



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

**Attendance**

Orientation:

- |                    |                    |
|--------------------|--------------------|
| 1. Annette Marcus  | 6. Jenn Fraga      |
| 2. Aaron Townsend  | 7. Jon Davies      |
| 3. Diane Kaufman   | 8. Nathan Shay     |
| 4. Isaac Moore     | 9. Rosanna Jackson |
| 5. Janeane Krongos |                    |

Meeting:

- |                      |                      |                        |
|----------------------|----------------------|------------------------|
| 1. Angela Franklin   | 18. Jill Baker       | 35. Montell Elliott    |
| 2. Angela Perry      | 19. John Seeley      | 36. Nathan Shay        |
| 3. Anna Klein        | 20. Jon Davies       | 37. Paige Hirt         |
| 4. Annette Marcus    | 21. Jonathan Hankins | 38. Pam Pearce         |
| 5. Antonia Alvarez   | 22. Julie Scholz     | 39. Rachel Howard      |
| 6. Brian Pitkin      | 23. Justin Potts     | 40. Sandy Mathewson    |
| 7. Christina McMahan | 24. Karen Cellarius  | 41. Sarah Rasmussen    |
| 8. Craig Leets       | 25. Kaylee Menefee   | 42. Scott Vu           |
| 9. Del Quest         | 26. Kirk Wolfe       | 43. Shanda Hochstetler |
| 10. Diane Kaufman    | 27. Kris Bifulco     | 44. Shelaswau Crier    |
| 11. Emily Watson     | 28. Laura Sprouse    | 45. Siche Green-       |
| 12. Erin Porter      | 29. Linda Hockman    | Mitchell               |
| 13. Galli Murray     | 30. Liz Schwarz      | 46. Stephanie Willard  |
| 14. Gordon Clay      | 31. Lukas Soto       | 47. Taylor Chambers    |
| 15. Isaac Moore      | 32. Mary Massey      | 48. Zev Braun          |
| 16. Jacob Dilla      | 33. Max Maroglis     |                        |
| 17. Jenn Fraga       | 34. Meghan Crane     |                        |

*\*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 – 9:45**            **Welcome, Introductions, Group Agreements, Agenda Overview, Alliance Business**  
Galli Murray, Alliance Co-chair

Galli reminded everyone that this meeting is being recorded.

Galli welcomed all attendees and gave a special welcome to new members. The Executive Committee recently approved recommendations for new member appointments and will be forwarding recommendations to OHA for acceptance. Letters will be going out over the summer making membership official and as of the September quarterly meeting, new members will have voting privileges. If you are a new member or a first-time participant, give us a virtual or real wave. Today the only item on the agenda requiring a vote is the March quarterly meeting minutes. Jenn will provide a slide with voting members names when the vote is called.

### **Big View, Review, and Preview**

Our legislative session has come to a halt as a result of a walk out by Republican legislators. Annette will share more details later in the meeting about the impact

of the stalled session. Galli reminded attendees that even though the legislative session is on hold there is a lot of suicide prevention work happening across the state. She acknowledged the continued commitment of those attending today's meeting and thanked attendees for all their suicide prevention work.

The September 15<sup>th</sup>, 2023, quarterly meeting will be held in Bend and it will be a hybrid meeting. This meeting will be available both in person and for those who may choose to not travel, please join us through the virtual option.

Over the summer the Alliance will be updating its by-laws to clarify terms of service on the Executive Committee. Currently, open positions on the committee are: one at-large, one lived experience, and two youth. Galli asked attendees to consider nominating individuals for the positions and reminded every that self-nominations are welcomed. More information will be going out over the summer and positions filled at the September quarterly meeting.

Galli reviewed the agenda for today and asked for someone to read the vision statement. She thanked Isaac for reading the vision statement before calling for a motion to approve the March 2023 quarterly meeting minutes. Gordon Clay motioned to accept minutes as presented; Julie Scholz seconded the motion. Galli called for discussion, there was none. The motioned passed with no nays or no abstentions.

**9:45 – 9:55                      Small Group Breakout**

Galli introduced the small group meet and greet and reminded attendees of the group agreements which were posted for reference. Galli welcomed attendees back before introducing the next agenda item.

