

HB 2315 Policy Analysis Proposal

Introduction

The Oregon Alliance to Prevent Suicide (Alliance) identified a gap in the number of mental and behavioral health professionals (MBHPs) who are trained to assess and treat individuals experiencing suicidal thoughts in Oregon. To address this need, the Alliance introduced HB 2315 in 2019, which is designed to increase the number of MBHPs equipped to assess, manage, and treat clients experiencing suicidality in the state of Oregon by requiring license based MBHPs to receive suicide prevention trainings prior to renewing their license of practice. Oregon needs more robust data to assess whether implementation of this new policy is positively impacting MBHPs and their clients. Since the passage of HB 2315, we know that a higher percentage of licensees are taking suicide prevention training (CITATION), but we are missing critical data on the type of course taken, how that course is impacting professionals' competency in suicide care, and whether the trainings are addressing the needs of diverse populations. If HB 2315 has been effective, we predict all license based MBHPs will be trained in various degrees of suicide prevention by 2025. Long term indicators of success include a decrease in deaths by suicide in the Oregon as well as documented continuity of care for people experiencing suicidality. Short term indicators of success for HB 2315 include increased efficacy of MBHPs in treating clients experiencing suicidality, and an increase of MBHPs trained in suicide assessment, management, and treatment in the workforce. Currently, we have no way to assess these indicators.

We are requesting that Oregon Health Authority (OHA) expands the requirements for data collection on required suicide prevention trainings beyond what is currently gathered by the licensing boards. At a minimum, we need to identify the types of trainings that MBHPs are taking, however, of utmost importance is understanding whether these trainings are effective in building MBHPs' capacity for suicide safer care. Below we propose a survey methodology, which would ideally be administered to all licensed MBHPs during license renewal.

We understand that existing systems of data collection from licensees are limited by resource constraints but urge OHA to explore workarounds or consider funding further study in this area. To address this, the Alliance supported OHA's suicide prevention Policy Option Package (POP) introduced by OHA in the 2020 legislative session. Unfortunately, this POP did not receive funding. As resources may not be currently available to study all licensees who have taken suicide prevention training, we recommend that, at a minimum, OHA resources are allocated to survey and interview a subset of licensed individuals on their experiences with these trainings from a variety of licensures.

Proposed Survey Methodology

The purpose of this study is to examine the effectiveness of HB 2315 to increase the number of MBHPs competent in suicide care. We need to gain a better understanding of what is working well and what needs improvement. For the purposes of this analysis, effectiveness of HB 2315 will be indicated by an increase in the number of MBHPs trained in suicide assessment, management, and treatment, and an increase in MBHP's confidence, competence, and comfort in providing suicide-related treatments.

To assess HB 2315's effectiveness in equipping MBHPs to successfully recognize, assess, and treat clients with thoughts of suicide, we plan to gather data from Oregon state licensing boards.

Surveys

Through collaboration with OHA and research and policy partners, we recommend developing a survey to gather information from MBHPs regarding their interactions with suicidal clients, their experience of suicide prevention trainings, whether they found the suicide prevention trainings useful in their work, and how they

have used the suicide prevention training in their practice. We recommend collaborating with Oregon licensing boards to collect this survey data from MBHPs at the time of license renewal. The waiting period between trainings and re-licensure may benefit survey results, as professionals will have had the time to assess whether the suicide prevention training/s they took were effective, useful, and sufficient for their specific practice. See Appendix for example questionnaires for trainees post-training.

The purpose of these MBHP-specific surveys will be to assess:

- Estimated number of clients experiencing suicidal thoughts and behaviors MBHPs have treated
- MBHP's integration of the suicide prevention and intervention trainings into their daily practice
- MBHPs level of competence and confidence in utilizing skills gained from the suicide prevention trainings they received
- MBHP's perceived gaps in suicide prevention training for clinical practice
- MBHP's level of competence and confidence in working with marginalized populations (LGBTQ+, BIPOC, people with disabilities, etc.)

In combination with statewide suicide prevention training evaluation data currently being collected, the data from these surveys is critical to determine the effectiveness of HB 2315 in training MBHPs to recognize, assess, and if needed, refer clients experiencing suicidality.

Call to Action

We would like to say, “Just Do It,” but simultaneously understand that there are resource and institutional barriers that need to be addressed for this to move forward. We are requesting that this proposal is reviewed and feedback regarding next steps and a path forward are provided. We are eager to work in partnership with OHA to ensure that this important legislation is evaluated so that we can effectively tell the story of creating a suicide safer Oregon and make data-based decisions moving forward. We urge OHA to include funding for this work in future POPs, to take a leadership role in bringing together the key stakeholders at licensing boards and OHA, and to develop a plan for how this legislation will be assessed and supported.

Oregon Alliance to Prevent Suicide Bylaws

Background on the Alliance

Suicide is a major public health issue nationally, and in Oregon, it has been either the first or second most common cause of death for youth and young adults up to age to 24 for many years.

In 2014, the Oregon State Legislature mandated development of a five-year plan to address Oregon's high rate of suicide among individuals aged 10 through 24. The Oregon Youth Suicide Intervention and Prevention Plan (YSIPP) was signed by the Oregon Health Authority (OHA) and submitted to the Legislature in January 2016. The YSIPP calls for the creation of the Oregon Alliance to Prevent Suicide to develop a public policy agenda for suicide intervention and prevention across agencies, systems, and communities.

In 2019 Oregon's legislature passed SB 707 which put in statute a requirement for a Youth Suicide Intervention and Prevention Advisory Committee on youth suicide ages 10 to 24, amending ORS 418.731 and 418.733. The Oregon Alliance to Prevent Suicide (Alliance) is serving in this role. In 2021, Oregon's legislature passed SB 563 expanding the YSIPP focus to include ages 5 through 24 for more upstream prevention work.

Purpose and Responsibilities

The Alliance is charged with overseeing implementation of the YSIPP and evaluating outcomes related to suicide prevention in Oregon. The purpose of the Alliance is to serve as an advisory to the OHA with a goal of reducing youth suicides in the state of Oregon. Alliance members are appointed by the OHA to develop a public policy agenda for suicide prevention, intervention, and postvention across agencies, systems, and communities. The Alliance seeks to:

- Promote a sense of **hope** and highlight recovery and resilience,
- Make it safe to ask for **help** and making sure that the right help is available at the right time.
- Engage individuals and communities in the **healing** process after an attempt or suicide.

Responsibilities of the Alliance Include:

- Advise the OHA on the development and administration of strategies to address suicide intervention and prevention for children, youth and young adults through 24 years of age.
- Recommend potential members to OHA for appointment to the Alliance
- Promote a coordinated approach with the State for youth suicide prevention.
- Develop a plan to foster and sustain statewide policy development and leadership in suicide prevention.

- The Alliance consults with the Youth Suicide Intervention and Prevention Coordinator on updates to the YSIPP under ORS418 733.
- Develop a policy agenda for suicide prevention that identifies state policy priorities and communicate the agenda to state and local policymakers.

Alliance Structure and Membership

Members will be appointed by the Director of OHA. Members serve at the discretion of OHA's director and can only be removed by resignation or by the director. Membership will at a minimum align with the SB707 requirements and include a minimum of four youth and young adults age 24 or younger.

Any current member of the Alliance may recommend an individual for membership to the executive committee. The executive committee will submit recommendations to the director of OHA. Candidates must be confirmed and appointed by OHA's director.

Membership is for a period of three years and is renewable every three years. At the end of each term members may be reappointed. The Executive Committee will vet and recommend members to the director of OHA. Members intending to resign shall submit a letter of resignation to the Chair, with a copy to the Alliance Staff and to the OHA Youth Suicide Prevention Coordinator.

The Alliance places a high value on ensuring that its statewide work connects with efforts in local communities and recognizes the important role of Regional and County Suicide Prevention Coalitions play in that work. When considering membership recruitment, the Executive is encouraged to work towards regional representation of the coalitions, while also complying with statutory requirements.

Alliance staff will track membership attendance and terms and notify OHA and the executive committee of terms coming to an end.

A current member of the Alliance may nominate an individual for membership to the executive committee for consideration. A person may self-nominate as well. All applicants will complete an application which will be submitted to the executive committee for consideration. The executive committee may elect to waive the application process. The executive committee will vet and recommend a nomination to the Oregon Health Authority (OHA) Youth Suicide Coordinator who will forward to the director of OHA. Per the Alliance Bylaws, members will be appointed by the Director of OHA, serve at the discretion of OHA's director and can only be removed by resignation or by the director. See Attachment 1, Alliance Bylaws

As indicated by SB 707 (2019), the members of the advisory committee should reflect the cultural, linguistic, geographic and economic diversity of Oregon and must include but need not be limited to:

- Individuals who have survived suicide attempts;
- Individuals who have lost friends or family members to suicide;
- Individuals who have not attained 21 years of age;

- Representatives of state agencies, including but not limited to the Department of Human Services, the Oregon Health Authority and the Department of Education, who provide services to individuals who have not attained 21 years of age;
- Representatives of Oregon Indian tribes;
- Representatives of colleges and universities;
- Medical and behavioral treatment providers;
- Representatives of hospitals and health systems;
- Representatives of coordinated care organizations and private insurers;
- Suicide prevention specialists; and
- Representatives of members of the military and their families.

Alliance members must:

- Be familiar with the Oregon Youth Suicide Intervention and Prevention Plan and the responsibilities it designates for the Alliance.
- Learn about and share best practices in suicide, suicide prevention, intervention, treatment, and postvention.
- Communicate the needs and concerns of their constituencies to the Alliance.
- Communicate issues under consideration by the Alliance to their constituencies to obtain feedback.
- Be open to including youth voice and supporting meaningful youth involvement.
- Maintain a statewide perspective for what will work in Oregon.
- Serve on committees or work groups as appropriate.
- Support Alliance public policy agenda and other initiatives, and advocate for them as appropriate.
- Attend quarterly meetings, preferably in person.
- Participate in decision-making with timely responses and by voting in person, by email or by phone.
- Maintain a perspective on what is in the best interest of the Alliance and make this perspective a priority in matters relevant to the Alliance.

Affiliates

Affiliates are individuals interested in participating in Alliance committees, quarterly meetings or other Alliance activities and who have not been appointed as a member by the director of OHA. Affiliates may provide feedback and help in development of policy but are not voting members. This enables, for example, multiple people from a single organization to participate in committee work while ensuring that no one organization is over-represented in the voting process. It also provides a way for potential members to engage.

Stipends:

The Alliance values participation of youth and young adults, family members and persons with lived experience. Stipends and reimbursement may be provided to individuals not otherwise receiving

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compensation for time and expenses. Reimbursement under this subsection are subject to the provisions of ORS 292.210 to 292.288

Alliance Chair and Committees

To be eligible for nomination as the Alliance Chair or Vice-Chair a member shall have served on a committee prior to their nomination.

The Alliance Chair will lead meetings, and in their absence, the Vice-Chair may take the lead. The Chair and Vice-Chair terms will be for a period of two years. The Vice-Chair position is intended to support the chair and prepare the individual for serving as Alliance Chair in the future. The Alliance Chair and Vice-Chair will be elected by Alliance members at the quarterly meeting held in June. Chair and Vice-Chair may serve two consecutive terms and can be nominated again for appointment after a period of two years.

The work of the Alliance is moved forward through committees. Committees are determined at the June quarterly meeting by the full Alliance. Chairs of these standing committees will serve on the Executive Committee. Ad hoc work groups will be commissioned by the Executive Committee for a specific scope and purpose.

Committees will establish annual goals and action steps each year in the spring. Each committee will meet at least quarterly to assess progress towards the annual goals. Each committee will have a committee chair tasked with facilitating the committee meetings and ensuring goals are met and deliverables are completed.

Executive Committee

The Executive Committee will meet prior to each quarterly meeting of the full Alliance. Additional meetings will be held as needed.

The Executive Committee shall:

- meet to develop and review full Alliance quarterly meeting agendas,
- review and approve recommendations or proposals from each of the committees,
- recommend to the Alliance new or updated policies and procedures,
- review and make recommendations on other items to come before the Alliance,
- make decisions between meetings on behalf of the Alliance membership,
- make recommendations to OHA on new Alliance members, and
- prioritize special projects, especially those focusing on diversity, equity and inclusion and groups that are at disproportionate risk of suicide.

Executive Committee Membership:

- Alliance Chair
- Alliance Vice-chair

- Standing committee chairs
- OHA/Health Systems Division Representative (non-voting)
- OHA Public Health Representative (non-voting)
- The following positions will be appointed for a three-year term on the Executive Committee. They may serve multiple terms provided they receive a membership reappointment from OHA and are approved by Alliance members:
 - ⊖ Two persons identifying as having direct lived experience of intrusive suicidal thoughts, urges and/or behaviors (including suicidal attempts).
 - A person with lived experience identifying as a bereavement loss survivor (i.e. family member of a person who attempted or dies by suicide)
 - Two young adult representatives, who may be supported at executive committee meetings by a non-voting adult ally.
 - Up to two at-large members
 - A healthcare provider
 - A person representing schools (K-12) or colleges and universities

Committee Chair Determination

Committee members will recommend a chair or co-chairs. If the committee uses a co-chair structure, only one of the co-chairs shall serve on the Executive Committee. Committee chairs will report to the Executive Committee regarding committee activities and recommendations, and work with the Executive Committee to review, revise and adopt these recommendations.

Decision Making

Elections

- Committee chairs shall be elected for a period of one year at the committee meeting immediately preceding the June Alliance meeting. Committee chairs, excluding the Executive Committee chair, shall be elected by majority vote of the committee.
- The Alliance Chair and Vice-Chair shall be nominated and voted upon at the June meeting of the Alliance. Nominations may come from any member and may be for any member, including self-nomination. Members of the Alliance must be present in person or by phone to vote and each member may cast one vote per position.

Committee & Advisory Group Meetings

- All Committee meetings will follow Oregon's Public Meeting Law, ORS 192.610 – 192.690.
- Advisory Group meetings will occur as needed and do not follow Oregon's Public Meeting Law, ORS 192.610 – 192.690. These groups are population specific and serve as an advisory group to the full Alliance and to Committee work as needed. Advisory groups do not have a position on

the executive committee, but are looked to as a trusted resource in developing population specific work and ensuring that the Alliance attends closely to issues of equity and inclusion.

- At discretion of Exec committee, chair may be asked to extend period of service to assist with transition and to allow continuity.
- Meetings of the full Alliance will be held quarterly. Special meetings via conference calls will be scheduled as needed. A designee may be delegated by an Alliance member to represent the member by attending and voting at a quarterly meeting. Members will notify the Staff of the Alliance and the chairperson in advance if they are sending a designee or will miss a meeting.

Voting

- Each appointed member, with the exception of members who are OHA staff, is entitled to one vote on any matter referred to the full membership. Votes will require a quorum.
- A quorum will be 50% plus one of those present who are OHA appointed members. Decisions will be made by majority vote of the quorum.
- Committee chairs or any member may submit motions for vote to the Executive Committee and at quarterly meetings.

Time Sensitive Matters

- Time sensitive matters are those in which a decision is needed before the next scheduled quarterly meeting. When time allows, feedback will be gathered via email from Alliance members and the Executive Committee will discuss. No less than three business days will be allowed between when an issue is raised and voting. Voting will occur in a teleconference call. Voting records shall be contained in Executive Committee minutes and will be shared with Alliance members via email and at quarterly meetings. Any member of the Alliance may propose a time-sensitive matter for a vote by submitting a request to the Alliance staff who will be responsible for bringing the matter to the Executive Committee.
- The Executive Committee is authorized to vote on policy recommendations and take action between quarterly meetings on behalf of the full Alliance as needed. The Executive Committee will only vote to support proposals that align with the Alliance-approved legislative agenda, are specifically mentioned in the YSIPP, or otherwise have been approved by the Alliance membership. If an issue arises other than those in the approved legislative agenda, specifically mentioned in the YSIPP, or have been approved by the Alliance membership, it will be brought to the Executive Committee and the full Alliance will be informed by email and any decisions will be documented in the minutes.

Small Steps

How Your Business Can Help Prevent Suicide

Small Steps - Raising Awareness about Suicide Prevention in the Workplace

Small Steps is an Alliance outreach campaign to engage community businesses and organizations in suicide prevention in the workplace. This campaign is based on the belief that suicide is preventable and involves everyone in the community. It is part of a movement to bring people and communities together to promote prevention, intervention strategies, and support healing in communities after a suicide (postvention). Small Steps is part of the Alliance's broader prevention strategy, supported by the Alliance Workforce Committee and its efforts to promote suicide safe work environments. This campaign will reach employers and employees to raise awareness about:

- Recognizing the warning signs for suicide
- Action steps for helping someone in emotional pain
- Reaching out – help is available

The purpose of this campaign is for employers and employees to have the information they need to support a person in the workplace who may be experiencing a mental health crisis. Materials and messages are designed to increase help-seeking by reducing stigma related to mental health and suicide. To encourage help-seeking, the materials provide examples of how to have the conversation with someone who may be in crisis and where to go for help. The Alliance is particularly interested in reaching out to young adults 18-24 years old.

For more information about the **Small Steps** outreach and awareness campaign and to join others in this effort, please contact Annette Marcus
amarcus@aocmhp.org

Collaborative Partners

The Alliance is the information hub for the campaign. To maximize our reach, we are partnering with Oregon Chapter of the American Foundation for Suicide Prevention, and suicide prevention coalitions and advocates around the state. We will launch our effort during Suicide Prevention Month, our goal is to engage 50 businesses and organizations by December 31, 2023.

Who We Are

The **Oregon Alliance to Prevent Suicide** is a statewide advocacy and advisory group in Oregon working to prevent youth suicide and strengthen suicide intervention and postvention services. It was established in 2016 when the Youth Suicide Intervention and Prevention Plan (YSIPP) was submitted to the legislature by the Oregon Health Authority (OHA). The Alliance is charged with advising OHA on statewide youth suicide prevention and intervention policy and implementation of the YSIPP. Members are appointed by the Oregon Health Authority and include leaders from the public and private sectors, legislators, subject matter experts, suicide attempt and loss survivors, and young people from across the state of Oregon. For more information about the Alliance, visit our website at <https://oregonalliancetopreventsuicide.org/>

People often spend a large portion of their day at a workplace and, in doing so, get to know other employees over time. As a result, they may be in a good position to notice changes in behavior that could suggest risk for suicide or other mental health problems.

*Suicide Prevention
Resource Center*

If you are interested in joining the Alliance or the Alliance Workforce Committee, please contact Annette Marcus
amarcus@aocmhp.org

Youth Experiences with Mental Health Resources in High Schools

— Focus Group Findings —
August 2023

This PowerPoint

- Thoughts and ideas shared here are from youth and young adults that attended the focus groups
- Overall themes pulled from what youth shared
 - Some are word-for-word
 - Others are combined and summarized if multiple youth said the same thing

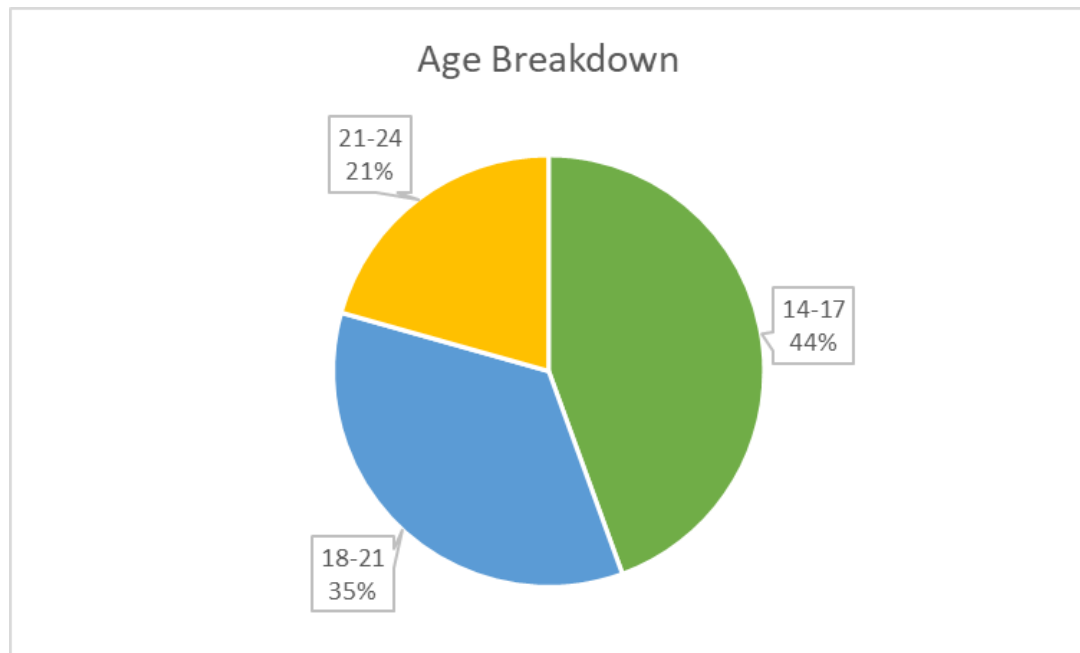
Attendees

We received 160 registrations. This was unexpected and we had to close registration early. Processes will be changed for next time to better account for this.

76 attendees.

4 meetings offered at varying days / times during the week.

This age breakdown is of those who attended focus groups.



Format of Meeting

Time	Topic	Additional Details
10 minutes	Welcome, Purpose of Meeting, Gift Card Reminder, Overview of Think Tank, Ice Breaker	What city do you live in? What's your favorite season?
5 minutes	Adi's Act Overview/ Zoom Polls	School: Do you know if your school has a student suicide prevention policy? What do you think should be included in your school's policy? As far as you know, have you ever been a part of a survey or schoolwide event where every student was asked about their mental health or suicide?
10 minutes	Group Discussion / Jamboard	What are your thoughts on checking in with all students directly about their mental health and suicide? What would make that go well and what might make that not go well?
10 minutes	Group Word Cloud	In one word, how would you describe your school mental health resources? PollEv.com/jfraga000 Text JFRAGA000 to 22333
10 minutes	Group Discussion / Jamboard	Who do you feel safe going to when you are having a mental health crisis? Why? Who do you feel safe going to when your friend is having a mental health crisis? Why?
5 minute break		
10 minutes	Group Discussion / Poll Everywhere	What does help look like for you? PollEv.com/jfraga000 Text JFRAGA000 to 22333
10 minutes	Group Discussion / Jamboard	What kind of support do you want when you are experiencing a mental health crisis? What do you wish was available?
10 minutes	Group Discussion / Jamboard	What do you want your teachers, school staff to know about mental health crises?
5 minutes	Closing, Gift Card Reminder	

Purpose of Focus Groups

Gauge student awareness of their school's suicide prevention plans / policy to gather anecdotal information about Adi's Act implementation

Student Self-Reported Awareness Levels

Out of the 76 attendees, 37 completed the initial Zoom poll that asked about their school's suicide prevention policy.

38% were aware that their school had a suicide prevention policy / plan in place

57% of those that were aware that their school had a policy reported seeing the plan

50% of those who were aware that their school had a policy and saw the plan reported that the plan was explained to them

Overall Themes

- When students have positive relationships with teachers, they feel safer and identify them as people they can talk to in crisis
 - The opposite is true when students have negative relationships with teachers, they have a difficult time at school and feel isolated
- Students believe that having a safe, quiet place to go when they are escalated or having a crisis would be beneficial and help them to manage their crisis
- Students want their teachers and their peers to receive trainings on suicide prevention and intervention
 - There were differences in how they think this could be accomplished
- Students don't believe that resources are easily and readily available both at schools and for ongoing supports
- Universal screenings about mental health would be helpful

What does effective suicide prevention / mental health supports look like in schools?

