

# Orientation to the Oregon Alliance to Prevent Suicide

HOPE, HELP AND HEALING



Oregon  
*Alliance*  
to Prevent Suicide



Funded by  
Oregon  
*Health*  
Authority

# Let's Take Good Care of Each Other and Ourselves

Let us know with a private chat if you're having a tough time and need someone to talk with. **USE THE CHAT**

Take a break when you need to – get up and stretch, get yourself a cup of tea or a bite to eat. Please mute yourself unless you have a comment.

Draw, doodles, take notes or pat your cat or dog during the meeting





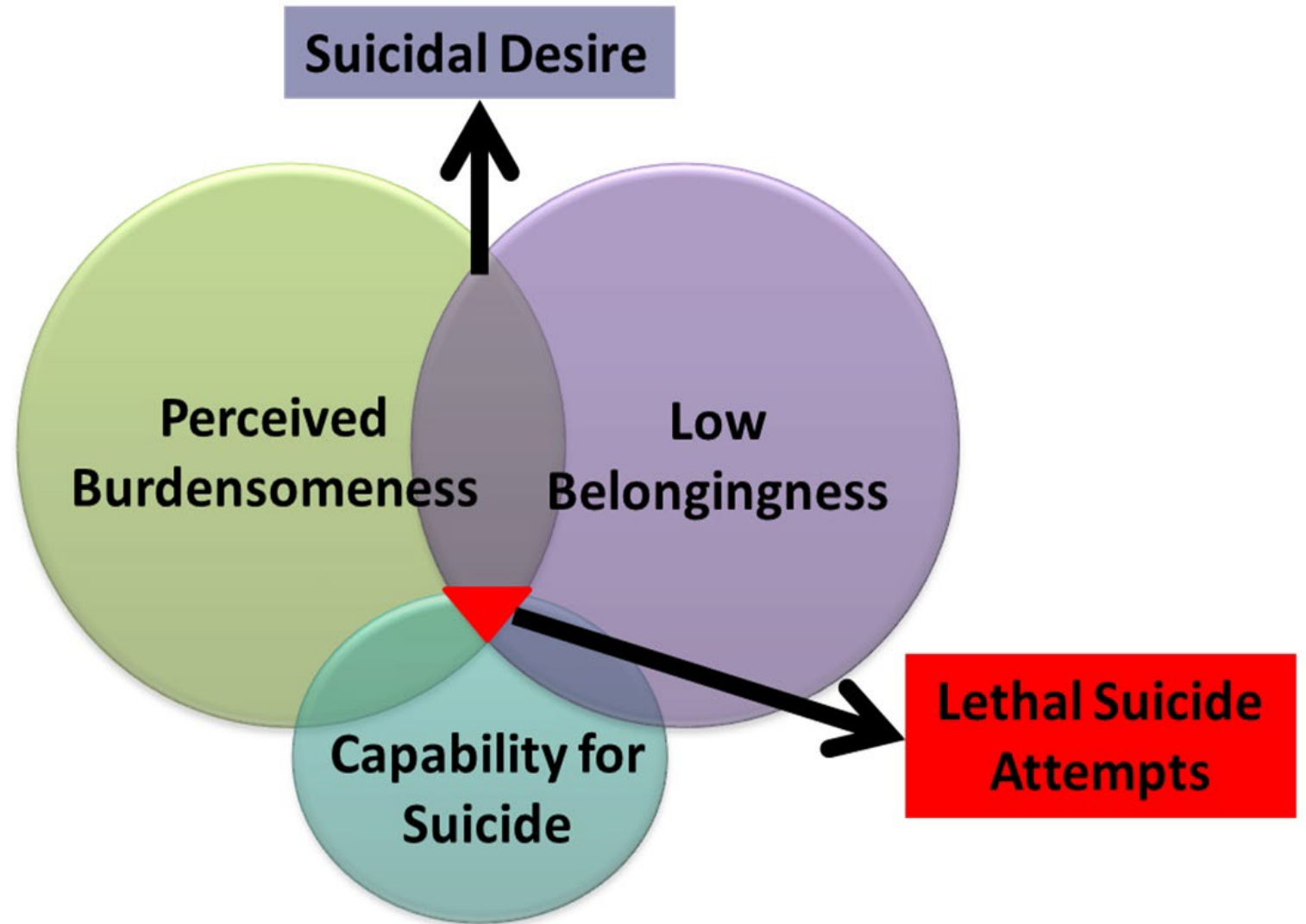
## Geographically/Politically Diverse

As of 2020 13<sup>th</sup> highest suicide rate in the U.S.

# Youth suicide rate declined 2019 - 2022 after previous alarming increase

# Interpersonal Psychological Theory of Suicide

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



# Alliance Focus

**Monitoring and advising OHA to  
reduce youth/young adult suicide**

**Equity and liberatory practice**

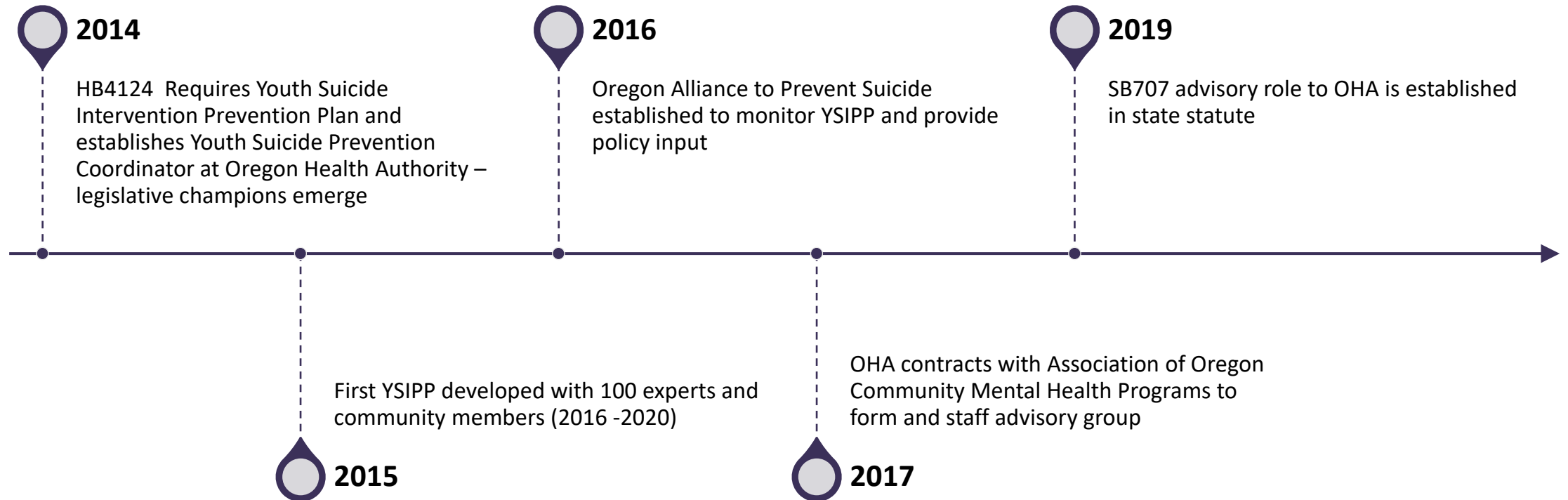
**Connecting the field of suicide  
prevention in Oregon**

**Policy development and  
implementation**



Getting  
to Know  
You

# Alliance History





## **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.

## **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.

After murder of  
George Floyd,  
Alliance leadership  
asked us to deepen  
our equity  
commitment.





## **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.

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

# GROUP AGREEMENTS

What does it mean to center lived experience?

We value being a community of care. Reach in and reach out.

Be in the growth zone. All Teach and All Learn.

Challenge oppression and racism.

Intent does not always equal impact

Replace judgment with wonder - be curious not furious

Be aware of how much you are speaking. Create space for others.

Check for understanding

Speak your truth and be aware of the ways you hold privilege

Strive for suicide-safer messaging and language

## HOPE

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

## HELP

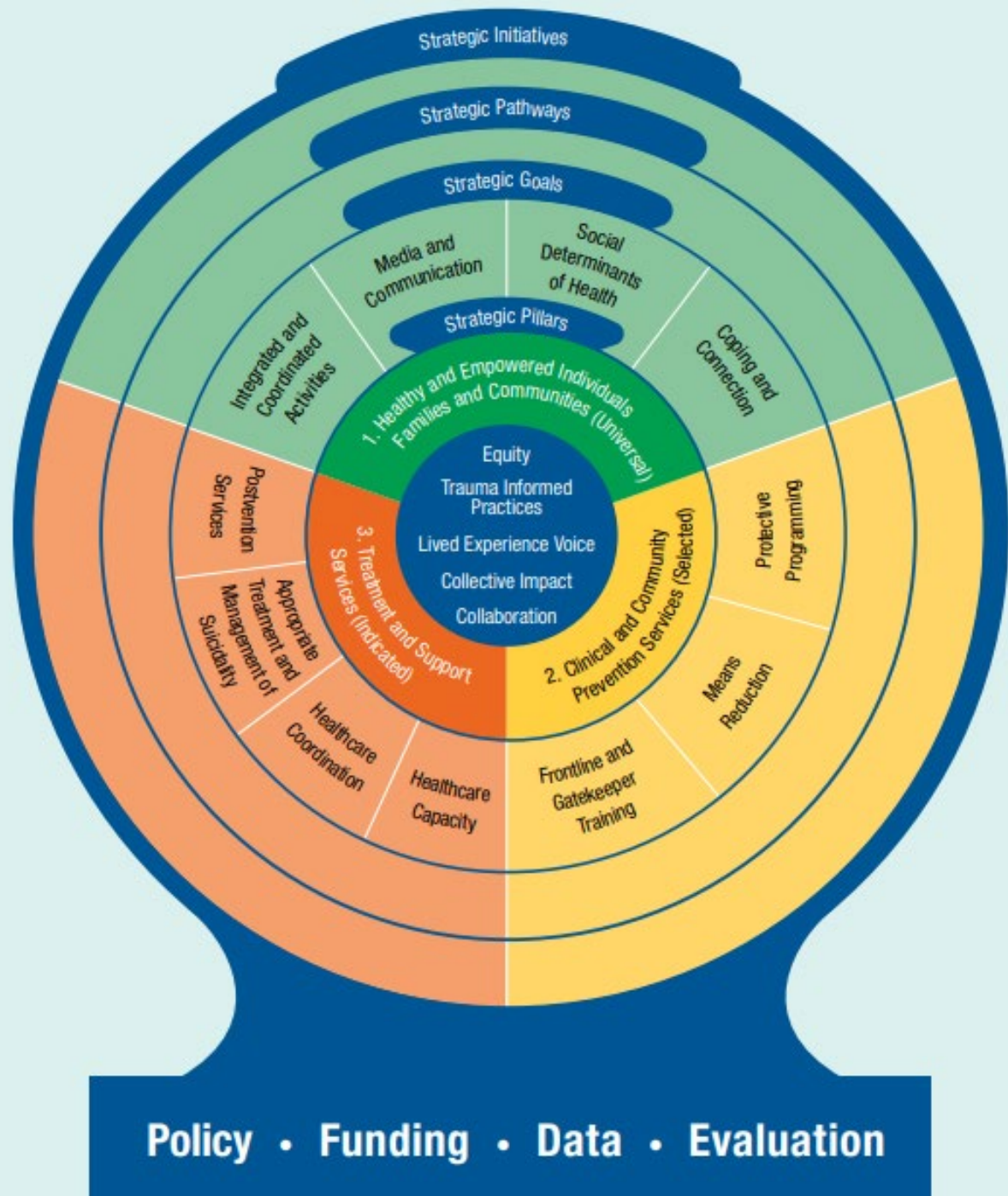
Make it safe to ask for **help** and ensuring that the right **help** is available at the right time

## HEALING

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



**Connection and Transformation**



# YSIPP Framework

YSIPP OHA Initiatives Smartsheet


Alliance Specific Initiatives

# Policy Success: Instrumental in Passage of 18 Bills


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




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



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



Require suicide assessment and management continuing education for behavioral health workforce



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

# Policy Priorities – 2023

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Funding the Adult AND Youth Suicide Prevention Plans

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Increase access to quality suicide assessment / management training for health professionals

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988 and crisis response system – support robust system with cell fee

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LGBTQ2SIA+ Affirming Schools and access to gender affirming care

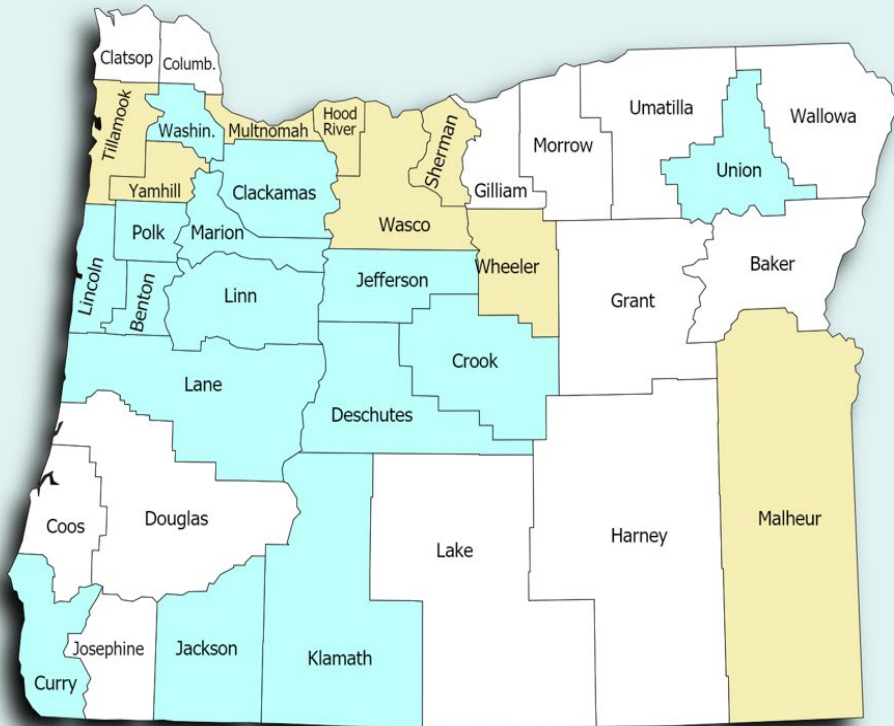
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Safe storage of firearms



# Helping Connect the Field

Regional Suicide Prevention Coalitions



Not connected with the Alliance / No current coalition

Established Coalition Connected with the Alliance

Emerging Coalition Connected with the Alliance

Created with paintmaps.com

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

Promote a sense of hope and highlight  
and support strategies for resilience.

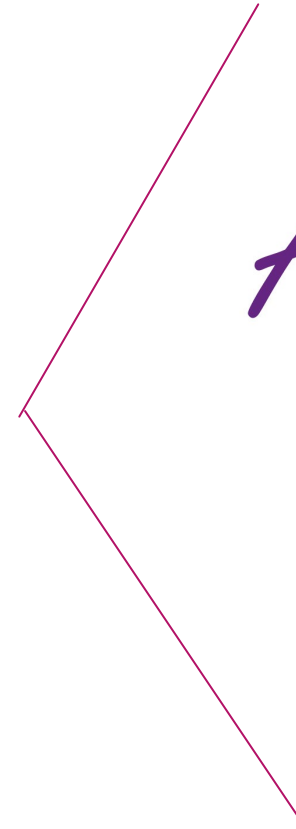
Support people to ask for help and  
ensure that the right help is available at  
the right time.