**9:55 – 10:00                      Using Cultural Protective Factors in Suicide Prevention for Black and Indigenous Communities: Suicide Prevention Summit**

Iden Campbell, Twelve6 Consulting

Iden was unable to attend today, Annette shared information about the summit and Twelve6 Consulting's role in the event. This is the third time the Alliance has sponsored a summer summit that centers the voice of Black and Indigenous communities. It is a very interactive conference with both in-person and virtual option. Annette encouraged everyone to attend to learn more about cultural protective factors. Lukas Soto shared that the website will be up next week to

register online and find information about the agenda/speakers. This conference has been well attended in the past by both in-state and national participants. It is a [free event](#).

- [Suicide Prevention Summit](#): Using Cultural Protective Factors in Suicide Prevention for Black and Indigenous Communities
- [When](#): Wednesday, July 26, 2023, 9:00am – 3:00pm
- [Where](#): PSU Native American Student and Community Center, 710 SW Jackson St, Portland, OR

To Register: [SUMMIT REGISTRATION LINK](#)

Gordon commented that July is National Minority Mental Health Month; the July issue of the publication he's working on can include information about the summit if the information is submitted by June 10<sup>th</sup>.

## **Policy Update**

Annette shared that the current situation of the Republican walkout has impact on our work. The walkout is specifically about HB2002, the bill addresses access to gender affirming care and reproductive rights. This is a bill the Alliance supported. The current situation is no bills are being heard. Bills aren't being heard because there are not enough attendees to make a caucus. There was a bill passed earlier in the session to ensure funding at current levels until September. It is a mystery what will happen if the budget isn't passed. What is disappointing to many of us is this session held great promise for suicide prevention across the state. We are concerned because we have not seen Way Ways and Means prioritize suicide prevention. We're asking you to contact your legislator and/or the Ways and Means Committee and advocate for life span suicide prevention. It is anticipated that a special session will be convened over the summer and will be narrowly focused on budget approval.

Galli jumped in and implored all to do what Annette is asking. Jenn has a tool that makes it easy to find your legislator and their email/contact details. Annette has put together a template for messaging; Jenn will resend this information. This is one way the Alliance can advocate for suicide prevention policy.

Jill shared that OHA suicide prevention team put in a request for \$22 million and the governor put in \$7.7 million in her recommended budget, about a 33% of what is needed to fully fund the YSIPP and ASIPP. This means all suicide prevention funding increases have been cut, funding remains at the current level. Justin added that if you know constituents of a legislator who has walked out, talk

with them and share the template. It helps if the message is coming from a voting constituent. Sandy shared that she appreciates being in a meeting where information about what's happening at the state is being provided and that the suggestion is to use the information in our own way rather than advocating for a direction. Galli thanked Sandy and acknowledged the power of our group, please send an email – you make a difference. Galli asked for any other comments, there were none.

Before the OHA presentation, Galli shared presenter's and attendee's feedback about the use of chat during presentations. The comments/feedback raised a concern about how activity in the chat during a presentation can be engaging for some people but is distracting for others. Today, we are going to try something different: please use the chat for questions that are pertinent to the presentation and minimize other conversations/commentary. Questions from the chat will be answered. We'll try that approach today and if it doesn't work, we will revisit. Galli introduced Meghan and Taylor.

**10:00 - 10:40**      **OHA Annual CDC Data and Discussion**  
Meghan Crane and Taylor Chambers, OHA Public Health

Meghan opened the session recommending that attendees review the presentations linked here to learn more about the data systems and existing limitations. The Injury and Violence Prevention Program has also developed a data glossary linked here to help you navigate the data sources. 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](#) (Approximately 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.

A note on use of the term "small numbers": Estimates with few cases tend to be unstable and prone to misinterpretation. This is where we need to rely on state

and national trends and, regardless of the counts, ensure these populations are considered in suicide prevention, intervention and postvention activities. Meghan emphasized that any loss to suicide is too many. Any individual that dies by suicide deserve the dignity to be included to show value to their life and to be considered in informing prevention efforts.