- Safe spaces / mindfulness rooms for students to use when experiencing a crisis
 - Often times, students are sent to on-campus suspension or specific places on campus that serve as 'punishment'
 - Instead of having those types of rooms, giving students access to 'quiet spaces' where they can take time to regulate and talk with someone if they want to would help students learn and use any coping skills or grounding techniques to help with their crisis
 - Having people to talk to as an option is important because not everyone finds it helpful to talk with people during a crisis

Ideas for what to have available in quiet spaces / mindfulness rooms and how to increase accessibility

Peer supports (something that students can do after being trained and can count for volunteer hours)	Resources for how to find ongoing counseling / mental health supports	Available a little before school starts, during the school day, and a little after school ends
Trained staff to talk to with walk-in availability	Safety planning resources	Comfortable chairs / couch
Activities - coloring, a space to write or draw, fidget toys	Crisis lines and other resources for crisis supports	Safety cards - wallet sized cards with information like warning signs and easy coping skills to try
Students shouldn't need a 504 or IEP plan to access this space	A pass system of sorts where students shouldn't have to explain what's going on in the moment as that may worsen the crisis	Training for teachers on mental health (more information on this in future slides)

What kind of support do you want when you are experiencing a mental health crisis? What do you wish was available?

A quiet room to step into

A safe place to talk to someone, with the option to be anonymous

having built in mental health days or allowing mental health as a valid reason to have days off

Destroying the stigma around high-achieving or high-functioning individuals and normalizing their mental health

Help getting connected to mental health resources for ppl with unsupportive parents

the option not to talk to others

Something to write with so I can process my thoughts

I would want a safe place to go -- and to feel like the school felt like my mental health mattered more than my school work

a quiet space to be alone with a comforter like music or books

Accessible mental health care or resources

Being able to talk to counselor or teacher without worrying about them telling your parents (especially in unsupportive parent situations)

i just want a space where i can process my thoughts without judgement

Better social accommodations, workplaces and schools being more understanding about the accommodations we need.

A safe person to sit with (I don't need someone to fix it, just be there)

Maybe like the room to go to? Maybe adults that you trust

I wish it was easier to get accommodations in class. If I miss class then it very stressful to deal with everything and get missing work in on time

A safe room, more people to talk to

long term free therapy

Training Ideas - Adults

- All school staff should receive some kind of training on suicide prevention and intervention
 - Specifically, training on warning signs of a crisis was mentioned as a high priority
- It's important to train more than teachers and counselors
 - Any staff that has an interaction with a student should be trained because anyone can make a difference
 - Including, but not limited to, bus drivers, cafeteria workers, coaches, janitors, substitutes, administrative staff
- Training should be trauma informed, strengths-based and include anti-racist, liberatory practices, and cultural awareness
- A minimum amount of school counselors that is proportionate to the number of students
- Remove police involvement

What do you want your teachers, school staff to know about mental health crises?

It's different for everyone and not something that is being faked

Not everyone wants to be talked to right away. Sometimes people just need time to themselves.

I wish they would know that everyone experiences mental health differently and that not one specific method of help is beneficial for everyone.

It may not look like i'm trying but even showing up to class is sometimes all i can do.

It's not just for attention or to get out of class

i would like them to know that if i am coming to them its usually because i dont have anyone else to go to and/or i need advice

That telling others about mine or other students issues do spread. And that just because i'm gay does not mean you have to treat me differently

we know what we need most of the time, so don't tell us you know us more than we know ourselves/what we need.

One size does not fit all. Need to have responses that fit the individual and their life story and culture.

That all feeling and thoughts are valid and matter and that it can affect a person even to the point where waking up can even be difficult which is why classroom needs to be a more safer place

I want them to know that sometimes it can be hard to spot and that it can be stressful to open up about it and so when going to them, it can be more last try to reach out

Kids being tired is not always a sign, but misbehaving is. With that being said its shown in many ways.

i just need someone to listen, not to "fix it" or make it "better"

That it's super important to keep things confidential and that mandatory reporting should not be the first reaction to issues.

Not everyone is in the same situation, or handles different levels of crisis the same

This is a REAL PROBLEM, it doesn't mean that they did something wrong, i can't control it and please don't make me feel even worse, everyone copes different

The struggle that everyone goes through and what is needed from them.

It can make it really hard to consistently go to school and get work done

It's oftentimes out of our control but it still impacts every part of our life

The response to them should be careful and methodical. Application: don't necessarily contact parents if a student communicates they are experiencing a depressive episode.

Others experience things differently and have different ways of coping

every single one is different, and there is not only one answer.

It is unique to each person. Being honest and open, non judgmental. Also just being like blunt and being straight up not sugar coating things

that we can't control it most of the time, and that it's important to know we're trying

Don't ignore them

Even when people have a good support system with family, but sometimes i need someone with a different position to talk to

Everybody's support looks different

theres no "one size fits all"

copng mechanisms can vary

Mental health can throw curve balls at us that can effect our ability to be present.

i dont decide when i am having a crisis

You don't have to tell everyone everything that is said to you.

What do you want your teachers, school staff to know about mental health crises?

That not every crisis needs to have an immediate response/action taken.

the difference between passive and active ideation

Teachers should check in with their students and be educated on the signs and symptoms

An understanding of what is going on and what is important.

A good teacher should be able to detect signs of mental health and respond accordingly.

people going through crisis don't need to be treated like they are dangerous or always about to break

Equity

recognizing the kind of mental health crisis and also if it's a mental health crisis or something else (mistake or a physical health condition)

Empathy. I know not everyone has the same experience but there is something they can tap into to connect with their students.

its ok not to be ok

Mental health issues requires special attention.

That students can really hide their mental health well than their physical health and to be aware of the signs like not coming too class, sleeping, too quiet than usual, etc

Even though some people say they're okay, they might be confronting mental health problems.

They should be aware of the signs of a crisis.

if teachers could be able to support you more than just "well let's see how we can do the assignment" they need to have more talking about it and less shutting down the conversatio

Training Ideas - Students

While they think it's good for students to be trained, they also want students to know they aren't responsible for others' mental health

- Provide certification opportunities in gatekeeper trainings
- Include more mental health information in existing curriculum
- Have a course only focused on mental health, which includes curriculum on suicide prevention
 - This would be a mandated course like health class
- Extracurricular activities / clubs focusing on mental health
- Opportunity for those trained to serve as peer supports in the mindfulness rooms
- Increase funding for schools to implement Sources of Strength

What do you want your peers to know about mental health crises?

If you look down on those who are going through it, you can only make it worse. So don't be a bully, don't preach your advice, and don't exclude

Mental health should be taken seriously and not joked about

Cultivate a culture of empathy

its difficult to put what im saying into words

Pay attention to how others are feeling and take them more seriously

sometimes advice is not the best answer, sometimes people just need to vent

That they are serious. I think there is a big thing where people say it's for attention and while that may be true that is no excuse to dismiss people experiences and feelings

Having a crisis or a mental breakdown is not something to joke about.

They are not something to joke about and are quite serious.

That tell an older person would solve a little issue

sometimes i just want to be left alone

To be more mature and serious. That it could happen to you when you're not even aware. Be there, not just for your friends but also your classmates.

It takes so many different forms because no one is exactly the same

That it does not mean that your "mentally ill"

Everyone experiences these issues differently

I will ask for help if i need help, if i dont ask for it, please dont bonbard me, and please do not ask someone to come check on me

I wish they'd think before they speak before saying anything about what you're going through. Really assess if what they are saying is helpful or just hurtful

I want them to know that everyone experiences them differently and that they need to be helped in different ways than someone else might

Be open minded and not call others weird or being too much simply for having a mental illness.

Recognize that it's ok if your peer is going through something and that it's not your responsibility to fix it.

its not your business

ALL FEELINGS ARE VALID

that they do not make or shape a person

Having someone to talk with would also help.

Current Student Perception of Mental Health Resources in Schools



Thoughts on Universal Screening for Mental Health and Suicide Prevention

- Overall mixed reactions and varying thoughts
- Pro
 - Help to decrease stigma and increase comfort with talking about these topics
 - Would provide a space for people to share what they are going through
 - Normalizes peoples' experiences
 - Bring awareness to schools on what students are experiencing to better shape resources
- Concerns
 - Students wouldn't be honest
 - Privacy - not being able to complete the screening in a private space and a peer seeing your answers
 - Could overwhelm students
 - Why ask about it if you don't have the resources to help?

What are your thoughts on checking in with all students directly about their mental health and suicide?

What would make that go well and what might make that not go well?

I think it's a good thing and can help the school understand what the students need. But it could also trigger people so opting out as an option is very important

i think there is a large population of students that will not take the survey seriously and/or will not feel comfortable revealing the truth

Anonymity is important for accurate answers, but for safety purposes that isn't plausible.

might be a good idea because it might start that thought for people that are just trying to avoid their mental health.

I think that anonymity within the check in would be helpful for making people feel safer while getting help. I also think mental health is very important and is not focused on enough.

might not work because people can lie on surveys, including me.

mental health being a taboo

Yes if it's in private and not like in the classroom

I think it is amazing! It normalizes mental health. I think that allowing students to opt out of it.

I feel like checking in directly might be helpful. If the student was anon to anyone but the person that was checking in with them, it could be good, however,

Being allowed to opt out of immediate action, or mark yourself as low-risk despite your answer is a good option to avoid this.

It would be super useful and would help students recognize that they need help

I think it matters. Sometimes it takes a while for people to talk about things like mental health, or feel comfortable with being open about issues like this

having access from all grade levels

Sooo needed and important to check in with students

i think it would think it's good because then you can get data about the mental health of students - similar to test scores they collect

that might get people help but there are many people who would lie about how they are doing

I think it would be helpful it allows the school to know what population of students need help and schools can use there resources to help that population

I feel like it would be very helpful. But at the same time, you HAVE to have a person who will understand and not invalidate your feelings, also it being anonyms would help

Universal screening may be useful, but individual pulling of students may cause them to feel poor about their public image if someone feels they needed to be checked on.

It would be good to do it weekly or semi-weekly. Some students might not want to do it but if every teacher weekly or bi-weekly was able to take every student aside for at least ten

i dont know if my school would have enough funding or staff to roll out screening like this, especially if in person vs. online

Not all students may have a person they feel safe/open being honest about their mental health with on campus

I think it's a good idea but in reality wouldn't be productive without the resources to connect each student to whatever support they need

ideally it would work, but with so much stigma attached to mental health i doubt there would be much honesty. maybe it would be worth it to help even one person

mandatory reporting could make a situation like that go south quickly

Checking in with students can encourage them to open up about what they're struggling with. However, some individuals wouldn't want to share their inner struggles.

It might overwhelm a lot of student that don't like to think about their feelings & to make it feel real. For some it might do more harm then good. some might help because they tru

Should be some kind of meditation or support for people if they get too overwhelmed by the survey. But I like that everyone would get the check in -- kind of normalizes asking

I think a lot of times if it isn't directly addressed then people won't talk about it. Making it common ground where everyone participates could help break those taboo views

A lot of students are struggling in silence but fear reaching out for help so I think screenings could help get them that support they need

I think there is a need for talking to students directly because some students will want someone old than them to interfere

What are your thoughts on checking in with all students directly about their mental health and suicide?

What would make that go well and what might make that not go well?

Personal interaction with each students.

i think a lot of the problem about this is that people are afraid to admit to people in the school their problems because lots of years of not being able to trust teachers and staff

i agree - but as a general starting point to help the majority this could be a good idea

Having people in the management from various races would help a lot. Most times, students find it easier to reach out and express themselves to staff from their own race.

I think not all students will be comfortable to talk to them directly if you are not friendly or close to them

There would need to be clarity around mandatory reporting and personal information being shared

I think it could work well depending on the situation. It could help someone in crisis, but some people might be wary because of stigma around mental health.

Summary

- Students want help and available resources
- There are some concerns around trust of teachers / staff due to previous personal experiences some have had or their friends have had
- Training would be beneficial for everyone - teachers, staff, students
- Students want to be:
 - Heard
 - Seen
 - Validated
 - Not minimized or written off

Questions?


Jenn Fraga, CSWA
AOCMHP / OAPS
Suicide Prevention Program Coordinator
jfraga@aocmhp.org




Alliance Annual Satisfaction Survey Results

July 2023





There is a lot of information and data in this PowerPoint. The next slide has a table of contents for where you can find specific information that you are interested in.



PowerPoint Table of Contents

A. Survey Limitations	Slides 4-5
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b. Engagement and Overall Alliance Questions	Slides 48-60
c. Alliance Communications	Slides 61-64
d. Alliance Meetings	Slides 65-77
e. Final Comments	Slides 78-80
F. Demographics over Time	Slides 82-92
G. 2023 vs. 2022	Slides 93-105

Survey Limitations

Completion rates

- Survey was offered to full Alliance, members and affiliates
 - Only people asked not to complete survey are Alliance Staff and OHA Contract Administrators
- Survey was provided to full Alliance 4 times
 - First during June Quarterly meeting during break with time allotted after break for people to complete as well
 - 3 times through emails to the Alliance listserv

Survey Limitations

Completion rates

- Alliance Listserv currently has 245 recipients
- A total of 47 surveys were completed
 - 33 surveys were completed during the June Quarterly Meeting
 - 14 surveys were completed outside of the June Quarterly Meeting

Two less surveys were completed this year than last year.

Membership Changes

Year	Voting Members	Non-Voting OHA Members
2023	52	9
2022	56	9
2021	45	8

Survey Completion Changes

Year	Listserv Recipients	Completed Surveys	Completion Rate
2023	245	47	19.2%
2022	251	49	19.5%
2020	191	28	14.7%

Add note: difficult to track completion rates, less than half at quarterly completed, listserv

Data that Stood Out – Satisfaction & Engagement

- Higher satisfaction rates were found with those involved with the Alliance 4+ years
- More reported a 4 or higher when asked if they felt they were engaged in the work of the Alliance this year compared to 2022 and 2020 (71.7% in 2023, 63.8% in 2022, 71.4% in 2020)
- There are higher satisfaction rates with Alliance priority areas and governance in this year than in 2022 & 2020
 - Priority areas: 2023 95.8%, 2022 87.3%; 2020 81.4%
 - Governance: 2023 95.8%, 2022 78.7%; 2020 64.2%

Data that Stood Out – Satisfaction & Engagement

- Increase in engagement levels this year than in 2022 and 2020
 - 2023: 71.7%
 - 2022: 63.8%
 - 2020: 71.4%
- Most respondents reported being able to identify way that the Alliance as a whole has made a difference in the field of suicide prevention this year when compared to 2022
 - 2023: 93.6%
 - 2022 83.3%

Data that Stood Out

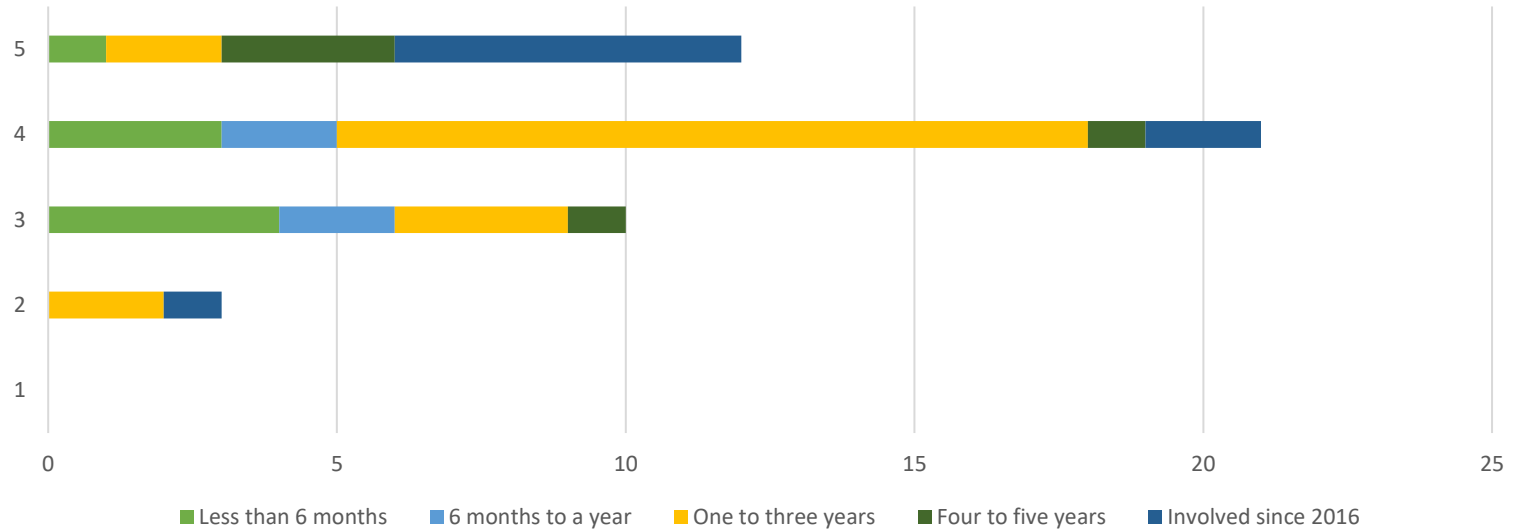
- More respondents work full time this year than last (2023: 85%, 2022: 71.4%)
 - When thinking about member / affiliate engagement, it's important to remember other time commitments. Not because we are less important to them but because we only have so many hours in a day.
- A higher number of respondents reported being a loss survivor
 - 2023: 66%
 - 2022: 61.2%
 - 2020: 57%
- A higher number of respondents reported being an attempt survivor / someone with direct, personal lived experience
 - 2023: 65.2%
 - 2022: 55.1%
 - 2020: 61%
- Most of the respondents have been involved with the Alliance 1-3 years: 42.6%



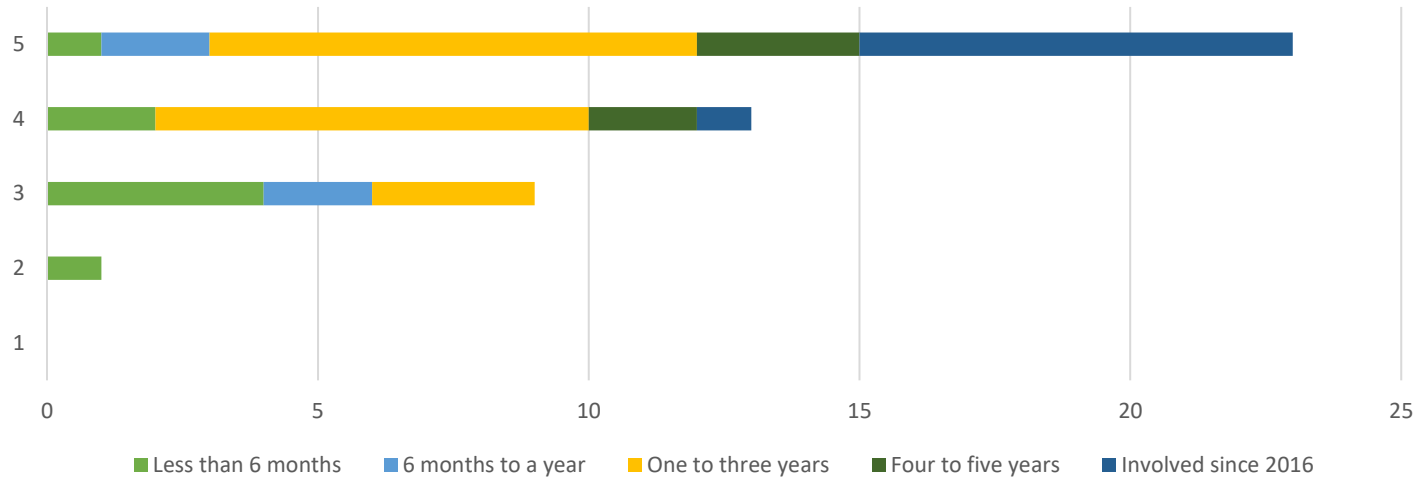
Data Separated by Length of Service

Survey Responses

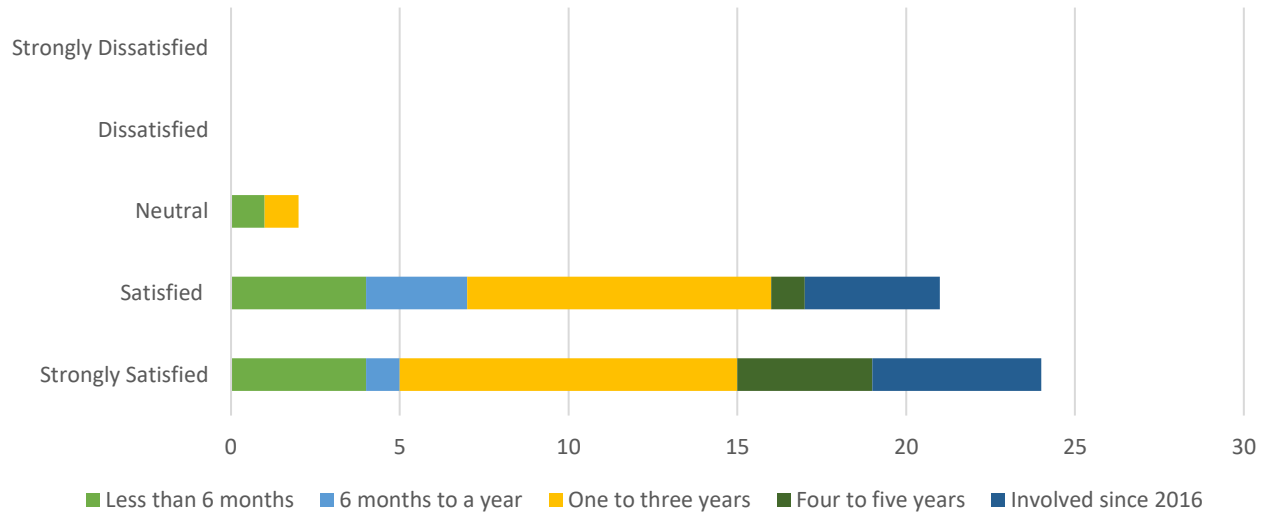
Do you feel that you are engaged in the work of the Alliance - by Length of Service