Engage individuals and communities in  
the healing process after an attempt or  
suicide

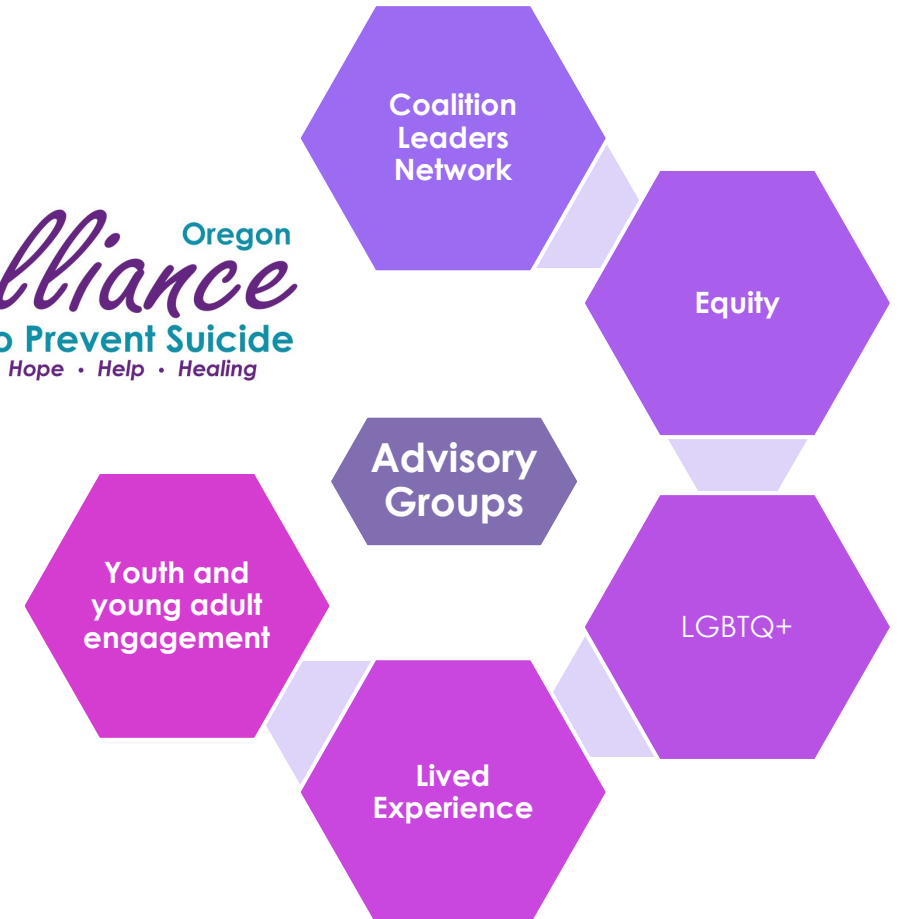
Oregon  
**Health**  
Authority



ASSOCIATION OF OREGON  
COMMUNITY MENTAL  
HEALTH PROGRAMS



*Oregon*  
**Alliance**  
to Prevent Suicide  
*Hope • Help • Healing*



# Key Areas for Engagement

## Committees (Public Meetings)

- ▶ Schools Committee – Monitoring and Advising on Adi's Act
- ▶ Transitions of Care – Monitoring and addressing continuity of care
- ▶ Lethal Means – Reducing Access to Lethal Means
- ▶ Executive (seeking lived experience/youth positions)
- ▶ Workforce – Training for BH and Healthcare, suicide safer work environments
- ▶ Eval and Data – Learning

## ADVISORY GROUPS

- ▶ LGBTQ+
- ▶ Equity
  - ▶ White Accountability Learning Collective
- ▶ BIPOC Caucus

# WEBSITE IS KEY RESOURCE

[www.oregonalliancetopreventsuicide.org](http://www.oregonalliancetopreventsuicide.org)

Register for quarterly meetings

Read committee descriptions and notes

See latest Alliance publications

Policy updates

Alliance tracking activity tracking too.

# ALLIANCE CHAIRS

Alliance Chair: Galli Murray, Suicide Prevention Coordinator, Clackamas County

Alliance Vice-Chair: Charlette Lumby, Incite Agency for Change

Data & Evaluation Committee Chairs: Elissa Adair, Kathy Turner, and Sandy Bumpus

Schools Committee Chairs: Justin Potts and Claire Kille

Transitions of Care Committee Chairs: Charlette Lumby and Liz Schwarz

Workforce Committee: Julie Scholz and Don Erickson

LGBTQ+ Advisory: Aubrey Green and Wren Fulner

Lethal Means: Jonathan Hankins, Donna-Marie Drucker, and Pam Pearce

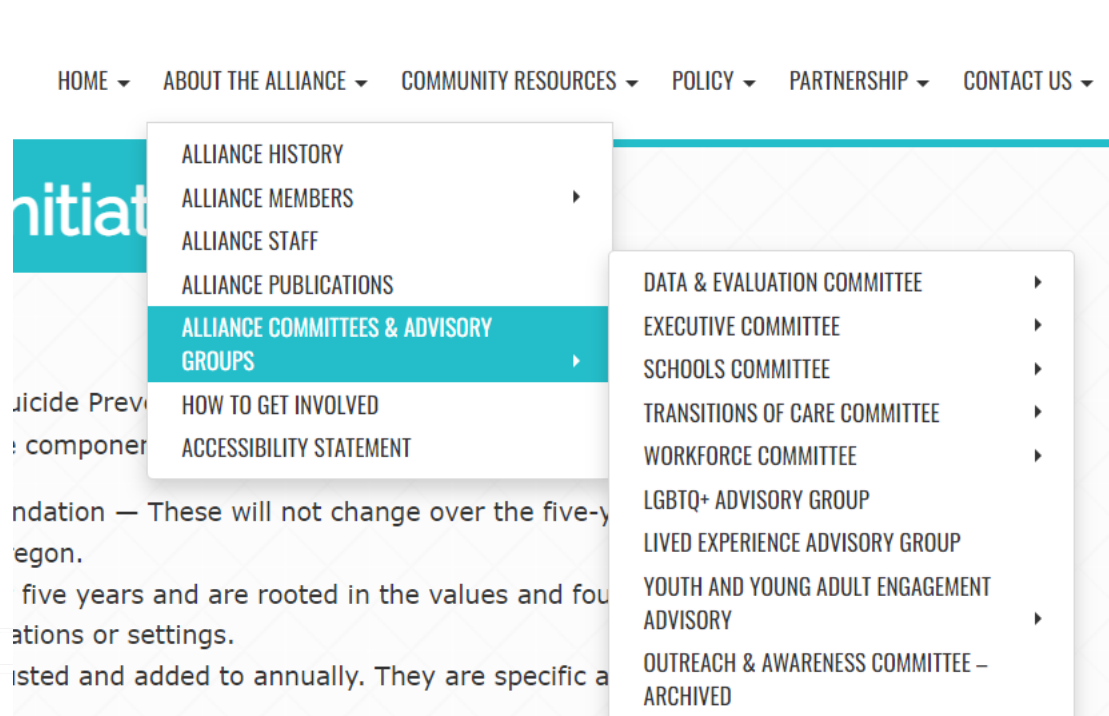
Lived Experience: Laura Rose Misaras

# How to Get Involved with the Alliance



# Website Navigation

## Alliance Website



## Executive Committee

### What is the Executive Committee?

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

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

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

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

If you have questions about this Committee, please email Alliance staff Annette Marcus at [amarcus@aocmhp.org](mailto:amarcus@aocmhp.org).

Fiscal Year 2021 – 2022  
Current and Past Meetings

# Let's Connect



Annette Marcus – [amarcus@aocmhp.org](mailto:amarcus@aocmhp.org)



Jenn Fraga – [jfraga@aocmhp.org](mailto:jfraga@aocmhp.org)



Website: [www.oregonalliancetopreventsuicide.org](http://www.oregonalliancetopreventsuicide.org)



# Quarterly Meeting

June 9<sup>th</sup>, 2023

**WELCOME!**

**Please share name, pronouns,  
organization (if applicable) in chat**


**Orientation: 8:45-9:15**

**Meeting: 9:30 – 12:30**

# Agenda




- |       |   |
|-------|---|
| 9:30  | Welcome, Introductions, Group Agreements,<br>Agenda Overview, Alliance Business |
| 9:45  | Getting To Know You Small Groups  |
| 9:55  | Summit – Black and Indigenous Communities                                       |
| 10:00 | CDC Data Update - OHA   |
| 10:40 | YSIPP Annual Report   |
| 11:05 | Survey  |
|       | Break   |
| 11:25 | Zero Suicide  |
| 12:30 | Adjourn   |



• **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.

• **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.

• **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.



# Current Alliance Voting Members

Aaron Townsend
Amy Ruona
Angela Perry
Cassandra Curry
Charlette Lumby
Christina McMahan
Dan Foster
Don Erickson
Donna-Marie Drucker
Erin Porter
Frankie Pfister
Galli Murray
Gary McConahay
Gordon Clay
Hugo Oscar Sanchez Lopez
Iden Campbell
Jackie Richland
Jacob Dilla
Jamie Gunter
Jesus Nunez-Pineda
John Seeley
Joseph Stepaneko

Judah Largent
Julie Magers
Julie Scholz
Justin Potts
Karli Read
Kirk Wolfe
Kristin Fettig
Laura Rose Misaras
Leslie Golden
Lukas Soto
Maria Antonia Botero
Mary Massey
Mike James
Pam Pearce
Rebecca Marshall
Roger Brubaker
Rosanna Jackson
Ryan Price
Sandy Bumpus
Sara Gelser Blouin

Shane Lopez
Shane Roberts
Siche Green-Mitchell
Spencer Delbridge
Spencer Lewis
Stephanie Willard
Suzie Stadelman
Sydney Stringer
Tanya Pritt
Tia Barnes
Wren Fulner
Zev Braun

# Group Agreements and Getting to Know You

Name, pronoun,  
organization (if  
applicable)

Celebrity you'd  
like to share a  
meal with?

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
8. Speak your truth and be aware of the ways you hold privilege
9. Strive for suicide-safer messaging and language

# New Funding for Suicide Prevention At Risk!

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- Most bills not being heard
- Budgets stay at same level as last biennium till September
- June 25 Last Day of Session
- Probable Special Session this summer
- After September?

**The New York Times**

**In a Year of Capitol Feuds, Oregon Has a Political Breakdown**

(Headline)

# Using Cultural Protective Factors in Suicide Prevention for the Black and Indigenous Communities

- 3rd Annual Suicide Prevention Summit
- **When:** Wednesday, July 26, 2023
- **Where:** PSU Native American Student and Community Center, 710 SW Jackson St, Portland, OR 97201
- **From:** 9:00 am-3:00 pm

To Register: [SUMMIT REGISTRATION LINK](#)

Culture should be at the forefront of our thinking when we discuss suicide prevention, intervention, and postvention. We all come from diverse backgrounds with significant differences that are fundamental to consider in our interactions in providing support, resources, and services. During the summit, we will seek to understand suicide and suicide attempts within the context of the person's culture, subculture, generational differences, social position, language, religion/spirituality, cultural characteristics, gender identity, values, and beliefs that can create or function both as risk factors in seeking support for traumatic and emotional disturbances as well as function as protective factors that provide support and encourage help-seeking behaviors and attitude.

# LGBTQ Advisory Ally Call to Action Planning

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Eugene – Saturday July 6

Noon to 4 pm

- [Register LGBTQ+ Convening](#)



# Complete Annual Alliance Satisfaction Survey

Then take a break and return by  
11:25



# Questions – Need Assistance?

- Annette Marcus – [amarcus@aocmhp.org](mailto:amarcus@aocmhp.org)
- Jenn Fraga – [jfraga@aocmhp.org](mailto:jfraga@aocmhp.org)

**Alliance** Oregon  
to Prevent Suicide  
Hope • Help • Healing



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# Youth Suicide Intervention and Prevention Plan: 2023 Initiatives Mid-Year Progress Report

Presented to  
Alliance to Prevent Suicide – June 9, 2023

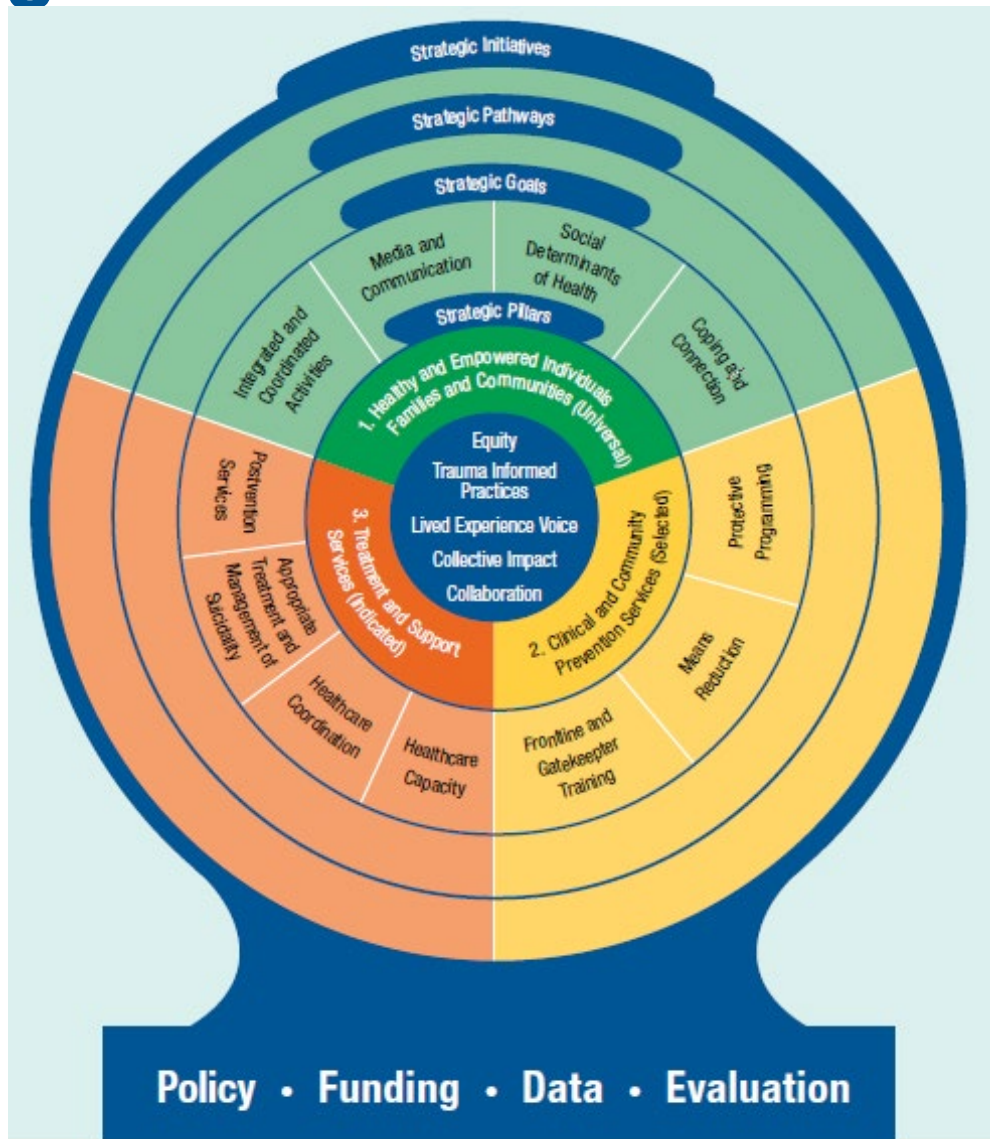
Jill Baker, OHA Youth Suicide Prevention Policy  
Coordinator [jill.baker@oha.oregon.gov](mailto:jill.baker@oha.oregon.gov)



# Purpose of this presentation

- To briefly remind us of what the YSIPP 2023 initiatives are, how they fit into the Oregon Suicide Prevention Framework
- To highlight progress and barriers so far in 2023

# Oregon Suicide Prevention Framework



Some tools:

1. Interactive [PDF](#) with Pathways

2. 10 min [video](#) describing OHA's youth suicide prevention tools

# YSIPP Initiatives in 2023

- 2021-2022 we collectively listed 117 projects/initiatives
- Many of those continued, or were revised and included in 2023
- 157 total initiatives (added 1.1.3.4 Oregon will participate in SAMHSA's 2023 Black Youth Suicide Prevention Policy Academy in May 2023)

2023 Initiative leaders (some have shared leadership):

- 23 are led by the Alliance to Prevent Suicide
- 123 are led by the Oregon Health Authority
- 8 are led by the Oregon Department of Education
- 5 are led by the Oregon Department of Human Services
- 3 are led by “other” organizations/entities

# Progress: Universal Interventions – Tier 1

- 1.1.3.4 Oregon will participate in SAMHSA's 2023 Black Youth Suicide Prevention Policy Academy.
- 1.1.5.5 The Alliance will develop an equity screening tool for suicide prevention and train Alliance committees and suicide prevention coalitions on the tool.
- 1.1.5.6 The Alliance will form and support a BIPOC (Black, Indigenous and People of Color) caucus.
- 1.1.5.7 The Alliance will form and support a monthly group to support white allyship and anti-racist education.
- 1.1.6.4 The Alliance staff will administer and evaluate mini grants for local suicide prevention coalitions.
- 1.4.3.3 Develop and make available QPR for Teens with guidance from Oregon young people.