The full set of slides (graphs and charts) and data information is part of the meeting materials and can be found [here](#). Throughout the presentation, we are breaking down youth data between 10-17 and 18-24 to provide context around youth suicide.

Highlights from Meghan and Taylor's presentation include:

- [Suicide-related visits to Emergency Departments \(Eds\) and Urgent Care Centers \(UCCs\)](#) for youth aged 18 and under in 2022 are similar to 2019 with a bit of a greater uptick in Feb-Apr of 2022. We did not see a significant spike in suicide-related visits to ED/UCC in the last 3 years. The number of suicide-related visits to Eds and UCCs for youths ages 18 to 24 in 2022 is similar to the last 3 years.
- [Suicide in Oregon](#): Across ages, Oregon is one of seven states that had a statistically significant decreased suicide rate in 2020 compared to 2019 (CDC MMWR, Changes in Suicide Rate, US 2019 and 2020). However, we saw the rate climb in Oregon as well as nationally in 2021. In 2021, the rate of suicide across all ages in Oregon was 19.5 per 100,000. The US rate was 14.1.
- [Youth Suicide in Oregon](#) – source 2022 YSIPP Annual Report: In 2021, the rate of suicide for youth ages 10 to 24 decreased for the third year in a row. Since 2018, Oregon's youth suicide rate has decreased for those aged 10-24. While encouraged by this, we need to see trend data years to determine if this decrease will continue.
- [The youth suicide rate in Oregon in 2021](#) was 22.1/100k compared to 17.8 for the United States. We have seen increases in 18 – 24 age group since 2012. Unlike the 10-17 age group, we did not see a decline in 2019 as we observed on the previous slide for age 17 and under. However, we did see a decrease in 2020 unlike 10-17 year olds. 2021 data remains similar to 2020.

We don't have a clear conception of why we are seeing these differences between 10-17 year olds and 18-24 year olds.

Meghan reviewed slides with data specific to sex, characteristics (race/ethnicity), ER visits, and mechanism by sex (firearms, fall, poisoning, motor vehicle/train, hanging/suffocation). See [meeting materials](#) for details.

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.

Galli facilitated Q/A following the youth data presentation. She thanked Meghan and Taylor for their presentation and acknowledged the work that went into putting it together.

In keeping with the theme of data, Galli handed it over to Jill Baker for an update on the YSIPP.

**10:40 – 11:05      YSIPP Annual Report**  
Jill Baker, OHA, Health Services Division

Jill introduced herself and Shandra Hochstetler and together they monitor and implement the YSIPP. Jill reminded attendees that Oregon has a suicide prevention framework for both youth and adult plans. She briefly walked through the framework and provided a [link](#) to a video for a more detailed explanation.

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 Oregon will participate in SAMHSA's 2023 Black Youth Suicide Prevention Policy Academy in July 2023)

2023 Initiative leaders (some have shared leadership):

- 23 are led by the Oregon 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

For more detail about the initiatives, see [smart sheet](#). During the fall, the process will begin to identify initiatives for 2024. The Alliance will be asked for input and to identify which initiatives to “stop, start, or continue”.

Jill provided an update on the progress of a few YSIPP initiatives from each tier, highlights in *italics*:

### Progress: Universal Interventions – Tier I

- Oregon will participate in SAMHSA's 2023 Black Youth Suicide Prevention Policy Academy. *Scheduled for July.*
- The Alliance will develop an equity screening tool for suicide prevention and train Alliance committees and suicide prevention coalitions on the tool. *The tool is completed and in use.*
- The Alliance will form and support a BIPOC (Black, Indigenous and People of Color) caucus. *In progress, if interested in participating contact Annette.*
- The Alliance will form and support a monthly group to support white allyship and anti-racist education. *In progress, if interested in participating contact Annette.*
- The Alliance staff will administer and evaluate mini grants for local suicide prevention coalitions. *Grant applications are in, funding to be awarded July/August.*
- Develop and make available QPR for Teens with guidance from Oregon young people. *Pilot is completed; feedback from youth being incorporated; more information coming in the next few months.*

### Progress: Selected Interventions – Tier II

- 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. *This and the following two points are in response to feedback re: gaps in Big River training. Traditional health care workforces requested free, online/on demand, and accessible training; 3- hour training is being developed; this training is in addition to other options.*



