those who participated. A special shout out to AFSP/Angela Perry and Lines for Life for the well-organized event. The Alliance was well represented, many of our members attended including Eric, our only under 21 member. A special thank you to Laura Rose for her advocacy and help setting up a hearing on suicide prevention. Oregon’s first lady, Aimee Wilson, joined us – see her in the right-hand corner of the photo. It was an amazing day!

There are hundreds of behavioral health and suicide prevention bills coming out this session. To narrow our focus, as a group we set a policy agenda which guides our legislative work. Members of Alliance committees and advisory groups support our policy agenda by following legislation and actively providing advocacy and testimony. Annette asked Justin Potts, co-chair of the Schools Committee, for an update on schools related legislation.

Justin concurred with Annette on how busy this legislative session has been. Given the number of schools related bills in progress, it can be challenging to track them all especially while also working on rulemaking. Justin provided an update on two key schools related bills:

HB 2656 – Requires each school district to ensure students of school district participate in specified surveys used to determine if schools provide environment for healthy and successful learners. Directs Superintendent of Public Instruction to convene advisory committee to explore options for expanding or revising education accountability framework.

<https://olis.oregonlegislature.gov/liz/2023R1/Measures/Overview/HB2676>

This bill requires all schools statewide to participate in the SEED and Student Health Survey. Because it is not currently required, not all schools participate particularly those in rural and remote areas. These surveys are key to learning more about school environment and how students are doing. This policy will help better understand suicide risk as well as identify prevention strategies. Alliance members provided testimony during



Capital Days support this bill. Annette added that a lobbyist told her it was the advocacy and testimony of the Alliance that moved this bill forward; past attempts did not have this type of support and subsequently stalled.

SB 514 – Establishes the Adult Suicide Prevention Coordinator within OHA. Requires coordinator to maintain and facilitate implementation and updates of statewide plan to address adult suicide and to develop prevention, intervention and postvention strategies. Establishes Adult Suicide Prevention Advisory Committee; direct advisory committee to consult with coordinator on updates to the plan.

<https://olis.oregonlegislature.gov/liz/2023R1/Measures/Overview/SB514>

Annette reminded attendees that this bill mirrors what established the Alliance and put youth suicide infrastructure in place statewide. We need a similar structure for adults in to cover the lifespan. If Laura Rose was able to be here today, I know she would ask that you help move this bill forward by reaching out to Sen. Thatcher and Senator Patterson, we really want this bill to become policy.

Annette asked Julie Scholz to update us on SB 818. The Workforce Committee developed this bill to provide suicide risk assessment and treatment training for the physical health workforce. Unlike the Alliance sponsored bill HB2315 which requires training in suicide risk assessment, treatment and management for behavioral health workforce, this bill requires OHA to offer similar training for the physical health workforce.

SB 818 – Directs OHA to develop a list of suicide risk assessment and treatment continuing education opportunities for specified physical health care providers. Requires OHA to develop continuing education opportunities if none exist. Allows regulatory boards to approve continuing education opportunities from list.

<https://olis.oregonlegislature.gov/liz/2023R1/Measures/Overview/SB818>

Julie reported that the first public hearing on the bill was held and resulted in questions related to clarification of some language. So far there has not been any opposition just clearing up questions. Senator Gelser Blouin and her staff are working hard to get this bill heard. It has been so helpful to have her support.

Annette reminded members that HB3513 is about creating time and distance – reducing access to guns during a mental health crisis. Annette asked Donna Marie to provide an update.



HB 3513 – Authorizes federal firearms licensee or other persons to enter into firearm hold agreement with firearm owner. Provides immunity from liability for person who takes possession of firearm pursuant to firearm hold agreement except in actions arising from unlawful conduct. Directs OHA to fund firearms storage. Requires training course for concealed handgun license include use of firearm hold agreements for firearm suicide prevention. Provides that transfer of firearm pursuant to firearm hold agreement is exempt from private transfer criminal background check requirement.

<https://olis.oregonlegislature.gov/liz/2023R1/Measures/Overview/HB3513>

Donna Marie briefly reviewed the key elements of the bill to reduce access to firearms: it is a safe harbor bill that limits liability for safe storage; provides for suicide prevention training through current course for concealed carry; and direct OHA to fund firearm storage lockers across the state. We know that everything in this bill has shown to prevent suicide. Many of these strategies are already in place in multiple states. The bill has not been scheduled for a hearing and there is a great deal of work get this bill heard. She asked for help from members, advocacy and testimony are needed to keep this bill moving forward.