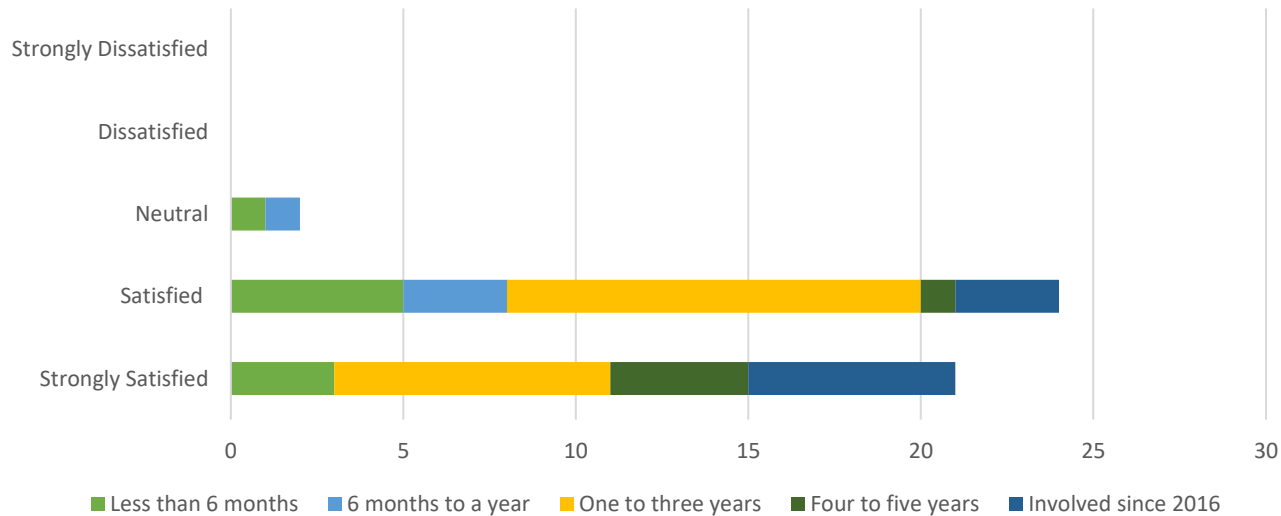
Do you feel that your contribution to the Alliance is valued - by Length of Service



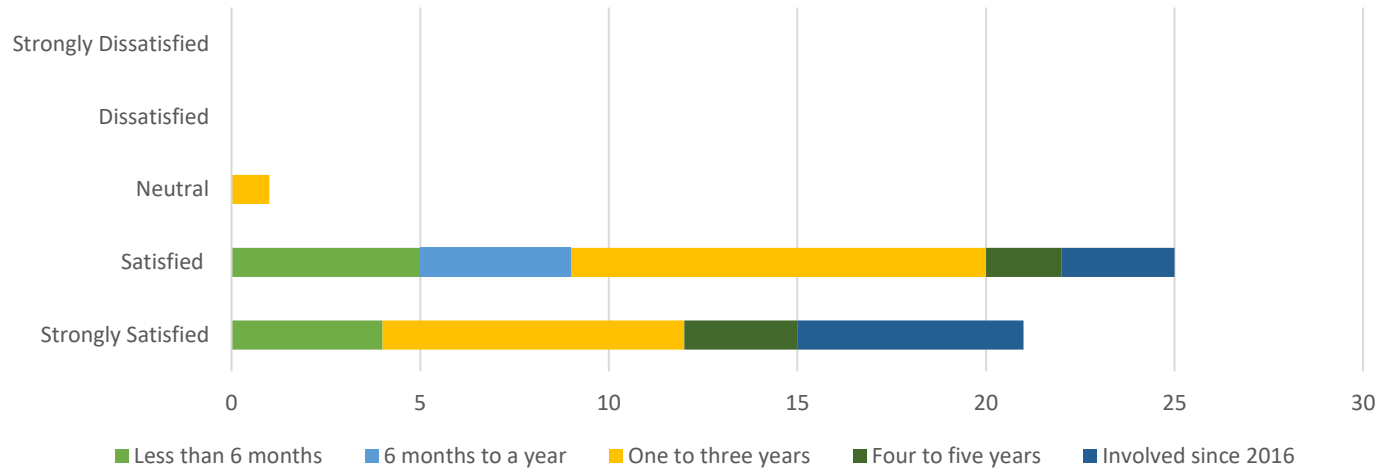
What is your satisfaction with Alliance priority areas. (Advocating for legislation, working on OARs to support effective implementation of existing suicide prevention legislation, working to center lived experience and equity and inclusion). - by Length of Service



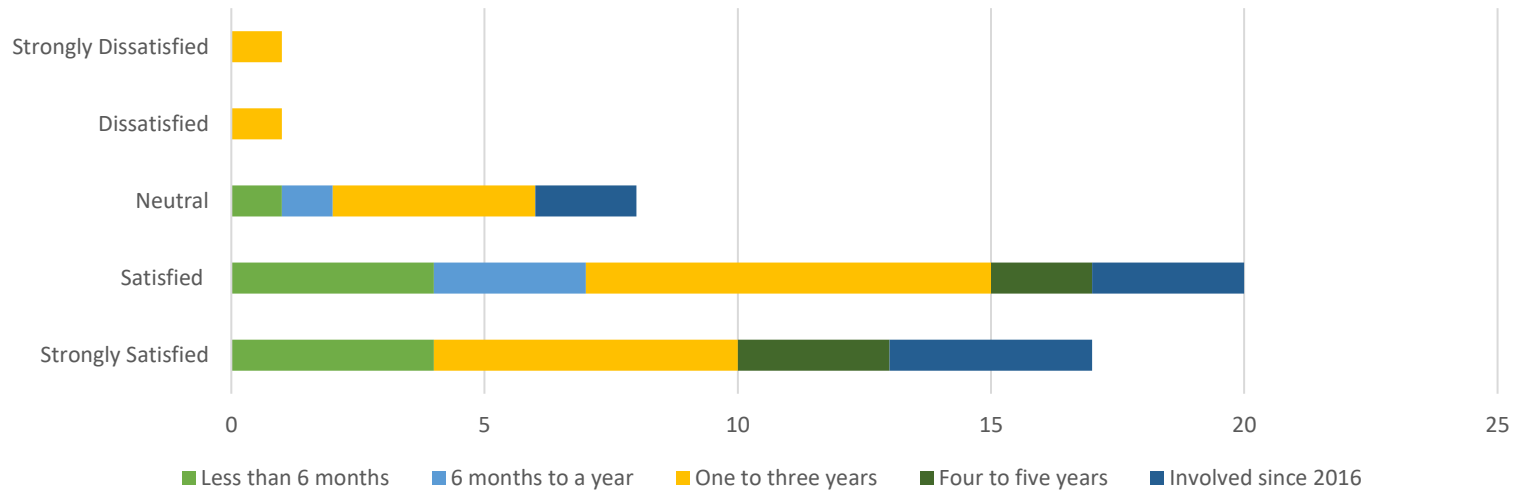
What is your satisfaction with Alliance governance and decision making, committee and advisory group structure (by-laws, voting process, opportunities to contribute ideas and influence work on the Oregon's youth suicide prevention and intervention.) - by Length of Service



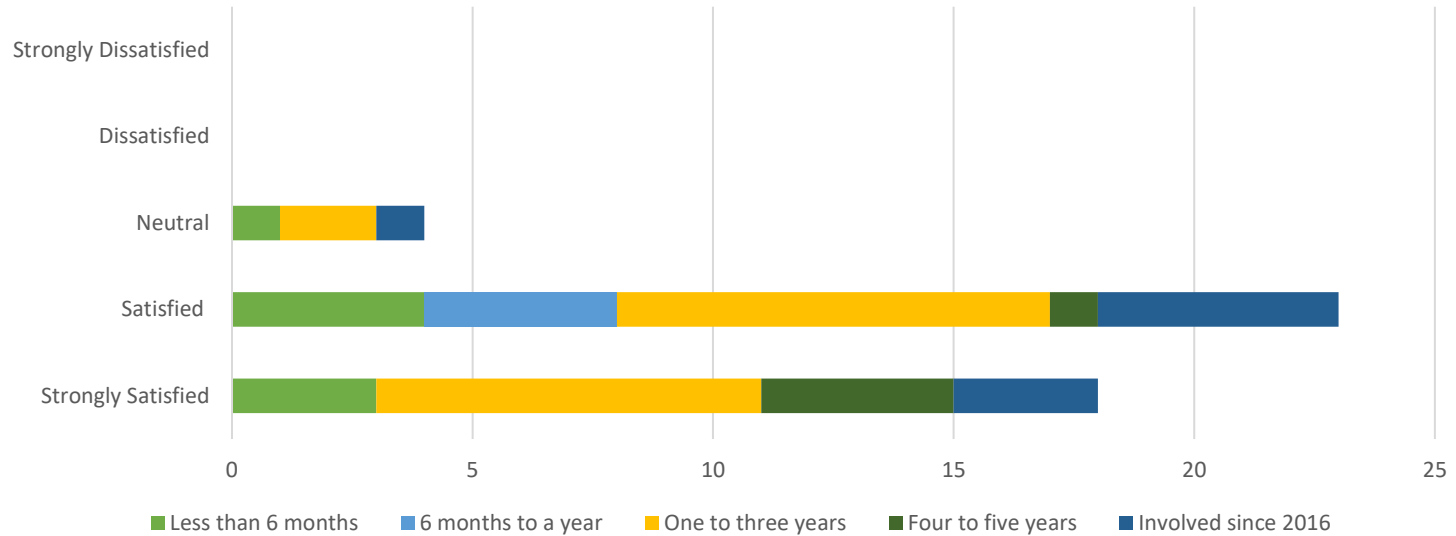
What is your overall satisfaction with communications from The Alliance. (Emails, Webinars, Policy Chats, Website) - by Length of Service



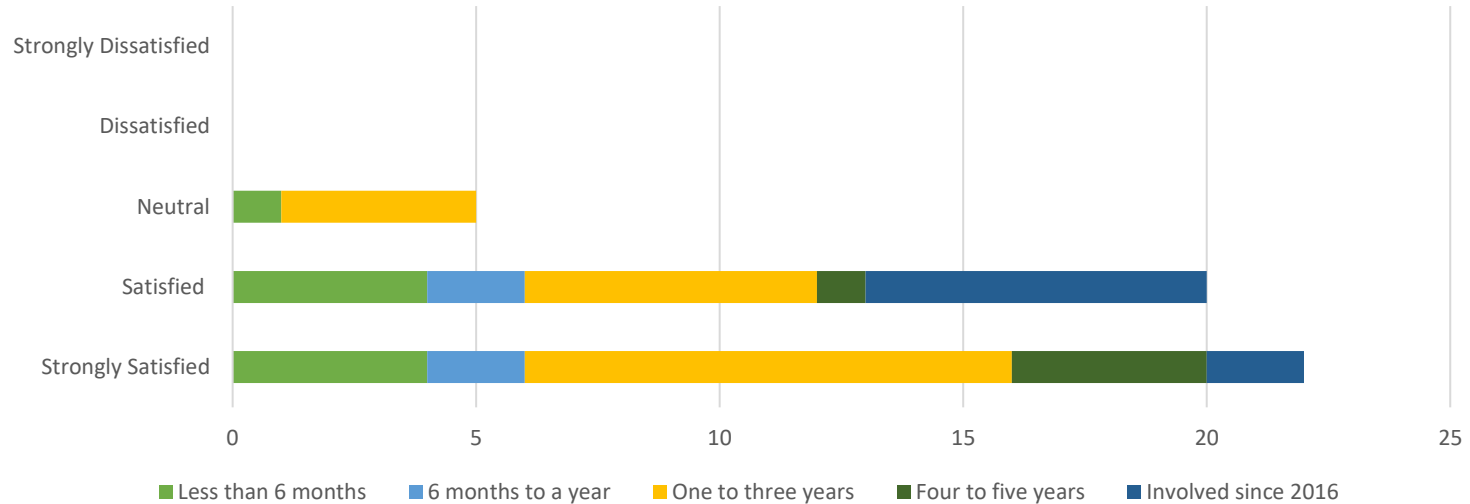
What is your satisfaction with the Alliance website <https://oregonalliancetopreventsuicide.org/> - by Length of Service



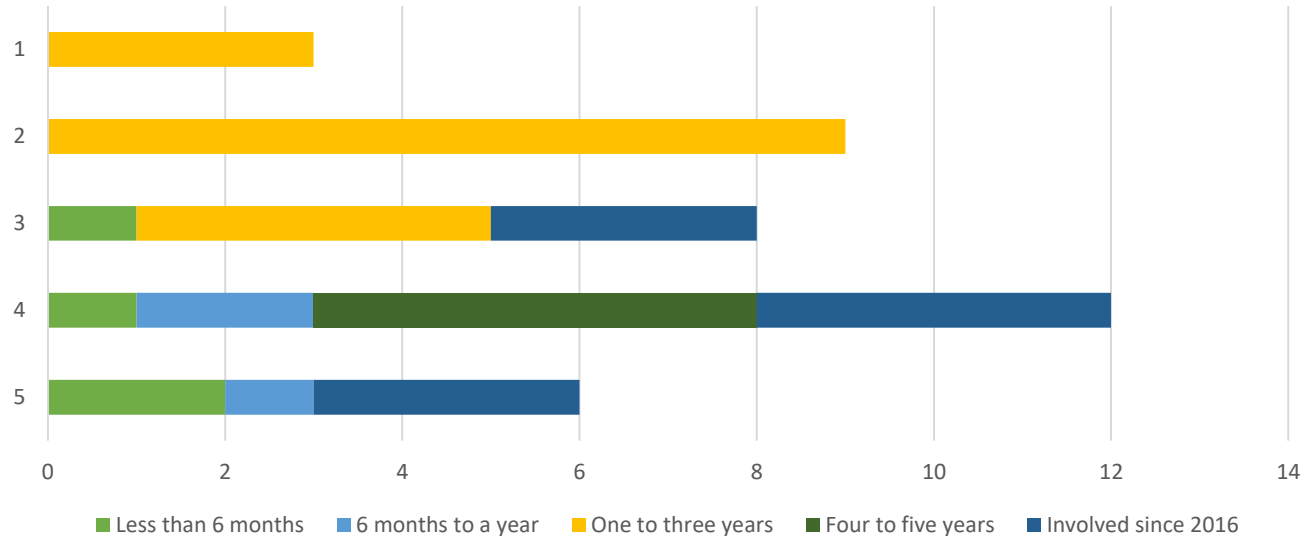
What is your overall satisfaction with Alliance Quarterly Meetings - by Length of Service



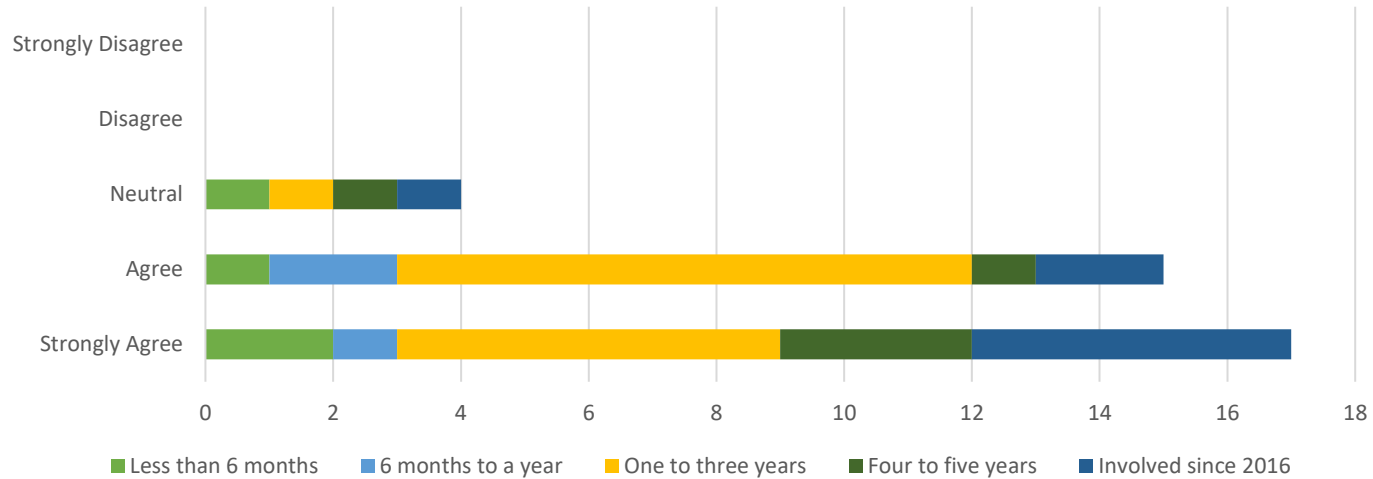
What is your satisfaction with how the Alliance creates space for diverse views and perspectives during Quarterly Meetings - by Length of Service



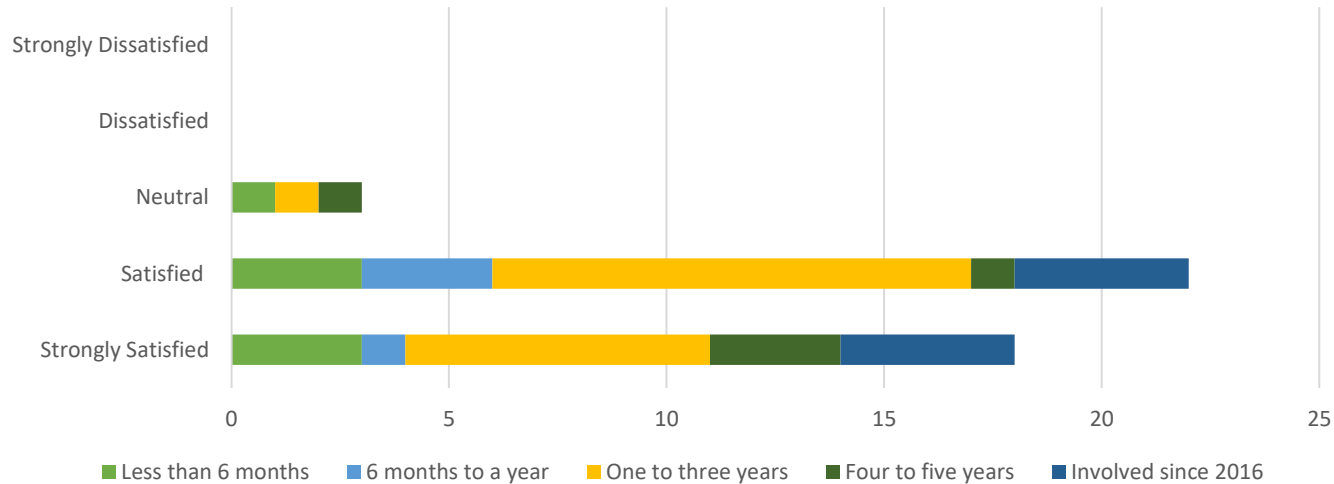
Do you feel the committee, advisory group, or workgroup(s) you attend are making progress on their key goals - by Length of Service



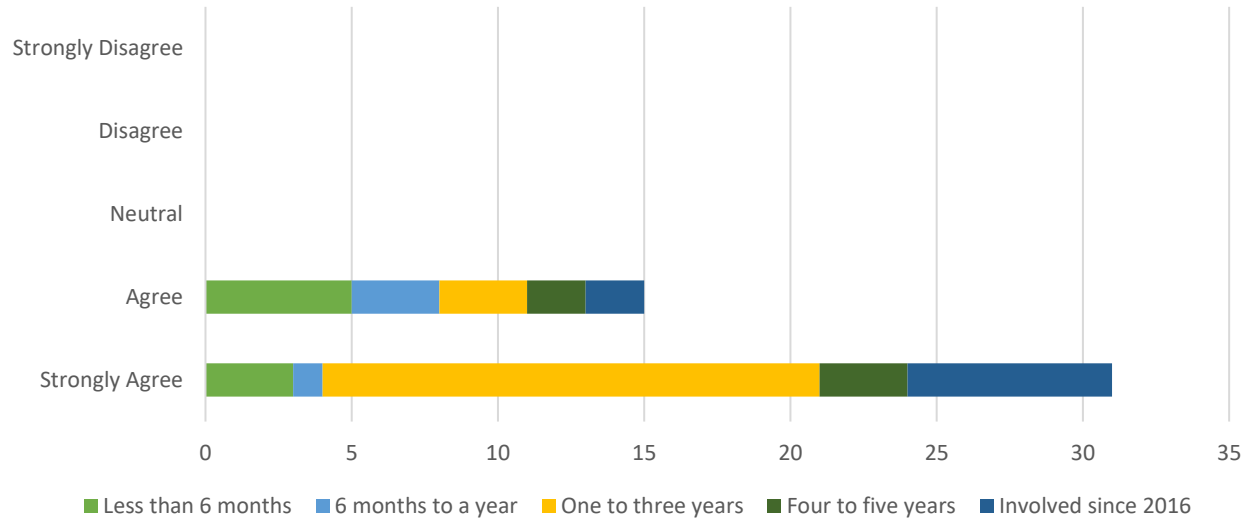
I believe my committee follows up on action items from meeting to meeting - by Length of Service



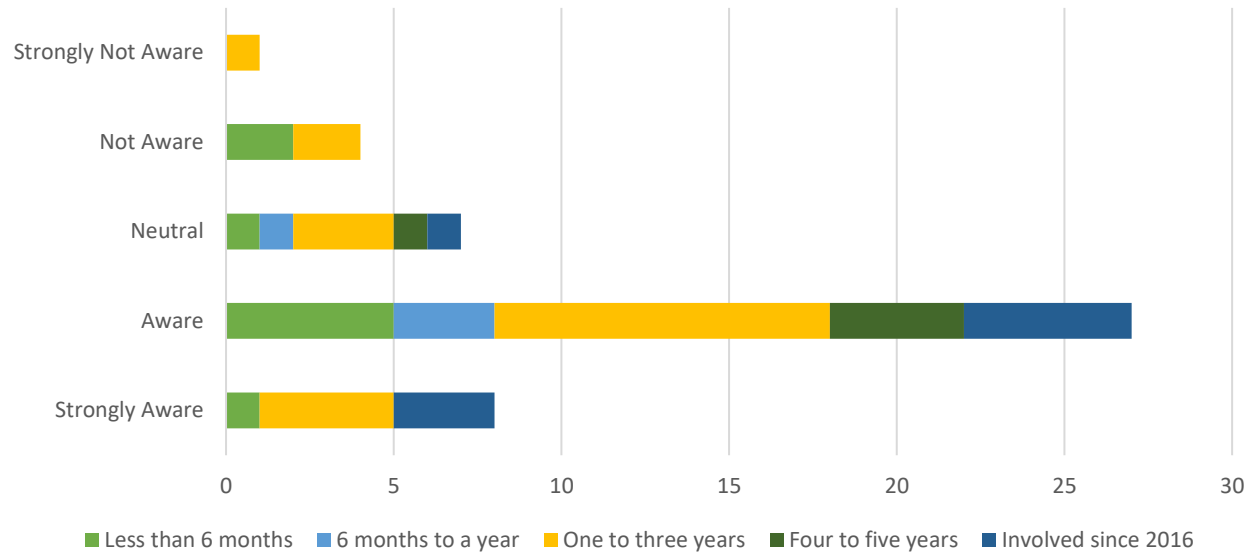
What is your satisfaction with how the Alliance creates space for diverse views and perspectives at monthly meetings - by Length of Service



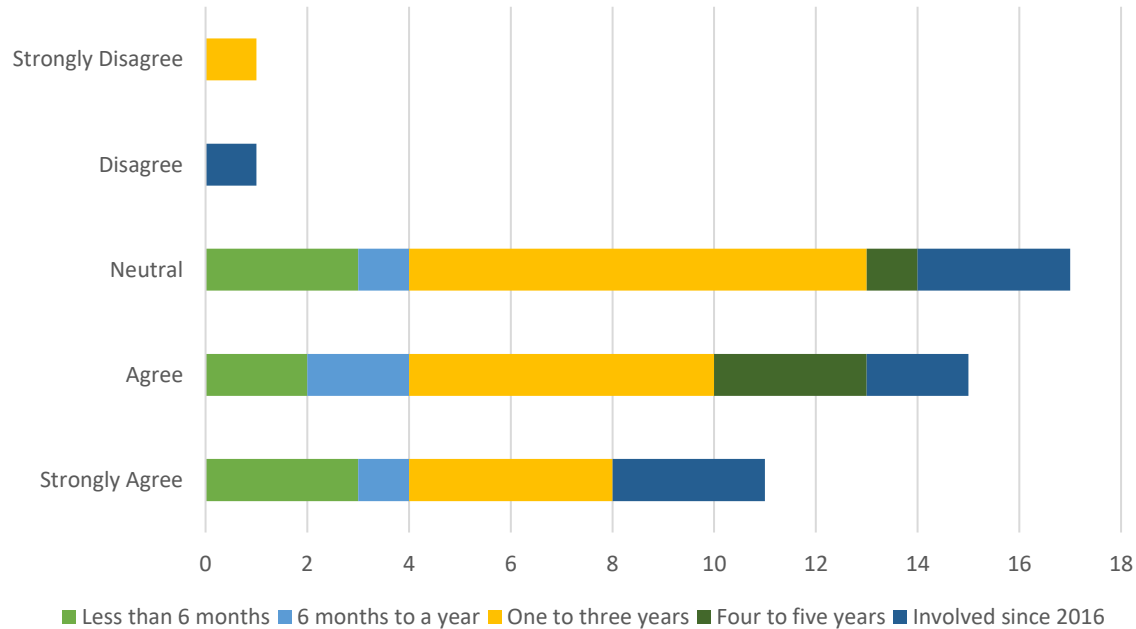
Meeting formats are accessible for my language and ability needs - by Length of Service



What is your awareness of communication flowing between the Alliance and OHA? - by Length of Service



OHA is transparent in terms of informing the Alliance regarding how youth suicide prevention funds are spent. - by Length of Service





Areas of Improvement

Areas of Improvement by Length of Service - Less than 6 Months (Comments from non-satisfied response rates)

- [Quarterly meetings] To much data and not enough time to take in and process, Meetings are well organized.

