Orientation to the Oregon Alliance to Prevent Suicide

HOPE, HELP AND HEALING

Let's Take Good Care of Each Other and Ourselves

Let us know with a private chat if you're having a tough time and need someone to talk with. USE THE CHAT
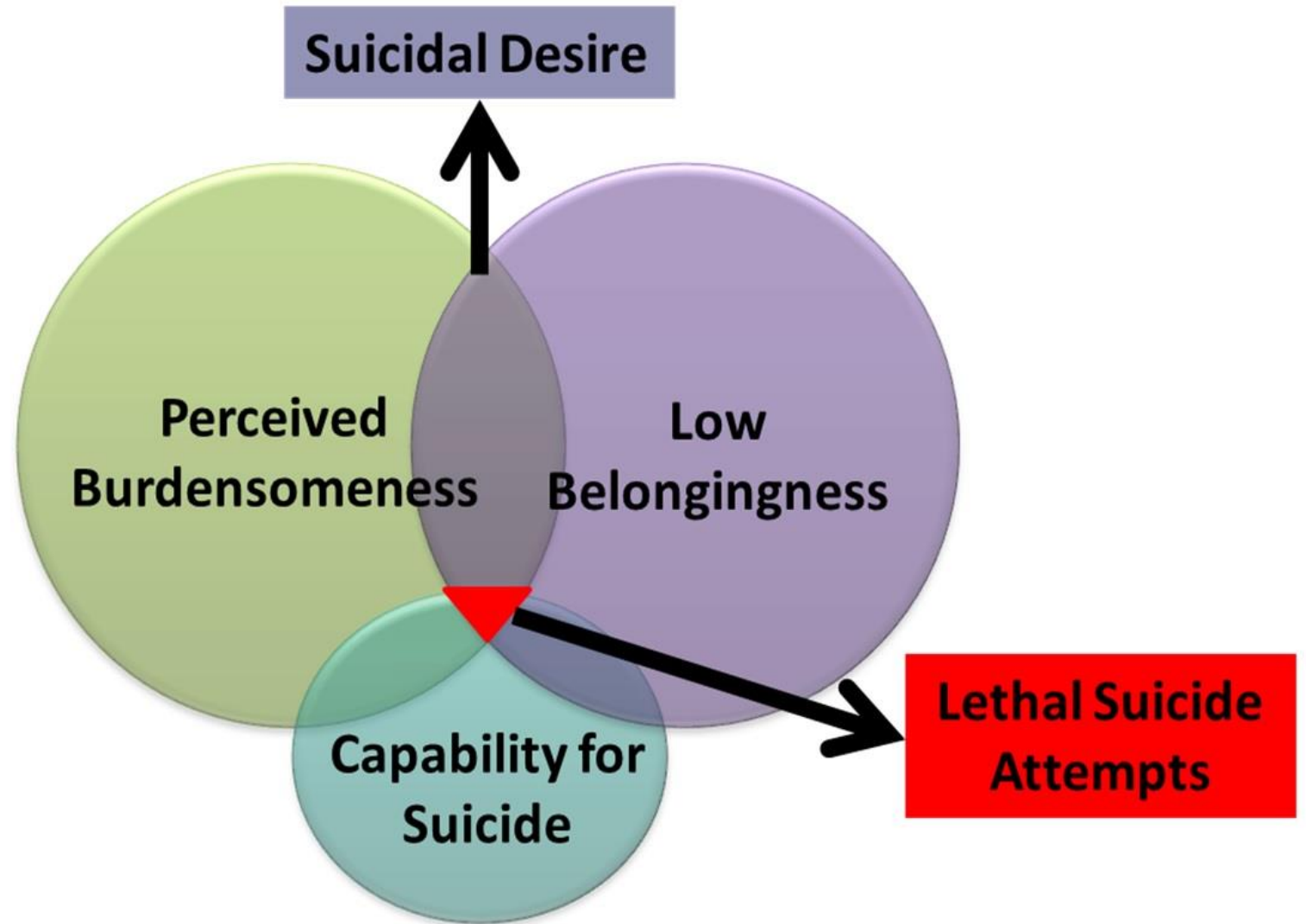
Take a break when you need to – get up and stretch, get yourself a cup of tea or a bite to eat. Please mute yourself unless you have a comment.

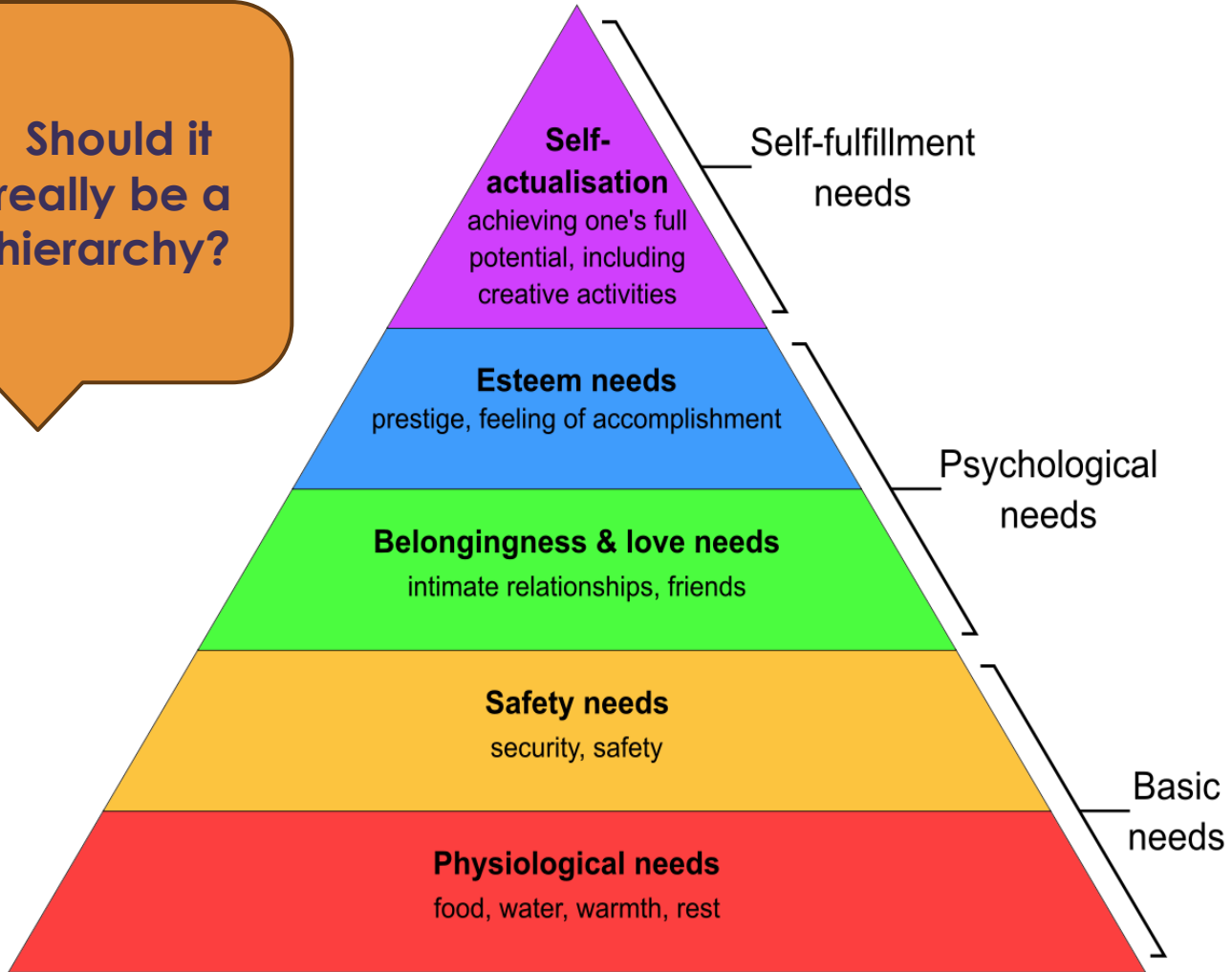Draw, doodles, take notes or pat your cat or dog during the meeting

Interpersonal Psychological Theory of Suicide

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

Interpersonal Psychological Theory of Suicide was developed by Thomas Joiner

Should it really be a hierarchy?

Self-actualisation
achieving one's full potential, including creative activities

Esteem needs
prestige, feeling of accomplishment

Belongingness & love needs
intimate relationships, friends

Safety needs
security, safety

Physiological needs
food, water, warmth, rest

Self-fulfillment needs

Psychological needs

Basic needs

Maslow's Hierarchy of Needs Implications for Suicide Prevention

Alliance Focus

Monitoring and advising OHA to reduce youth/young adult suicide

Equity and liberatory practice

Connecting the field of suicide prevention in Oregon

Policy development and implementation

Alliance History

2014

HB4124 Requires Youth Suicide Intervention Prevention Plan and establishes Youth Suicide Prevention Coordinator at Oregon Health Authority – legislative champions emerge

2016

Oregon Alliance to Prevent Suicide established to monitor YSIPP and provide policy input

2019

SB707 advisory role to OHA is established in state statute

First YSIPP developed with 100 experts and community members (2016 -2020)

2015

OHA contracts with Association of Oregon Community Mental Health Programs to form and staff advisory group

2017

Policy Success: Instrumental in Passage of 20 Bills

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

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

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

Require suicide assessment and management continuing education for behavioral health workforce

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

Policy Priorities – 2022-24

<mark>Funding the Adult AND Youth Suicide Prevention Plans</mark>

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

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

LGBTQ2SIA+ Affirming Schools and access to gender affirming care

<mark>Safe storage of firearms</mark>

Vision

In Oregon, all young people have hope, feel safe asking for help, can find access to the right help at the right time to prevent suicide, and live in communities that foster healing, connection, and wellness.