Annette added that next week the Alliance will email members with information on advocating, providing written and in-person testimony, and contact information for senators. We need to put pressure on to get this bill heard.

Donna Marie asked Kaleigh if she would like to add anything (Kaleigh has done most of the work on this bill). Kaleigh added that the holdup is scheduling a hearing. Chair of the Judiciary Committee, Representative Jason Kropf, has asked us to find out what the NRA position is and if they are opposing it. Next week Representative Tran with us will be meeting with the NRA lobbyist and it is anticipated they will be in support or at the very least neutral. We really need your help move this bill forward. Please reach out to your own representative - write letters or call. You can mention that similar bills have been enacted in Louisiana and Utah and it's been found to save lives.

Annette thanked Donna Marie and Kaleigh and reminded members to watch their email next week for important information on advocating for both SB514 and HB 3513. Annette provided an update on HB 2757.

HB 2757 – Expands and provides funding for coordinated crisis services systems including 9-8-8 suicide prevention and behavioral health crisis hotline. Imposes unspecified tax on consumers and retail subscribers who have telecommunications service or



interconnected Voice over the internet Protocol service and who have prepaid telecommunications service to pay for crisis services system.

<https://olis.oregonlegislature.gov/liz/2023R1/Measures/Overview/HB2757>

Annette shared that this is one of the most important pieces of legislation and that the fees it will impose are an ongoing source of funding for the 9-8-8 crisis line. In the original bill, fees would have also funded mobile response services, however, there have multiple amendments to the bill. Annette asked if anyone joining us today could speak to those amendments and no one came forward. She and Jenn will keep Alliance updated as information to the changes becomes available. There is a work session scheduled for March 13. Passing this bill will be a heavy lift because there is actual fees. Annette thanked Oregon NAMI, Lines for Life and AOCMHP for all their hard work on this bill, they have been crucial in securing this legislation.

The last item on the legislative update is HB 2002. Annette shared that the Executive Committee is looking at HB 2002. As a group, the Alliance has identified access to gender affirming care as a policy area we will support. Lack of access to this care is a direct link to risk of suicide. An earlier bill related to gender affirming care has been combined with a bill on reproductive health. The Alliance has not taken a position on reproductive health and because we haven't, the Executive Committee decided to take a pause to look at HB2002 before taking a position on the bill. If you have thoughts or feedback on the bill, please contact Annette or Galli. Galli welcomed anyone who is interested in joining the conversation to participate in the March 13th, 8:00 a.m., virtual meeting. The only item on the agenda is HB2002. Contact Annette or Jenn for the zoom link.

HB 2002 - Modifies provisions relating to reproductive health rights. Modifies provisions relating to access to reproductive health care and gender-affirming treatment. Modifies provisions relating to protections for providers of and individuals receiving reproductive and gender-affirming health care services. Creates crime of interfering with a health care facility. Punishes by maximum of 364 days' imprisonment, \$6,250 fine, or both. Creates right of action for person or health care provider aggrieved by interference with health care facility. Repeals criminal provisions relating to concealing birth. Declares emergency, effective on passage.

<https://olis.oregonlegislature.gov/liz/2023R1/Measures/Overview/HB2002>

In closing, Annette shared that at the national level President Biden's proposed budget includes significant investment in suicide prevention. It is hopeful those resources become available. Annette also reminded members that their advocacy has been very



powerful, your voice matters. As a reminder your letters and testimony are on posted on OLIS*. Should you have questions or need help putting together a letter or testimony, Jenn and I are available to support you. Please let us know how we can help. This time of year, be sure to check emails from the Alliance, this is our primary way of keeping you informed of legislative and other Alliance activity.

**NOTE: Letters and testimony are posted on the Oregon State Legislature, Legislature Information site. To view testimony, click on links above for each bill and go to Testimony tab.*

Before break, Annette took a few minutes to set up the next session. She commented that this presentation has been brewing for a long time and given the high rate of suicide among boys and men, it an important conversation that we are entering into. Annette introduced each speaker and their role in the session:

Jon Davies, PhD, is a psychologist and Director McKenzie River Men’s Center, will be our facilitator.

Gordon Clay (who we know and is very active in the Alliance) established the Curry County Suicide Prevention Coalition, will be helping with the conversation.