Areas of Improvement by Length of Service - 1-3 Years (Comments from non-satisfied response rates)

- Sometimes the technical process with voting [and who can be members, organization representation] feels so outdated and goofy to me, but I understand that those exist for historical reasons.
- The website is a little out of date with regards to coalition information.
- Could make more space for people with lived experience or people who identify with oppressed identities to lead parts of meeting
- I wish some attention was brought back to boys under 25 regarding the YSIPP.

Areas of Improvement by Length of Service - 1-3 Years (Comments from non-satisfied response rates)

- There have been many unclear communications regarding how funding is used, promising funding that then never becomes available, and making asks of partners for funding that are then never followed up on. I do not feel that OHA is transparent with how their funds are being spent or how decisions are made in regarding to YSIPP funding.
- Wish even more was done to ensure more than adequate cross-pollination of effort around OHA action items.

Areas of Improvement by Length of Service - Member since 2016 (Comments from non-satisfied response rates)

- The emails are very long and sometimes frequent, so because of the volume of other emails I get, I don't always read them.
- Language sensitivity is important, AND I want to make sure that cisgender men feel comfortable attending and sharing in our Alliance Q meetings. There was a meeting where it felt that was not the case.
- Would appreciate more follow up and presence from OHA

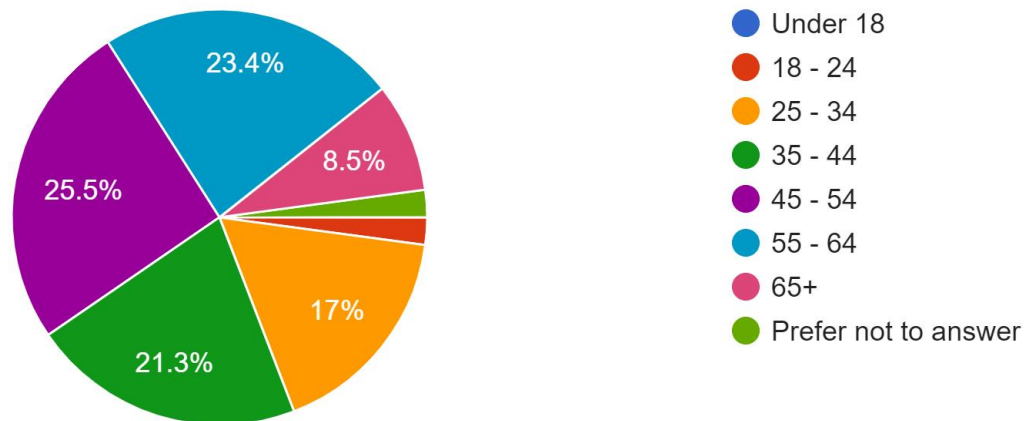
Full Survey Responses



Member / Affiliate Information

What is your age range?

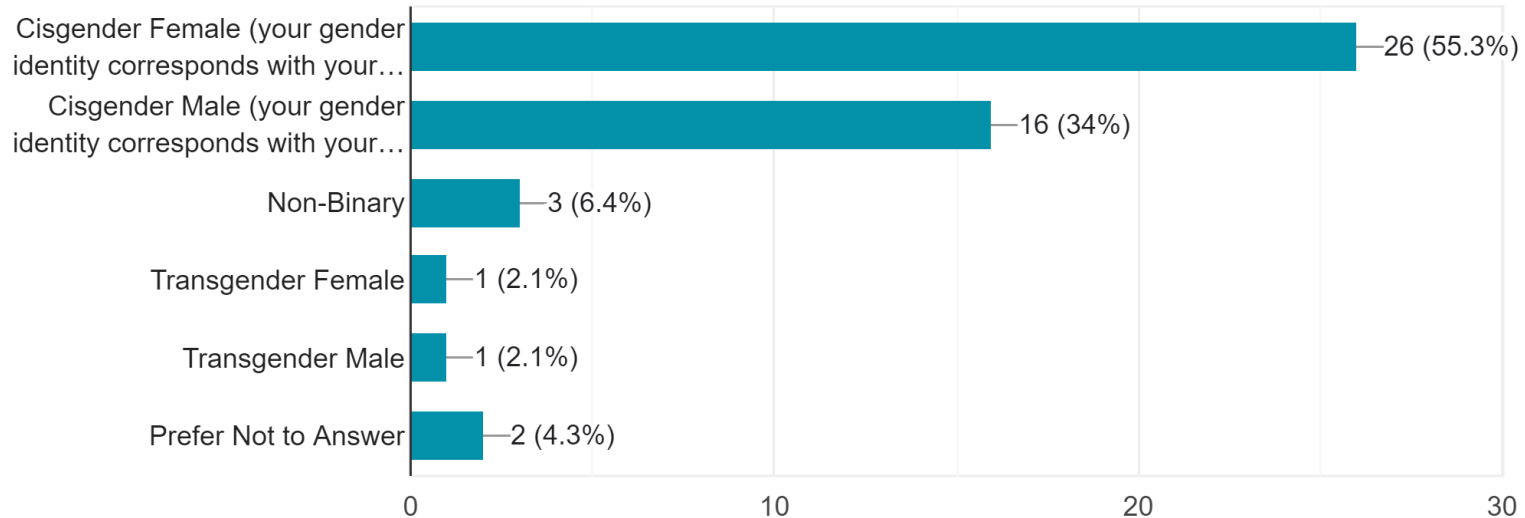
47 responses



18-24: 2.1% Prefer not to answer: 2.1%

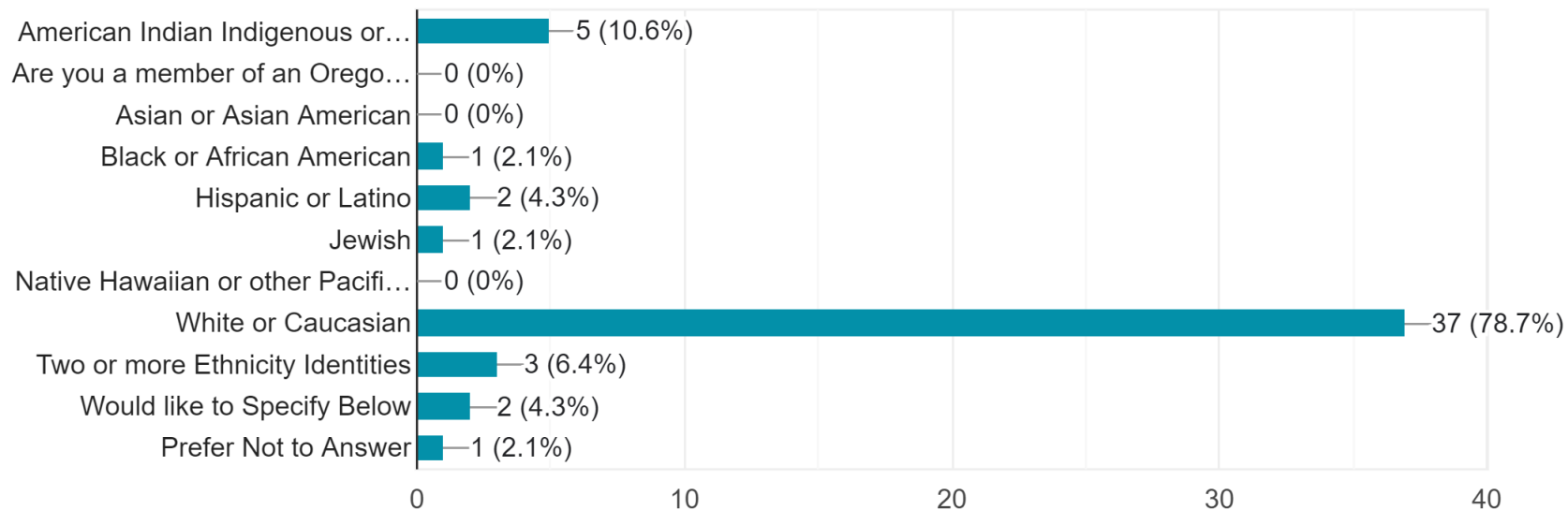
People have many different ways of identifying their gender. For data purposes it is helpful to have some pre-designated categories. We have agreed to ... may have other ways of identifying their gender.

47 responses



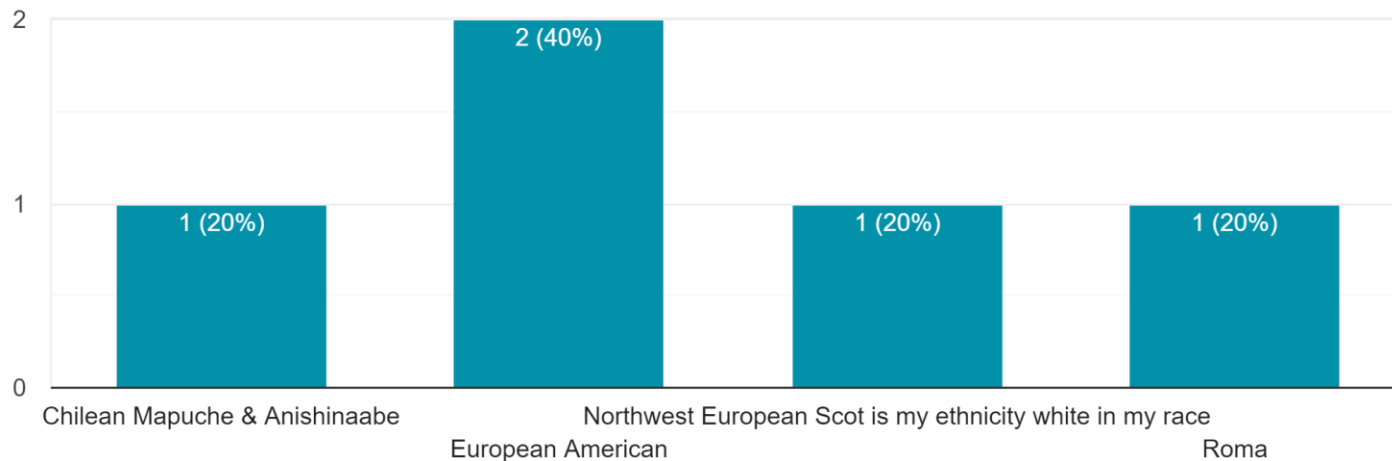
What is your ethnicity?

47 responses



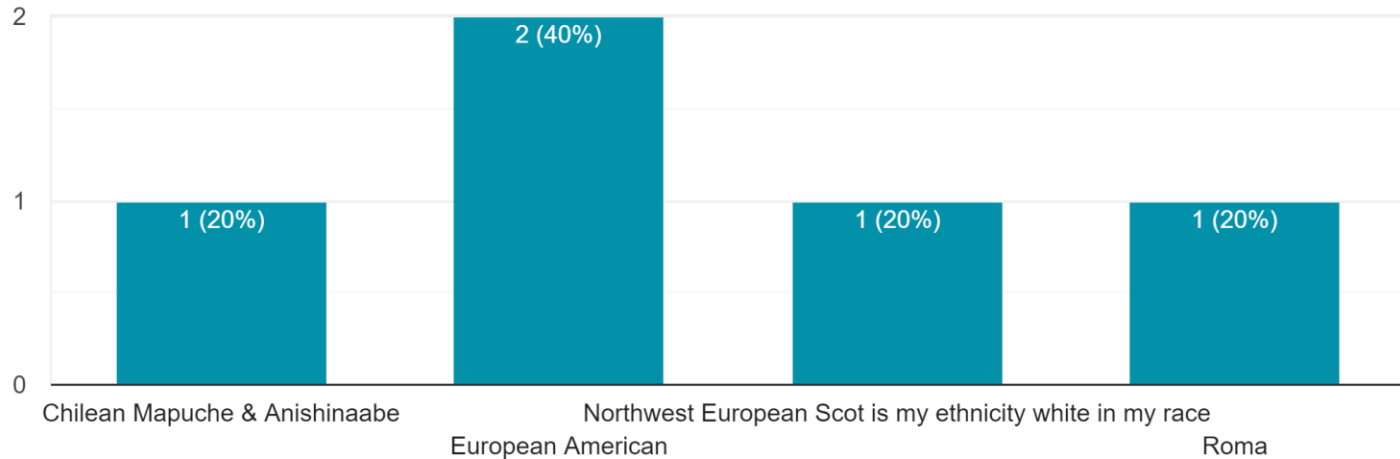
If you said that you wanted to specify your ethnicity, please do so below.

5 responses



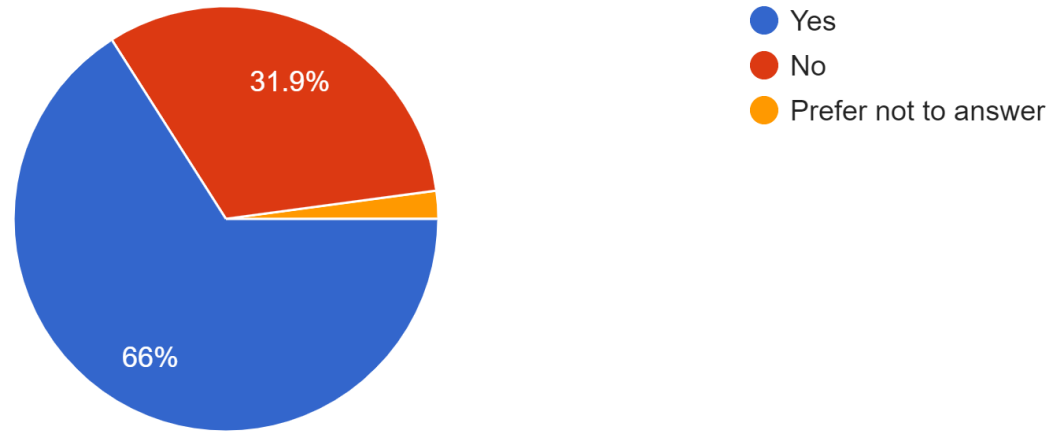
If you said that you wanted to specify your ethnicity, please do so below.

5 responses



Have you lost someone to suicide (loss survivor)?

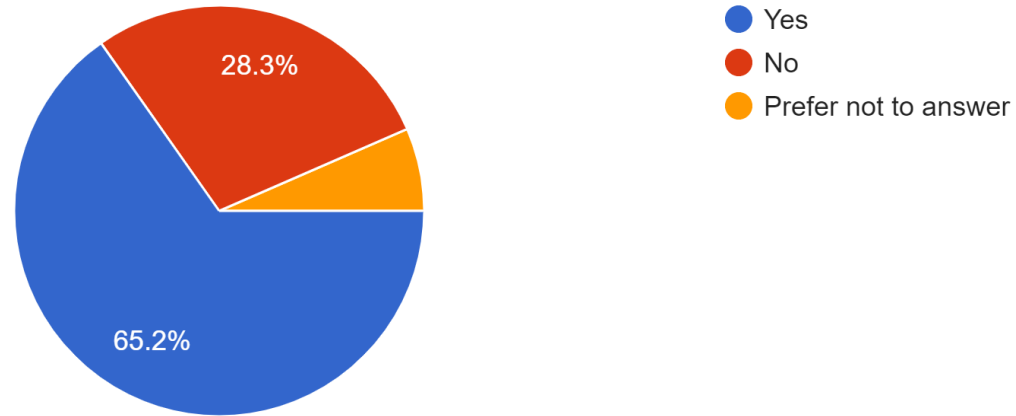
47 responses



Prefer not to answer: 2.1%

Are you a suicide attempt survivor or someone who has direct personal experience with suicidal ideation?

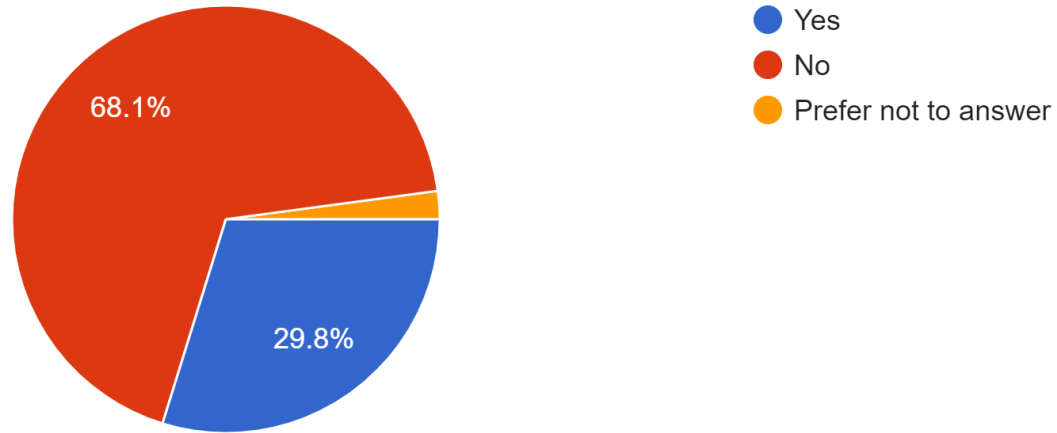
46 responses



Prefer not to answer: 6.5%

Do you identify as part of the LGBTQ+ Community?

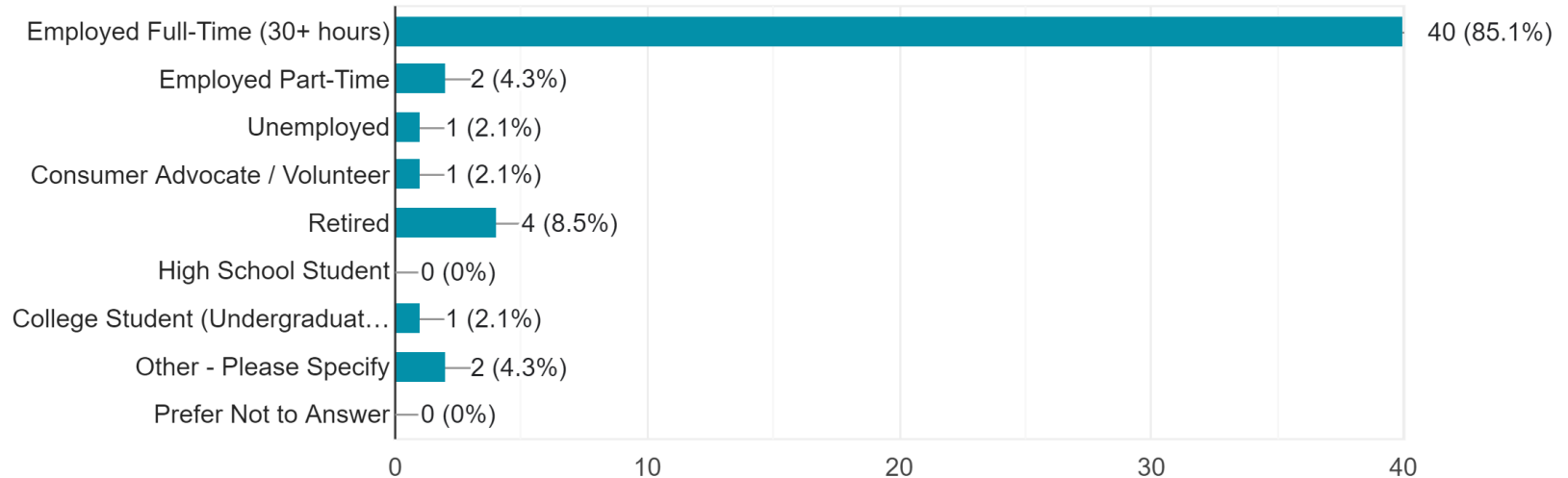
47 responses



Prefer not to answer: 2.1%

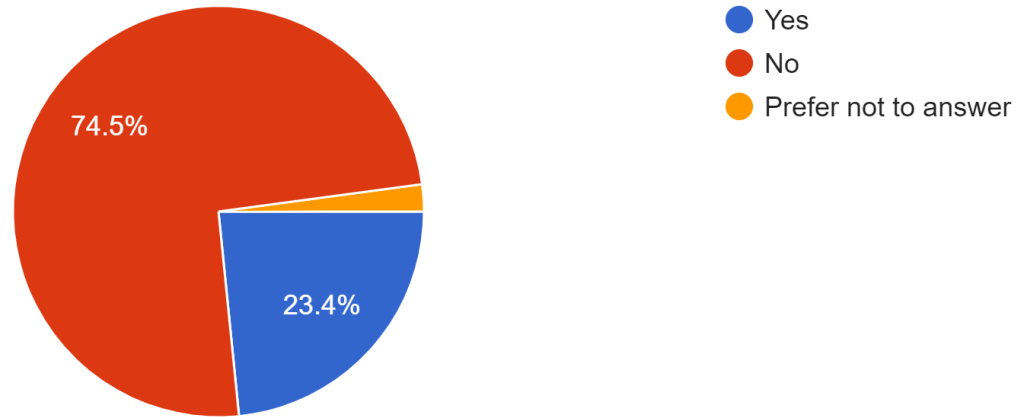
What is your current employment status? (Select all that apply)

47 responses



Do you identify as someone with a disability?