Mission

The Alliance advocates and works to inform and strengthen Oregon's suicide prevention, intervention and postvention policies, services and supports to prevent youth and young adults from dying by suicide.

Equity Statement

To achieve our vision, we acknowledge the impact of white supremacy, institutionalized racism, and all forms of oppression. The Alliance endeavors to make Oregon a place where suicide reduction and prevention is achieved for people of all ages, races, ethnicities, abilities, gender identities, sexual orientations, socioeconomic status, nationalities and geographic locations.

GROUP AGREEMENTS

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

What does it mean to center lived experience?

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

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

Challenge oppression and racism.

Intent does not always equal impact

Replace judgment with wonder - be curious not furious

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

Check for understanding

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

Strive for suicide-safer messaging and language

HOPE

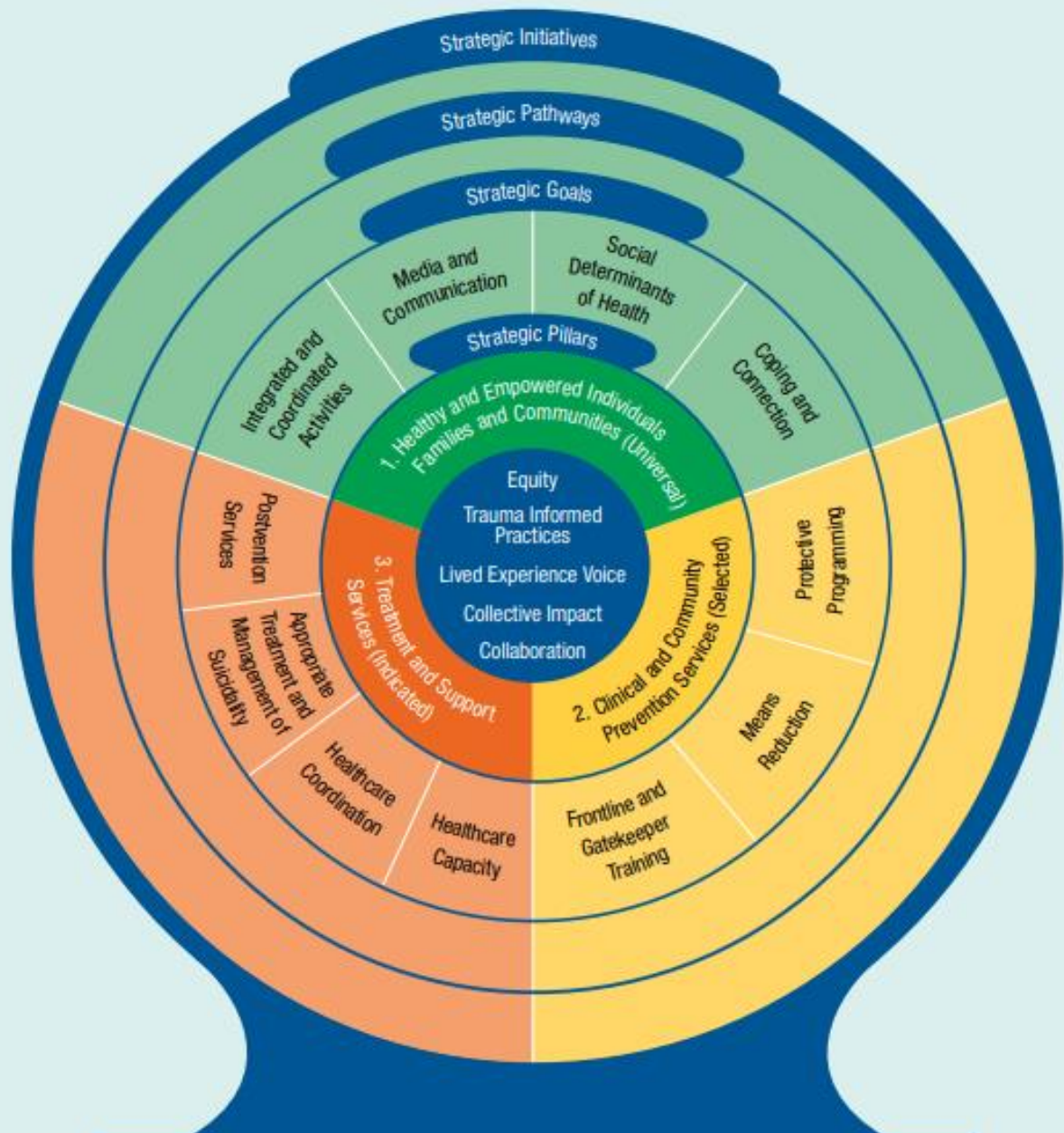Promote a sense of hope and highlight resilience.

HELP

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

HEALING

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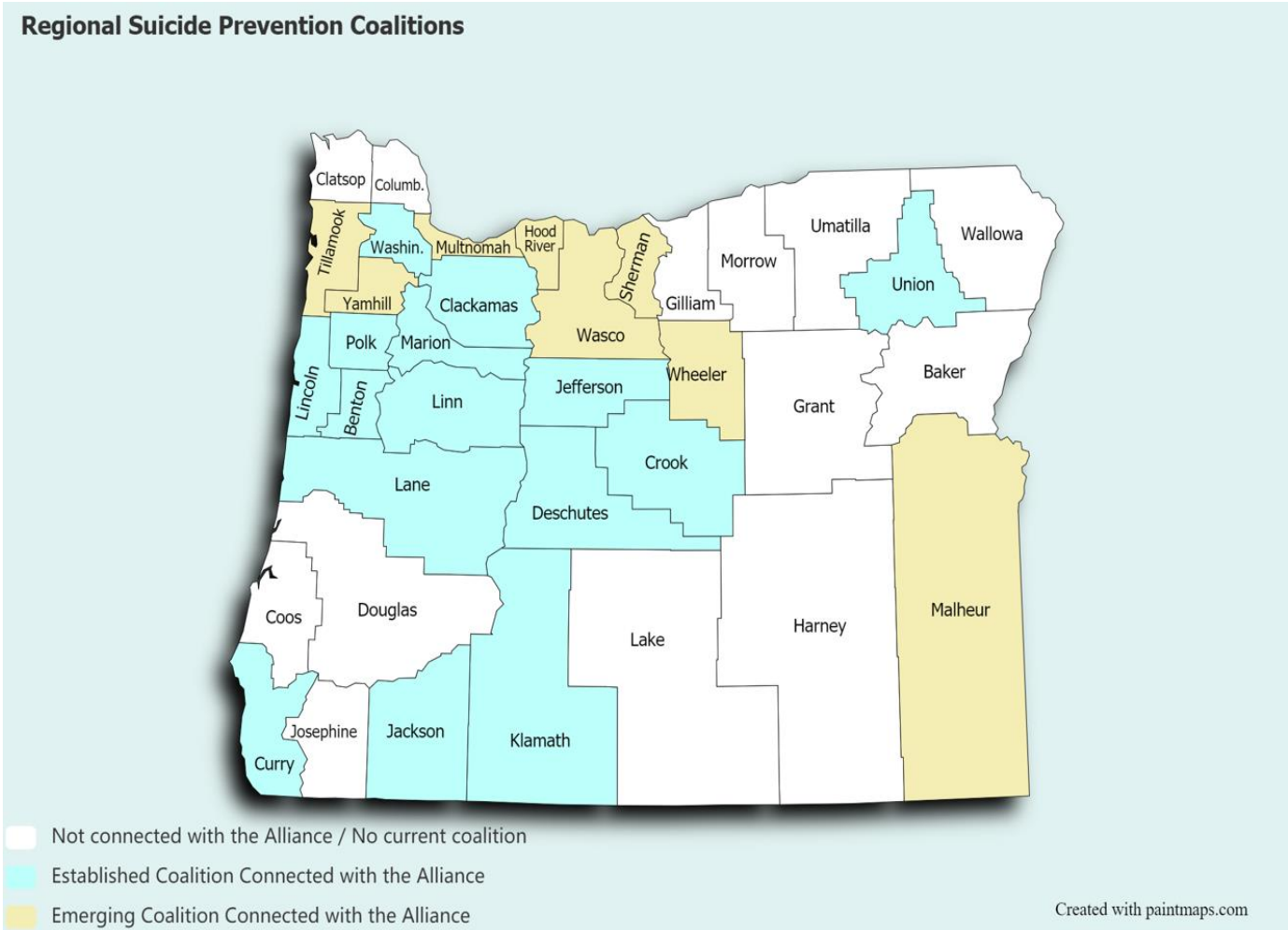
Connection and Transformation