- 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. *OPS working with ODHS, TOT in development and implementation set for 2023.*
- OHA will offer training related to suicide prevention considerations for Latinx community. *Contract signed, training in English; OHA purchased additional seats; August/September 2023 start date.*
- OHA will provide support to the Oregon Colleges and Universities Suicide Prevention Project. *Contract with PSU signed for additional support to colleges and universities for suicide prevention.*

### Progress: Indicated Interventions – Tier III

- OHA will publish a toolkit on best and promising practices for suicide risk assessments, screenings, and safety planning. *Will be completed and ready for start of 2023-24 school year; useful for multi-disciplinary teams; toolkit also includes other topic such as liability.*
- Oregon Pediatric Society will develop YouthSAVE training for those serving young adults (ages 18-24). *One pilot for this training is completed, training to be available soon.*
- NARA NW will establish a postvention response team and programming to support tribal communities after a suicide death. *Team as received training, in process of mapping out culturally specific strategies for post suicide death*
- Critical Incident and Stress Management training will be available for postvention response teams and a learning community will be established. *Signed contract with AOCMHP for training for post suicide strategies; training will also be applicable to other tragedies/post deaths.*

### Barriers

The most pressing barrier currently is level of funding and uncertainty about the budget. OHA had hoped for an increase in funding to increase capacity at the county and tribal level.

**11:05 – 11:07      Introduce Alliance Annual Satisfaction Survey**  
Jenn Fraga, OR Alliance to Prevent Suicide

Jenn shared the process for completing the [annual satisfaction survey](#).

**11:07 – 11:17      BREAK**

**11:17 – 11:25      Time to Complete Survey**

11:25 – 12:25

## Zero Suicide Presentation and Discussion

Meghan Crane, OHA, Health Services Division

Laura Sprouse, Marion County Health and Human Services

Galli welcomed Meghan and Laura.

Meghan provided introduction to the Zero Suicide model and share its foundational belief: suicide deaths for individuals under the care of health and behavioral health systems are preventable.

The Zero Suicide framework parallels safety and quality improvement initiatives that are commonplace in health care systems and aligns with work that health systems are already doing to create a culture of safety. It is both a philosophical approach to care as well as a set of standardized practices.

Highlights from the presentation include:

- Zero Suicide (ZS) is part of OHAs statewide suicide prevention efforts
- Zero Suicide is funded by a SAMSA grant
- AIM: Implement the Zero Suicide model in Oregon health systems to reduce suicide risk for adults 25 and older by supporting health systems with implementation
- Why focus on healthcare systems: because - 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; and, 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** - Leadership commitment

**Train** - Workforce development and training

**Identify** - Standardized screening and risk assessment

**Engage** - Suicide care management plan

**Treat** - Effective, evidence-based treatment

### Zero Suicide is . . .

- 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



**Transition** - Follow-up during care transitions

**Improve** - Ongoing quality improvement and data collection

Meghan addressed questions re: number of locations in Oregon: about 15 systems committed to implementation, some are starting by tackling some of the 7 elements – it's a big life to make changes. Other questions focused on how Zero Suicide address the lack of behavioral health providers: This is a huge issue in many systems today, the approach is to support staff so they feel confident and competent in serving patients and work in a supportive environment where there are resources for support.

## **Resources in Oregon**

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)

Zero Suicide Toolkit, [www.zerosuicide.com](http://www.zerosuicide.com)

Sign up for the Zero Suicide Listserv: <https://zerosuicide.edc.org/movement/zero-suicide-listserv>

## **For more information**

Zero Suicide Institute web site <https://zerosuicide.edc.org/>

Contact OHA, *Meghan Crane*, [meghan.crane@oha.oregon.gov](mailto:meghan.crane@oha.oregon.gov)

Galli handed off to Laura Sprouse, Zero Suicide Program Coordinator, Marion County Health and Human Services Initiative. Laura shared information about her background and gave a brief history of their program. Highlights from her presentation follow, the full slide deck is part of the meeting materials. LINK

- 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
  
- Accomplishments
  - 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

Laura focused on a few things she felt they have done exceptionally well in working towards full implementation of the Zero Suicide framework:

#### Staff Training Policy and Matrix

- 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!