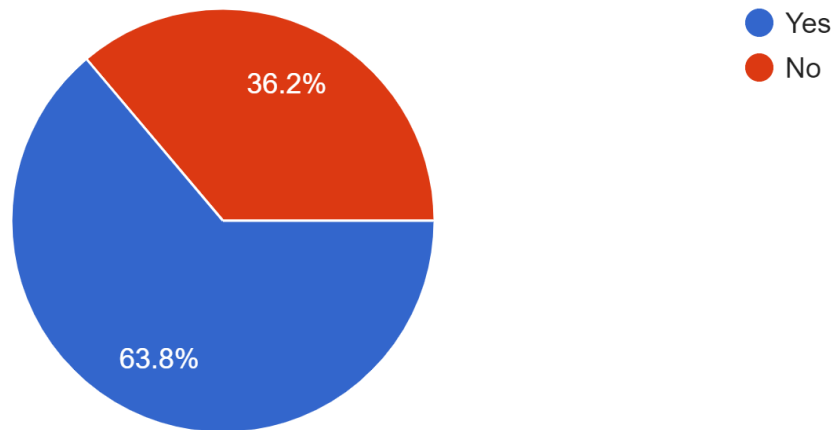
47 responses



Prefer not to answer: 2.1%

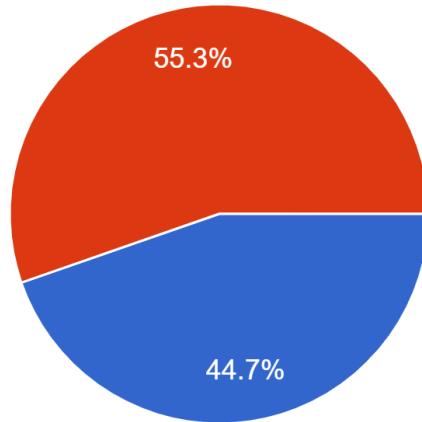
Do you participate in a regional suicide prevention coalition?

47 responses



Do you participate in other state level advisory groups?

47 responses

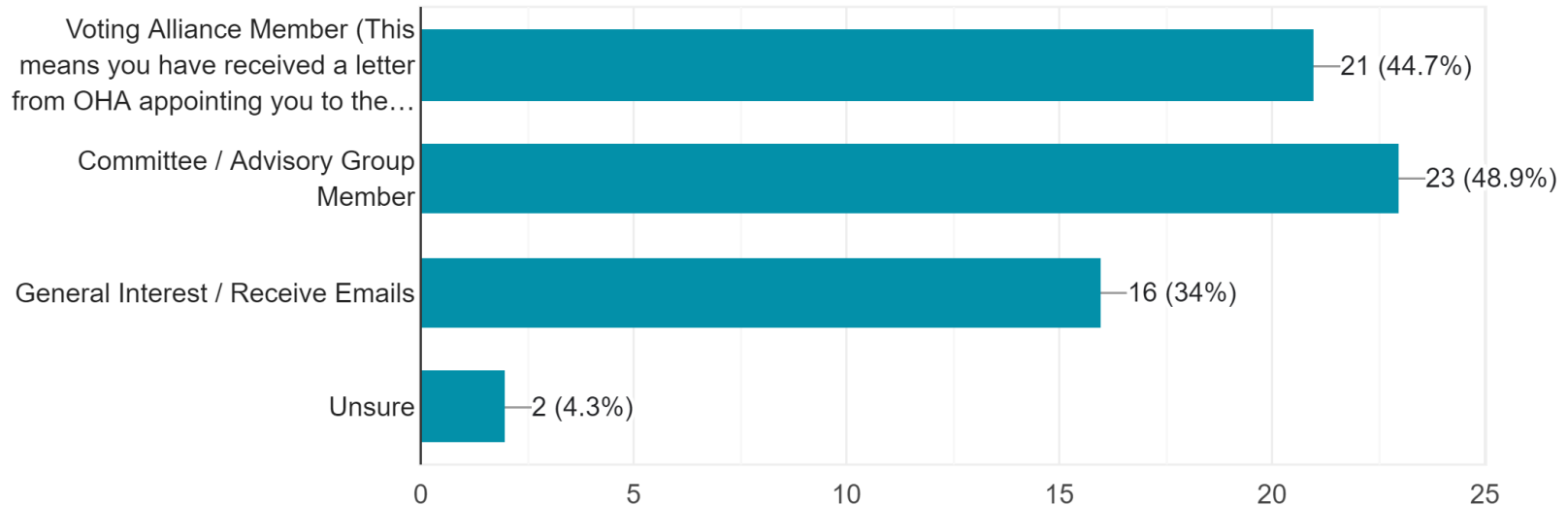


● Yes
● No

- CSAC x2
- System of Care x2
- ASIPP x2
- OYA LGBTQ+ Advisory Committee
- African American / Black Student Success Advisory Group
- OHA Zero Suicide Advisory Group x2
- OHA CDC CSP Grant Advisory Group
- AFSP x2
- Oregon Safe School Communities Coalition
- OHA Postvention Advisory
- Problem Gambling Prevention

What is your role on the Alliance? (You can choose more than one)

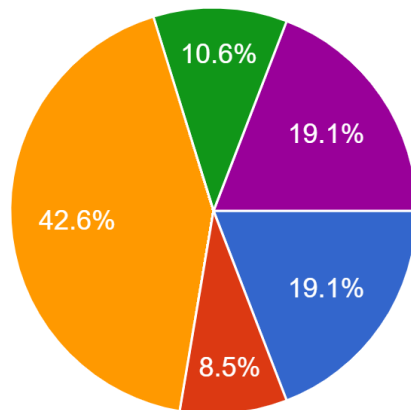
47 responses



Alliance Length of Service

How long have you been involved with the Alliance?

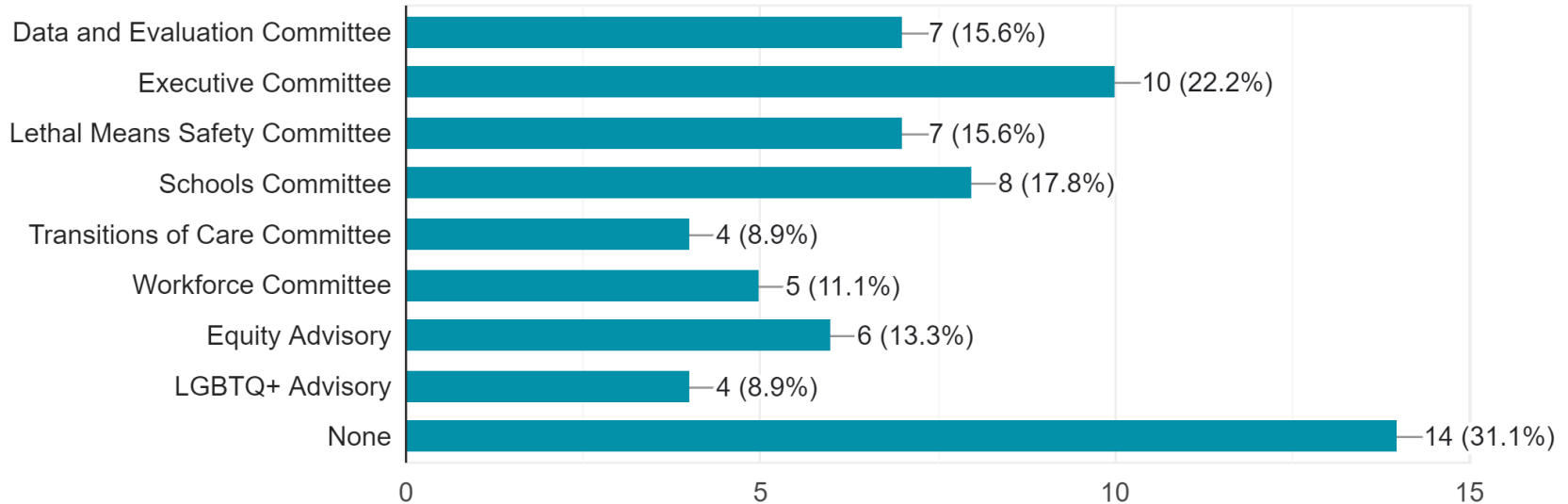
47 responses



- Less than 6 months
- 6 months to a year
- One to three years
- Four to five years
- I was one of the original members and have been involved since 2016

Which committees and/or advisory groups do you attend?

45 responses

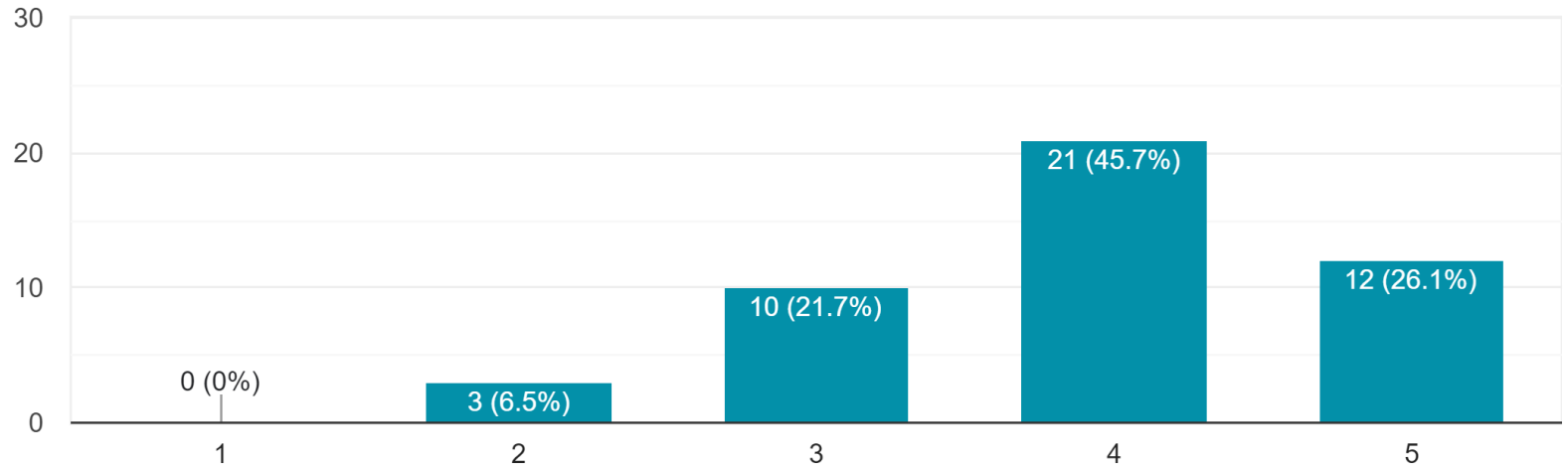




Engagement and Overall Alliance Questions

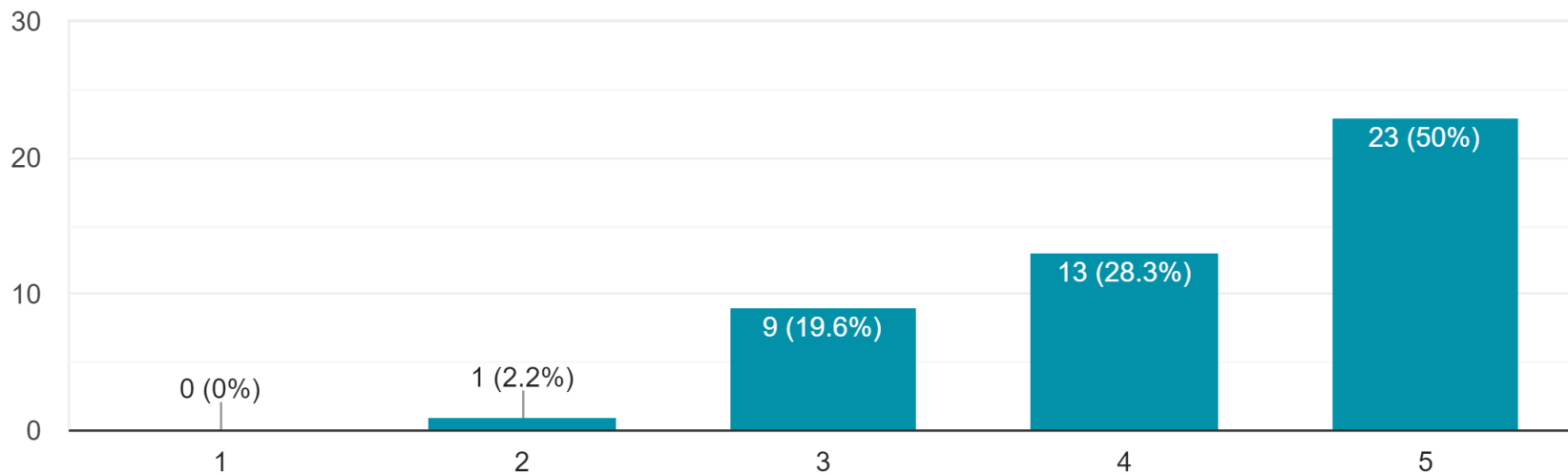
Do you feel that you are engaged in the work of the Alliance.

46 responses



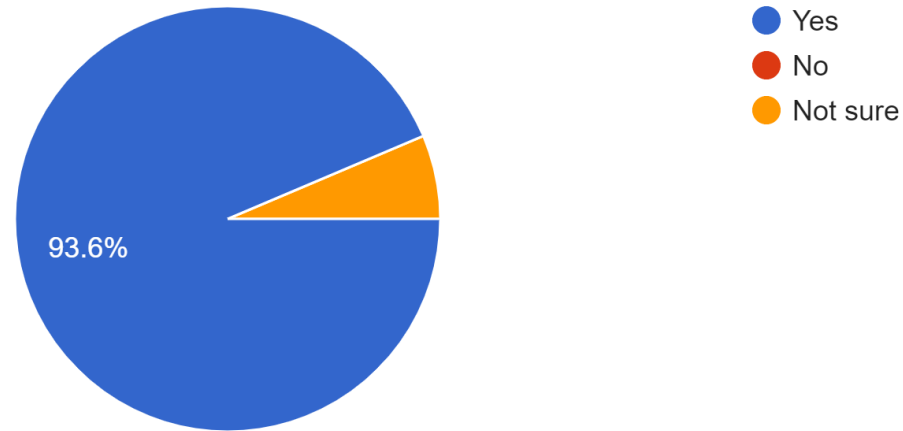
Do you feel that your contribution to the Alliance is valued.

46 responses



I can identify ways the Alliance as a whole has made a difference in the field of suicide prevention.

47 responses



I can identify ways the Alliance as a whole has made a difference in the field of suicide prevention.

- Leading the work statewide.
- Legislative action, strong community awareness
- Bringing folks together!
- Sharing information; building connections and collaboration; helping us all know who is doing what in the field of suicide prevention in Oregon
- Legislation, especially re kids. and the new adult plan
- Legislative efforts
- Legislative victories, messaging campaigns, educational opportunities
- Policy Advocacy, Advocacy for certain communities with state agencies, Grants, Connecting suicide prevention professionals with each other

I can identify ways the Alliance as a whole has made a difference in the field of suicide prevention.

- Legislative advocacy, bringing attention to the topic of suicide and suicide loss
- Legislative advocacy and passing bills
- Prevention work rocks!!!
- Planning, implementation, data collection, working groups
- Connection between state and local efforts
- Trainings
- Bringing together an otherwise fragmented support system
- Legislative impacts
- Awareness, Prevention, Policies
- Mapping a plan to suicide prevention, working with state and legislature to obtain funding to carry out prevention tasks, providing education to communities about suicide and suicide prevention training, supporting suicide prevention groups at local levels

I can identify ways the Alliance as a whole has made a difference in the field of suicide prevention.

- Legislative advocacy, report generation, data advocacy
- By doing political work to change laws and by providing training to staff members of other jobs, and educating and advocacy in general
- Identifying trends in rates of suicide throughout the state while working advocacy and promoting local organizations to promote suicide awareness
- Funding opportunities, collaboration in standing up coalitions, information sharing, advocacy for self, others, communities, and legislature;
- significant impact on passage and implementation of state and local policy; individual support; individual and community education
- Legislation; helping to identify and problem solve various barriers, having connections and assisting getting the right entities involved. Bringing awareness
- Legislative work, prevention work in my county

I can identify ways the Alliance as a whole has made a difference in the field of suicide prevention.

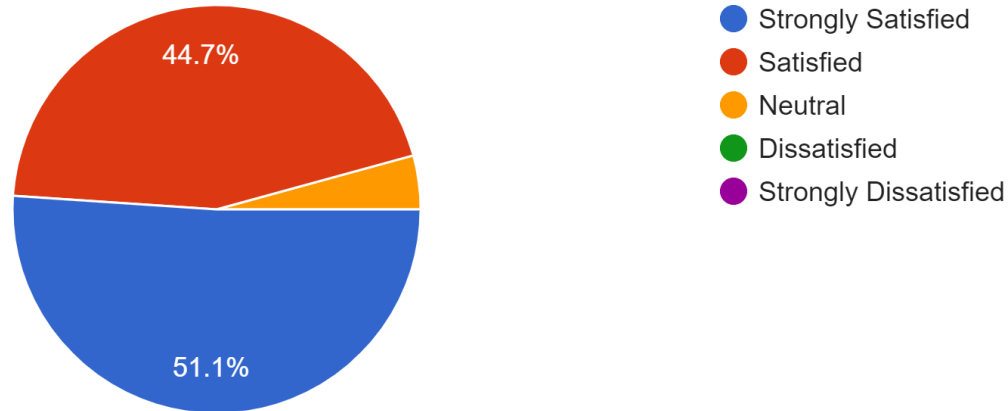
- Workforce Committee legislation
- Supporting the Black and Indigenous Suicide Prevention Summit
- More people working together
- Bringing people and resources together Legislative work
- Making it a policy for education workers to be educated in suicide prevention.
- Connection with others across the state with a unified mission and lived experience.
- Promoting legislation, Sharing Data, Strengthening Coalitions, Bringing together interested parties, involving people with lived experience and from diverse backgrounds
- How many people from OHA are working with the Alliance and contributing to the ASIPP. I believe that helps with the spread of the awareness and education
- legislative work like ADI's act
- Policy advocacy and passing legislation; engaging with communities and those with lived experience
- Trainings, Conference, inclusion of all voices

I can identify ways the Alliance as a whole has made a difference in the field of suicide prevention.

- Bringing partners together to learn and educate others.
- Education and contributions both monetary and time
- Legislation; Grant Opp's, Committee Work - I sit on the Data & Evaluation Committee
- Being the connections to each other's work, advocacy, encouraging skills and bravery to alliance members to utilize their voices and expertise
- Directing state policy is the most systemic way things like suicide can be tackled. This is exactly what the Alliance has been doing. Though the Alliance isn't directly calling the shots, it is informing state agencies and helping push state politicians to take actions that change state policy.
- Awareness, Collaboration, Networking, Facilitation, Education, Planning, Responsiveness, Engagement, Advancing Equity (Elevating Voice, Choice, Inclusion), Lived Experience and Expertise, Reducing Suicide, Source of Hope, Distributing Information to Policymakers and Administrators and Leaders, Boosting Regional Coalitions, Demonstrating Supportive HR

What is your overall satisfaction with Alliance priority areas. (Advocating for legislation, working on OARs to support effective implementation of existin... center lived experience and equity and inclusion).

47 responses

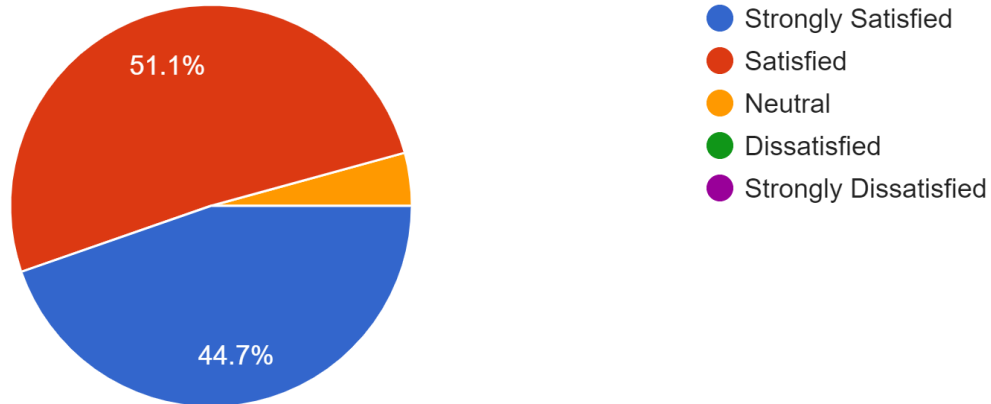


Comments

- I appreciate the passion and advocacy that the leadership and staff of the Alliance bring to this group.
- Need to focus on the 78% firing by suicide, boys/men
- So much of this work isn't visible to the general public by way of a marketing campaign for statewide suicide prevention. Are there efforts to help fund a quality effort to promote statewide prevention and life-saving messaging?
- The Alliance does a wide variety of work very well.
- If funding is lost to fund the ASIIPP, that leaves inadequate support for youth 18-24, and especially boys under 24 in all segments: BIPOC, LGBTQ, Tribal and less marginalized groups that represent BY FAR those who die by suicide. Those who attempt or are most likely to attempt and not die by suicide, are the primary segment being addressed.
- Through the Alliance committees and the work being done across those spaces, and specifically with Annette and Jenn, I feel the most connection with suicide prevention work and feel seen in the work that I put in. I'm extremely grateful for all the wonderful humans that partake in the Alliance and see the value of each and every person even if I don't know them well.
- Good to See Growth with Balance

What is your satisfaction with Alliance governance and decision making, committee and advisory group structure (by-laws, voting process, opportuni...regon's youth suicide prevention and intervention.)