YSIPP Framework

YSIPP OHA Initiatives Smartsheet

Alliance Specific Initiatives

Helping Connect the Field

Regional Suicide Prevention Coalitions

Clatsop, Columb., Tillamook, Washin., Multnomah, Hood River, Sherman, Umatilla, Morrow, Wallowa, Union, Yamhill, Clackamas, Gilliam, Polk, Marion, Wasco, Wheeler, Baker, Lincoln, Benton, Linn, Jefferson, Grant, Lane, Crook, Deschutes, Coos, Douglas, Harney, Malheur, Lake, Josephine, Jackson, Klamath, Curry

Not connected with the Alliance / No current coalition
Established Coalition Connected with the Alliance
Emerging Coalition Connected with the Alliance

Created with paintmaps.com

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

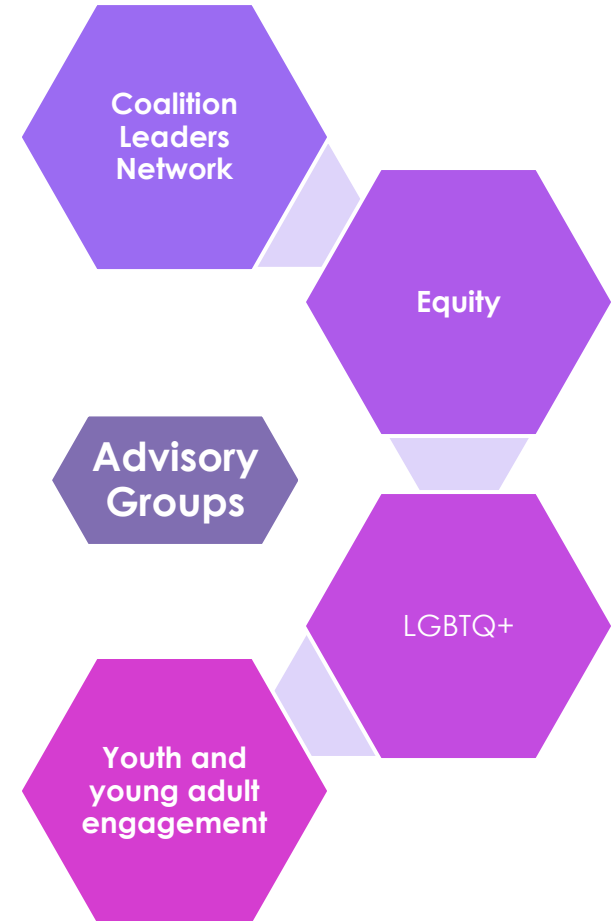Promote a sense of hope and highlight and support strategies for resilience.

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

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

Additional Key Areas for Engagement

Committees (Public Meetings)

- Schools Committee – Monitoring and Advising on Adi's Act
- Transitions of Care –
- Lethal Means – Reducing Access to Lethal Means
- Executive
- Workforce
- Eval and Data

ADVISORY GROUPS

- LGBTQ+
- Equity
  - White Accountability Learning Collective
  - BIPOC Caucus
  - Youth and Young Adult (currently inactive)
  - Lived Experience (Needs to Regroup)

WEBSITE IS KEY RESOURCE

www.oregonalliancetopreventsuicide.org

Register for quarterly meetings

Read committee descriptions and notes

See latest Alliance publications

Policy updates

Alliance tracking activity tracking too.

ALLIANCE CHAIRS

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

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

Data & Evaluation Committee Chairs: Karen Cellarius and Sandy Bumpus

Schools Committee Chairs: Justin Potts and Claire Kille

Transitions of Care Committee Chairs: Charlette Lumby and Liz Schwarz

Workforce Committee: Julie Scholz and Don Erickson

LGBTQ+ Advisory: Aubrey Green and Siche Green-Mitchell

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

How to Get Involved with the Alliance

Attend — Attend quarterly meetings and sign up for the Alliance listserv

Volunteer — Volunteer for one of the committees or workgroups

Participate in — Participate in policy advocacy – by testifying, working with legislators, providing feedback on Oregon Administrative Rules

Website Navigation

[Alliance Website](#)

Let's Connect

Annette Marcus – amarcus@aocmhp.org

Jenn Fraga – jfraga@aocmhp.org

Website: www.oregonalliancetopreventsuicide.org

Oregon Alliance to Prevent Suicide

Welcome! Please Put Your Name, Pronouns, Organization/Role In Chat

Quarterly Meeting March 8, 2024 9:30 – 12:30

Agenda: March 8, 2024

- Welcome and Overview
- Small Group Introductions
- Overview Schools Committee "Purple Paper" on Adi's Act
- Response from OHA and ODE
- Break
- Intersections of Suicide and Substance Abuse
- YSIPP Smartsheet Filter
- Small Group Breakout and Large Group Debrief

Vision: What Are We Working Towards?

In Oregon all young people have hope, feel safe asking for help, can find access to the right help at the right time to prevent suicide, and live in communities that foster healing, connection, and wellness.

Small Group Breakouts: Getting To Know You!

What was a piece of art, music or movie that has influenced you, and how has it influenced you?

Small Group Discussion: Intersections Suicide and Substance Abuse

We get many broad asks for support of legislation related to substance use/abuse:

- Are there specific questions that you'd like the Alliance to consider when determining whether to support?

- Are there key concepts/approaches that are especially important from a suicide prevention perspective?

December Quarterly Poll

- Learning how to best get feedback about quarterly meetings.
- December quarterly findings:
  - Need to administer it a little earlier in the meeting for more responses
  - People would like more time in groups
  - People enjoy hearing from community partners and coalitions

Questions – Need Assistance

- Annette Marcus – amarcus@aocmhp.org

- Jenn Fraga – jfraga@aocmhp.org

OAPS Schools Committee Purple Paper

Overview of themes and content"

Scan to view paper!

Committee meets 2nd Wednesdays from 8:30 to 10 - Contact jfraga@aocmhp.org if you'd like to be added to the calendar invitation.

Purpose

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.

Content of the paper
- Based on information shared by committee members and guests
- Primarily during the 2022-23 school year
- Includes content that was developed to share with other agencies and organizations (COSA, OSPA, etc.)
- Includes barriers and recommendations developed out of UO Schools Project study.
- Not all barriers have a specific associated recommendation.

Barriers

- Information sharing and messaging barriers
- Educational and training barriers
- Systems and technical barriers
- Public policy and resource allocation barriers

Recommendations

- Systems and infrastructure efforts
- Supporting and improving monitoring
- Policy development, guidance and advocacy
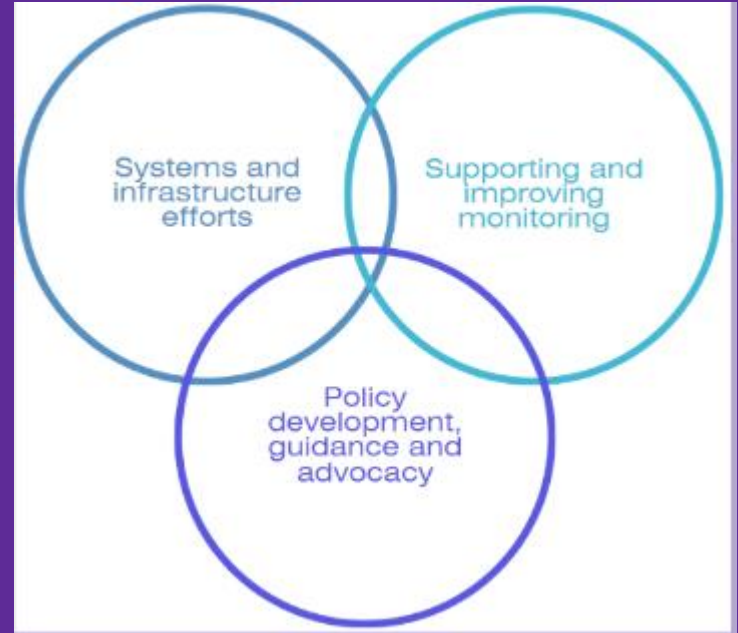
Systems and Infrastructure

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

School Practice Themes

- Relies on a "champion" in a district, otherwise difficult to move the work forward.
- Consistent and repeatable messaging campaigns that school plans exist, how to access them, and how to continually review and revise
- Bandwidth to train staff, appropriateness of certain trainings to certain groups (including staff and students) is limited. Need to have trainings and programs be precise, timely and measurably effective. Union and professional organization collaborations.
- Overlap in this arena (suicide prevention, mental health service access, etc.) with workforce limitations and competing demands
- Continued concerns about lack of understanding in schools of appropriate methods to include suicide prevention in disciplinary procedures.
- Need for a shared vision across the state entities responsible for ensuring good practices are being followed in schools.

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

Improve Monitoring & Support

- **Utilize surveys or data collected from school districts and student populations that include areas of mental health needs, training effectiveness, and implementation of district plans**

- **Develop a comprehensive framework for schools to monitor their own prevention program effectiveness, either through universal screening of student or other evidence-based metrics for their programs (training, curriculum, initiatives)**

- **Expand how school buildings are being supported with implementation of their plans, continuous improvement of suicide prevention as districts have their policies and plans in place**

- **Identify specific trend data related to reports made by students and families, related to improving response process to risk factors (i.e. bullying, harassment, housing or family circumstances)**

Recommendations: Policy Development, Guidance, Advocacy

Note: Next Step Could Be Ease/Impact Assessment by Schools Committee to prioritize which of these recommendations we pursue this year.