### Improvements to Transitions in 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 HER
- Form will be sent to Jenn and be available to share

### Postvention Plan – Postvention Protocol

- 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! Plan addresses:
  - Suicide or other untimely death of employee, employee’s family member, and individual in service.
  - Includes supplemental documents: introductory letter, glossary of terms, fatality fact sheet, memorial guidelines, media guidelines, and communication templates.

### What’s Next

- **Building a crisis response “flight team” for internal incidents.** Multiple incidents/traumas in past few years have highlighted the need for a more trauma-informed, employee-led response. Hope to have a team that can respond to incidents (suicide attempts, deaths, community traumas) if needed to provide psychological first aid and support resiliency building and recovery.
- **Finalizing and operationalizing pathways to care in electronic health record system** - bridge any gaps in treatment/care and optimize referrals to more intensive care.

- [Utilizing universal suicide risk screenings within all our programs](#) - currently only used in outpatient care and crisis settings, hope to see consistently used in SUD treatment, WIC, PH clinic
- [Improving our incident reporting process, tracking, and follow-up](#) - our forms are outdated, staff need better training (especially due to so much staff turnover), need better tracking method to analyze trends and improve our systems
- [Creating a sustainable training calendar](#) - how to continue providing best-practice trainings to staff as we experience turnover/changes, how do we adapt to meet the needs of our staff/clientele also looking to bring back dedicated in-service days for staff to complete trainings

Laura offered to be a resource to any organization wanting to begin a Zero Suicide program, please reach out. Laura thanked Meghan and Galli for their help and support when she started with Zero Suicide. She also thanked Kris Bifulco for her help with postvention and postvention policy.

Galli complimented Laura on all her work, so much accomplished in a short amount of time. Galli commented on two forms: Training exemption form for staff, signals that employer is opening to talking with employee about why they don't feel comfortable participating in the training and that we're willing to talk about it.

Q – transitions of care document, sounds like it is for when staff are transitioning away from the care of patient. Have you considered using the form when patients transition from one level of care to another? A - not yet, but really hoping to see it used for transitions of care in the near future.

Discussion:

Leadership - At the onset, Sydney Nestor and the health administrator felt very strongly about putting Zero Suicide in place. Even though Sidney has moved to another position, effort and energy has continued with new leadership because it has shown to be effective treating patients and supporting staff. Leadership has been both supporters and champions.

Funding - the Zero Suicide program is funded through both the behavioral health program and administration side. Initially it was a public health program, however, the suicide prevention coordinator's workload didn't allow for additional work related to Zero Suicide, a new position was created specific to ZS – Laura is the coordinator.

Training – how has staff reacted to training and changes in policies? Staff report that by learning tangible skills it is better for them; they feel more capable and competent. The wellness initiatives have also been helpful in making staff feel connected particularly during Covid.

Galli thanked both Meghan and Laura, both excellent resources.

### **12:25 – 12:30      Announcements and Adjourn**

Annette shared that there are many ways to be involved in the Alliance, two ways are to bring things to our attention and to join a call to action. The Alliance invites all to step forward in a call to action related to LGBTQ youth. LGBTQ Advisory is hosting an “Ally Call to Action” planning convening on Saturday, July 6<sup>th</sup>, noon – 4:00. If you would like to attend, [Register LGBTQ+ Convening](#)

Johnathan – call to action is around firearm safety for youth in the home this summer, reach out to Jenn and/or Johnathan to join our efforts. A special shoutout to the Alliance for help just last week – the request had a quick turnaround, thanks to those who stepped forward and thanks to Jenn and Annette for the help.

Galli thanked Annette and Jonathan. These are a reminder of the power of this group and the support you all give to suicide prevention work across the state. Please reach out to Jenn and Annette if you would like help with your call to action and to participate in the any of the ones currently in progress. Thank you, too, for joining us today and all the amazing work you do each day.

Galli thanked everyone for their time today and for all the work they do everyday to prevent suicide in Oregon. She also thanked the presenters for their amazing presentations. Galli adjourned the meeting at 12:30.