# Progress: Selected Interventions – Tier 2

- 2.1.1.3 OHA will develop a free three-hour suicide prevention online training appropriate for the Traditional Health Worker workforces that highlights problem gambling as a risk factor for suicide by Aug 2023.
- 2.1.1.9 ODHS will train designated child welfare staff in the child welfare specific YouthSAVE module and train up to 10 staff to become trainers in this module.
- 2.1.4.4 OHA will offer training related to suicide prevention considerations for Latinx community.
- 2.3.3.9 OHA will provide support to the Oregon Colleges and Universities Suicide Prevention Project.

# Progress: Indicated Interventions – Tier 3

- 3.1.4.1 OHA will publish a toolkit on best and promising practices for suicide risk assessments, screenings, and safety planning.
- 3.3.1.4 Oregon Pediatric Society will develop YouthSAVE training for those serving young adults (ages 18-24).
- 3.4.1.4 NARA NW will establish a postvention response team and programming to support tribal communities after a suicide death.
- 3.4.1.5 Critical Incident and Stress Management training will be available for postvention response teams and a learning community will be established.

## Barriers identified:



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# Suicide Death and Suicide-Related Data

Presented to  
Oregon Alliance to Prevent Suicide  
June 9, 2023

**Taylor Chambers, Public Health Suicide Prevention Coordinator**  
**Meghan Crane, Zero Suicide in Health Systems Coordinator**

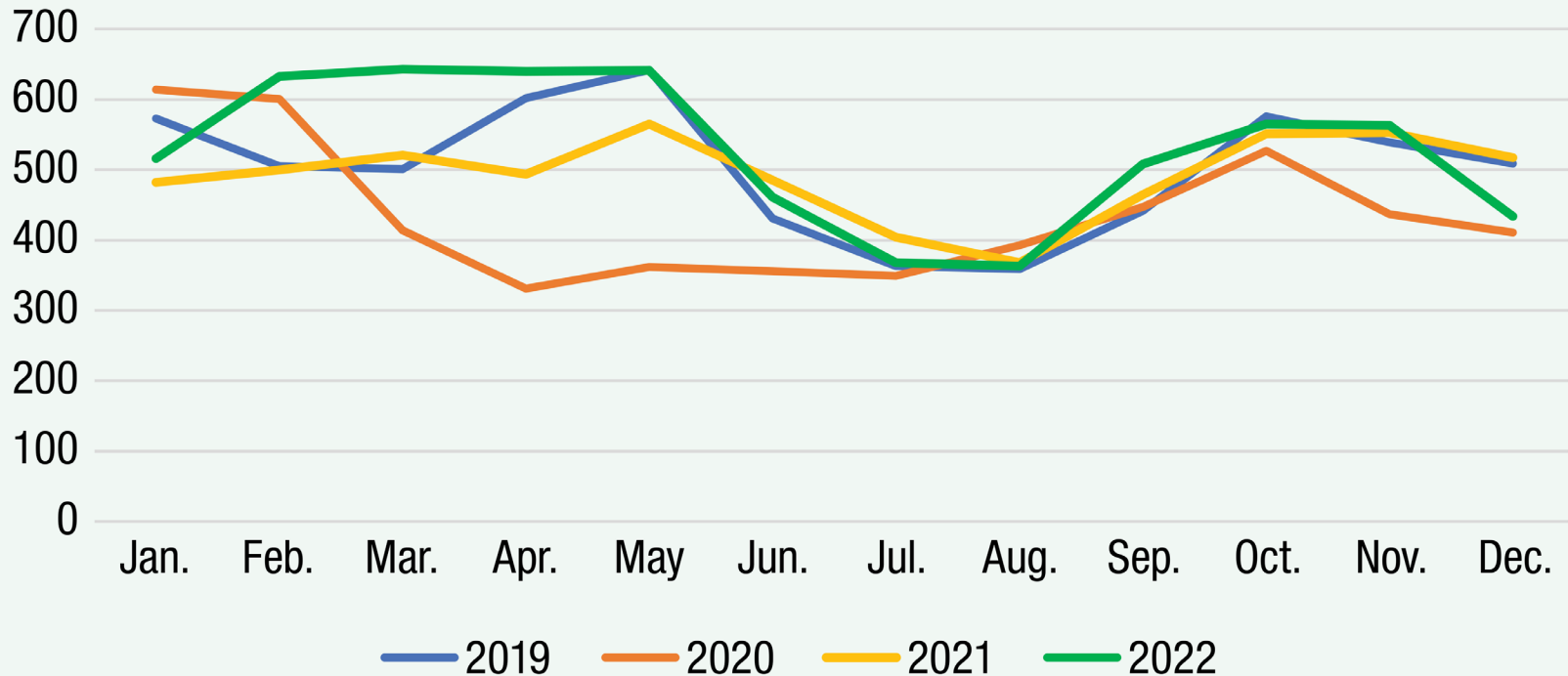


# Information on Data Systems

- Today, we will be focusing on what the data is telling us.
- For more information on the data systems referred to in this presentation, including data sources, data limitations and examples of data that can be provided by each system:
  - View the recorded presentation: [Telling the Story of Suicide in Your Community: State and County Level Mortality and Morbidity Data Sources](#) (Approx 45 minutes)
  - View the [OHA Injury and Violence Prevention Program Data Glossary](#)
- A note on use of the term “small numbers”

# Suicide-related visits to Emergency Depts. and Urgent Care Centers

Figure 3. Suicide-related visits to emergency departments and urgent care centers, ages 18 and younger, Oregon (From 2022 YSIPP Annual Report)

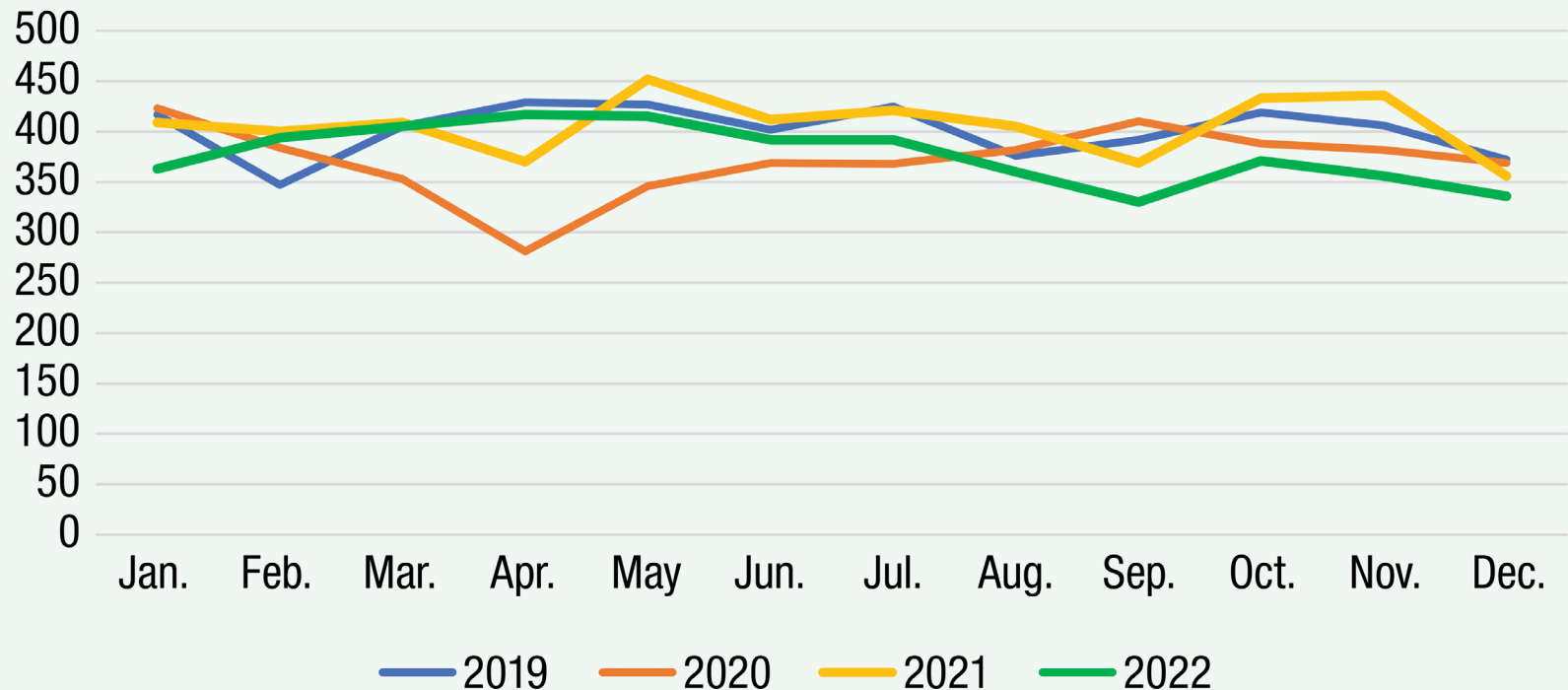


Total visits: 2021 = 6,336; 2022 = 5,905; 2020 = 5,242; 2019 = 6,042

Source: ESSENCE syndromic surveillance suicide-related data, including visits for self-harm, suicide ideation and suicide attempt, from all nonfederal hospital emergency departments and select urgent care centers across Oregon.

# Suicide-related visits to Emergency Depts. and Urgent Care Centers

Figure 4. Suicide-related visits to emergency departments and urgent care centers, ages 18 to 24, Oregon (From 2022 YSIPP Annual Report)

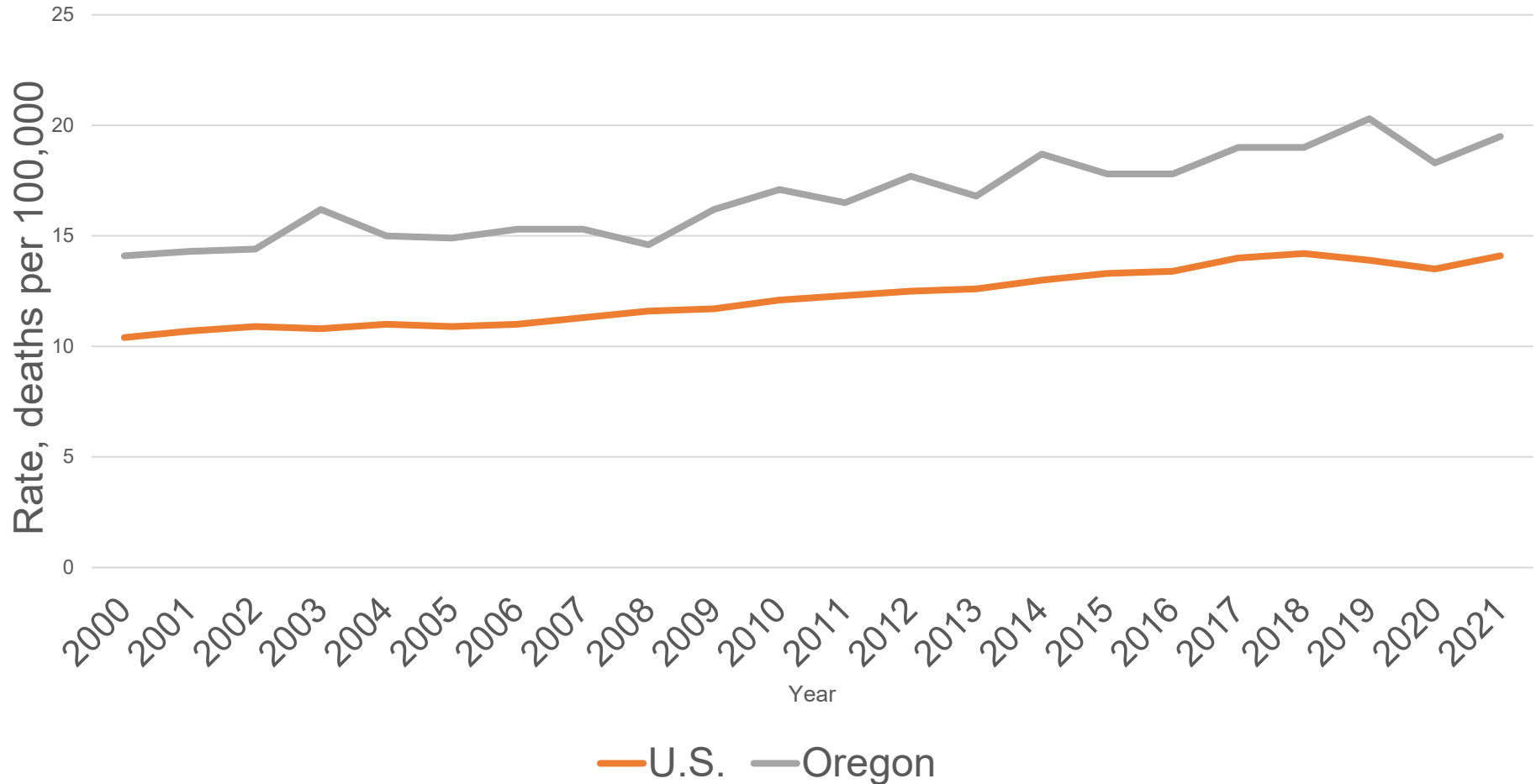


Total visits: 2022 = 4,531; 2021 = 4,872; 2020 = 4,455; 2019 = 4,817

Source: ESSENCE syndromic surveillance suicide-related data, including visits for self-harm, suicide ideation and suicide attempt, from all nonfederal hospital EDs and select UCCs across Oregon.