47 responses



Comments

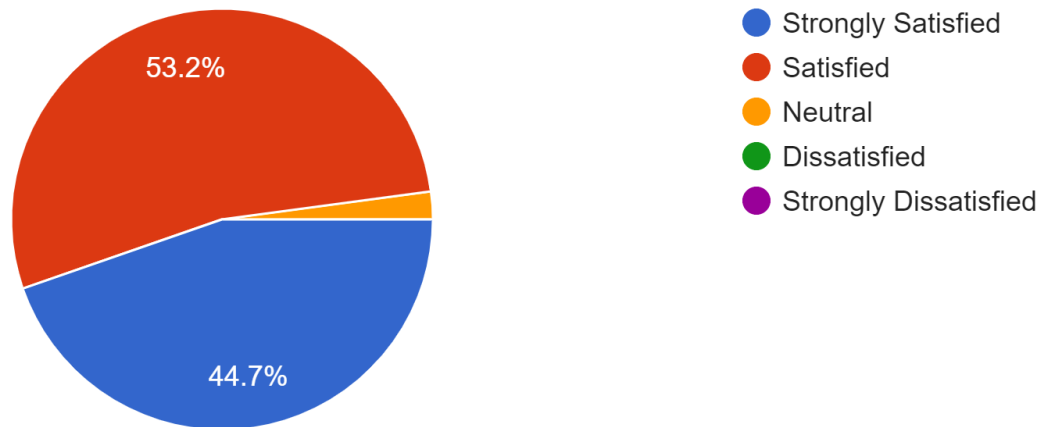
- One of the best, most well-run groups I've ever participated in
- The Alliance is very organized
- I am very new to this Alliance
- Important work!
- Sometimes the technical process with voting [and who can be members, organization representation] feels so outdated and goofy to me, but I understand that those exist for historical reasons.
- Reminders / Emails with Links 1hr before Meetings



Alliance Communications

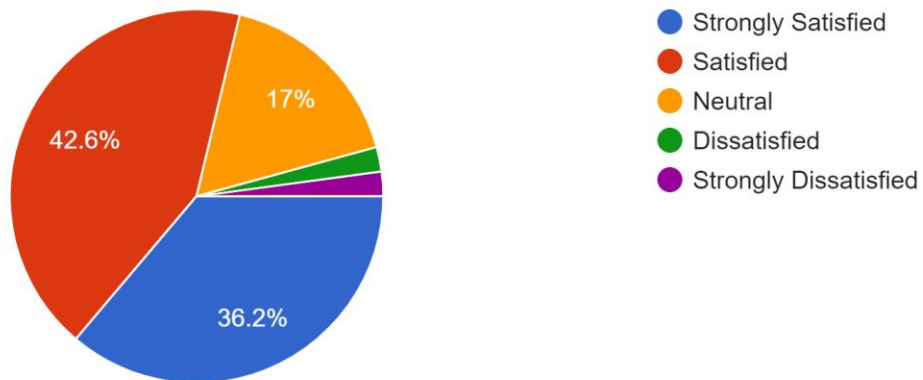
What is your overall satisfaction with communications from The Alliance. (Emails, Webinars, Policy Chats, Website)

47 responses



What is your satisfaction with the Alliance website <https://oregonalliancetopreventsuicide.org/>

47 responses



Comments

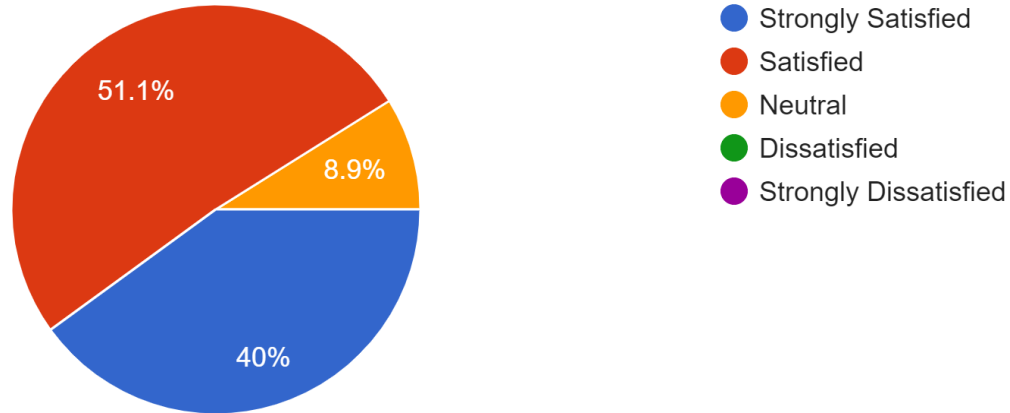
- It would be helpful if we could sign up for quarterly meetings on a recurring basis, instead of individually.
- The website is a little out of date with regards to coalition information.
- Sometimes duplicate meeting invitations are sent out, but I think that has been resolved now
- The emails are very long and sometimes frequent, so because of the volume of other emails I get, I don't always read them.
- This webpage appears to be down: <https://oregonalliancetopreventsuicide.org/data-evaluation-committee/>
- I appreciate your list of SP Laws
- The emails are very dense



Alliance Meetings

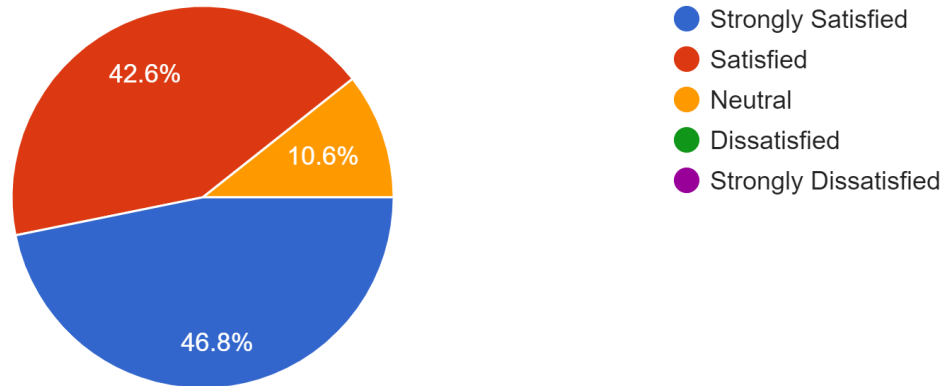
What is your overall satisfaction with Alliance Quarterly Meetings.

45 responses



What is your satisfaction with how the Alliance creates space for diverse views and perspectives during Quarterly Meetings.

47 responses

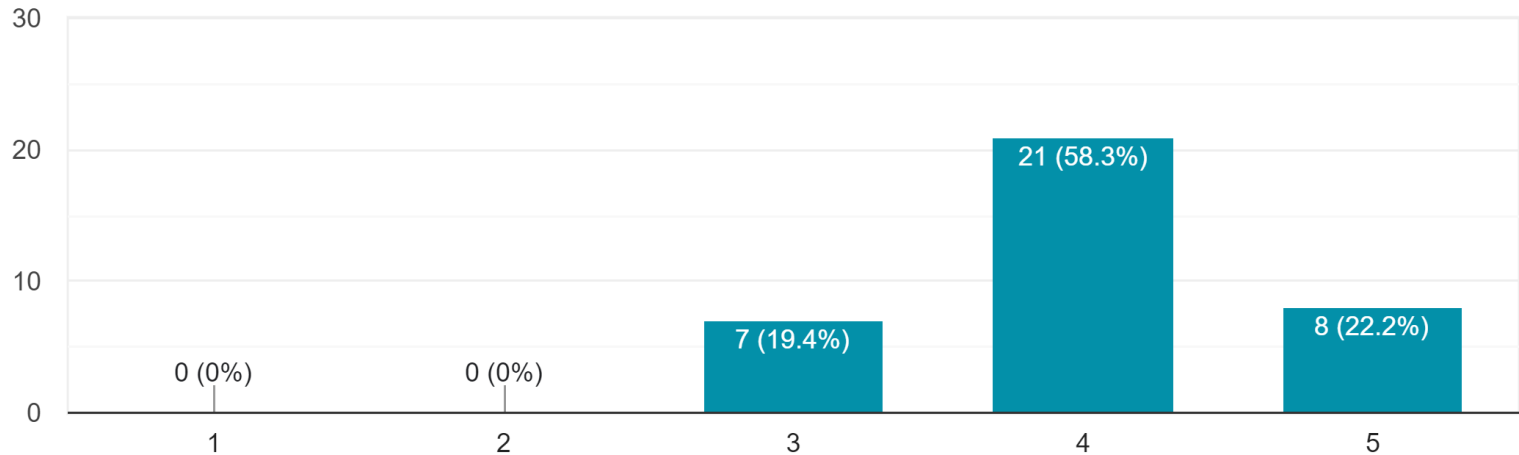


Comments

- The Alliance does a great job inviting all voices to the table!
- Could make more space for people with lived experience or people who identify with oppressed identities to lead parts of meeting
- I do forget or don't recall meetings on a quarterly basis. I prefer more frequent; however, this works best for most. :)
- Language sensitivity is important, AND I want to make sure that cisgender men feel comfortable attending and sharing in our Alliance Q meetings. There was a meeting where it felt that was not the case.
- It doesn't always work with my schedule but I'm thankful to be a part when I'm available..
- Continue Use of Breakout Rooms for Networking / Ice Breakers / Getting to Know, Deep Discussion

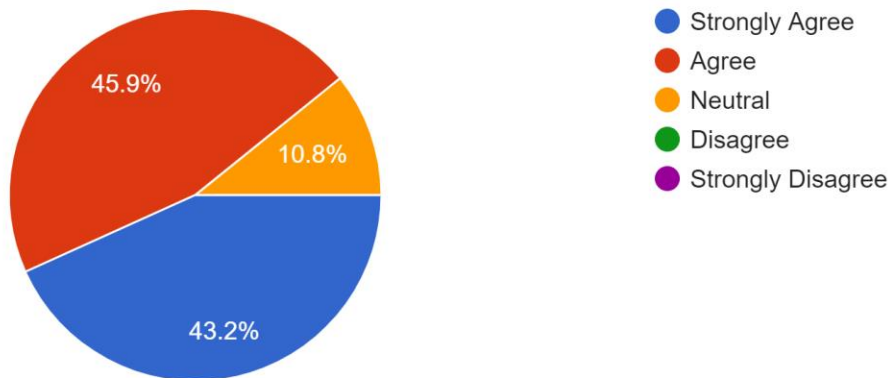
Do you feel the committee, advisory group, or workgroup(s) you attend are making progress on their key goals?

36 responses



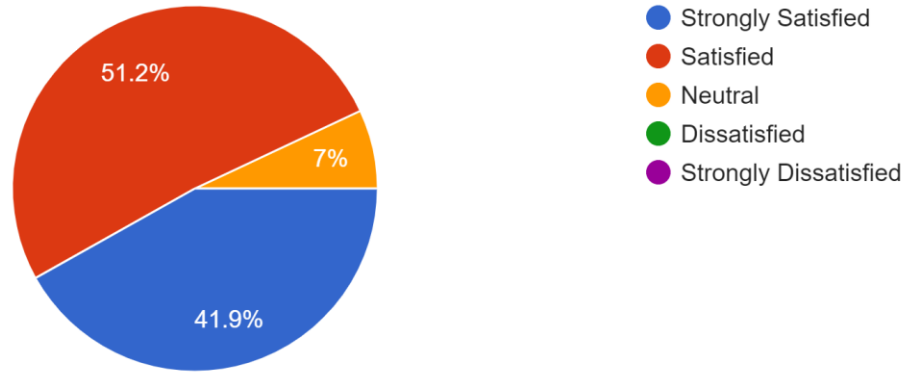
I believe my committee follows up on action items from meeting to meeting.

37 responses



What is your satisfaction with how the Alliance creates space for diverse views and perspectives at monthly meetings.

43 responses

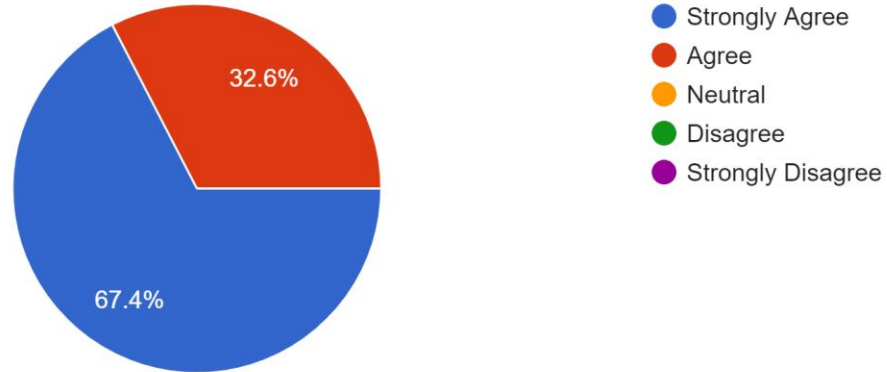


Comments

- To much data and not enough time to take in and process, Meetings are well organized.
- The data and evaluation committee seems to jump around from topic to topic, but has recently gotten better at defining itself. I think its goals and objectives could use more work. The meeting agendas and minutes are unintelligible: They are one long run on sentence and you don't know what notes are from previous meetings, current meetings or refer to future plans. Standing business at the end of each agenda is rarely addressed.
- I wish some attention was brought back to boys under 25 regarding the YSIPP.
- I would say that the Alliance strives to do well in this area [creating space for diverse views] - and I also see that this is something to continue to develop and grow.
- I wish we could provide a way for more involvement and input from diverse groups of persons and persons on the ground in different areas of the state.

Meeting formats are accessible for my language and ability needs.

46 responses

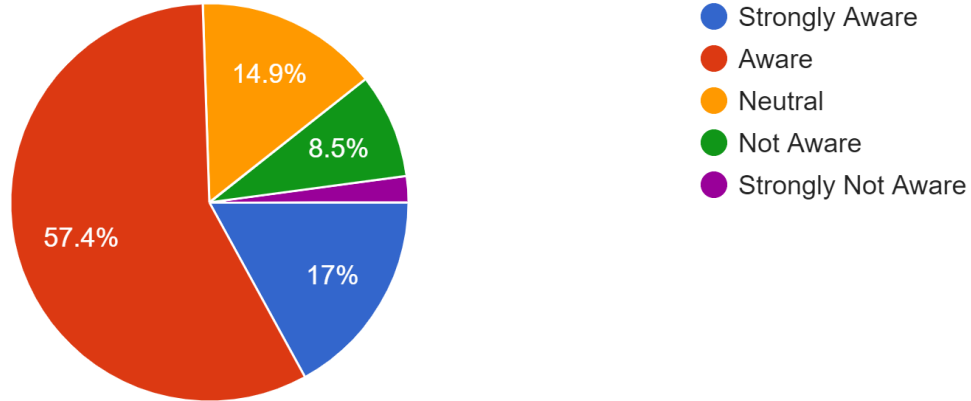


What could the Alliance do to improve accessibility for you?

- Wish I understood more about printing off copies of spread sheets that are often used in presentational information.
- Would love in person meetings from time to time.

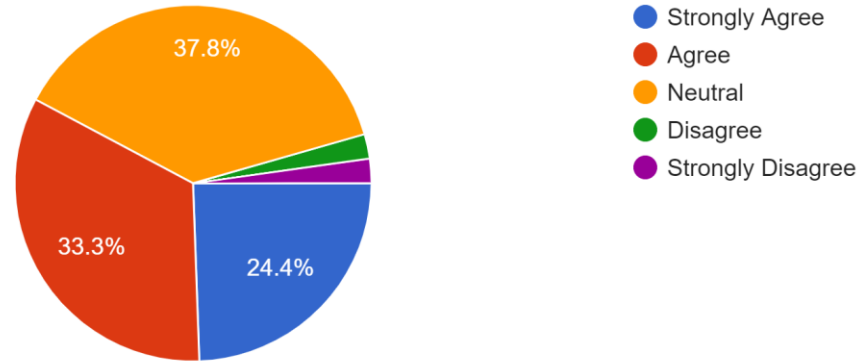
What is your awareness of communication flowing between the Alliance and OHA?

47 responses



OHA is transparent in terms of informing the Alliance regarding how youth suicide prevention funds are spent.

45 responses



Comments

- I would like to know about advisory groups/committees for OHA other than alliance. I would be willing to double join if other groups have a voice with them. ODE as well
- Wish even more was done to ensure more than adequate cross-pollination of effort around OHA action items.
- There have been many unclear communications regarding how funding is used, promising funding that then never becomes available, and making asks of partners for funding that are then never followed up on. I do not feel that OHA is transparent with how their funds are being spent or how decisions are made in regarding to YSIPP funding.
- I do not keep track of such communications.
- Would appreciate more follow up and presence from OHA



Final Comments

Comments

- I have been truly amazed by the strength of facilitation in alliance spaces. To have a space where one person can advocate for white men and others advocate for the underserved populations in the same space and work toward the same goal. I felt safe as a trans person which is rare in large meetings where identity is discussed. No one was shut down but people were held safe, accountable, and open to sharing different perspectives. I value that above everything because we need more community spaces like that. I am learning a lot professionally from it. Phenomenal facilitation!
- Good progress being made
- Thanks for all the work you do in the communities!
- You guys are pretty cool.

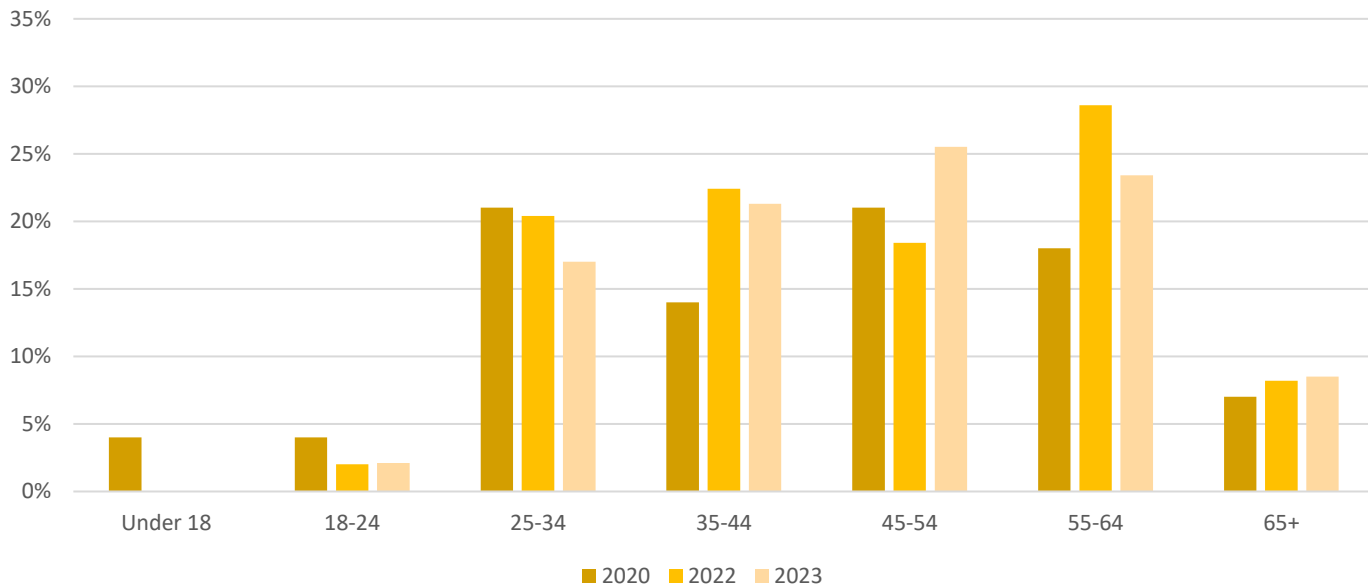
Comments not directly tied to the Alliance but related to suicide intervention, prevention, and postvention work

- A youth caucus that includes youth across the various workgroups and meet independently between meetings could strengthen the youth presence and promote cross fertilization across workgroups. (I also think a statewide caucus of youth involved in regional coalitions would be similarly useful.)
- If funding is lost to fund the ASIPP, that leaves inadequate support for youth 18-24, and especially boys under 24 in all segments: BIPOC, LGBTQ, Tribal and less marginalized groups that represent by far those who die by suicide. Those who attempt or are most likely to attempt and not die by suicide, are the primary segment being addressed.