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

Recommendations: Policy Development, Guidance, Advocacy

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 suicicde 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

Oregon
Alliance
to Prevent Suicide
Hope · Help · Healing

September 2023

SCHOOLS COMMITTEE REPORT

Adi's Act Implementation, Barriers and
Recommendations Summary 2022-23

Paper contributors

Claire Kille & Justin Potts
Annette Marcus
Vivian Koomson
Schools Committee Members

Presented To

Oregon Health Authority
Oregon Department of Education
Oregon Alliance to Prevent Suicide

Key Committee Objectives

The <u>Oregon Alliance to Prevent Suicide (OAPS)</u>, also referred to as "The Alliance", is the main advisory body to the Oregon Health Authority (OHA) on the state's Youth Suicide Intervention and Prevention Plan (YSIPP) initially formed in 2014 through House Bill 4124. Along with the subsequent 2019 passage of Senate Bill 52 "Adi's Act" that required school districts to adopt policies to develop suicide prevention plans, Senate Bill 707 formalized the advisory role of the Alliance, including its task of identifying gaps in suicide prevention efforts and creating administrative or legislative recommendations.

The Schools Committee operates as one of six committees and four advisory groups under the Alliance. The committee's purpose is facilitating the work of K-12 public schools in implementing Adi's Act, to meet the associated strategic objectives of the YSIPP, and to identify challenges and barriers to effectively reducing the state's youth suicides. The initial work of the committee in past years was focused on communicating the basic legal requirements, training needs, and policy implications of Adi's Act to schools and community partners.

The work has now transitioned to monitoring implementations, receiving updates on projects and identifying bottlenecks in supports. For the YSIPP initiative 2.3.3.4 to address structural barriers in implementation, the committee has heard from community partners, researchers at the University of Oregon Suicide Prevention Labs, government agency representatives, school-based staff, youth and those with lived experiences, and other suicide prevention experts about successes and barriers that have been encountered.

This document is intended to be a high level overview of the school suicide prevention efforts and stakeholder input from the OAPS Schools Committee focused on the work primarily over the last school year (2022-23). It includes information obtained by the committee from training and research partners, information shared by the committee to outside entities, successes identified in projects and outcomes, barriers encountered across a range of activities, and recommendations for addressing these barriers and promoting positive outcomes for youth in Oregon.

The hope is also that this document can help provide the Schools Committee, the Alliance, OHA and the Oregon Department of Education (ODE) with a roadmap of potential priorities in future years.

"Our school systems should be places of hope, optimism and inspiration for all our kids. It is where they open minds and pursue passions."

Lon Staub, SB52 testimony to Oregon Senate Education Committee, 2/6/2019

Acknowledgements

The committee expresses special thanks to Lon Staub for his tireless effort in passing hallmark Oregon legislation and his leadership supporting the Alliance and the Schools Committee from its formation.

This paper is dedicated to the memory of Kimberlee Jones, a champion of suicide prevention in Eastern Oregon and past co-chair of the Schools Committee. Even while battling a sudden cancer diagnosis, she joined meetings, shared her endless kindness, and remained a steadfast presence in this work.

<u>2022-23 Schools Committee Members, Agencies, Guests and Presenters</u>

Aaron Townsend (they/them), Oregon State University student
Amy Rouna (she/her), Mental Health and Support Services, Portland Public Schools
Angi Meyer (she/her), Special Projects Manager for Prevention Services, Eugene School District 4J
Angie Foster-Lawson, (they/them), LGBTQ2SIA+ Student Success Coordinator at Oregon Department of Education
Annette Marcus, MSW (she/her), Suicide Prevention Policy Manager, Oregon Alliance to Prevent Suicide
Ashley Meilahn (she/her), Lines for Life/Youthline, School Suicide Prevention and Wellness Coordinator for Central Oregon and Mid-Central Oregon
Boston Colton (he/him), Eastern Oregon School Suicide Prevention & Wellness Coordinator, Lines For Life/YouthLine
Caitlan Wentz (she/her), Youth Era Drop-In Services Director
Cati Adkins, Safety and Prevention Specialist, Douglas ESD and Suicide Prevention with Lines for Life
Claire Kille (she/her), Co-Chair, Oregon Alliance to Prevent Suicide Schools Committee, School Suicide Prevention and Wellness Program Manager
Fran Pearson, LMSW (she/her/hers), School-Based Mental Health Program and Policy Coordinator, Oregon Health Authority
Gabi Colton, Youth Era, Coos Drop Youth Peer Support Specialist & Program Manager, Coos Bay.
Gordon Clay (Zie/Zier/Zeirs), Suicide Awareness and Prevention Council of Curry County, Zeroattempts.org
Isabella Acevedo (she/her), Northwest School Suicide Prevention & Wellness Coordinator, Lines For Life
Jamie Gunter (she/her), Counselor and Suicide Prevention Coordinator, Bend-La Pine Schools
Jennifer Fraga, MSW (she/her/hers), Suicide Prevention Program Coordinator, Oregon Alliance to Prevent Suicide
Jill Baker (she/her), Oregon Health Authority Youth Suicide Prevention Policy Coordinator
Jon Rochelle, Ph.D. (he/him), Research Associate for the Suicide Prevention Lab (UOSPL), Center on Human Development (CHD), University of Oregon
Justin Potts (he/him), Co-Chair, Oregon Alliance to Prevent Suicide Schools Committee, School Psychologist, Eugene School District 4J
Kait Fredrickson, Training Coordinator for Mental Health First Aid, Association of Oregon Community Mental Health Providers (AOCMHP)
Kaleigh Bronson-Cook (she/her), School Safety and Prevention Specialist (SSPS) for Lane Education Service District (LESD)
Kris Bifulco, MPH (she/they), Postvention Coordinator at Association of Oregon Community Mental Health Providers (AOCMHP)
Lauren Hval, M.S. (she/they), Oregon Healing Collective
Lisa Miller, Program Analyst, Oregon State Police
Liz Thorne, MHP (she/her), Director Matchstick Consulting / Oregon Sources of Strength
Lucina Armstrong Michaud (she/her), School Suicide Prevention and Wellness Coordinator for Southwest Oregon
Mary Massey (she/her), Suicide Prevention/Mental Heath Care Coordinator, Sherwood School District
Maryanne Mueller (she/her/ella), Oregon Healing Collective
Michael Weaver, Oregon Alliance to Prevent Suicide
Mila Rodriguez-Adair, QMHP on Special Assignment, Portland Public Schools
Nole Kennedy (he/him), Student Wellness and Safety Specialist, Oregon Department of Education
Romy Carver (she/her), Community Health Worker Outreach Coordinator, Columbia Pacific Coordinated Care Organization
Shanda Hochstetler (she/her), Oregon Health Authority Youth Suicide Prevention Program Coordinator
Shelaswau Crier, (she/her) African American/Black Student Success Coordinator at Oregon Department of Education
Spencer Lewis (he/him), Director of Policy Services at the Oregon School Boards Association
Sydney Stringer, LPC, Ponderosa Counseling.
Tim Glascock, MHP (he/him), ASIST/Youth SAVE Coordinator, Association of Oregon Community Mental Health Providers (AOCMHP)
Vivian Koomson (she/her/hers), University of Oregon Suicide Prevention Research Lab, Center on Human Development (CHD)

TABLE OF CONTENTS

Adi's Act

In 2019, the Oregon legislature passed Senate Bill 52 or "Adi's Act", which requires each school district in Oregon to adopt a policy ensuring the creation and implementation of a suicide prevention, intervention and postvention plan.

This legislation is named after Adi Staub, a transgender high school student who died by suicide. Adi's parents partnered with Basic Rights Oregon (BRO) to introduce the legislation, which passed with strong advocacy from suicide prevention partners including the Alliance.