# Suicide in Oregon

Age-adjusted rate of suicide, U.S. vs Oregon, 2000-2021



Source: CDC WONDER

# Youth Suicide in Oregon

(From 2022 YSIPP Annual Report)

Table 3. Oregon suicide deaths and rates among those age 10 to 24 compared to the national rate

Year	Number of youth suicides	Suicide death rate (per 100,000)	Rank among 50 states (50 is the lowest rate)
2014	97	12.9	14
2015	90	12	15
2016	98	13	12
2017	107	14.1	17
2018	129	17	11
2019	116*	15.3	11
2020	101†	13.3	17
2021	95	12.4	22

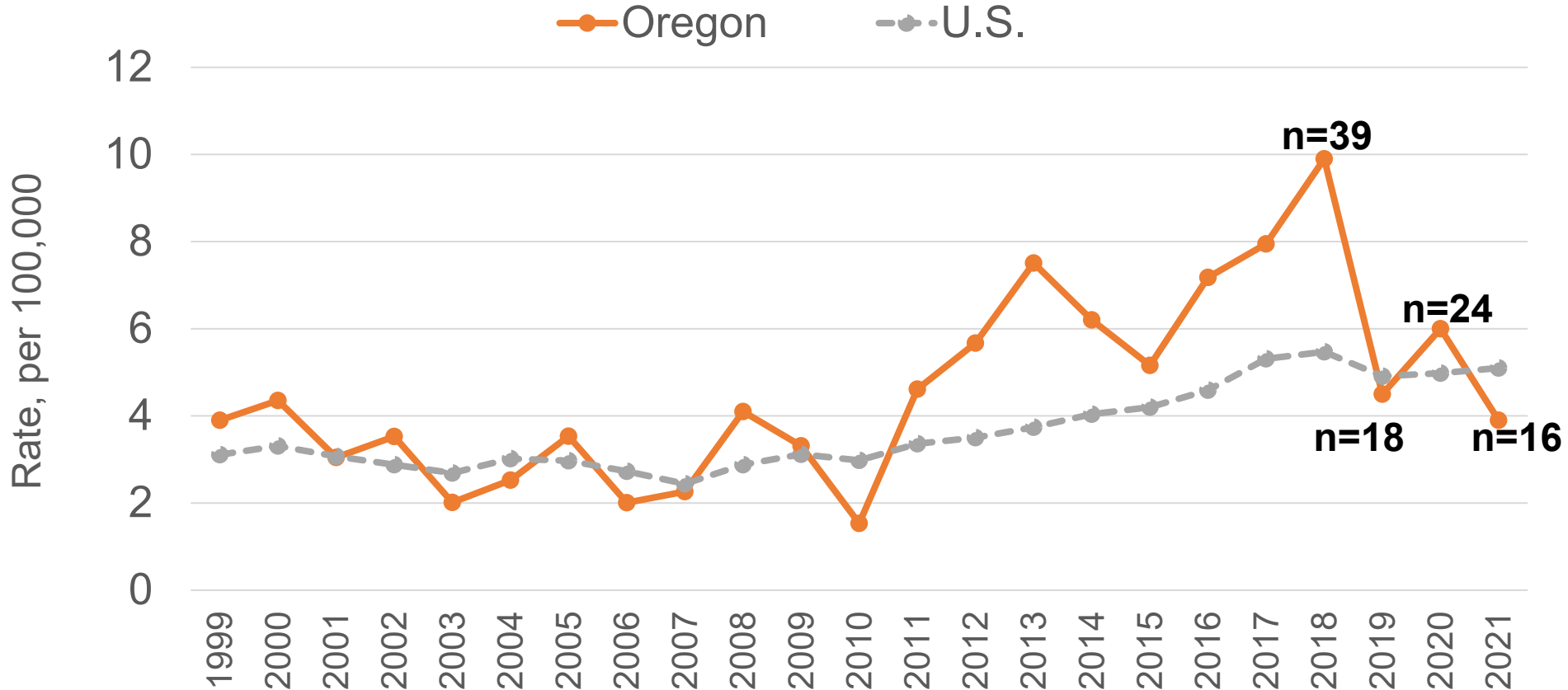
\* In addition to these deaths among youths in Oregon age 10–24, there were two suicide deaths among children younger than 10 in 2019.

† In addition to these deaths among youth in Oregon age 10–24, there was one suicide death among children younger than 10 in 2020.

Source: CDC WONDER. Note: Due to significant delays in the Centers for Disease Control and Prevention updating their Web-based Injury Statistics Query and Reporting Systems (WISQARS) with 2021 data, this report is using CDC Wide-ranging Online Data for Epidemiologic Research (WONDER) 2021 data. Data from previous years has been updated using WONDER data to allow for year to year comparison. While WISQARS and WONDER data systems use the same data source, data definitions and data processing protocols vary between the two systems that can lead to slight variations in suicide rates. These variations can influence state rankings. Therefore, previous YSIPP Annual Reports using WISQARS data should not be compared to this report.

# Youth Suicide in Oregon

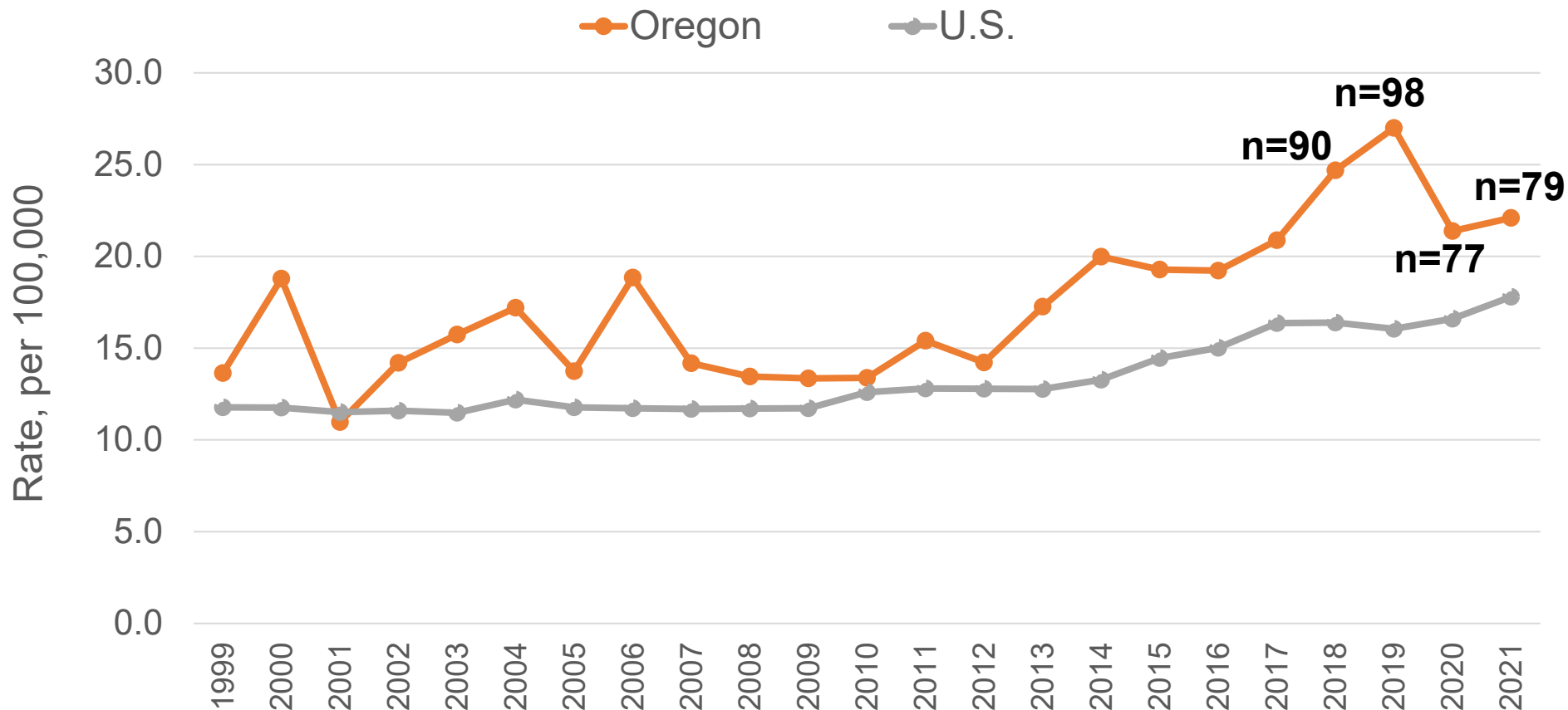
Suicide rates among ages 10 to 17 years by year, U.S. vs. Oregon, 1999-2021



Source: CDC WONDER, OPHAT

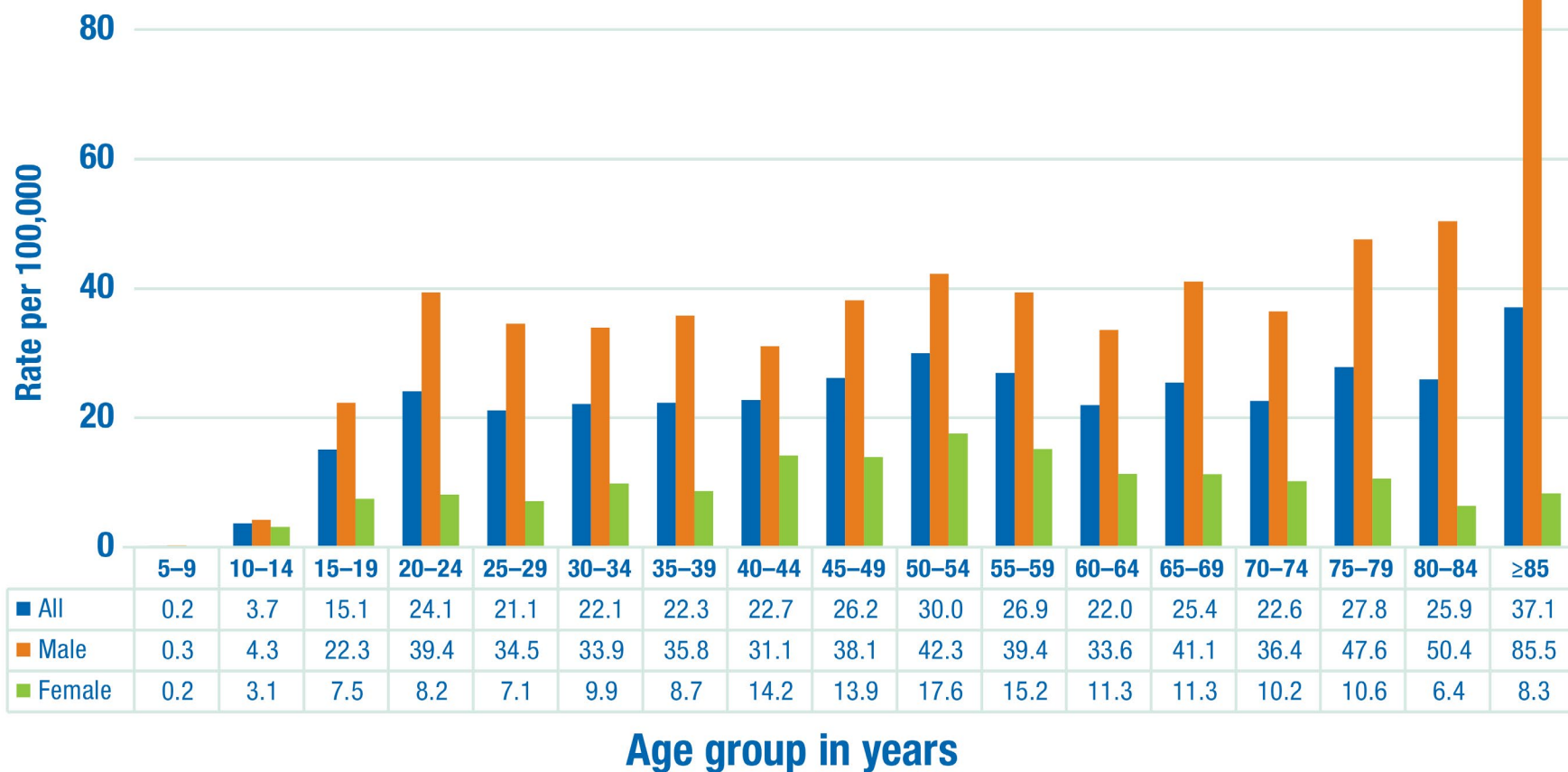
# Youth Suicide in Oregon

Suicide rates among ages 18 to 24 years by year, U.S. vs. Oregon, 1999-2021



Source: CDC WONDER

Figure 2. Age-specific rate of suicide by sex, Oregon, 2018–2021 (From 2022 YSIPP Annual Report)



Source: OPHAT

**Table 6. The characteristics of youth suicides, Oregon 2021 (From 2022 YSIPP Annual Report)**

		Deaths*	% of total
<b>Age (years)</b>	5-14	7	8%
	15-19	27	29%
	20-24	58	63%
<b>Sex</b>	Male	72	78%
	Female	20	22%
<b>Race or ethnicity<sup>†</sup></b>	White	77	84%
	African American	8	9%
	Am. Indian/Native Alaskan	4	4%
	Asian/Pacific Islander	4	4%
	Multiple races	5	5%
	Other or unknown	4	4%
	Hispanic	16	17%
<b>Student status</b>	Middle school	6	7%
	High school	10	11%
<b>Mechanism of death</b>	Firearm	56	61%
	Hanging or suffocation	24	26%
	Poisoning	8	9%
	Other	4	4%

\* Three 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 WONDER, there were 95 suicides aged 5 to 24 in 2021.

# Visualizations of Race and Ethnicity Data

- The following graph on race and ethnicity highlights the unequal impact of suicide by race and ethnicity. Health inequities exist due to historic and systemic policies, rooted in white supremacy, that continue to have harmful effects today.
- The graphs presented use race and ethnicity as imperfect measures to guide our understanding of how the impact of oppression and discrimination based on race and ethnicity is related in higher rates of suicide by different groups.

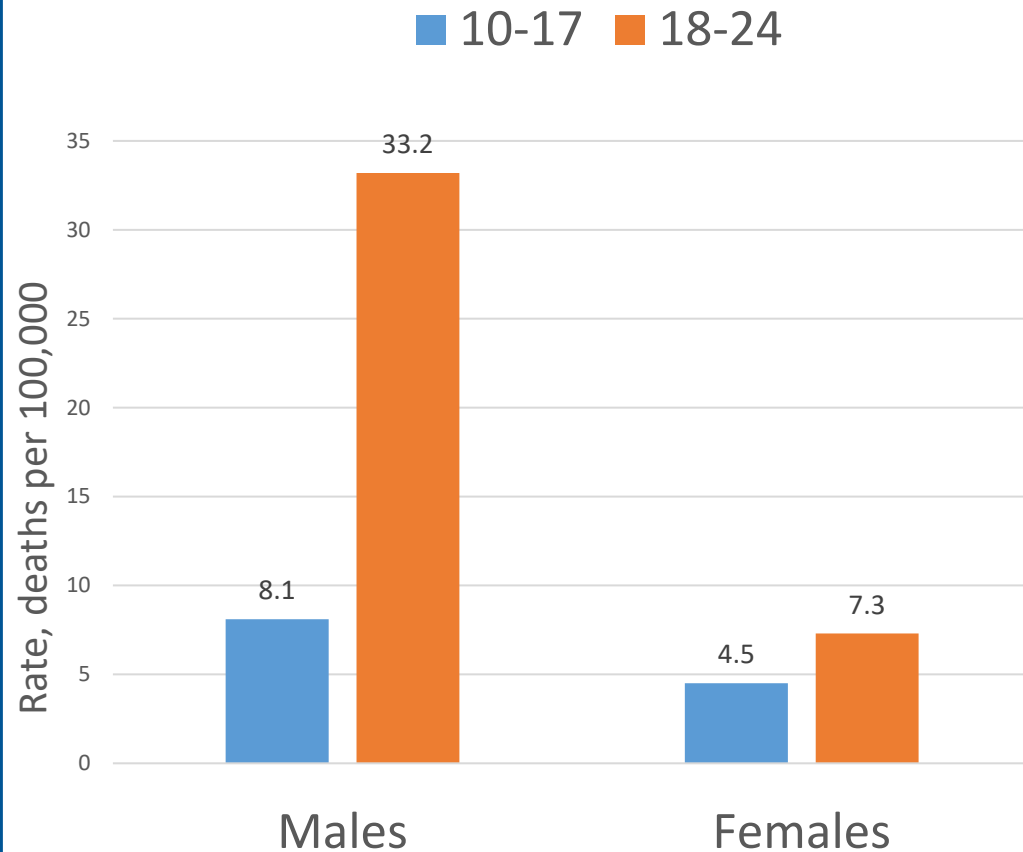
## Number of suicides among youth aged 24 years and younger by year and race/ethnicity, Oregon 2018 - 2021

Race/Ethnicity	2018	2019	2020	2021
	Deaths	Deaths	Deaths	Deaths
Non-Hispanic Am Indian/Alaska Native	3	2	2	1
Non-Hispanic Asian / Pacific Islander	3	1	4	2
Non-Hispanic Black	5	3	1	7
Non-Hispanic two or more races	1	2	4	5
Non-Hispanic White	95	88	76	59
Hispanic, All Races	19	17	13	16
Unknown Race	1	0	0	2
Total	127	113	100	92

Note: Oregon residents who died out of state are not included.  
Hispanic includes all races.

