




YSIPP Recap

The updated YSIPP for 2021-2025 includes Oregon's new Suicide Prevention Framework. This Framework shows the new structure for how YSIPP work is categorized and how it will be addressed. The components of the Framework include:

- Strategic pillars, strategic goals, centering values and foundation — These will not change over the five-year lifespan of the plan. They are the starting point for all suicide prevention work in Oregon.
- Strategic pathways — These are not likely to change over five years and are rooted in the values and foundations. They represent measurable areas of focus and are more specific to populations or settings.
- **Strategic priority initiatives — These will be adapted, adjusted and added to annually. They are specific actions designed to support the broader pathways and goals.**

YSIPP Annual Update Roadmap

September




Leads update progress on 2022 initiatives

OHA presents at Alliance Quarterly

SPIP x3 being "start, stop, continue"

October




Alliance committees begin "start, stop, continue"

Children's System Adv Council Input

Oregon Consumer Advisory Council input

Tribal prevention meeting input

November



Youth Think Tanks/Focus Groups

Alliance committees finalize rec's for OHA

SPIP x 3 finalize rec's for OHA

Start, stop, continue

What am I asking of committees/advisory groups/SPIP teams?:

1. Review of your 2023 YSIPP initiative(s) to assess progress. What's left on your plate?

2. Thinking of 2024 bandwidth and equity-centered priorities:

- What do we want to keep working on?
- What do we think we'll have bandwidth for?
- Is there a project/initiative that we want to let go of?
- Are there projects/initiatives that we want to add?
- Are there projects/initiatives we want to recommend that OHA add?

Schools Initiatives



2.3.3.4

The Alliance will use the Adi's Act scan and other sources to identify and address structural barriers to implementation for Adi's Act and will make recommendations to OHA and ODE.

Update:

Purple paper being written to highlight what has been learned over the past few years with monitoring and implementing Adi's Act, which include listed barriers and recommendations.

Improving relationship between Alliance and ODE

White (Purple) Paper



Barriers

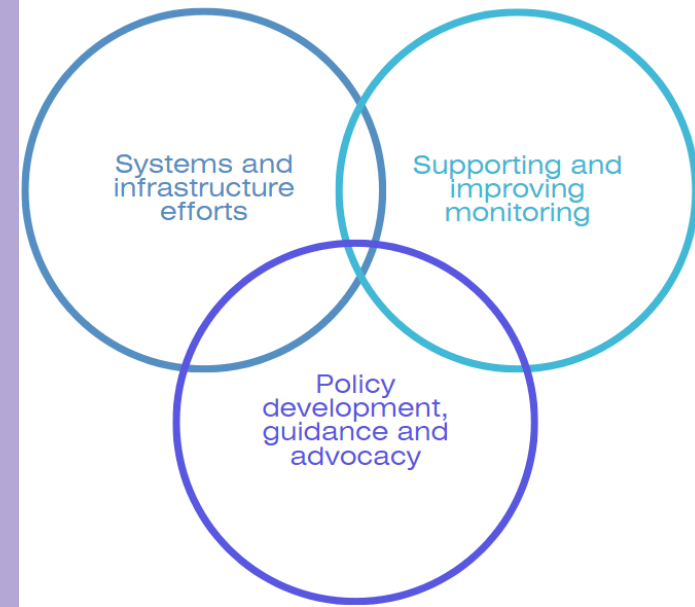
Information sharing and
messaging barriers

Educational and training
barriers

Systems and technical
barriers

Public policy and resource
allocation barriers

Recommendations





System and Infrastructure

Shared Vision: Improved coordination and quality assurance between state agencies

Educator Supports: Release time, substitutes, engage broad range of staff in s.p. Planning

Regional Expansion: Clearly define core role and recruit/retain diverse staff as SSPW's

Transparency in Communication: What should be public facing vs internal for both suicide prevention and threat assessment

Student Discipline: Those responsible for discipline are trained to recognize and address suicidal risk as part of every day practice. Adopt SEL curricula that foster culture of open dialogue and support



Supporting and Improving Monitoring

Surveying and Data Collection: Develop and administer survey on Adi's Act implementation (NOT tied to punitive action)

Program Effectiveness: Establish comprehensive evaluation framework to assess overall effectiveness of mental health programs

Professional Development Cycles: Distribute guidance on professional development cycles related to mental health and suicide.

Tip Line Analysis: Analyze feedback and disposition with goal of identifying more specific trend data and identify areas for improvement



Policy Development, Guidance & Advocacy

Diversity Initiatives: Leverage Student Success Act investments to enhance protective factors for youth mental health and suicide.

Workforce Engagements: Ensure educators familiar with behavioral health needs are part of the survey development and relevant workforces (SB283 2023)

Evidence-based Practices: Use existing, but also study and promote projects like the OSSPP and Forward Project

Alliance Advisory Role: We recommend making the Alliance an official advisory to ODE as well as OHA



Policy Development, Guidance and Advocacy Cont.

Administrative Rule Making: Expand Adi's Act OAR's to clarify how schools can comply with the legislation; this could include key components of prevention, intervention and postvention plans.

Also- OARS could support creation of agreements regarding communication between schools and partners around care transitions.

Training Enhancements: Create and fund a unified system or set of protocols for tracking and evaluating suicide and mental health trainings, including post-training evaluation

Improved Monitoring: Explore improving Division 22 by creating a detailed chart of monitoring elements, including a definition of adequate standard of care, and share with districts and their boards.

Student ID: Develop recommended messaging on all student Id cards to promote awareness of 988 and Youthline resources

Alliance Equity Tool

P1 | SPOT CHECK HOW IS IT GOING? CAN WE DO BETTER?

How is the initiative changing or maintaining the status quo?

Have there been any unintended consequences?