Panel - Shane Lopez-Johnston, Native American Rehabilitation Association NW; Mike James, Veteran and Oregon Department of Human Services; and Jenn Scott, Klamath Basin Behavioral Health.

Shane will open the session with a prayer to ground and center us as we have this conversation about boys and men. Annette encouraged everyone to think about the different ways we frame masculinity, to allow ourselves to be curious about what we are hearing, to know there is no one perspective on boys and men, we are going to hear multiple perspectives and that gender is complex. We know that as an Alliance. Our work is about saving lives. We understand that this conversation may be emotional for some and if you need support, please reach out to Maria, Kris or Tim. Jenn has posted their contact information in chat.

10:45 – 10:55 Break



10:55 – 12:20 Presentation: Special Considerations to Providing Suicide Prevention Strategies with Boys and Men

Facilitators: Jon Davies, McKenzie River Men’s Center
Gordon Clay, Curry County Suicide Prevention Council
Panel: Shane Lopez Johnson, Mike James, Jenn Scott

Galli welcomed attendees back from break and asked Annette to open the session. Annette introduced Jon Davies and commented on his long history of working on issues related to men. Jon has helped us be thoughtful on moving this work forward. Gordon is an amazing and powerful advocate for attending to why are we loosing so many boys and men. He brings a sense of urgency and a sense of compassion to understanding socialization of boys and men and its impact on community. Annette welcomed Shane, Mike and Jenn as our panel before asking Shane to lead us in a prayer.

The following are highlights from the presentations. See meeting materials, “Preventing Suicide Among Boys and Men”, for more detail including an extensive list resources and references.

Jon reminded attendees that today we will be talking about suicide and its underlying factors and considerations. If you find yourself becoming upset feel free to take deep breaths, take a break, or reach out to Maria, Kris or Tim for support.

Goals of Presentation

1. Increase audience awareness of the suicide rates of boys and men including contributing factors that put males at risk.
2. Increase audience understanding of the struggles of boys/men.
3. Learn about strategies/programs to reduce male suicide including what some of your peers are doing.
4. Reflect on what the Oregon Alliance to Prevent Suicide can do to reduce male suicide.

We are passionate advocates for preventing suicide for all people. By encouraging focus on boys and men’s suicide, we in no way want to compete or take away from resources for other groups of people. We advocate for ample resources for prevention efforts for everyone. We are trying to raise awareness and increase focus on boys and men as a high-risk group for suicide.
Jon Davies

Highlights from Jon’s presentation:

- There may be concerns about focusing on male suicide, such as: Men already have great power and privilege in our society. Shouldn’t we be helping all those who been harmed by their privilege like people of color, girls and women, and LGBTQ



population? Are we promoting patriarchy? Resources are limited, shouldn't we use them for less privileged? Most of us have been harmed in some way by traditional masculinity. Talked over, controlled, teased, shamed, treated unjustly, bullied, assaulted, sexually assaulted, physically & emotionally harmed.

- Why we should focus on boys and men: Overwhelmingly most people who die by suicide are boys and men. Despite their power and privilege men's life expectancy is 4-7 years less than women's. Men's socialization and behavior affects everyone. While most boys and men are not violent, most acts of violence are committed by men. Male socialization affects everyone not just boys and men. Many of the same factors that contribute to violence, also contributes to suicide of boys and men and affects harm to others. Some of the factors are emotional stoicism, reluctance to seek help, and lack of constructive coping strategies. Healthier boys and men mean safer communities.
- Boys and men are a diverse group: Not a homogeneous group; not all men have the same power and privilege; cis men and transgender people have different experiences in their socialization process; men's socialization may differ according to sexual orientation, sexual identity, racial/cultural identities, socio-economic status, ability status and other variables. Life expectancy differences are similar in every ethnic group; men may engage in similar health behaviors for different reasons, fear of not being understood or accepted.
- Fundamental question: How can men, as a group, be so privileged and have such power in society, and yet have so much difficulty taking care of themselves with regard to physical and mental health?
- Data shows that men as a group: Historically marginalized men do not receive the same health care as men from dominant cultures. African American childhood suicide rates have increased in comparison to whites. Suicide rates of American Indian and Alaskan Indian have increased 38 % in recent years. LGBTQ+ men at greater risk for violence & suicide. Latino & Hispanic males lowest suicide rates. Asian American college student's higher rates ideation.
- LGBTQ+ Youth: 45% of LGBTQ youth seriously considered suicide with past year. Fewer than one third of transgender and non-binary youth found their home gender affirming. LGTBQ+ youth from gender affirming schools reported lower rates of suicide (Trevor Project, 2022)