At the time, Oregon was one of only a few states that did not have some requirement for suicide prevention plans in schools, and Adi's Act is unique among states in specifically naming communities that have been historically marginalized including youth with disabilities, unhoused youth, LGBTQ2SIA+, BIPOC and other youth at increased risk.
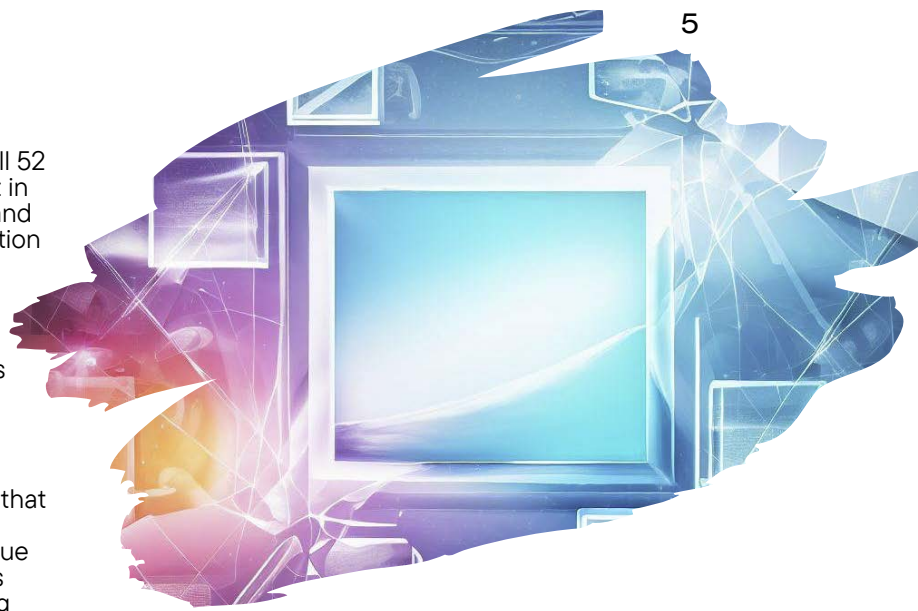
Oregon in 2018[1]

129
Youth ages 10 to 24 lost to suicide in Oregon

11th highest
Youth suicide rate in the United States

936
Oregon youth hospitalized for self-inflicted injury or suicide attempts

30%[2]
8th grade youth who reported considering or attempting suicide

52%
of youth suicides were by those 20 to 24 years of age

[1] Oregon Health Authority. Youth Suicide Intervention and Prevention Plan Annual Report: 2019
[2] Oregon Healthy Teens Survey: 2019

Adi's Act did not have specific funding allocated to support implementation at the local level. This challenging and time-consuming work has often fallen on one individual in a district who may potentially lack expertise in suicide prevention, or have other competing work responsibilities. In addition, the COVID-19 pandemic significantly impacted the school safety programming work outlined in Section 36 of the Student Success Act, just as it was starting.

Suicide prevention champions in Oregon have shared a range of their successes and difficulties with the Schools Committee as they advance Adi's Act efforts. Their work has attempted to enhance comprehensive suicide prevention efforts, including community engagement, youth and family education, increasing mental health access, and creating inclusive and nurturing school environments.

The Schools Committee has endeavored to understand the complex web of systems across the Oregon school landscape to reduce the epidemic levels of youth suicide the state has experienced.

Framing the Work

How an idea or concept is framed can significantly impact how it is perceived, how individuals make important decisions, and how these ideas are communicated to others.

Suicide has historically been framed only in a loss-oriented light. This framing, combined with the historical underpinnings as a crime or "sin", has contributed to a sense of inevitability and stigma. In turn, this frame has prevented actions that might impact suicide outcomes.

Suicide prevention, intervention and actions taken after a death by suicide has occurred to prevent further harm (referred to hereafter as postvention) can be, alternately, framed in a positive, proactive or gain-oriented way. It is hoped that this paper can advance these efforts.

Reports to the committee

Oregon Health Authority (OHA) YSIPP Updates

The OHA Suicide Prevention Team continued its ongoing participation in the Schools Committee work following the renewal of the Youth Suicide Prevention and Intervention Plan for the 2021-2025 cycle. The historical 5-year framework has been broken up into 1 year components so that progress could more easily be evaluated on an annual basis. During the 2021-22 cycle, the Schools Committee had focused its work on scaling up of capacity to train and monitor school district progress and participation in the Adi's Act components. Last fall, all committees were asked to review the initiatives that were part of the workplan to determine strategic priorities. As a result of this request, the committee developed language focusing on identifying barriers to implementation of Adi's Act under initiative 2.3.3.4.

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.

YSIPP Initiatives 2023

Schools Project (OSSPP)

Initial surveys to schools were conducted by the University of Oregon Suicide Prevention Labs (UOSPL) in 2018. This was followed by the Lines for Life 2022 Adi's Act district scan, highlighting a review by the School Suicide Prevention and Wellness Program (SSPW) of the 197 school districts in Oregon. While all districts reported compliance under ODE Division 22 requirements, the public visibility of policies and plans as required by the law was found to be variable.

Subsequent work of the UOSPL, in collaboration with OHA, has focused on a "deep dive" with volunteer school districts participating in the Oregon Schools Suicide Prevention Project (OSSPP) and developing potential implementation supports as detailed in the Network Improvement Community (NIC) Report. This is part of a 3-year study of 10 school districts across two cohorts beginning from 2022-2024, referred to as the Schools Project. Some of the identified barriers and recommendations from those findings are also considered in this paper.

By the fall of 2022, 5 schools had fully completed their 3-month project planning process in collaboration with the UOSPL. In a November 2022 committee update, doctoral candidate Jonathan Rochelle provided information about the school cohorts, including technical assistance and networking that would improve the creation of long-term, interactive processes for research-to-practice partnerships.

In January 2023, the NIC Public Report provided a summary of successes and barriers, resources shared and a directory of involved schools' demographics. Successes included grant and scholarship funding, improvements in availability of basic gatekeeper training, and redesigning spaces in schools for students' use. Shifts in school culture and student positivity were also reflected in reports from participants. However, successful and realistic prevention activities that were occurring may not have been included in a district's suicide prevention plan and may not be consistent across schools in the same district.

Key barriers shared included time and capacity limits, resources for direct student support, staff fatigue with the many expectations on schools, and efforts to engage students and families as prevention partners. Practice implications related to the Oregon urban and rural divide have also been highlighted in the subsequent research published in June (Rochelle, 2023).

Reports to the committee

School Suicide Prevention and Wellness Program (SSPW)

The SSPW Program was developed through an inter-agency agreement with Oregon Health Authority, Oregon Department of Education, and Lines for Life. Lines for Life was chosen to lead this innovative program because the organization's expertise and experience were synchronous to the needs around suicide prevention in Oregon schools.

The program launched in April 2020, a year after the passage of Adi's Act. The primary purpose had been to provide technical assistance and consultation to schools and school districts throughout the state of Oregon related to the adoption and implementation of Adi's Act.

The SSPW coordinator team representing 5 state regions conducted the Landscape Report, referred to as the "scan" and presented to the Schools Committee on the findings in the fall of 2022. While it was not meant to be evaluative of the quality of any single district's plans, it was intended to support the initial efforts of ensuring district policies and initial plans were in place.

Concerns were shared in February 2023 due to ODE's staff turnover and lack of review or action on the scan findings, which had increasingly limited usefulness as a point-in-time snapshot as time went on. ODE has since released a statement this September to districts.

The end of ODE funding for the SSPW program this year leaves a single OHA funded position at Lines for Life to continue this work statewide.

SSPW Technical Assistance Provided to districts:

2020-21

2021-22
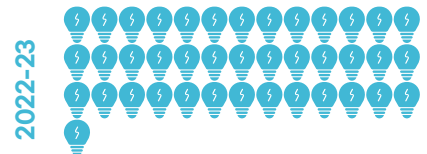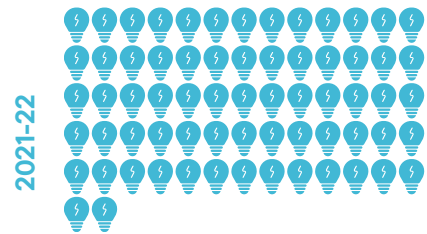
2022-23

In the school year 2022-2023, TA was delivered to roughly 55 unique school buildings.

Over 70% of all Oregon districts who initially posted their plans utilized the SSPW program in drafting their plans.

Lake School District was a comprehensive example of 2-year TA support for Adi's Act requirements to 4 district superintendents, prevention health personnel, and school mental health providers, building a prevention plan out of the Malhuer ESD guide, and sourcing funding and recruiting for local trainers in ASIST and QPR for the school district. The SSPW Program also created the fillable intervention flow chart for each of their school buildings to utilize.

Big River Training Program Updates

The committee also received updates from the various Big River trainings around the feasibility of obtaining trainings, the time certain trainings require, and how tailored certain trainings were to school staff and environments.

OHA developed and disseminated a rubric and contact sheet for the Recommended Suicide Prevention Trainings for Schools. Six staff training programs and 5 student programs were identified. Most of the staff training programs recommend a 3-year cycle of review and re-training for optimal implementations, and 4 are available virtually.

Reports to the committee

School Safety and Prevention Specialists

The committee had participation and input from the School Safety and Prevention Specialists (SSPS) who are exclusively located in the Education Service Districts (ESD) around the state. These positions were originally established by the Oregon School Safety Task Force through legislative efforts to provide funding statewide for school safety and prevention systems. The original 8 full time positions have been expanded to 19.

Updates on the role in the SSPS service areas suggested that efforts have been largely defined by the particular Education Service District (ESD) or the expertise of the individual hired in the position. Since the role is focused on efforts around threat assessment, general school safety systems, as well as suicide prevention, the committee has heard concerns about how wide the scope of practice and specialization is needed to be effective.

The committee has frequently discussed the interrelated nature and benefits of an integrated school safety, behavioral health and threat prevention system. However, the different approaches and framing specific to suicide prevention, as the second leading cause of death for Oregon students, has raised concerns among committee participants and requires further exploration.