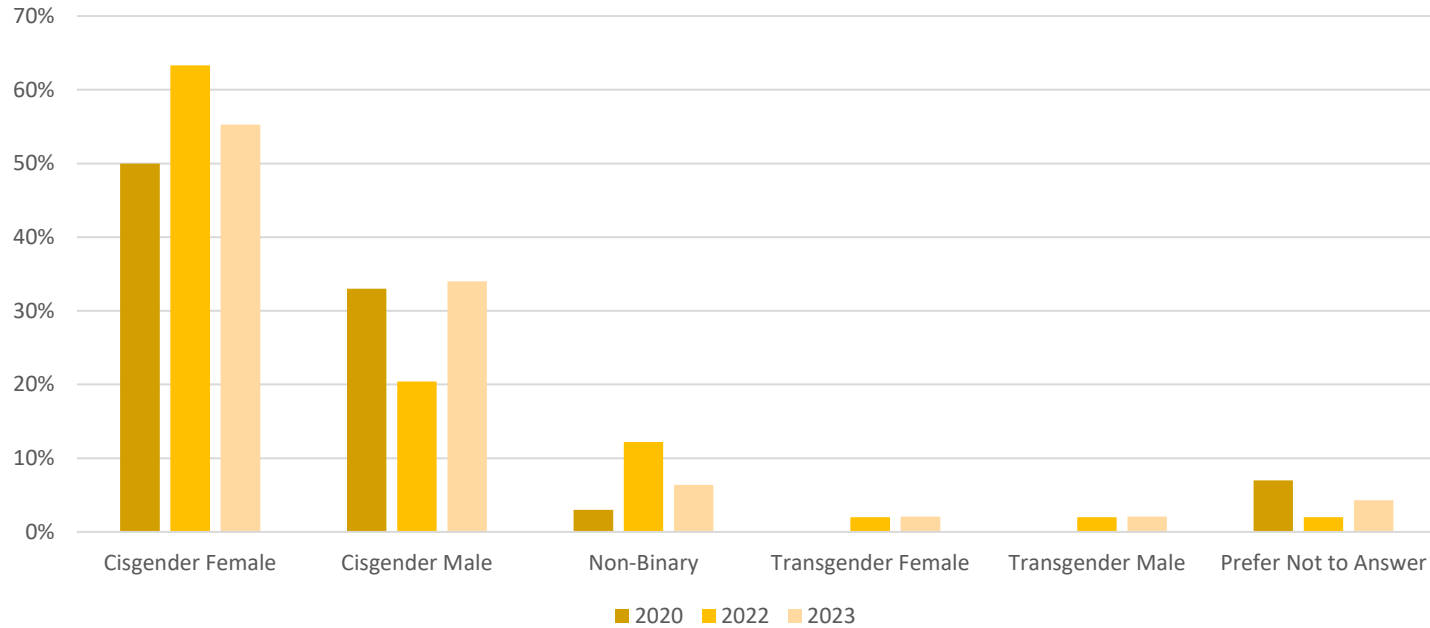


Demographics over Time

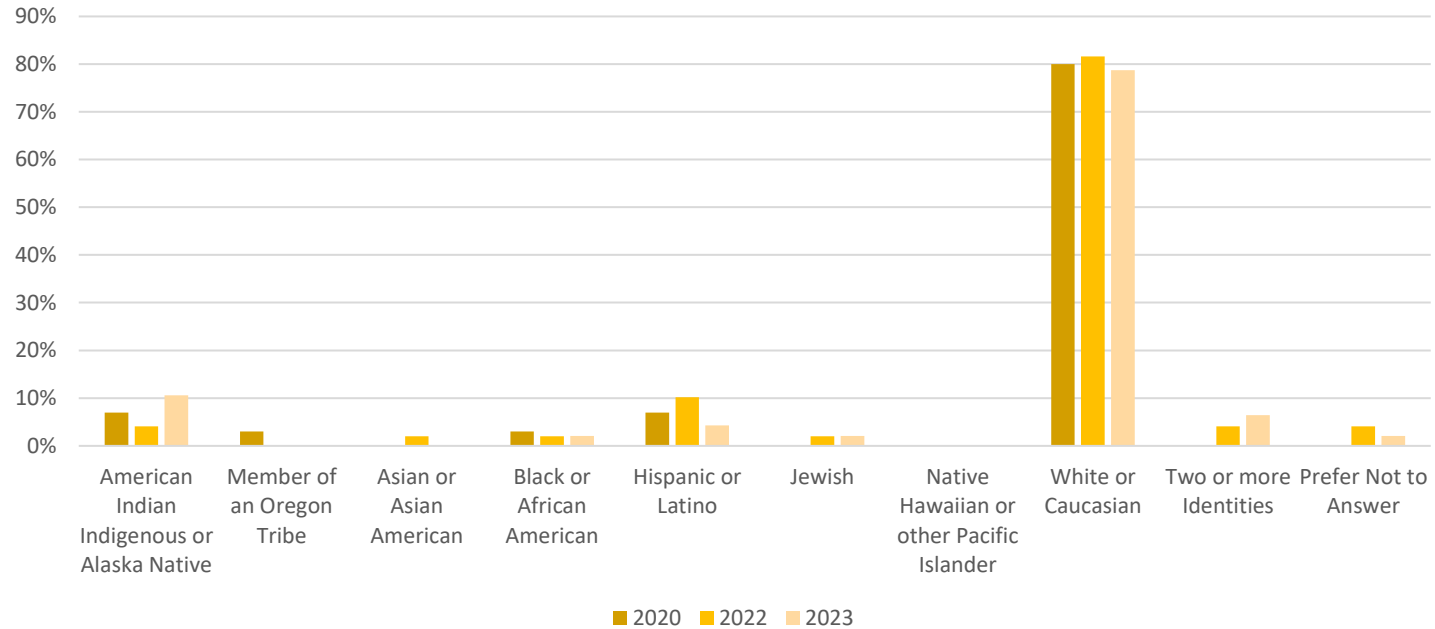
Demographics Over Time - Age



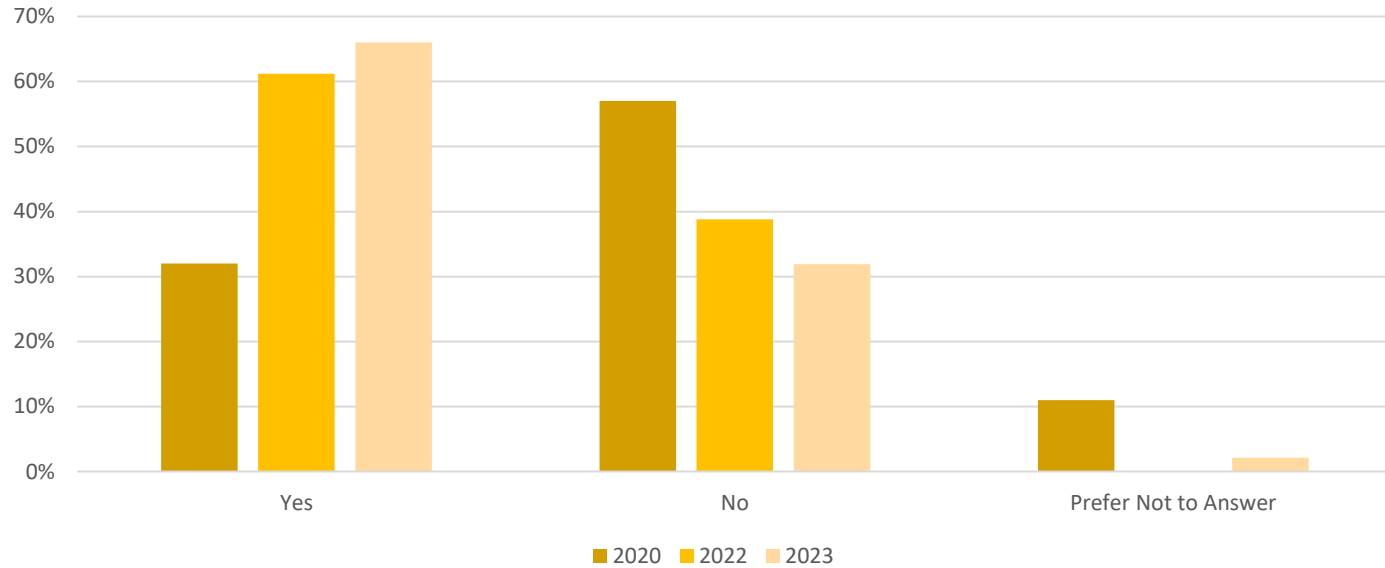
Demographics Over Time - Gender



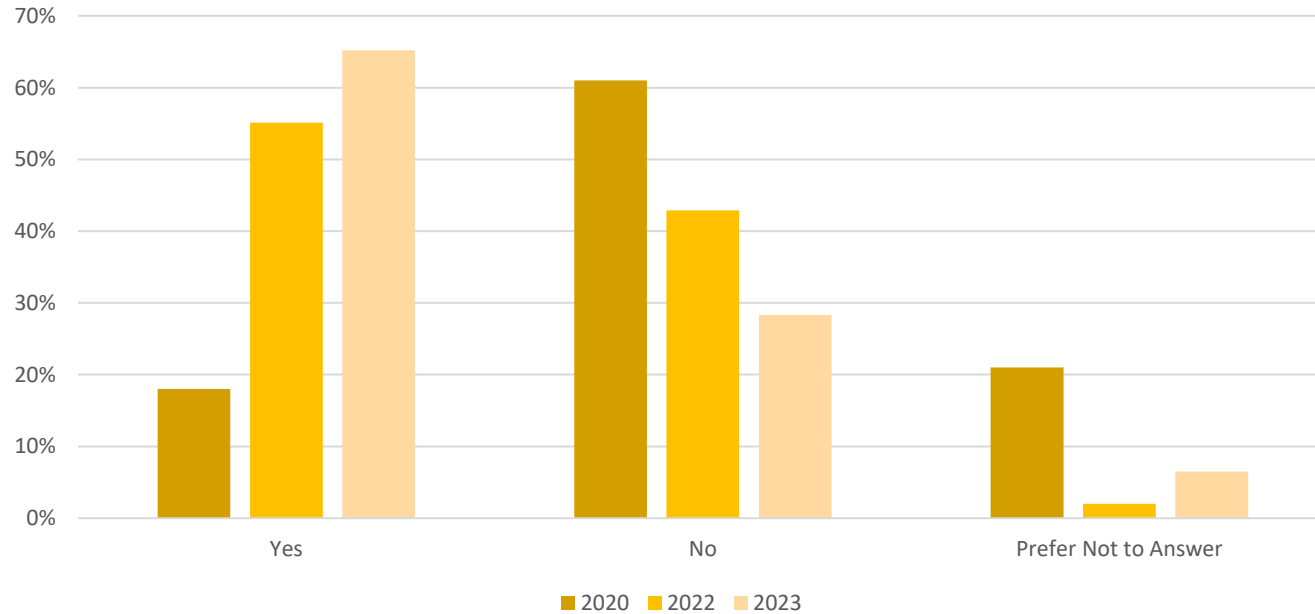
Demographics Over Time - Ethnicity



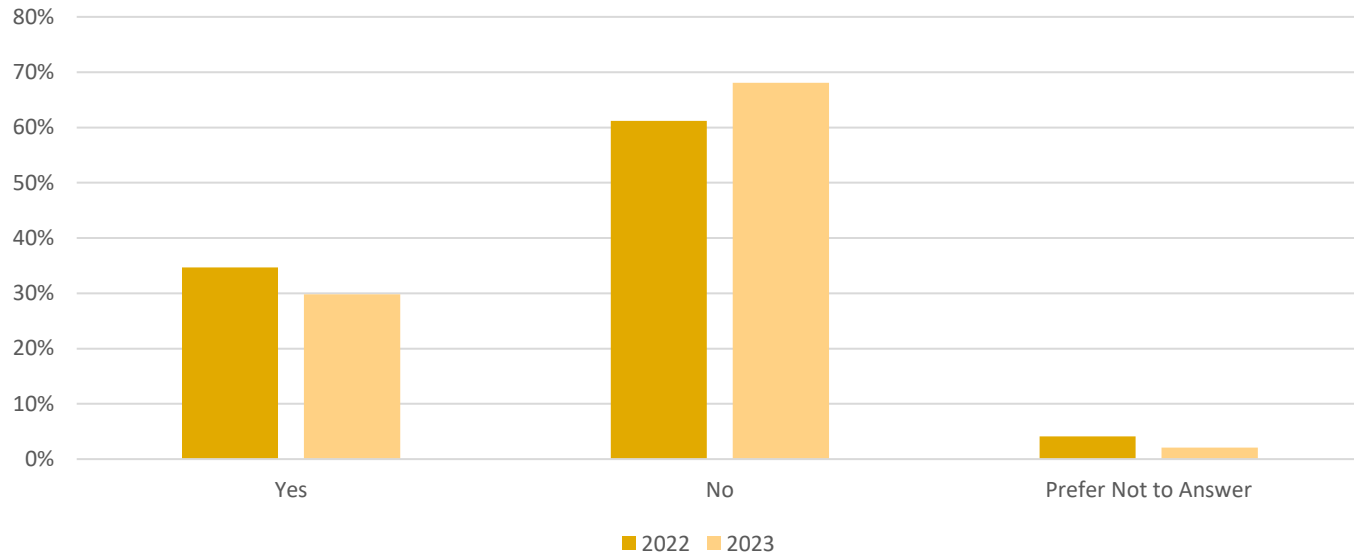
Loss Survivor



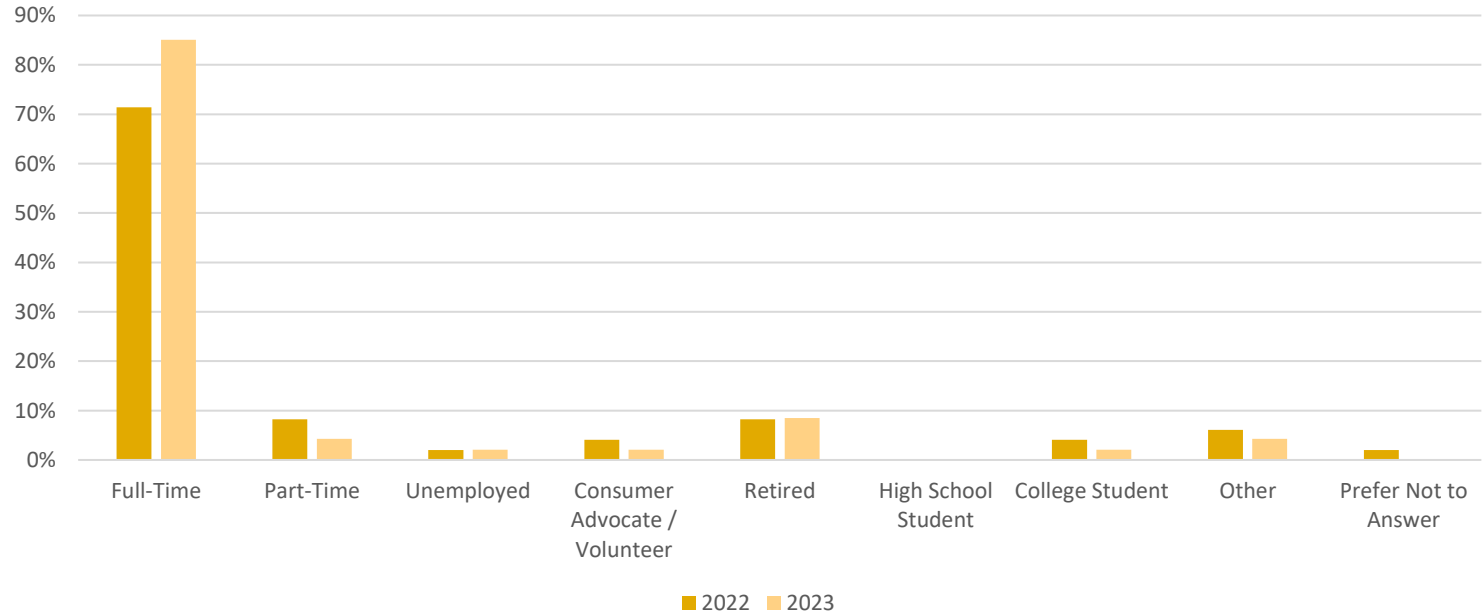
Direct Lived Experience / Attempt Survivor