# Suicide Rates Among Youth ages 10 to 17 and ages 18 to 24 by Sex, Oregon, 2012-2021

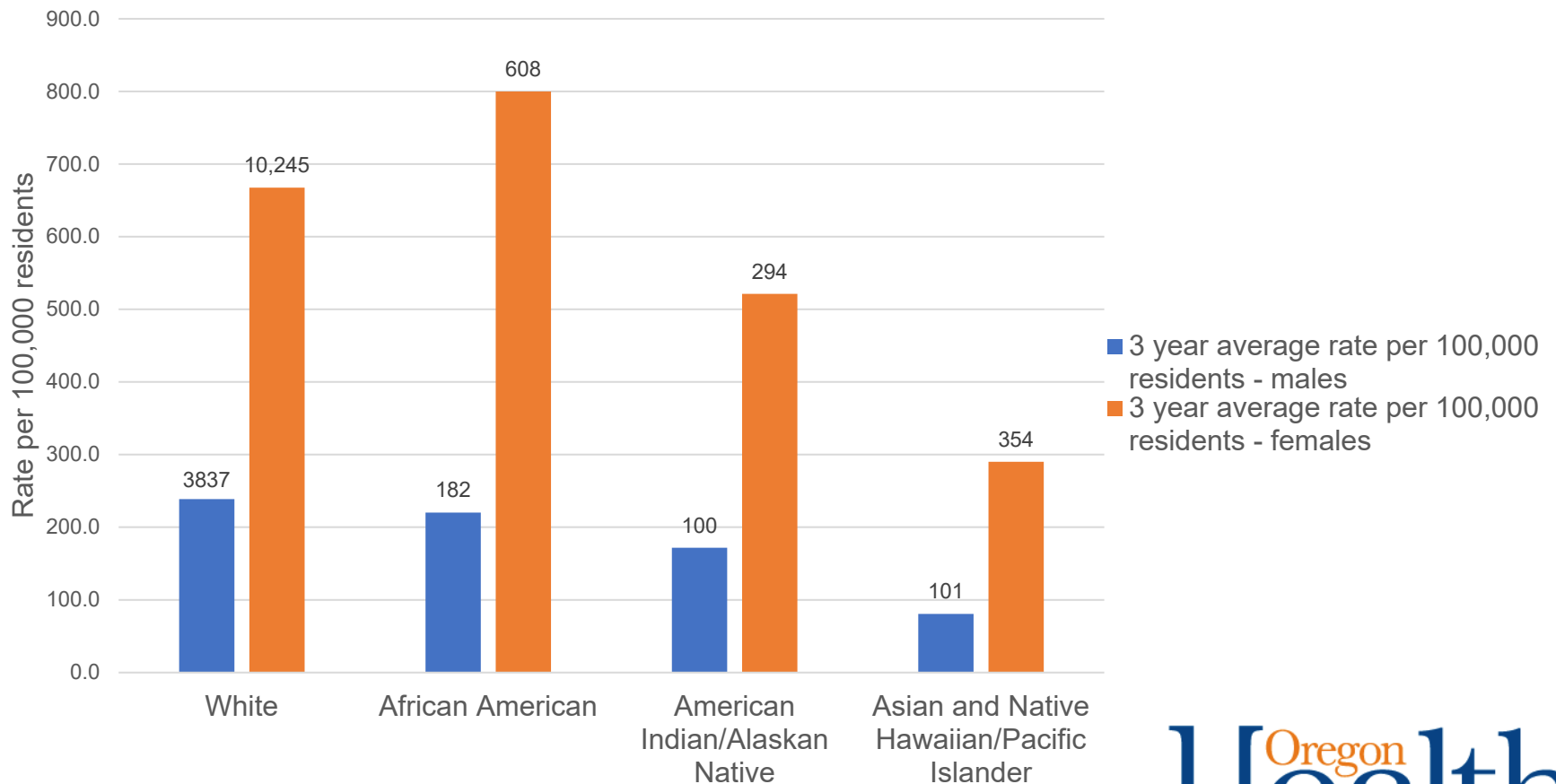
- What is called “sex” in Oregon Violent Death Reporting System refers to the person’s gender identify at the time of their death.
- There is a separate variable for noting if a decedent was transgender, and a person can be identified as “male” or female” and also “transgender”.
- This dataset does not allow for the identification of non-binary, gender nonconforming or other identities.
- OHA is not able to evaluate transgender suicide rates through this data set. Other state and national evidence tells us that transgender, non-binary and gender non-conforming people are more likely than cisgender people to attempt and to die by suicide.



Source: OPHAT

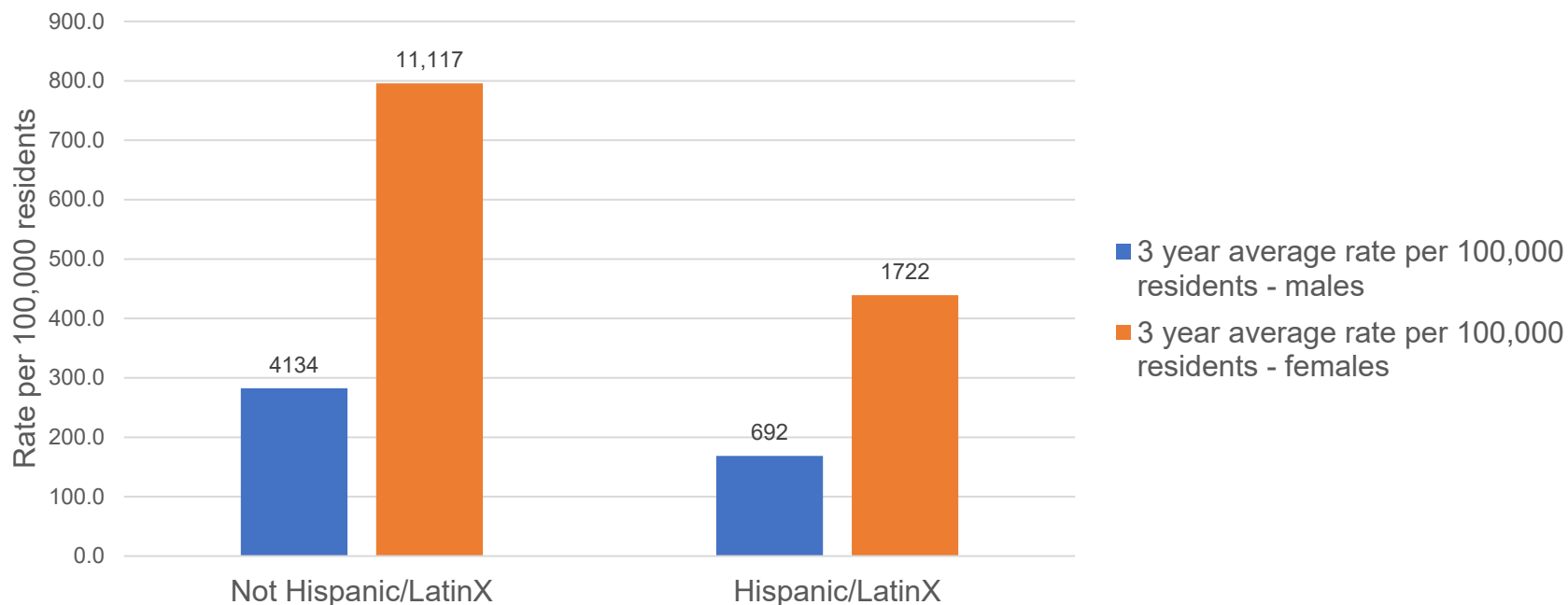
# Emergency Department visits 3 Year Average Rate/100,000 by Race and Sex, Ages 24 years or less

Oregon Emergency Department Suicide Attempt/Ideation Admissions 3 year average rate per 100,000 residents ages 24 and less, years 2020-2022, by race and sex (no deaths)



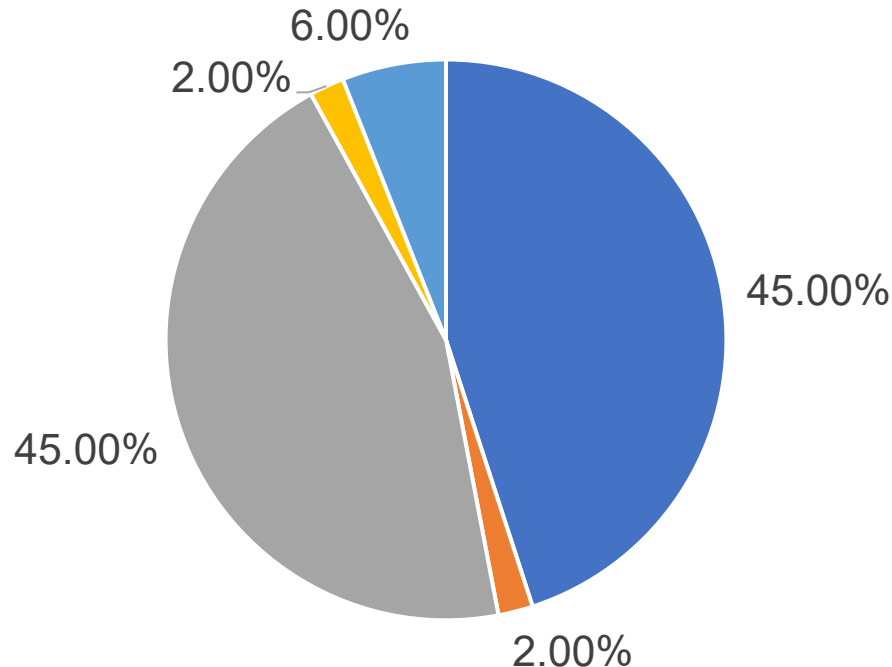
# Emergency Department visits 3 Year Average Rate/100,000 by Ethnicity and Sex, Ages 24 years or less

Oregon Emergency Department Suicide Attempt/Ideation Admissions 3 year average rate per 100,000 residents ages 24 and less, years 2021-2022, by ethnicity and sex (no deaths)