SafeOregon Tip Line and School Safety Task Force

In June 2023, the committee received a presentation from Lisa Miller with the Oregon State Police (OSP) on the status of the SafeOregon tip line, established in 2017 through the work of the Oregon School Safety Task Force. Nearly every public school in Oregon has since been enrolled in the 24/7 service.

The tip line had received over 11,100 tips as of May 2023, and the second most common incident reported was for suicide or self-harm behaviors. The majority of the mental health related reports across all years of operation were self-reported suicidal ideation.

While the Oregon School Safety Task Force was essential in supporting the funding for the implementation of the tip line, it did not develop a mechanism for monitoring and support on an ongoing basis other than tip line utilization metrics.

Top 3 Incident Types
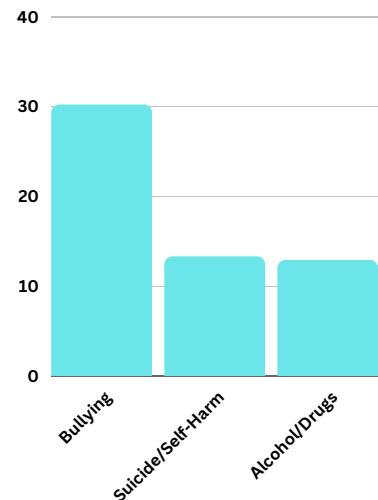
Implementations, resources and toolkits

A variety of presentations were given to the committee around local implementations, resources and available toolkits. The work highlighted the effects of research efforts, public-private partnerships, and the use of grants and other funding sources to build system capacities in a range of domains impacting schools.

UO SUICIDE PREVENTION LABS

The UOSPL has prepared and shared a [School Suicide Prevention Resource Catalog](#) with essential components, implementation science, and system supports.

FORWARD PROJECT

3-year collaboration project by the High Desert ESD, county prevention supports, 6 central Oregon school districts, and local providers to leverage Central Oregon Health Council grants to provide technical support, training, health curriculum and implementation coordination in the schools.

OREGON HEALING INSTITUTE

Funded by the OHA, members of the Oregon Healing Collective shared a Universal Screening Tool kit currently in development to support districts with implementing universal suicide prevention and intervention screenings.

Reports from the committee

Presentations by committee members to other organizations

The Schools Committee presented information at a range of conferences last year with the goal of highlighting the requirements of Adi's Act, providing school personnel with resources to support implementation, and motivating attendees to engage in suicide prevention efforts at their schools.

October 2022 – Oregon School Psychologists Association (OSPA)
October 2022 – Oregon Suicide Prevention Conference (OSPC)
November 2022 – Oregon School Boards Association (OSBA)
November 2022 – Oregon School Counselor Association (OSCA)

Legislative monitoring and advocacy

The Alliance was an original partner with Basic Rights Oregon to help support getting Adi's Act passed. The Schools Committee received legislative updates from Alliance staff during the 2023 legislative session.

Committee members worked to monitor bills moving through the legislature that either supported the work of implementing Adi's Act, such as HB 2656 related to statewide student health surveys, or would have conflicted or created redundancies with existing efforts (e.g. HB 2643 and HB 2646). While the committee members often agreed with the intent of some of the legislation, they voiced concerns about the confusion it could create during these critical years of implementation for schools.

LGBTQ2SIA+ student success updates

The committee received updates related to the work of the Student Success Advisory group, including outcomes from a presentation at OSPC. While Oregon was reported to be doing well compared to national trends, many ongoing concerns were highlighted including strategies for advocating. One resource shared with the committee included a public comment one-pager and the public comment guide to support Oregon's LGBTQ2SIA+ Student Success Plan.

The OSBA representative on the schools committee noted that it is important to support school districts with developing broad policies in support of LGBTQ+ youth, and also that it is sometimes unclear how a particular policy may impact students. It was reported that very few districts across North America have any policies that support trans and gender-diverse staff. A policy guide developed in conjunction with Alliance staff, the director of QueerEugene and Lewis and Clark college was shared with the committee.

The committee also heard about Alliance collaboration with the Family Acceptance Project (FAP), which works to support LGBTQ+ individuals in the contexts of their family, culture and community.
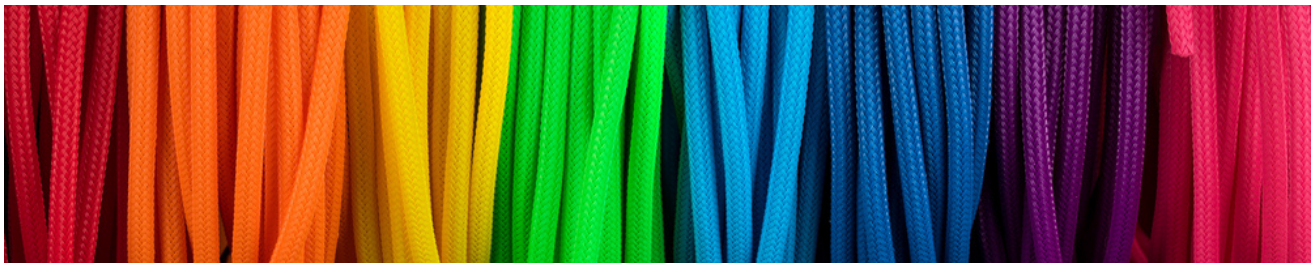
Successes

Schools Committee

The Schools Committee has maintained a monthly average participation of 22 committee members, guests, presenters and support staff in our meetings this school year. This continues to be some of the highest committee participation across the Alliance and an increase of 10% in the committee participation over the previous year.

Big River Initiatives

The state has seen a significant increase in the number of trainers and trainees who have participated in Big River Suicide Prevention, Intervention and Postvention Programs. With one initiative alone, Sources of Strength, active trainers increased approximately 150%, adding 44 new trainers statewide in the last year. Details on that program growth are highlighted on page 11.

19 counties with trainers

Awarded $10,000 in peer leader scholarships (2022)

Monthly learning collaboratives to support Spanish-speaking trainers.

139 active trainers statewide

Legislation

On the Oregon Student Health Survey (formerly Healthy Teen Survey) statewide participation was variable by region and had been dropping.

Despite opposition from parents rights in education supporters, HB 2656 passed in the Oregon Legislature in 2023 requiring the survey to be available to all 8th and 11th grade students, and also allocated approximately $1 million to OHA to administer the survey statewide.

Additional Successes

Wide representation of committee members and guests yielded rich perspectives and good conversation. Some attendees not directly tasked with the work in schools have still championed the work in their respective domains of practice, sharing implementation challenges and monitoring efforts.

This participation highlighted the need for direct involvement in monitoring and implementation supports from district leaders, superintendents, school boards and the community at large.

Oregon in 2021[1]

26% decrease *
in youth 10-24 suicides compared to 2018

22nd highest
state youth suicide rate in US, down from #11 in 2018

408
New trainers added to Oregon Big River suicide prevention programs

93% [2]
8th and 11th grade students reported never making a suicide attempt.

1,231
secondary level peer leaders trained in Sources of Strength

[1] Oregon Health Authority. Youth Suicide Intervention and Prevention Plan Annual Report: 2022
[2] Oregon Teen Health Survey: 2022

* The committee notes that certain subgroups, including students of color and LGBTQ+ students did not have similar decreases. This disproportionality remains a significant concern.

Successes

Evidence-based Programs Growth

Sources of Strength 2022-2023 Reach

<u>Secondary</u>
83 approved implementation plans from 18 counties. 10 schools submitted implementation plans in 22-23 but will not fully implement until 23-24 school year. 3 schools submitted plans but were never able to launch.
Adult Advisors Trained: **379**
Peer Leaders Trained: **1,231**
Projected student reach: **39,905**

<u>Elementary</u>
168 elementary schools implementing across 17 counties
78 coaches trained across 10 counties
Estimated student reach: **58,336**

Important Outcomes

- **Student Surveys:** tools to measure and improve student awareness, connection, and belonging.
- **Safe spaces:** schools encouraged students with mental health challenges to continue going to those spaces because of the positive impact on them, an experience they also share with their peers.
- **Healthy connections:** where students shared ideas and work on projects, connecting with their creativity.
- **Self care:** a podcast that allowed for unacademic conversations with instructors encouraged the learning of self-care activities.