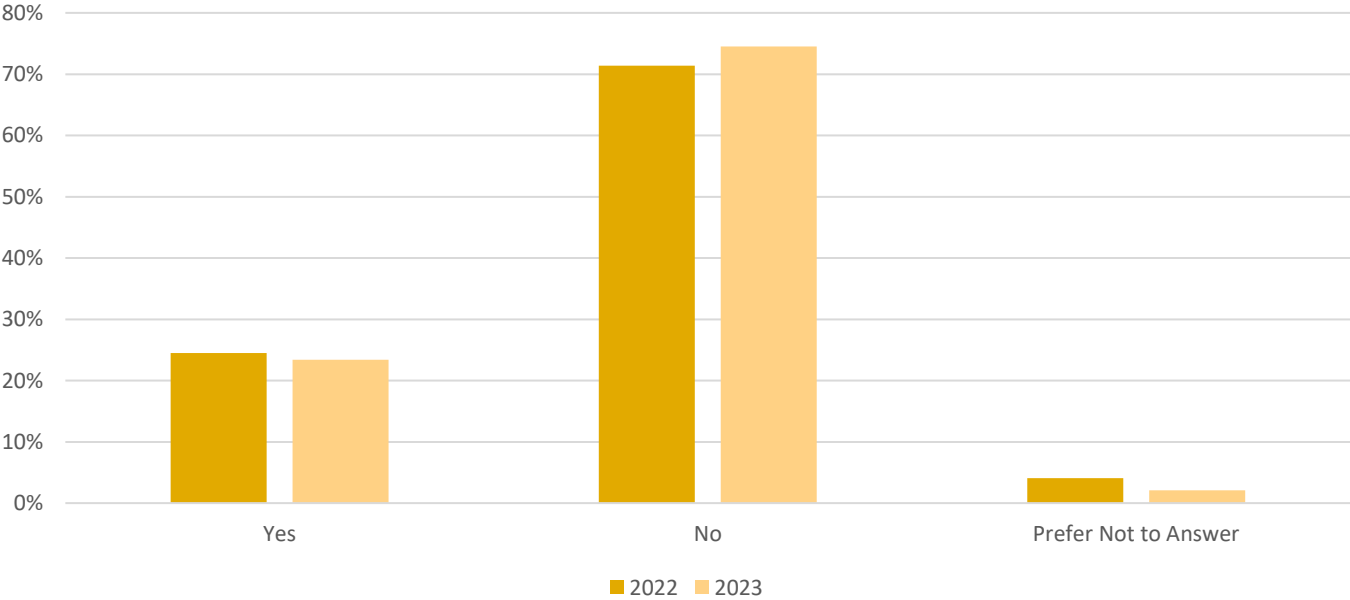
LGBTQ+ Identity



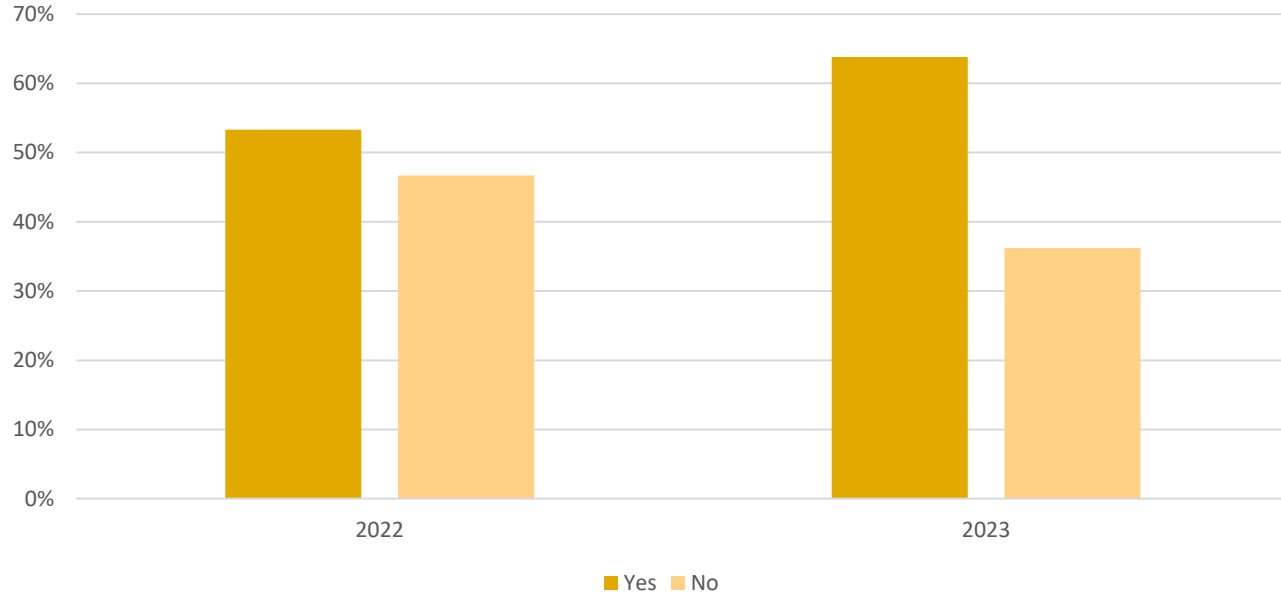
Employment Status



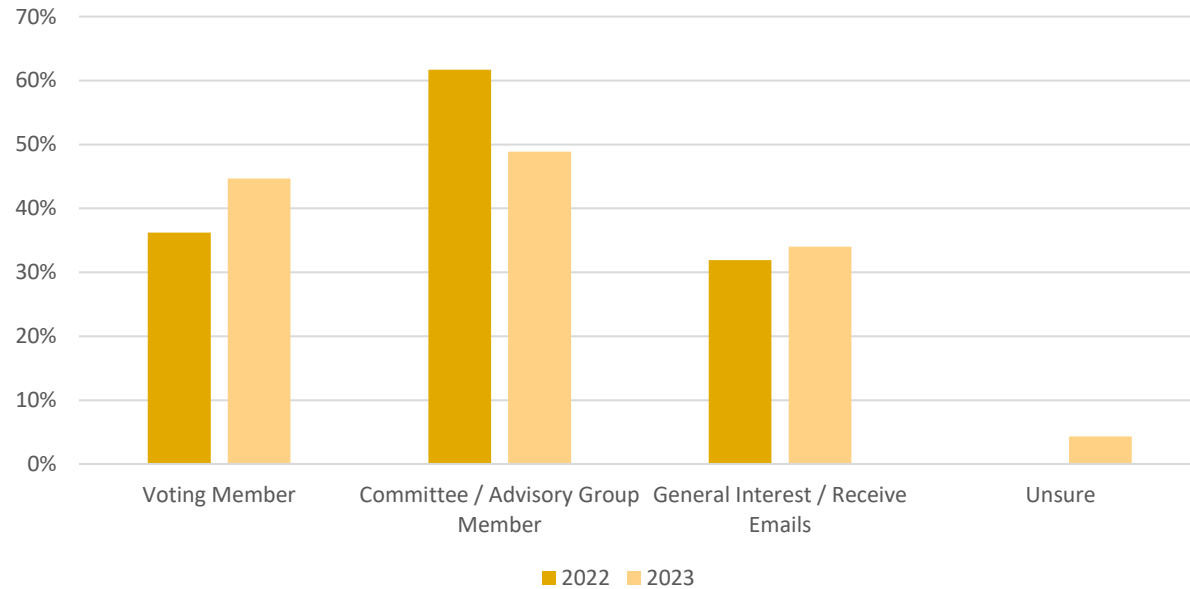
Identify as Someone with a Disability



Regional Suicide Prevention Coalition Engagement



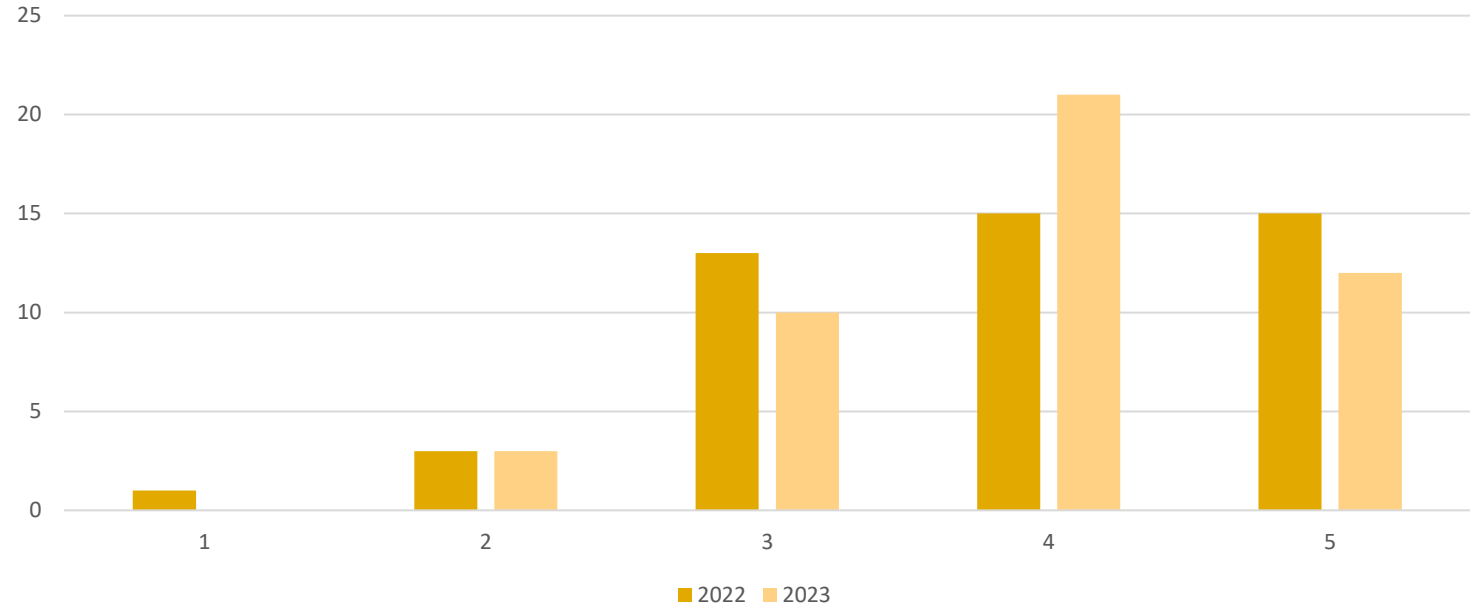
Alliance Role



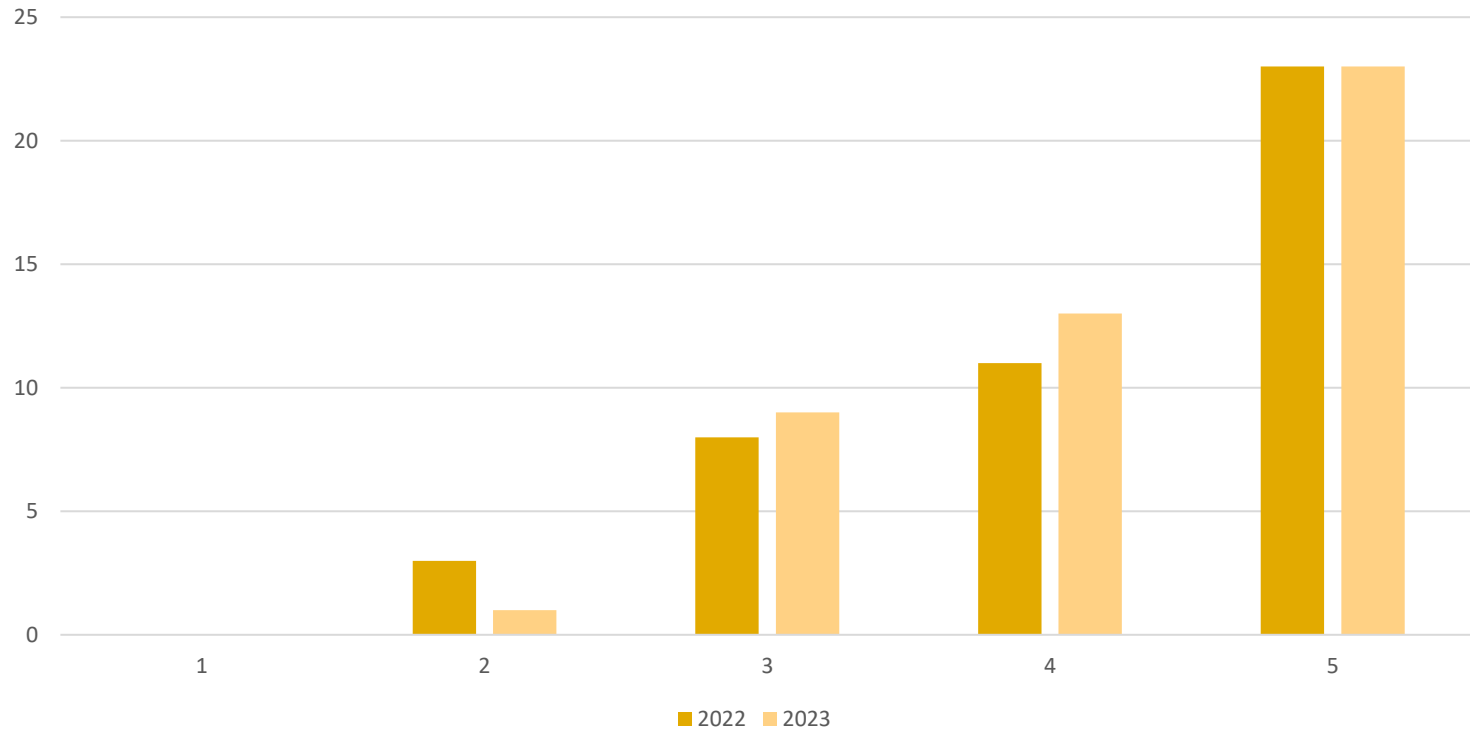


2022 vs. 2023

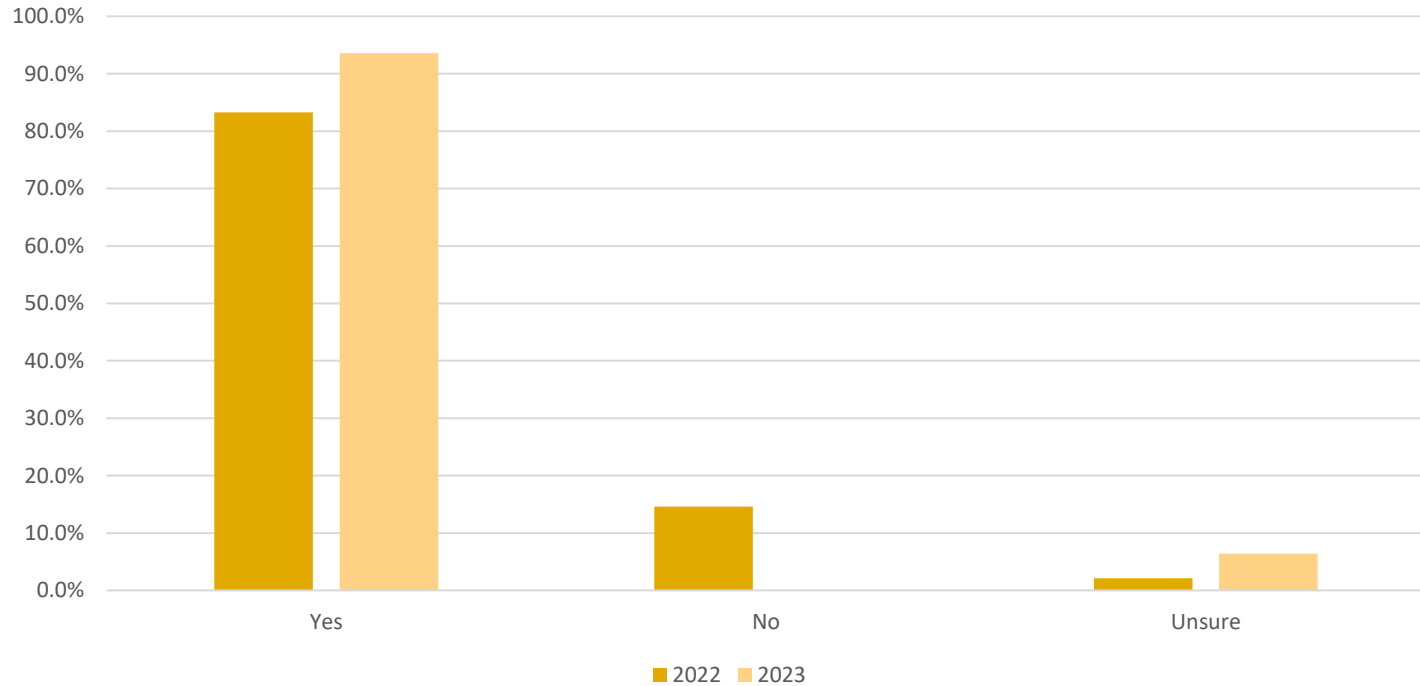
Feeling Engaged in the work of the Alliance



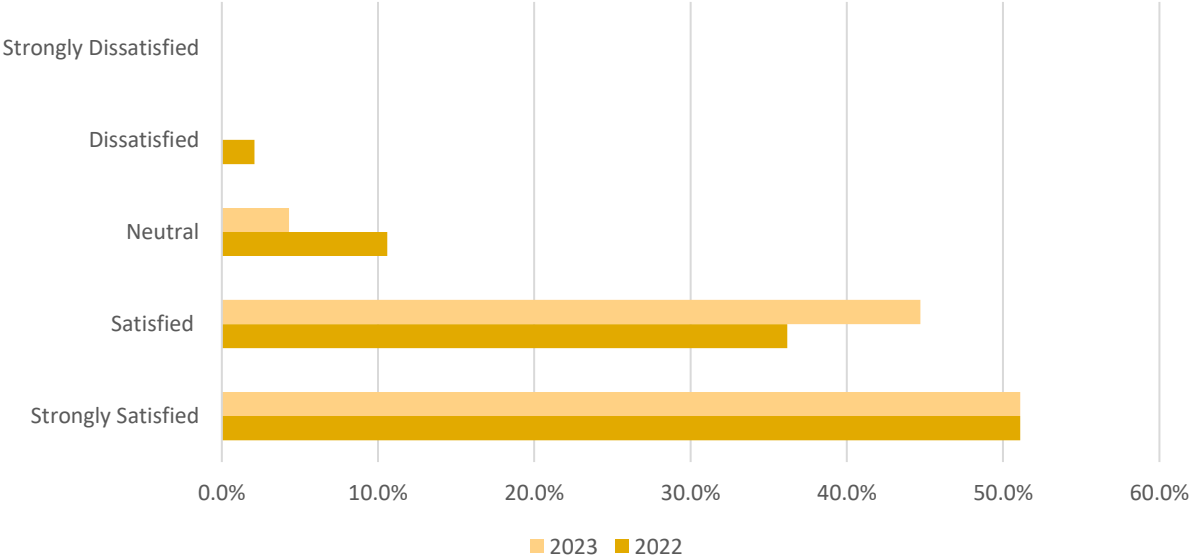
Do you feel that your contribution is valued?



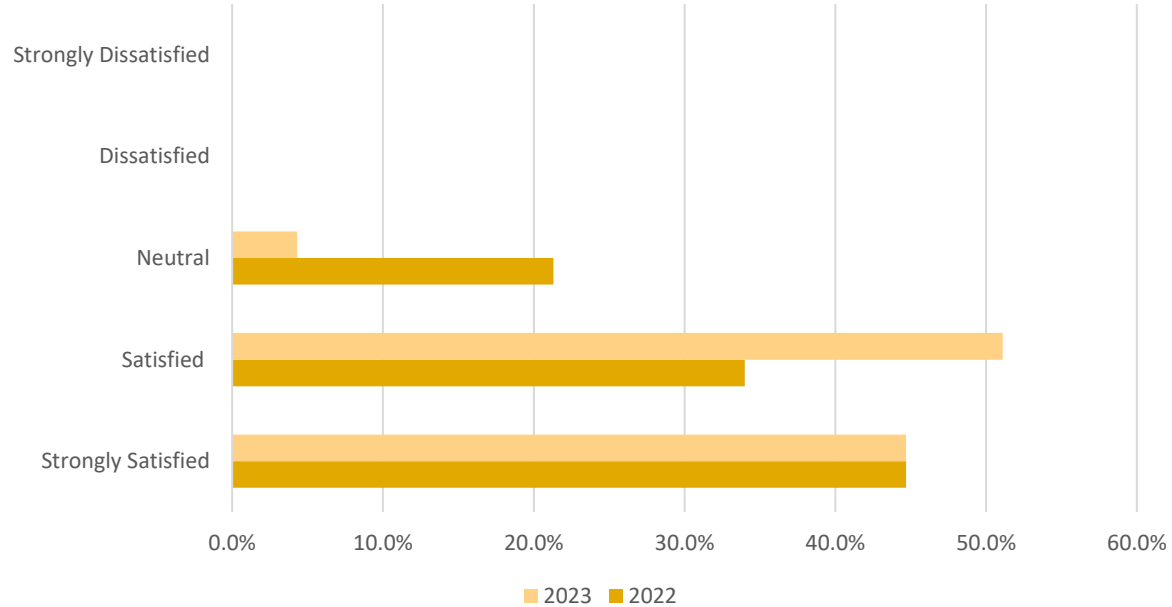
I can Identify ways the Alliance has made a difference



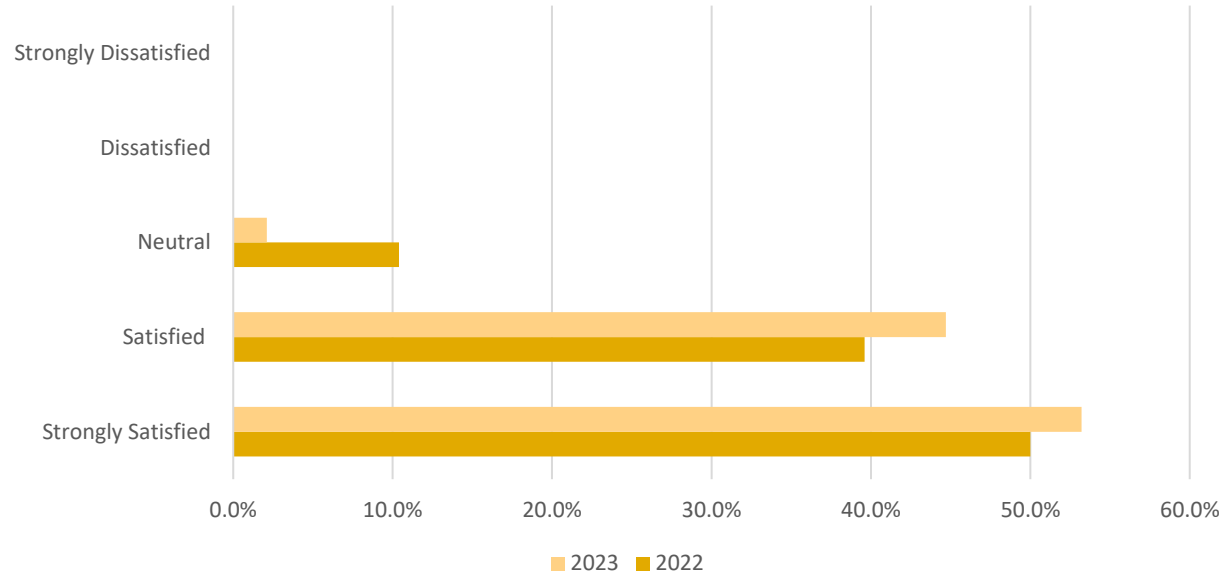
Satisfaction with Alliance Priority Areas



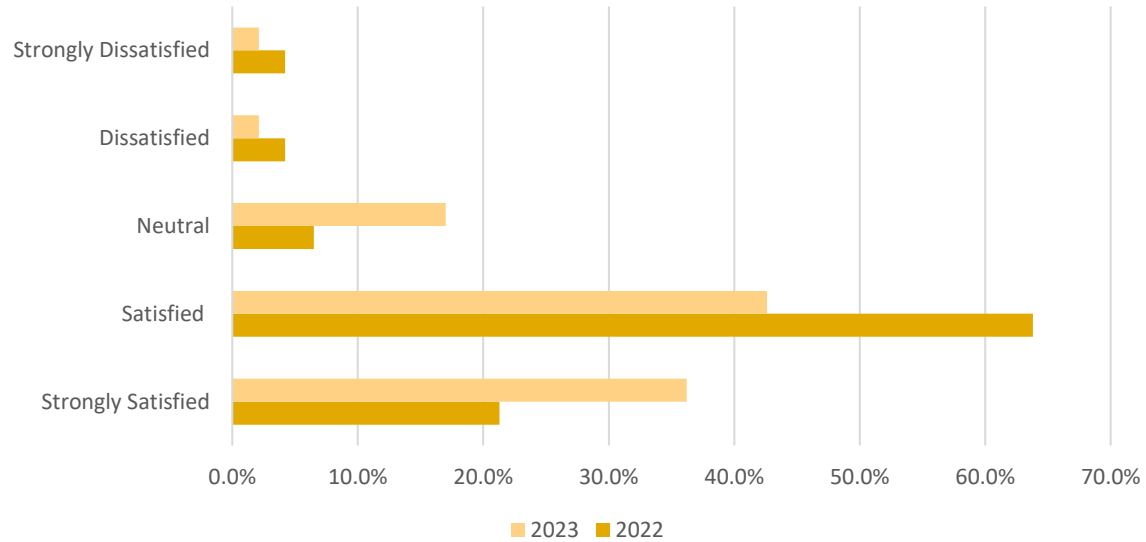
Satisfaction with Alliance Governance



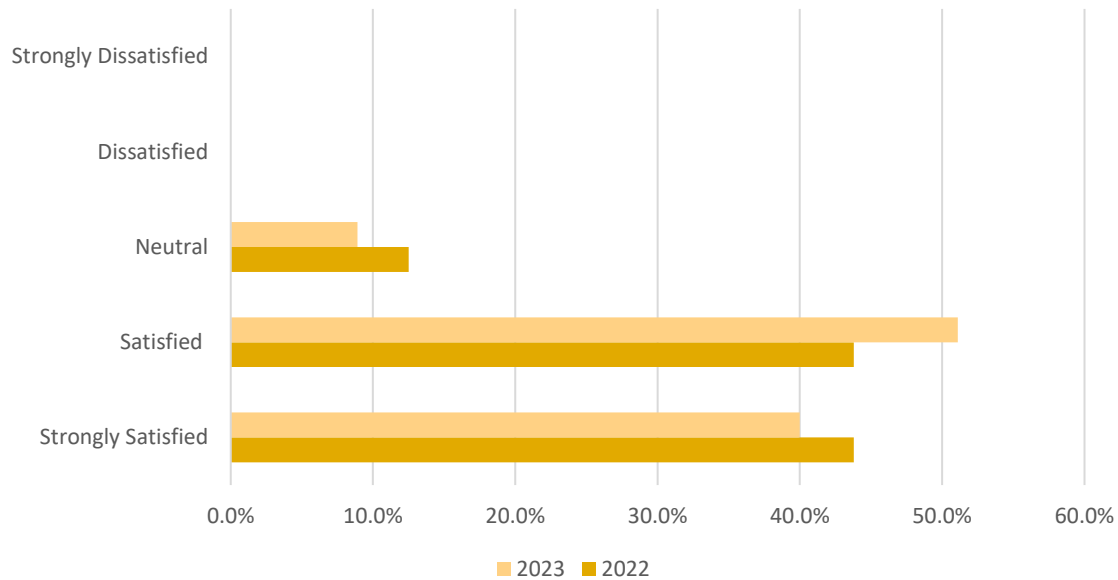
Satisfaction with Overall Communication with the Alliance



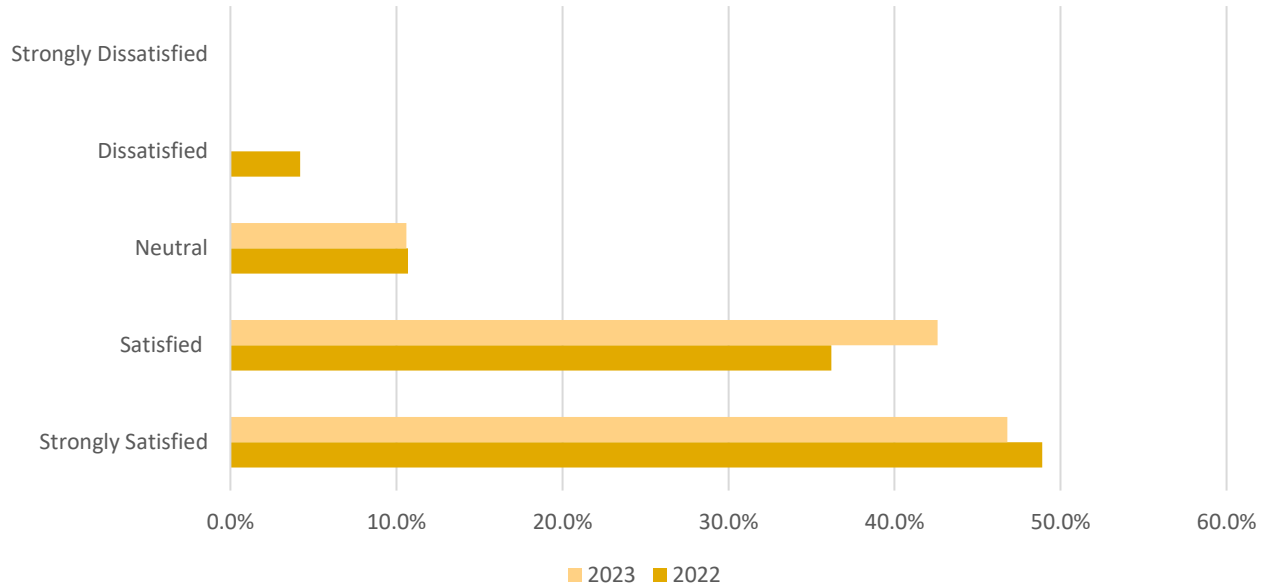
Satisfaction with Alliance Website



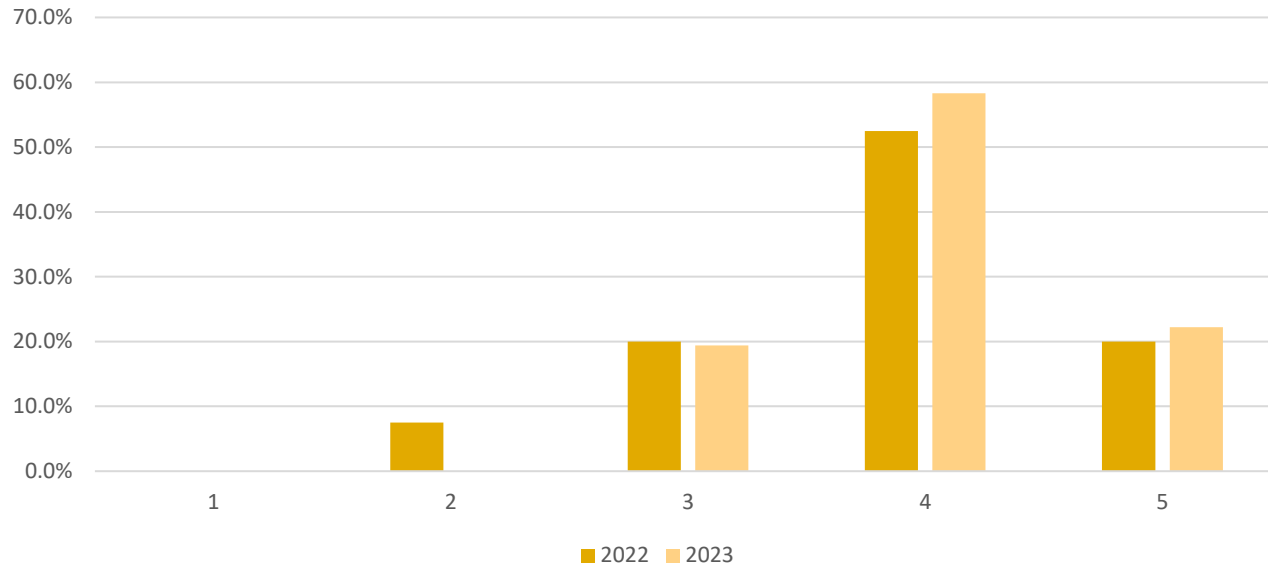
Satisfaction with Quarterly Meetings



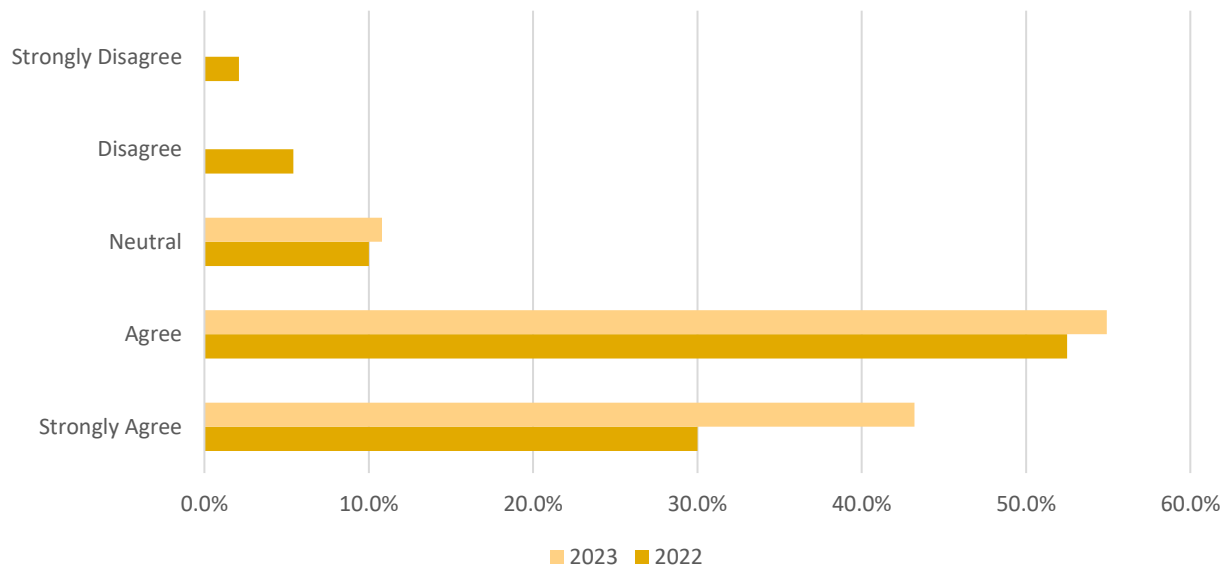
Satisfaction with how the Alliance creates space for diverse views and perspectives during Quarterly Meetings.



Do you feel the committee, advisory group, or workgroup(s) you attend are making progress on their key goals?



I believe my committee follows up on action items from meeting to meeting.



Satisfaction with how the Alliance creates space for diverse views
and perspectives at monthly meetings.