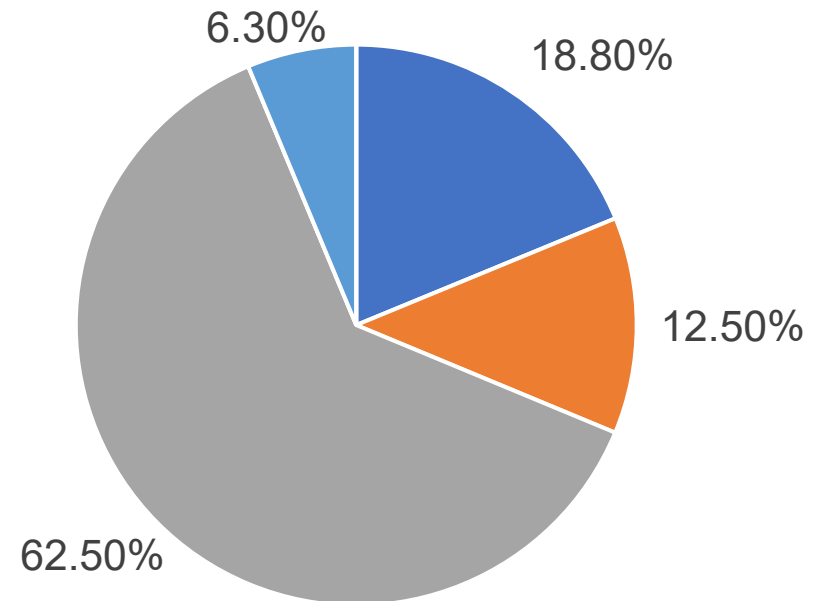


# Percent mechanism of suicide by sex ages 10-17, 2016-2020

Males, 10-17 Years of Age



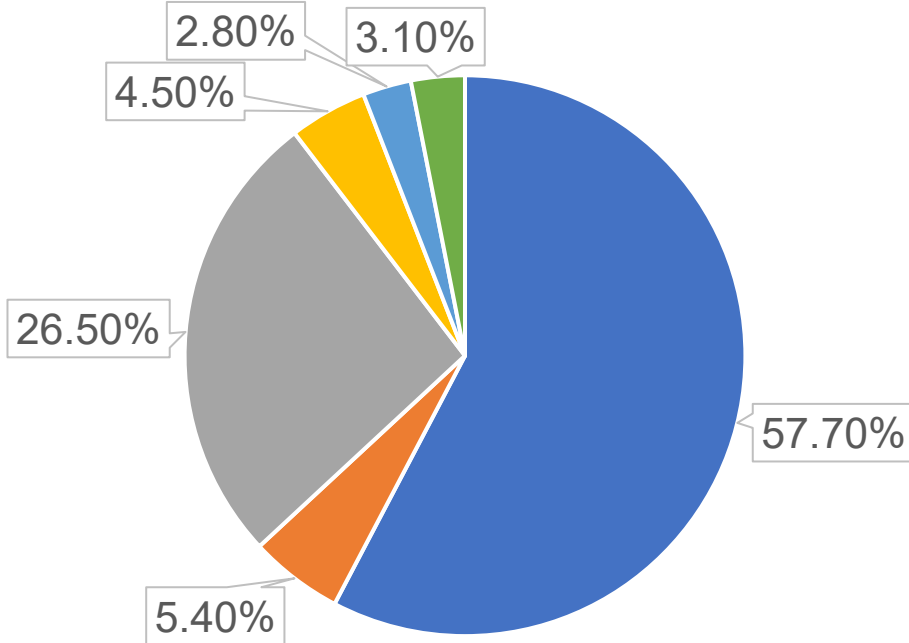
Females, 10-17 Years of age



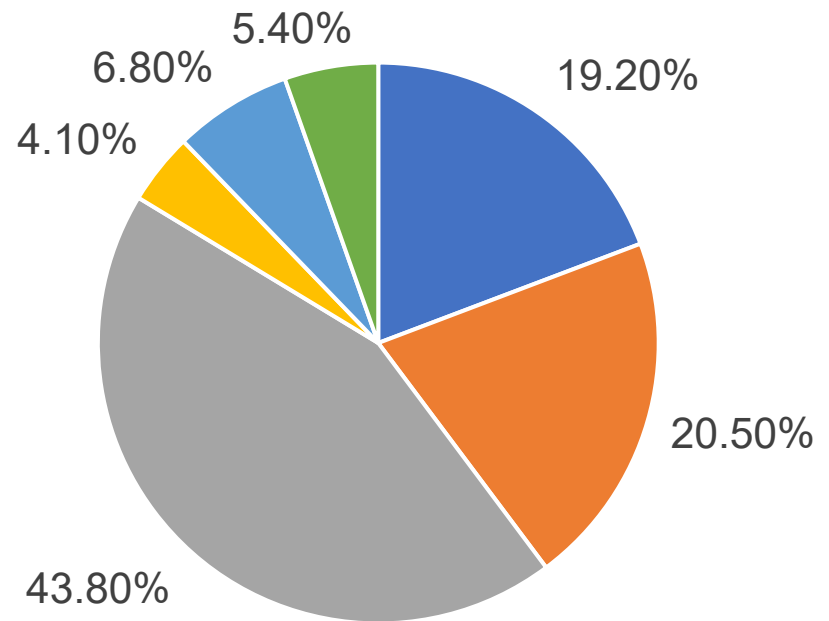
Source: ORVDRS

# Percent mechanism of suicide by sex ages 18-24, 2016-2020

**Males, 18-24 Years of Age**

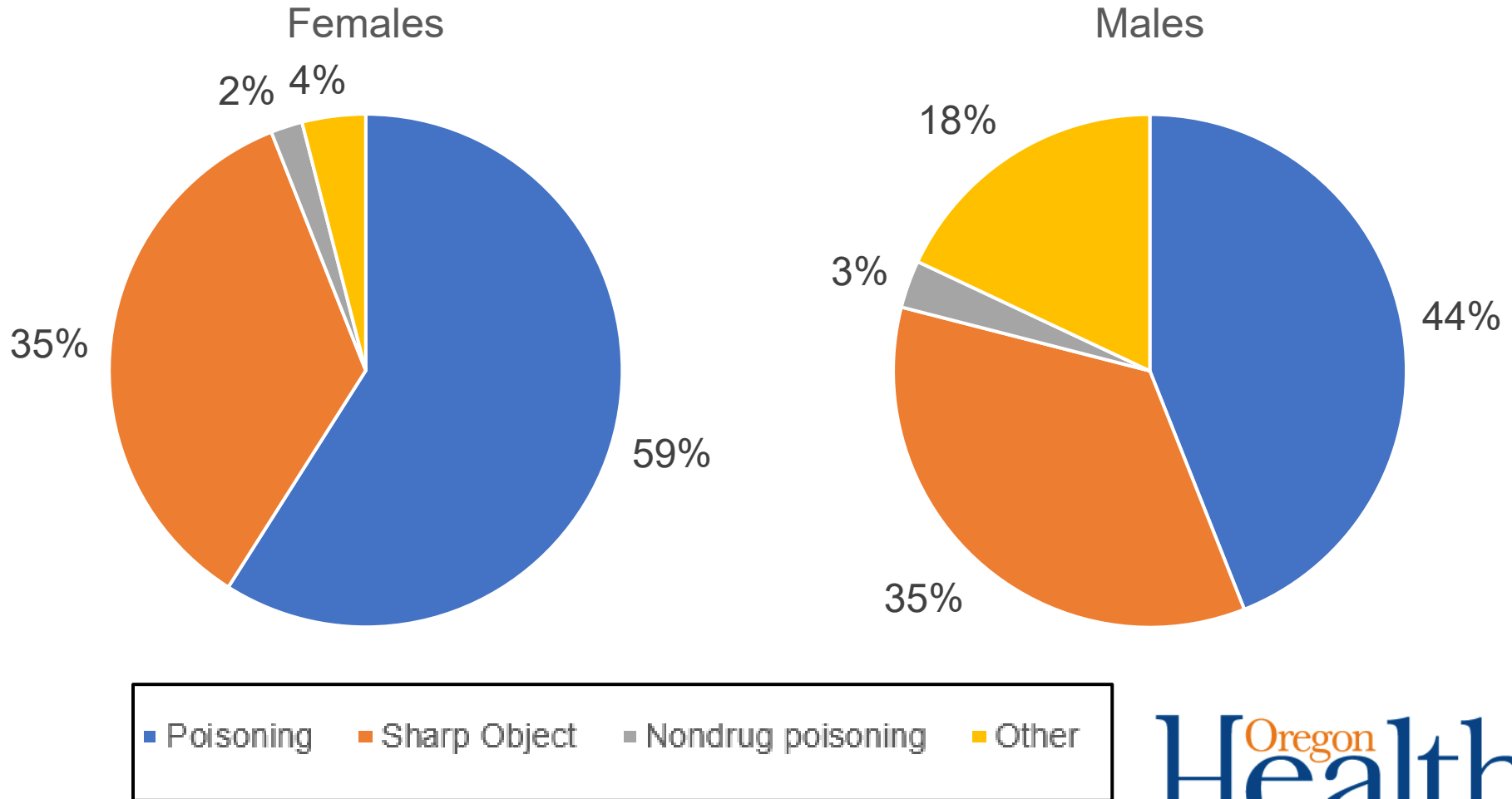


**Females, 18-24 Years of age**

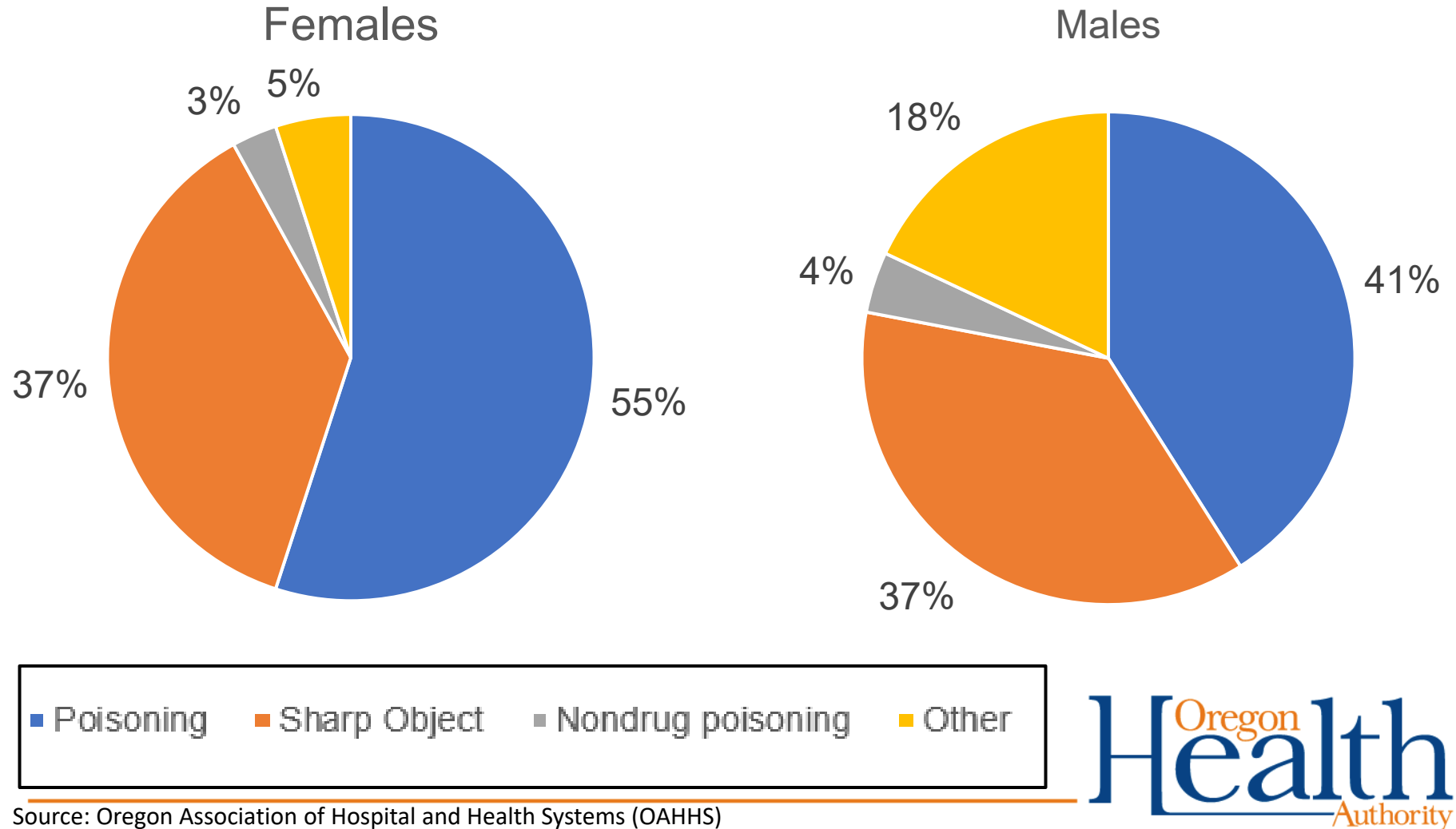


Source: ORVDRS

# Mechanism or type of suicide attempt/self-harm seen in an emergency department and discharged ages 17 years old or less during 2021-2022



# Mechanism or type of suicide attempt/self-harm seen in an emergency department and discharged ages 18-24 years old during 2021-2022



# What we know about 2022

- Preliminary data in Oregon indicates that there will be an increase in the number of suicides of youth under 18 years of age with numbers similar to 2020 data
- Preliminary data in Oregon indicates that the number of suicides remains similar to 2021 number of suicides for young adults 18-24 years of age.
- Oregon continues to see variation in suicide rates by county with some counties seeing increases in suicide and some staying stable or decreasing.
- Preliminary data indicate a decrease in the number of suicides in 2022 compared to 2021 across the lifespan.
- OHA's suicide prevention team remains focused on working to prevent and reduce risk factors and increase protective factors for youth and their families and caregivers.

---

Note: 2022 data are preliminary data and may change as data is finalized.

# More on Suicide Death and Suicide-Related Data Sources

- For more information on the data systems referred to in this presentation, including data sources, data limitations and examples of data that can be provided by each system:
  - View the recorded presentation: [Telling the Story of Suicide in Your Community: State and County Level Mortality and Morbidity Data Sources](#) (Approx 45 minutes)
  - View the [OHA Injury and Violence Prevention Program Data Glossary](#)
  - [OHA Children's Systems of Care Data Dashboard](#): Includes data for young people involved in child serving systems and combines data with Child Welfare, the Office of Developmental Disability Services, OHA and juvenile justice



YouthLine

1-877-968-8491

(text teen2teen at 839863)



## Resources

- **Sign up for the OHA Suicide Prevention Network:**  
<http://listsmart.osl.state.or.us/mailman/listinfo/yspnetwork>
- [Oregon Violent Death Data Dashboards](#)
- [OHA Student Health Survey \\*\\*\\*2022 Results Just Released\\*\\*\\*](#)
- [OHA Quarterly Suicide-Related Data Report](#) (sign up to receive directly to email)
- [2021-2025 Youth Suicide Intervention and Prevention Plan and Youth Suicide Intervention and Prevention Plan 2022 Annual Report](#) (includes youth suicide data)
- [OHA Using REALD \(race, ethnicity, language or disability\) and SOGI \(sexual orientation and gender identity\) to Identify and Address Health Inequities](#) including information on progress on the 2023 Data Equity Act
- The Adult Suicide Intervention and Prevention Plan (ASIPP) is now published! [Read the report.](#)

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**Oregon Health Authority**



# Introduction to Zero Suicide Initiative

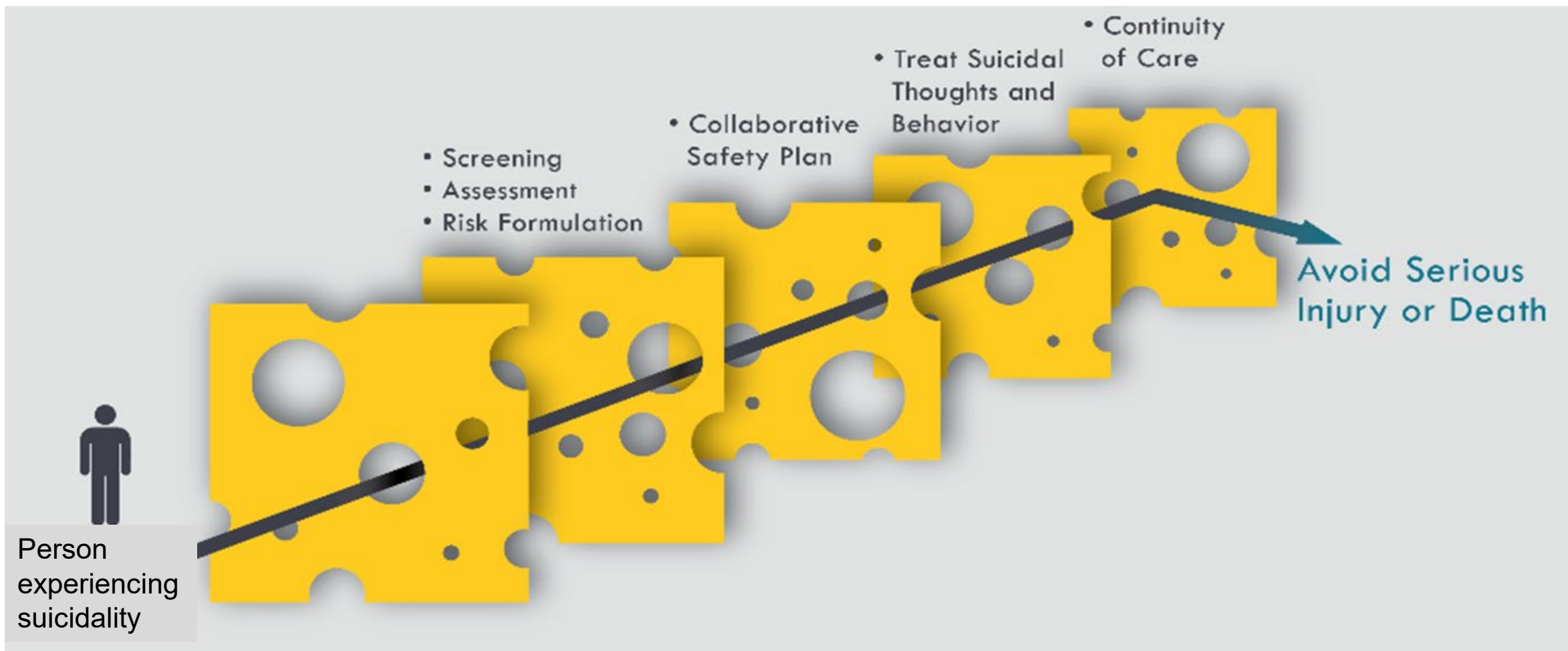
Meghan Crane  
Zero Suicide in Health Systems Coordinator



# What is Zero Suicide?

- A transformational framework for health and behavioral health care systems
- A movement seeking to make health care settings safer and more compassionate for people experiencing suicidality
- Focuses on error reduction and safety in care settings
- Engages the entire system in the approach to care
- Engages voices of lived experience

**Foundational belief: Suicide deaths for individuals under the care of health and behavioral health systems are preventable**