Heat Map Sourced from Matchstick Consulting
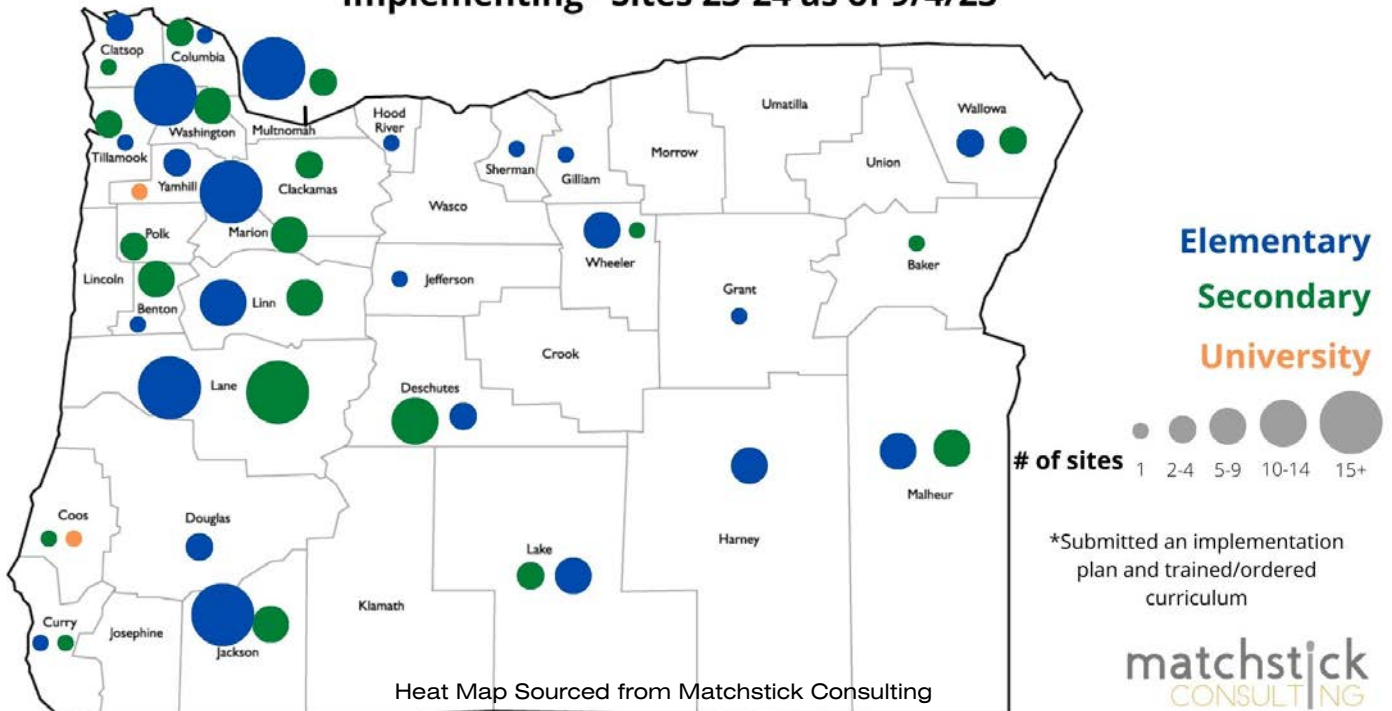
Barriers identified

Suicide prevention standard of care

Many potential barriers to providing effective suicide prevention, intervention and postvention in schools have been considered by the committee. The overarching theme has been to unify a standard of suicide prevention care across systems, with metrics for measuring success that are not solely b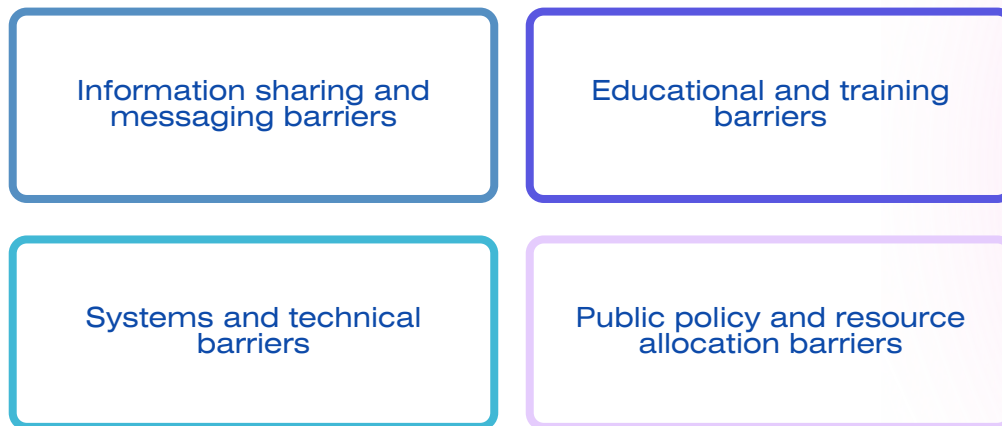ased on youth suicide rates. This simplistic view does not capture the standard of care we may "expect" throughout the system, and could marginalize all of the other harder to measure factors that we would expect of a quality system of care for all our youth. In the course of the last year, some steps have already been taken by agencies to address the barriers identified in this paper.

Examples:
- OHA issued start-of-year call to action for distribution to school districts in advanced of the national trend of suicide rates increasing in the fall months.
- ODE has promised steady participation in the committee by several individuals to enhance continuity, and be present in on-going monitoring of school suicide prevention.

Barriers identified by the committee fell largely within four groupings:

Information sharing and messaging barriers	Educational and training barriers
Systems and technical barriers	Public policy and resource allocation barriers

Information sharing and messaging

This group of barriers reflects the need for clarity of communication and policy around how information is shared within districts and outside of districts to the school community and public at large.

Websites

Adi's Act requires school districts to provide their suicide prevention plan on their district website, accessible to the public. Challenges have been discussed related to online access, hotlinks changes or removals from district websites due to administrative decisions or website updating. Additionally, the committee heard concerns around the availability, review, and updating of plans, including clarity on what is public-facing vs. internal information, and defining specifically what needs to be publicly and readily accessible. Some districts in Oregon may also not update their website routinely, nor do they utilize their website to the same degree as others. ODE's own site has not been revised or visibly updated in some time.

Visibility of Adi's Act Plans

Lines for Life completed a scan of posted plans in August 2022. The discrepancies in what is required to be publicly facing and written into district plans was apparent in the scan results. However, the committee recognized the findings might not fully reflect the quality of plans or their actual implementation, nor did it capture how Adi's Act is being utilized, effective, and implemented in schools. As of September 2023, the portion of districts that have made their plan available online has risen over 50% since the scan. ODE reported that 81% of the 197 school districts now have a posted plan of the 100% statutory requirement.

Public messaging

Messaging to parents, including the public facing plans, were found to be inconsistent. Public relations or communications from a school district may not consider how to routinely share information to families about the processes and protocols before a district takes actions or an incident occurs that effects the school community. Districts do not always communicate that they also have processes in place to address all threats that may impact the safety of students. This messaging is vital in reassuring the community that schools and districts take the safety of students in all arenas seriously. This was evident to the Schools Committee during 2023 legislative seasons, where bills relating to specific school responses and individual student plan requirements were introduced, and supporters were unaware of the overlapping activities required by Adi's Act.

Education and training

This group of barriers involves feedback the committee received on the availability, specificity and pervasiveness of suicide prevention, intervention and postvention training opportunities for educators and school communities. It also includes challenges related to school systems and resourcing.

Training utilization
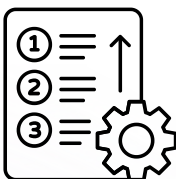
Despite the rapid expansion and increased availability to districts of the Big River training programs, the committee was able to confirm that some training programs would either get filled quickly, were underutilized when available, or the training lacked prioritization within a specific school district. Training access can vary at local levels, including due to available funding, trainer capacity in schools, and who may be championing the value of a specific training.

Training specificity

Some trainings are related to basic gatekeeper functions, which seek to be the first line of reporting in a suicide intervention. These were sometimes reported to not be well tailored to school settings or individual employee groups. For example, some trainings have an intended audience of health care workers or first responders, and may not be relatable or suitable for school staff in some instances.

Workforce turnover

As part of workforce development efforts for SB 283, the Oregon Legislature reported a 3-year, 36% educator workforce turnover rate, with higher rates for teachers of color. The high turnover rate in the education system drastically impacts the sustainability of trainers within school districts, tracking the need for new staff to receive required trainings, and refresher or renewal training cycles.

Equity focus

Big River trainings address suicide intervention protocol and elevate the importance of upstream prevention. However, the responsibility for implementing the content with staff and students in a culturally responsive and equity-centered manner has been largely left to the district or individual school. While guidance exists for schools to embed these principles, adoption and efficacy without monitoring remains elusive.

Systems and technical

Systems and technical barriers were those discussed by the committee that relate primarily to implementation challenges. These include leadership efforts by staff, students and administration, the technical challenges to disseminating information, and making sure the efforts are visible and effective for the student population.

Mental health promotion

Mental health promotion in the public school system is a relatively new phenomenon. Some districts and their leadership have expressed that this is not the domain of the school systems. However, coming out of the pandemic, the increased mental health needs of students has been difficult to ignore. Given this history, the use of evidence-based practices in schools around mental health has been limited, districts may not be aware of strategies with a strong research base, or may rush to adopt tools or curriculum that may not be effective.

Accessible programming

Youth participants in focus groups and in comments to the committee indicated low knowledge among students about the suicide prevention or mental health promotion programs in their schools. One reason may relate to the program(s) targets for specific groups of students. More work appears to be needed to make the programs more visible and accessible to all students across schools. In younger children, enhancements in social-emotional learning curriculum should be considered as suicide prevention. Additionally, school staff sensitivity and cultural awareness was identified as critical to these efforts.

Student leader supports

Student leaders of mental health promotion in schools have reported feeling overwhelmed because of inadequate support from adults in schools. They have also noted they do not get the promised or expected support when they reach out to their adults in school for help for their peers.