Is change needed?

No = Continue
How do you know it's working?
How will you know when to stop?

Yes = Pivot or Stop

Is there anything we need to do to repair harm?

Core Concepts

Complex Reasons for Suicide

- Suicide's complexity is rooted in cultural context

Disparities Exist

- Disparities exist among different social identity and group characteristics (e.g. gender, race, SES, education)

Distinguish High-Risk from Oppressed

- High-risk groups are not always those impacted by oppression

Equity Lens Perspective

- Equity lens goes beyond individual traits for solutions
- Considers social identities and systemic factors affecting suicide risk

Cultural and Societal Influence

- Complex, multi-faceted ways culture and society impact individuals

Source: CDC WISQARS & OPHAT & WONDER data sets

Year	Number of youth suicides	Suicide death rate (per 100,000)	Rank among 50 states (50 is lowest rate)
2014	97	12.9	12
2015	90	12	16
2016	98	13	15
2017	107	14.1	17
2018	129	16.9	11
2019	116*	15.3	11
2020	101†	13.3	18
2021	95	12.4	22

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

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

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Oregon
Health
Authority

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

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

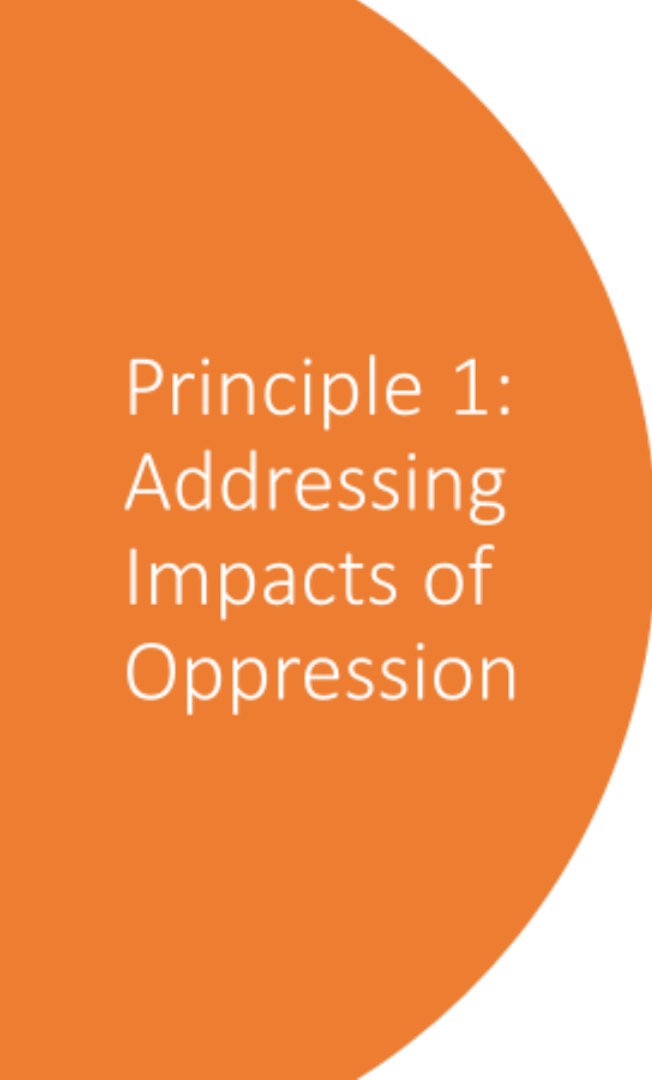
Note: Oregon residents who died out of state are not included. Hispanic includes all races.

Source: CDC WONDER

Black Youth Suicide in Oregon (Ages 5 to 24)

In 2021, non-Hispanic black youth deaths accounted for 7.6% of Oregon's youth suicides - yet black youth represent 2.31% of Oregon's youth. Source: Oregon Public Health Assessment Tool (OPHAT), ORVDRA

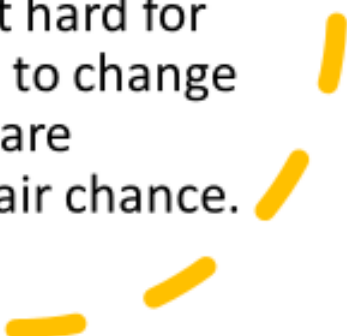
- **Emergency Dept Visits:** African American females had the highest rates of visits to emergency departments for suicide ideation and attempts (2020 - 2022) Source: Administrative Discharge Data - Oregon Hospitals and Health Systems
- **Hospitalizations:** African American females had the highest rates of hospitalizations for suicide ideation and attempts (2020-2022)
- **Youth Suicide Rate (Source CDC Wonder)**
 - Oregon's youth suicide rate decreased 27% from 2018-2021
 - This decrease is largely due to decreases in number of deaths in number of deaths of youth identified as white.
 - For youth of color (all ethnicities other than white), no reduction in suicide occurred in 2021 (31 deaths) compared to 2018 (31 deaths)

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Principle 1: Addressing Impacts of Oppression

Forms of oppression and exclusion exist, impacting how programming and human and financial resources are distributed, how people are treated, and how suicide is viewed in communities.

To make things fair for everyone, we need to look at the things that people usually assume are true, and the rules that make it hard for some people to succeed. We need to change the way we make decisions and share resources so that everyone has a fair chance.

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Some Key Questions: Principle 1 for Schools Committee

- How do unfair and exclusionary practices affect the mental and physical health of people in the community? ←Community = School Community (students, families, staff)
- What institutional barriers are getting in the way of preventing suicide in your community?
- What things in their lives, like where they live, their surroundings, and the situations they're in, make this group more likely to consider suicide?
- What are the opportunities/what must change in current practices to meet the needs of your group to improve the social conditions that make them vulnerable?