Adapted from James Reason's "Swiss Cheese" Model of Accidents



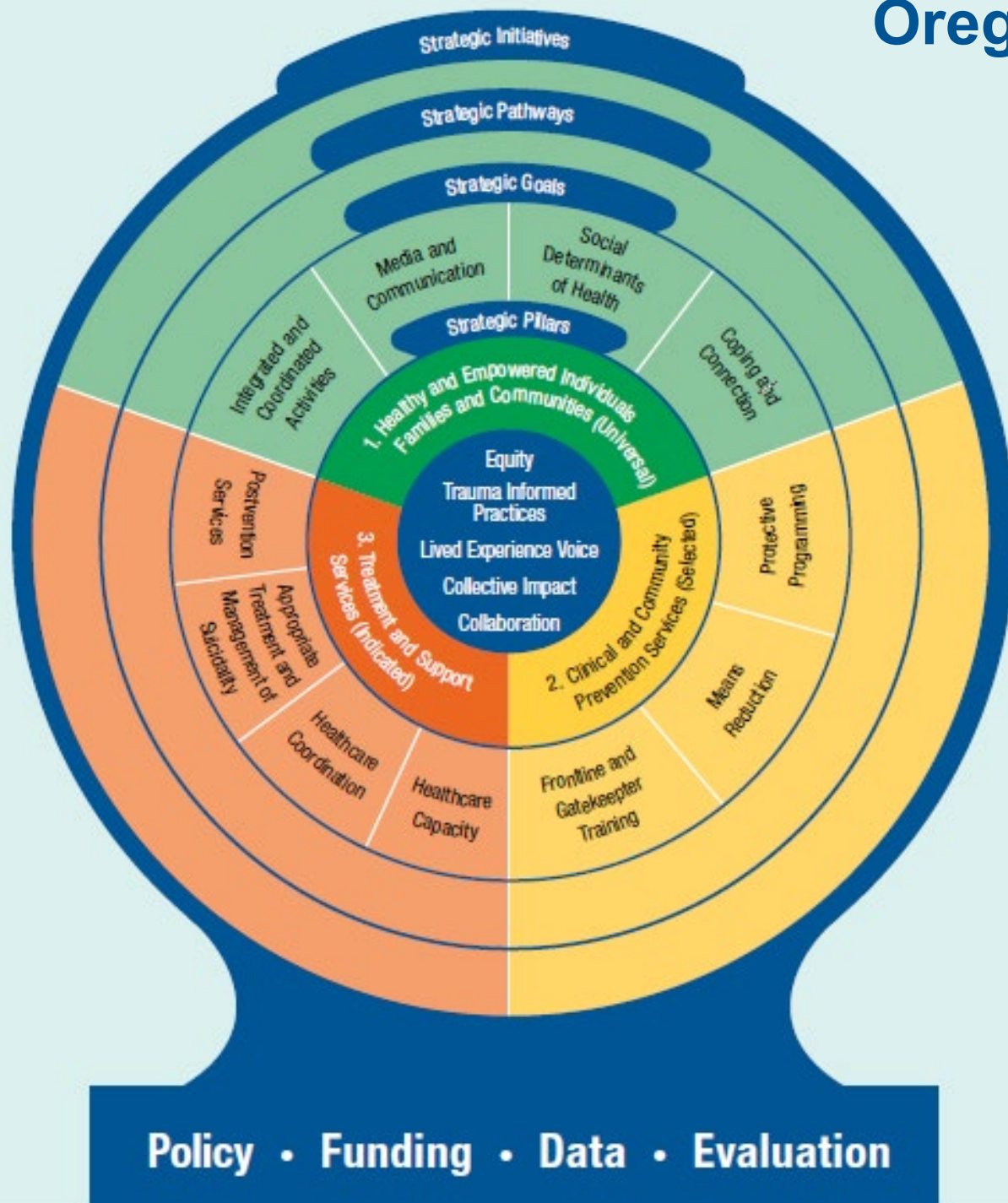
*"This really is an innovative approach, but I'm afraid we can't consider it. It's never been done before."*



**BELIEVE IN ZERO**



# Oregon Suicide Prevention Framework



Learn more about the framework: [Interactive PDF with Pathways](#)

# **Substance Abuse and Mental Health Services Administration Zero Suicide (ZS) in Health Systems Grant**

AIM: Implement the Zero Suicide model in Oregon health systems to reduce suicide risk for adults 25 and older. Accomplish aim by:

## **Supporting health systems with implementation by:**

- Assessing successes and gaps in ZS implementation within health systems
- Provide consultation, training and resources for health systems, clinics and providers to support implementation
- Align with efforts related to suicide prevention, mental health and behavioral health


# Substance Abuse and Mental Health Services Administration Zero Suicide (ZS) in Health Systems Grant

## Address the needs of impacted adult populations:

- Focus on the culturally-specific suicide prevention and intervention needs of Oregon's **older adults, adults experiencing serious mental illness and veterans/those that have served in the military.**
- Address culturally-specific needs of focus communities by assessing current suicide safer care interventions, developing specific training/interventions as needed and supporting pilot implementation in health systems. Engage people with lived experience in this development and implementation.

# Zero Suicide in Oregon

Sept. 2018: Zero Suicide Academy.  
2019: ZS Community of Practice and mini-grants



March 2022: 2<sup>nd</sup> Zero Suicide Academy



June 2023: Zero Suicide Booster for ZS  
Academy attendees  
Current: Finalizing Request for Proposal to support ZS  
implementation and suicide safer care for grant priority populations

# Why Healthcare?

- » 45% of people who died by suicide had contact with **primary care** providers in the month before death.
- » Over 70% of older adults who died by suicide saw **primary care** provider within 1 month of death.
- » 19% of people who died by suicide had contact with **mental health** services in the month before death.
- » 44% of licensed **behavioral health** clinicians report lacking training in suicide prevention, suicide-specific care; lack skills to engage and treat those at-risk



# 7 Elements of **ZERO** Suicide



# LEAD

## Philosophy:

- » Leadership makes an explicit commitment to reducing suicide deaths among people under care and orients staff to this commitment
- » Organizational culture focuses on safety of staff as well as persons served; opportunities for dialogue and improvement without blame; and deference to expertise instead of rank
- » Individuals with lived experience are active participants in the guidance of suicide care

## Practice:

- » Create an implementation team with exec leadership support
- » Draft communication and messaging plan for adoption of Zero Suicide
- » Take the Organizational Self-Study

# Engaging Lived Experience

“I’ve seen some weird stuff.”

- » Partner with people with lived experience:
  - Developing
  - Implementing
  - Evaluating efforts
- » On the implementation team
- » Provide or build-upon peer-based services offered by your organization



# TRAIN

## Philosophy:

- » Ensure a competent, confident, and caring workforce
- » Every employee understands they play a role in suicide prevention
- » All employees, clinical and non-clinical, receive suicide prevention training appropriate to their role

## Practice:

- » Assess staff knowledge with the Workforce Survey
- » Provide non-clinical staff with gatekeeper trainings

# IDENTIFY

## Philosophy:

- » Identify individuals with suicide risk via comprehensive screening and assessment
- » A standardized, evidence-based screening tool is used with all persons receiving care
- » Whenever a person screens positive, a comprehensive risk assessment and formulation is completed
- » Policies and procedures

## Practice:

- » Embed the Patient Health Questionnaire (PHQ-9), Columbia-Suicide Severity Rating Scale (C-SSRS) or Ask Suicide-Screening Questions (ASQ) tools into the health record
- » Train clinical providers on a risk formulation model, such as Assessing and Managing Suicide Risk (AMSR) or SafeSide

# ENGAGE

## Philosophy:

- » Actively engage all individuals at-risk using a suicide care management plan
- » Outline the “pathway to care” or the components of suicide safer care at your agency
- » All individuals engage in collaborative safety planning and lethal means safety

## Practice:

- » Train staff in Oregon Counseling on Access to Lethal Means and Safety Planning Intervention
- » Provide trauma-informed, safe spaces for clients to report suicide concerns

# TRANSITION

## Philosophy:

- » Transition individuals through care with warm hand-offs and supportive contacts
- » Care transitions are especially high-risk times for those at-risk for suicide
- » It is the organization's responsibility to ensure clients engage in ongoing care

## Practice:

- » Create policies around care transitions
- » Provide Caring Contacts

# Zero Suicide Community Implementation Toolkit

- Designed specifically to support organizations that are not a formal part of the health care sector
- Follows an adapted version of Zero Suicide
- Recognizes that people experiencing suicidality may not ask for help in formalized health care settings
- Engages the entire system in the approach to care



Image: International Association for Suicide Prevention (IASP) (2020).<sup>15</sup>

Zero Suicide Community Implementation Toolkit: [https://www.niagararegion.ca/living/health\\_wellness/mentalhealth/wellbeing/suicide-prevention.aspx](https://www.niagararegion.ca/living/health_wellness/mentalhealth/wellbeing/suicide-prevention.aspx)

# TREAT

## Philosophy:

- » Directly treat suicidal thoughts and behaviors, as the focus of treatment, using evidence-based treatment
- » Ensure care is delivered in the least-restrictive setting possible

## Practice:

- » Train clinicians in evidence-based treatments for suicide: Dialectical Behavior Therapy (DBT), Collaborative Assessment and Management of Suicidality (CAMS), Cognitive Therapy for Suicide Prevention (CT-SP), etc.
- » Create referral pathways to care for agencies without behavioral health care
- » Provide brief interventions, such as collaborative safety planning and caring contacts

# IMPROVE

## Philosophy:

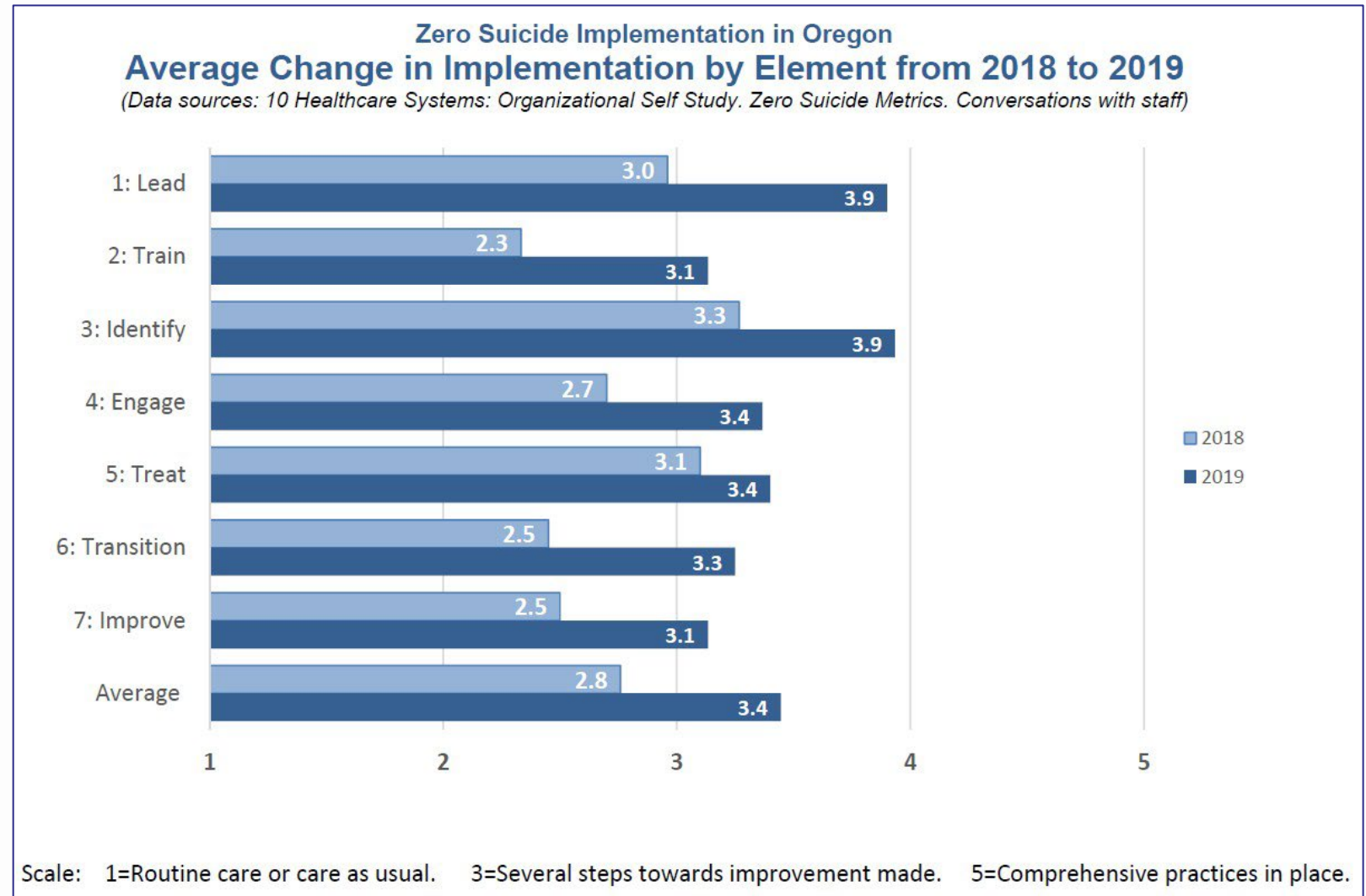
- » Improve policies and procedures through continuous quality improvement
- » Examine fidelity to the Zero Suicide framework
- » Support clinicians who had a client die by suicide and learn how to improve your system after that death

## Practice:

- » Use the Data Elements Worksheet to outline process and outcome measures
- » Ensure protocols for root cause analysis or incident review

# Evaluation of Oregon Zero Suicide Efforts

Modified Zero Suicide Organizational Self-Study to monitor and provide results statewide as well as for each individual healthcare system to show change over time related to ZS implementation.



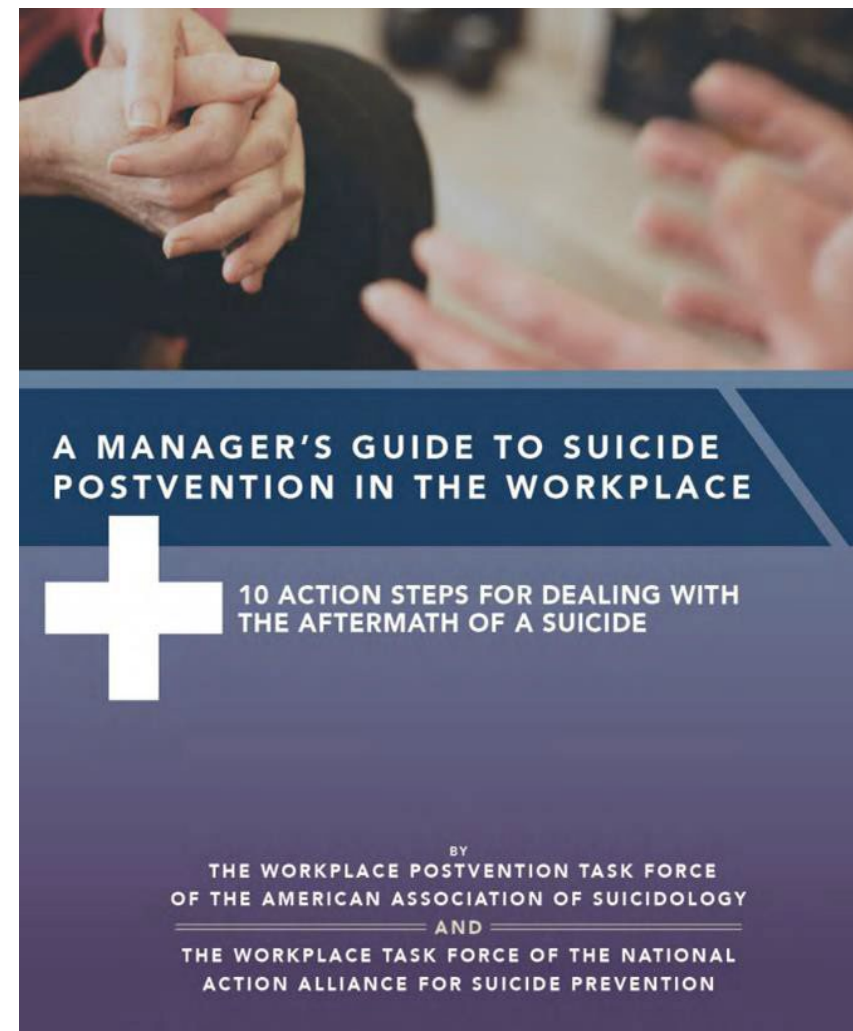
# Oregon Zero Suicide Implementation Assessment Tool

## Example of assessment tool indicators for LEAD element

- Commitment to Zero Suicide \*
- Commitment to Diversity, Equity and Inclusion \*
- Staff readiness to implement ZS \*
- Messaging to staff related to ZS adoption \*
- Written Protocols
- Suicide Care is Documented
- Availability of Trainings
- Dedicated Staff Time for Zero Suicide
- Lived Experience Involvement in Planning and Processes
- Just culture/philosophy of care \*
- Workforce wellness \*

# Postvention & Employee Wellness

- » Strengthens no-blame, just culture
- » Reduces risk/promotes healing after a suicide death
- » Policies exist re: response to staff and team following death or attempt
- » Resources for employees impacted by suicide
  - » EAP
  - » Faith Leadership
  - » Hospital Peer-to-Peer Support
- » Ongoing employee well-being, resilience, and prevention
  - » Workplace Wellness efforts



# Getting Started with Zero Suicide

1. Form a Zero Suicide Implementation Team  
(<https://zerosuicide.edc.org/toolkit/lead#implementation-team>)
2. Visit the Zero Suicide Institute web site  
(<https://zerosuicide.edc.org/> )
3. Contact OHA for Technical Assistance  
(*Meghan Crane, [meghan.crane@oha.oregon.gov](mailto:meghan.crane@oha.oregon.gov)*)
4. Request an Implementation Assessment from the PSU Implementation Lab(<https://hsimplementationlab.org/>)
5. Use the Baseline Implementation Report for Planning next steps
6. Repeat assessment periodically to track change over time and continue planning.