Highlights from Gordon's Presentation

- The number one risk for suicide is being assigned “male” at birth. Assignment at the hospital is based on visual attributes rather than other ways such as chromosome testing.
- Data shows that in Oregon, the number one cause of death for 15 – 24-year-olds is suicide, followed by traffic accidents and poisons.
- It is said that the high rate of death by suicide is because of firearms, this is the how not the why. The reason for death on the first attempt by males is because there is a seriousness about wanting to die.
- Early shaming of boys with messages like “big boys don’t cry” become stronger over time and become don’t be weak, don’t be a victim, don’t ask for help.
- In Australia, a county with some of the strongest gun laws, it was found that the rate of suicide by firearm went down but the rate of death by suffocation went up, filling the void.
- Proposals:
 - Develop individualized campaigns and toolkits directed at gun clubs/shooting ranges and industries with higher rates of suicide.
 - Require informed consent by legal guardian to add gender to birth certificate.
 - Provide a safe place for boys to connect to positive male role models (i.e. father, coach, counselor, peers, etc.) to create social bonds and find support.
 - Create and make available programs that meet the gender parameters of boys; boys have voiced preferences for services that are discreet or anonymous which helps overcome stigma associated with seeking help. One example is tele-health.
 - Increase the number of male therapist and other helping professionals. Encourage educational institutions to increase outreach to males about helping professions and to seek degrees associated with social work, therapy, school counselor, or peer support specialist to fill the ongoing need for safe spaces for male clients.

It is easier to build strong children than to repair broken men. – Fredrick Douglas

The question of when the group would have the opportunity to raise questions and presenter to respond to comments in the chat. Annette suggested waiting until after the panel presentation and asked Jon to complete his presentation before introducing the panel.



Highlights from Jon's Presentation

- Considering Culturally Congruent Strategies to Prevent Suicide Among Boys and Men
Boys and men, as talked about earlier today, is a very diverse group and includes trans and binary – to best serve boys and men, it is important to know how they identify. In a UO study on help seeking, a primary problem for young men is that at a very young age they get the message that is shameful to ask for help whereas girls are given a different message (it is ok to ask for help). The young men engaged in a help seeking study at UO offered **advice and strategies** that break down the barriers to asking for help:
 - **Disguise help:** find ways to offer services that don't out them for needing help. One example, the gay/bisexual college age men didn't want to be separated them from a general audience for presentations on men's health information as this would out them as gay/bisexual.
 - **Therapeutic opportunities in non-therapy settings:** about 2/3 of clients in therapy offices are women, 1/3 are men. Find ways within the community to connect out of the therapist office to provide services.
 - **Opportunities to reciprocate.** Men are more apt to seek help when they can give help, for example group leader for support group. Creating opportunities for boys/men to give back within the community is very important.
 - **Promote possible masculinities.** Create a many options as possible – ask, "What kind of person do you want to become? What qualities do you want to define you now and in the future?" We also have asks what do our communities and culture want from our boys and men. Appeal to their desire to be the best they can be.

Jon introduced Shane, Mike and Jenn and welcomed and thanked them for presenting today.

Highlights from the panel follow.

Shane Lopez Johnson – Member of the Smith River, Tolowa Tribe
Youth Development Director for NARA Northwest

Shane opened the panel presentations and thanked everyone for bringing different perspectives to the discussion today. We're all here for the right reasons, being in this safe space and having a platform for difficult conversations is so important. My presentation is about looking through an indigenous people's perspective and a Native



American lens to approach things like suicide prevention. Historically in tribal communities there were opportunities to experience rites of passage, acceptance, and elders who guided young men and women. Our ceremonies supported the transition to adulthood and fostered a sense of community. These become part of our protective factors, reinforced by community. This built a sense of self and supported help seeking. Today it is harder for youth in an urban setting to make cultural connections. Much has been taken away from Native Americans – land, tradition, food, separated from community by boarding schools, etc. – which has led to an erosion of traditional practices. Where we sit today is how do we celebrate our youth. How do we strengthen our cultural ties? When culture is implemented at an early age, protective factors are developed and that builds confidence. The key word today is **support**. It is so important to support our youth and encourage them to take advantage of the supports in their life. Be a positive role model and resource, figure out ways to support boys in their journey to adulthood. And be there when they become men. Remember, **culture is a protective factor**. Think about what rites of passages are in your culture, find ways to practice those meaningful traditions and pass them along to our youth.