# References

Coffey, C. E. (2007). Building a system of perfect depression care in behavioral health. *Joint Commission Journal on Quality and Patient Safety*, 33(4), 193-199.

Luoma, J.B., Martin, C.E., & Pearson, J.L. (2002). Contact with mental health and primary care providers before suicide: A review of the evidence. *The American Journal of Psychiatry*, 159(6), 909-916.

Stanley, B. & Brown, G. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19(2), 256-264.

Tadros, G. & Salib, E. (2007). Elderly suicide in primary care. *International Journal of Geriatric Psychiatry*, 22(8), 750-756.

## Oregon Resources

- » Sign up for the OHA Suicide Prevention Network: <http://listsmart.osl.state.or.us/mailman/listinfo/yspnetwork>.
- » [Oregon Zero Suicide Toolkit](#): including Oregon developed tools, podcasts and training
- » OHA [HB 3090 Hospital Discharge Planning Fact Sheet](#)
- » [Healthcare Provider Mental Health and Crisis Support Resource Page](#)

## National Resources

- » National Action Alliance for Suicide Prevention, [www.theactionalliance.org](http://www.theactionalliance.org)
  - Suicide Care in Systems Framework
  - Best Practices in Care Transitions for Individuals with Suicide Risk: Inpatient to Outpatient Care
  - A Manager’s Guide to Suicide Postvention in the Workplace
- » Zero Suicide Toolkit, [www.zerosuicide.com](http://www.zerosuicide.com)
  - Quick Guide to Getting Started with Zero Suicide
  - Sign up for the Zero Suicide Listserv: <https://zerosuicide.edc.org/movement/zero-suicide-listserv>

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**Zero Suicide Program Coordinator**  
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Public Health Division  
Injury and Violence Prevention Program  
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e: [meghan.crane@dhsosha.state.or.us](mailto:meghan.crane@dhsosha.state.or.us)




# Zero Suicide Online Toolkit



## Study: Zero Suicide Practices Reduce Suicides


<
   
 New study shows patients at outpatient clinics using Zero Suicide practices significantly less likely to attempt suicide.

Learn More




SAFER CARE FOR THOSE AT RISK OF SUICIDE

Zero Suicide is a Transformational Framework for Health and Behavioral Health Care Systems



### Zero Suicide Toolkit


The Toolkit uses research, tools, and videos to walk implementers through putting the Zero Suicide framework into practice.



Lead

system-wide culture change committed to reducing suicides


Learn More



Train

a competent, confident, and caring workforce.


Learn More



Identify

individuals with suicide risk via comprehensive screening and assessment


Learn More



Engage

all individuals at-risk of suicide using a suicide care management plan


Learn More



Treat

suicidal thoughts and behaviors using evidence-based treatments


Learn More



Transition

individuals through care with warm hand-offs and supportive contacts

Learn More



Improve

policies and procedures through continuous quality improvement

Learn More



*Marion County*  
OREGON

Health & Human Services

# MCHHS ZERO SUICIDE INITIATIVE

Laura Sprouse, Zero Suicide Program Coordinator

# HISTORY

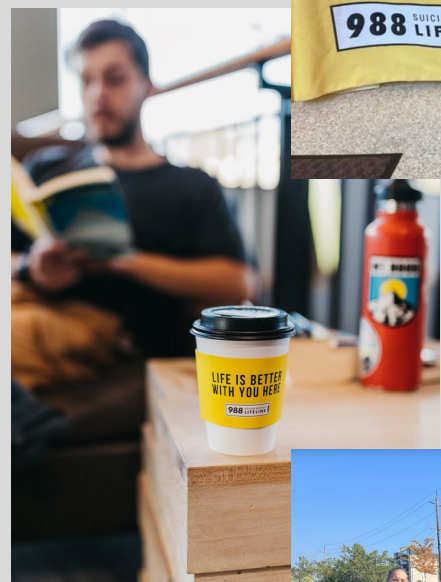


- Marion County Health & Human Services first attended the Zero Suicide Academy in 2018
- Zero Suicide Champions committee convened in late 2018
- With buy-in from executive leadership, we began implementation of ZS in 2019
- Lost some momentum with staff turnover and pandemic
- ZS Program Coordinator position created and hired in early 2021

# WHAT WE'VE DONE



- Launched multiple messages of hope and awareness campaigns in collaboration with Mid-Valley Suicide Prevention Coalition
- Updated and issued an employee survey to assess the attitudes and knowledge of MCHHS employees regarding suicide risk assessment, care, and intervention
- Facilitated employee wellness activities
- Mapped pathways of care for effective treatment of individuals with thoughts of suicide, to be utilized in the county's new electronic health record system (still in progress)
- Recognized Mental Health Awareness Months and Suicide Prevention Awareness Months
- Updated and finalized postvention response plan for use in responding to suicide or other untimely deaths among employees, their families, and individuals in service
- Partnered with community partners and organizations to provide suicide prevention, intervention, and postvention trainings, technical assistance, and support
- Provided best-practice, comprehensive suicide prevention and intervention trainings to MCHHS employees



# STAFF TRAINING

- Training matrix created based on staff roles and direct care/face-to-face client interaction involved in role
- Developed from ZS Institute's Suicide Care Training Options matrix
- Over 90% of our nearly 500-person workforce have received QPR training in the past 3 years!

Zero Suicide Training Matrix by Job Classification  
(updated 7/12/22)

Group 1	Group 2	Group 3
Accountant 1 Accounting Clerk Accounting Specialist Administrative Assistant Budget Analyst 2 Budget Analyst Sr. Contracts Specialist Sr. Data Specialist Data Specialist Sr. Management Analyst 1 Management Analyst 2 Medical Billing Specialist Office Specialist 1 Office Specialist 2 Office Specialist 3 Office Specialist 4 Payroll Clerk Program Coordinator 2 Quality Improvement Facilitator Support Specialist (IT & Non-IT)	Administrator of HHS Administrative Services Manager Administrative Services Manager Sr. Adult Abuse Investigator Behavioral Health Aide Behavioral Health Nurse 1 Behavioral Health Nurse 2 Communications Coordinator Developmental Disabilities Associate 2 Developmental Disabilities Specialist 1 Developmental Disabilities Specialist 2 Department Division Director (Admin) Deputy Administrator of HHS Environmental Health Specialist 1 Environmental Health Specialist 2 Environmental Health Specialist 3 Epidemiologist Health Educator 1 Health Educator 2 Health Educator 3 Health Resources Coordinator Human Services Interns LPN Nutrition Educator Nutrition Specialist Nutritionist Office Manager Office Manager Sr. Public Health Interns Public Health Nurse Program Manager Public Health Program Supervisor Public Health Worker 2 Public Health Worker 3	Addiction Treatment Associate 1 Addiction Treatment Associate 2 Addiction Recovery Mentor Behavioral Health Interns BH Operations Supervisor Care Coordinator Care Coordinator - Trainee Clinical Supervisor 1 (BH and HS) Clinical Supervisor 2 (BH and HS) Department Division Directors (BH, HS, and PH) Health Educator 3 (Prevention Team) Health Program Manager Health Program Supervisor Mental Health Associate Mental Health Specialist 1 Mental Health Specialist 2 Mental Health Specialist 3 Occupational Therapy Specialist Peer Support Specialist Program Coordinator 2 (ZS) Public Health Nurse 2 Public Health Nurse 3
Required trainings for each training group listed in bold below		
<b>QPR (retake every 3 years)</b> , online or live CALM optional	<b>QPR AND</b> online or live CALM (retake every 3 years)	<b>QPR AND</b> online or live CALM (retake every 3 years) - if staff have already taken CALM online, need to retake as live version
safeTALK optional unless indicated by supervisor	safeTALK optional unless indicated by supervisor, but recommended for direct-service staff	safeTALK (retake every 5 years)
Youth SAVE/ASIST optional unless indicated by supervisor	Youth SAVE/ASIST optional unless indicated by supervisor, but recommended for direct-service staff	ASIST and/or Youth SAVE (for YFS staff), to be taken after safeTALK if possible
Connect Postvention optional for most staff, <b>required for:</b> HHS Administrator, Deputy Administrator, all Division Directors, Program Managers, Program Supervisors, BH Operations Supervisor Clinical Supervisors, Communications Coordinator, ZS Program Coordinator, MH Promotion and Suicide Prevention Coordinator (Health Educator 3), and SB 561 Coordinator		

# TRANSITIONS OF CARE

- In 2022, we noted an uptick in suicide attempts and deaths for individuals in outpatient care whose provider had changed recently
- Created an inter-team transfer form to support warm hand-offs between providers
- Piloted with adult outpatient clinic, plan to roll out across all outpatient programs once integrated into new EHR

MARION COUNTY HEALTH & HUMAN SERVICES OUTPATIENT BEHAVIORAL HEALTH

INTER-TEAM TRANSFER FORM

Individual's Name:	EHR#	DOB:
Transfer date:	Date form completed:	

Transfer from:	Transfer to:
Click or tap here to enter text.	Click or tap here to enter text.

Reason for Transfer

☐ Provider leaving agency

☐ Individual in service requested transfer

☐ Provider requested transfer

Clinical Considerations

Past psychiatric hospitalization? ☐ Yes, Date of discharge: Click or tap to enter a date. ☐ No

History of suicide ideation, behaviors, and/or attempts? ☐ Yes ☐ No

- Anniversary dates (of attempts, and/or significant life events): Click or tap to enter a date.
- See progress notes/ISP/safety plan dated: Click or tap to enter a date.
- Suicide risk assessment last completed (if applicable): Click or tap to enter a date.
- Safety and crisis plan last updated: Click or tap to enter a date.

History of homicidal ideation and/or attempts? ☐ Yes ☐ No

- Anniversary dates (of attempts and/or significant life events): Click or tap to enter a date.
- See progress notes/ISP/safety plan dated: Click or tap to enter a date.
- Safety and crisis plan last updated: Click or tap to enter a date.

Medical concerns related to mental health/suicide risk? Click or tap here to enter text.

PSRB enrollment? ☐ Yes ☐ No

Other considerations, please explain: Click or tap here to enter text.

Administrative Considerations

Appointment preference

☐ Community

☐ Telehealth

☐ In-office

Medication management

☐ Yes, internal provider

☐ Yes, external provider: Click or tap here to enter text.

☐ No

MHA last updated: Click or tap to enter a date.

ISP last reviewed/updated: Click or tap to enter a date.

Date individual was notified of transfer: Click or tap to enter a date.

Warm-handoff session completed:

☐ Yes, date: Click or tap to enter a date.

☐ No

☐ N/A

Individual has a guardian:

☐ Yes

☐ No

Transfer note in EHR:

☐ Yes – date entered: Click or tap to enter a date.

☐ No

Changes made to:

☐ Dr. Cloud EHR

☐ H-Drive client list

New Provider oriented to the case on Click or tap to enter a date. by Click or tap here to enter text.

New provider signature

Previous provider signature

Supervisor signature

Date

Date

Date


# POSTVENTION PROTOCOL



Training Professionals & Communities in  
Suicide Prevention & Response®

- Several MCHHS staff attended Connect T4T in 2019, but there were only a few trainings offered before the pandemic began
- Connect Postvention currently offered to management

Work also began on postvention plan in 2019 and was finally completed in April 2023!

 Suicide/Unexpected Death Postvention Protocol | 2023

**Response to suicide or unexpected death on agency property**

Questions regarding these guidelines can be directed to Phil Blea at 503-361-2733 (desk) or 503-932-5528 (cell); or Laura Sprouse, 503-576-2892 (desk) or 503-798-8682 (cell).

1. Immediately call 911 or, if available, direct another employee to call 911.
2. Follow advice of 911 operator and emergency personnel.
  - o Secure the scene.
  - o Do not move the body or disturb any evidence.
  - o Keep any onlookers AWAY.
  - o If needed, follow Control of Employee Exposure to Bloodborne Pathogens policy 300.3 (<http://intra.co.marion.or.us/HL7/PolicyAndProcedure/Documents/Employee%20Exposure%20to%20BBP.pdf>)
  - o Write down names of all staff and/or clients who witnessed and/or discovered the death.
3. Notify supervisor on duty/supervisor immediately available, and supervisor will notify HHS Administrator.
4. DO NOT call family/next of kin – law enforcement or medical examiner will notify.
5. Follow Incident Reporting and Review policy 400.16 (<http://intra.co.marion.or.us/HL7/PolicyAndProcedure/Documents/400.16IncidentReportingReview%20%20%20.pdf>) and follow any necessary mandatory reporting requirements.
6. Follow appropriate postvention guidelines (see other documents) for death of employee, employee's family member, or individual in service.

1

**MCHHS FATALITY FACT SHEET**

DEATH INFORMATION ☐ In-Service ☐ Employee ☐ Employee Family Member

Deceased Individual's Name \_\_\_\_\_ Employee#(Chart #) \_\_\_\_\_ Age (if known) \_\_\_\_\_

Direct Supervisor/Provider's Name \_\_\_\_\_ Division/Program \_\_\_\_\_

Date of death (if known): \_\_\_\_\_ Date MCHHS notified of death: \_\_\_\_\_

Who provided death notification? \_\_\_\_\_

Cause of death (if known): \_\_\_\_\_ Permission from family to disclose cause? ☐ Yes ☐ No

MCHHS contact for family: \_\_\_\_\_

New MCHHS contact for individuals in service: \_\_\_\_\_

**FAMILY CONTACT INFORMATION**

Name of Relative \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Relative \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_ Phone Number \_\_\_\_\_

Ok for the family to receive visitors, cards, flowers, etc.? ☐ Yes ☐ No ☐ N/A

If yes, to whom/where should items be sent? \_\_\_\_\_

Ok for employees to attend memorial services or other public events? ☐ Yes ☐ No ☐ N/A

Ok for individuals in service to attend memorial services or other public events? ☐ Yes ☐ No ☐ N/A

Date, time, and location of memorial event(s): \_\_\_\_\_

Specific support(s) needed from family? \_\_\_\_\_

**NEEDED SUPPORTS**

MCHHS employees to be notified: \_\_\_\_\_

Supervisor responsible for notification: \_\_\_\_\_ Date employees notified: \_\_\_\_\_

Community partners to be notified: \_\_\_\_\_

Person responsible for notification: \_\_\_\_\_ Date partners notified: \_\_\_\_\_

If needed, Administrator or Division Director(s) may contact HR to arrange on-site grief counseling services through Canopy EAP. For the suicide death of a youth aged 24 or younger, supports can also be accessed through the Lines for Life Suicide Rapid Response Program – contact Phil Blea at 503-361-2733 to request activation of this service.

Include any additional pertinent information on the back side of this form. Once form is completed, send to Division Director.

Revised April 2023

Plan addresses suicide or other untimely death of:

- Employee
- Employee's family member
- Individual in service

Includes supplemental documents:

- Introductory letter
- Glossary of terms
- Fatality fact sheet
- Memorial guidelines
- Media guidelines
- Communication templates

Formatting based on *Manager's Guide to Suicide Postvention in the Workplace: 10 Action Steps for Dealing with the Aftermath of Suicide* from the National Action Alliance



- Building a crisis response “flight team” for internal incidents
- Finalizing and operationalizing pathways to care in electronic health record system
- Utilizing universal suicide risk screenings within all our programs
- Improving our incident reporting process, tracking, and follow-up
- Creating a sustainable training calendar

# QUESTIONS?

I am happy to be a resource! Please reach out:

[lsprouse@co.marion.or.us](mailto:lsprouse@co.marion.or.us)

503-798-8682