Mike James – Retired US Army
Oregon Department of Human Services

Mike shared that he is a veteran and served for 26 years. He is currently employed by Oregon Department of Human Services as a training and development lead where he also serves on the leadership team as the suicide prevention officer for a veterans' employee resource group. Additionally, he leads a support group for veterans on his own time. While most veterans are men, he has also worked with veterans who are women. Today he will use the term veterans rather than boys/men. In the military the nature of the job is to depend on one another. One of the more challenging aspects of the military is you can measure physical fitness, but it is a struggle to measure mental health fitness. In the military you train to be violent, it is masculinity that drives the “suck it up” culture and to not ask for help. What can be done to answer the need for support? Support groups, they are a place where like-minded and like-experience people can get together. It is critical when transitioning from military to civilian life because veterans take the “suck it up” shield into their new life and without proper support and a safe place, a veteran may not reach out for needed help. Veterans need a place to feel safe to join with others experiencing the same challenges with the transition period. The protective connection and feelings toward one another in group is powerful. Mike likes creating a safe space without distractions, snacks (no alcohol!), available resources, and a prepared presentation. A strong strategy for reducing suicide for boys and men, is offering a **safe**



place to make connections, have open and honest conversations, and show vulnerability. The hope and power of peer support groups cannot be overlooked.

Jenn Scott-Prevention and Outreach Coordinator
Klamath Basin Behavioral Health

Jenn is the chair United Klamath Suicide Prevention coalition, and she shared about their recent focus in on boys and men along with working on lifespan and LGBTQ areas. The reason for the focus on boys/men is the National statistics that 8 out of 10 suicides are boys/men, however, in Klamath County 9 out of 10 suicides are boys/men. Here are highlights from the Coalition's media campaign:

- Billboard – **Mental Health Matters**, featuring two men fishing. The response to the billboard has been very positive. Example - One man sought services after seeing it.
- Local Newspaper – **It's OK to Talk About It** This message is placed under the crossword in each edition and is easy to spot.
- Magazine/Klamath Living Well – featured an ad with the slogan **Mental Health Matters** under an article about Dynamite Dads. The placement was strategic, it follows an article about dads volunteering at local middle school and being positive role models.
- Recently the Coalition partnered with Healthy Klamath on the campaign "Movember". This even takes place during November and focuses on men's health and mental health. Globally we lose a man to suicide every minute and that was the general focus of our "Movember" message about mental health and supports.

The Coalition is using both social and traditional media to get the word out. They also work with a local radio station to run PSA messages about harmful and toxic messages for boys and men. "We've really been doing a push to help men and boys in our community and the feedback has been very positive."

Small Group Breakout Sessions

In lieu of the small group breakout session, questions/answers and comments were taken in the large group.

Annett and Jon facilitated the conversations about the comments in the chat. Key take aways from the discussion are:



- Language is powerful and can be harmful. There is concern about comments re: fatherless homes and related negative outcomes. It was expressed that this is a heteronormative perspective, and that language doesn't feel inclusive. It is important how we talk about families and gender. We need a broad lens and to be inclusive, recognizing there's a wide variety of families.
- Another approach is to focus on supportive caregivers as a protective factor rather than people being fatherless.
- Instead of focusing on the dominate culture of boys and men, create safety all around – all groups/people/community.
- Implications for the Alliance:
 - Work with intention with gun owners, keep them in the conversation.
 - Recognize how early in life help seeking is deterred and the culture of violence perpetuated, this is an important consideration when developing programs and services.
 - Take into account the bifurcation that exist across generations when it comes to difficult conversations such as suicide, gender, and help seeking. This is especially challenging in rural communities when younger generations talk about these issues differently than those from older generations. There's lots of work to do to approach kids at a younger age.
- Shanda Hochstetler shared this link to Rodger Brubaker, which begins around the 1:30 mark:
https://lanecounty.ompnetwork.org/embed/sessions/261208/board-of-commissioners-morning-meeting-february-7th-2023?display_mode=year

Note: Due to time constraints, many comments in the chat were not discussed, however, the Alliance staff appreciates this input and will review comments to inform current and future work.

12:20 – 12:30 **Announcements** – there were no announcements.

12:30 **Adjourn**

Galli thanked our presenters and panel, Annette and Jenn for making this day happen, and all for creating this safe space for our work.