One champion

In some cases, it was reported to the committee that only one person may be a champion for mental health promotion in schools with very little or no support from other staff, or integration with the rest of the school instructional and support systems. Leveraging and prioritizing this work through staff training, networking efforts and leadership appears to be an ongoing need.

Data collection to support implementation

There are very few methods currently identified to monitor the implementation of Adi's Act at the district and school levels. Additionally, there are few clear data streams to foster support for a range of risk domains, including transition-aged individuals (18-24) in the community as well as follow-up on data that flows through the SafeOregon Tip Line.

County supports
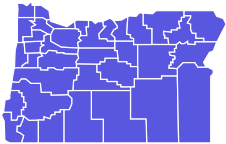
There have been challenges in the consistent use of county postvention and rapid-response plans. A variability in relationships between districts and ESDs has led to disparities in how help is offered, or whether it is sought. The gaps identified between schools, county resources, and community mental health programs reinforced the need for strong partnerships and clear communication.

Public policy and resource allocation

As a largely unfunded mandate, the implementation of Adi's Act has faced a range of resource limitations, despite the prevalence of grant opportunities, free trainings, and leveraging of funding for related programming. The public polity and resource allocation barriers focus on concerns brought up by committee participants related to how policy has been developed and implemented, regional variations in available community resources and how funding streams are being utilized.

Mental health resources

Barriers were identified at the local levels with the availability of district-based mental health resources (i.e. counselors, psychologists, social workers, nursing staff). These issues emerge in different ways in urban and rural counties, and also are significantly related to local funding supports and workforce availability. Programs may be implemented differently based on regional classification. Whereas rural or frontier regions noted having programs that trained staff to recognize the signs of suicidality (i.e., QPR), there may be a lack of in-house or community resources to refer students to after screening. Urban or suburban pilot schools participating in the Schools Project that had the specialized staffing and community resources available may conversely be unable to conduct universal screening trainings due to scheduling and staff capacity challenges.

Enforcement perception

The intent for the ongoing implementation and enhancement of Adi's Act efforts in schools has been to focus on the needs of students with realistic and well-formulated plans. However, there continues to be the perception that districts may seek to do a "checkbox" compliance effort, where plans may not focus on feasibility, appropriateness, or even fit their available support levels. Similar concerns for monitoring, supports and stability throughout the entire system were highlighted in the Oregon Secretary of State's 2022 K-12 Education Systemic Risk Report. The intent was for Adi's Act district planning and implementation to be ongoing, iterative and dynamic, but the focus on basic compliance has detracted from these efforts.

Shifting priorities

ODE has shifted their system of suicide prevention-specific support for schools, leading to the sunsetting of the Lines for Life School Suicide Prevention and Wellness Program in July of 2023. ODE has refenced a Request for Applications (RFA) for a new suicide prevention initiative, which has not yet been released, nor does the committee have details on what the RFA may entail, or potential funds that will be provided.

Unfinished work

The committee has frequently discussed the unfinished work related to transitions of care and communication between outside providers and student safety planning in schools following a hospitalization or acute care. This affects the continuity of supports and student safety. Additionally, the committee has noted the barriers in district tracking and data systems that can follow the student and their needs across schools and grades.
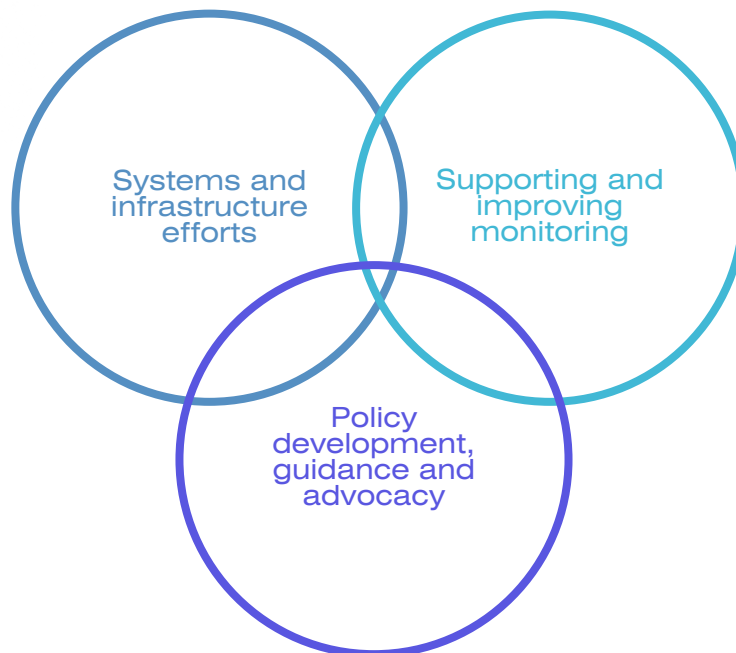
Recommendations
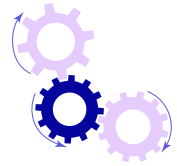
Supporting Adi's Act now and in the future

Adi's Act was passed 4 years ago, and the programs to support the awareness and implementation of this law have had several years, despite the impact of the COVID-19 pandemic, to assess and provide technical assistance. The Schools Committee engaged in a range of stakeholder conversations around addressing identified barriers, improving the methods in which success can be monitored, how effective suicide prevention can be defined and delivered, and how to act on these recommendations.

Systems and infrastructure efforts

Supporting and improving monitoring

Policy development, guidance and advocacy

Recommendations have been grouped into the three broad categories above. The hope is by implementing some or all of these recommendations, this work may contribute to a more effective and comprehensive implementation of Adi's Act, promoting the mental health and well-being of all of Oregon's students.

Systems and infrastructure recommendations

The Schools Committee has heard from a range of public agencies, individuals, community partners, private non-profits, schools and public leaders. There continue to be concerns about the connectedness and communication between these systems. Funding may be tied to specific tasks or expected outcomes without recognizing where either gaps or duplication of efforts may exist. System and infrastructure recommendations focus on building a solid foundation for Adi's Act implementation.

Shared vision

State agencies involved directly or indirectly with Adi's Act activities should come to agreement on what is expected of school districts and develop systems for monitoring this. Guidance should break Adi's Act language down into achievable steps and provide clear direction for both district level and school level implementation. A method of continuous improvement cycles including identification of any system bottlenecks should be considered around all mental health promotion and suicide prevention initiatives.

Educator supports

Consider collaboration with the Oregon Education Association (OEA) and Oregon School Employees Association (OSEA) to assist member associations during contract negotiations in prioritizing release time and substitutes for educators to reduce the barriers to receiving trainings in evidence-based suicide prevention practices. Also, ensure that a range of educational professionals are included as districts develop or revise their suicide prevention plans and practices

Regional expansion

The work of Adi's Act implementation is ongoing and requires significant support. The recent expansion of the Education Service District SSPS positions to all 19 ESDs was notable. Given the scope and varying district needs among the diverse regions served, and the sunsetting of the suicide-specific supports provided by the SSPWs, the committee recommends clearly defining the core supports expected from this role. Consideration should be given for strategies to attract and retain a diverse group of qualified applicants who have specific expertise in suicide prevention and mental health. Given the consultation and implementation needs for these positions, a strong background in public education and implementation science would also be expected.

Transparency in communications

The committee has suggested creating guidance for what information in a school or district should be public-facing, shared proactively with parents, and what can remain internal. This includes processes related to both threat assessment and suicide prevention efforts. This communication guidance should also include details on the recommended frequency of these communications and the intended audience, including students, parents, community and school district staff.

Student discipline

Adopted policies and procedures in districts should ensure that administrators and other discipline-focused professionals are trained to recognize and address suicidal risk as part of their everyday behavioral and discipline processes. Awareness of mental health needs and suicide prevention should be embedded across the systems designed to address disruptive behaviors. Also, districts should carefully consider what to look for when adopting or implementing Social and Emotional Learning (SEL) curricula that will foster a culture of open dialogue and support in the area of suicide prevention.

Supporting and improving monitoring

The Schools Committee often had discussions related to the difficulty of monitoring the stages of implementation, the extent of training, the utilization of resources, or the reach of suicide prevention efforts down to the student level. These recommendations relate to clarifying what components of Adi's Act to monitor most closely, developing ongoing review and feedback loops for prevention systems, and ways to ensure these activities are visible at the "ground level" in schools.

Surveying and data collection

Developing a core set of surveys to either gather universally or as a representative sample of schools related to implementation steps may be helpful. This could include regular surveys to gather data on mental health needs, training effectiveness, and implementation progress. This should <u>not</u> be tied to any punitive action against districts or schools, but should be used to enhance supports and progress. Collected data could also be used to connect with other statewide efforts, such as the Student Health Survey.

Program effectiveness

Establish a comprehensive evaluation framework to assess the overall effectiveness of mental health programs, including their impact on student well-being, mental health outcomes, and school safety. This could be done through the use of anonymized universal screening information, a rubric for educators to evaluate the status and functioning of specific programs and prevention efforts, and gathering evidence-based metrics related to expected training or programming outcomes.

Professional development cycles

Despite the discontinuation of funding supporting the SSPW programs, there is still a need to develop and distribute guidance to districts and school teams for providing ongoing professional development cycles related to mental health and suicide prevention. Expanding the range of school professionals that serve in schools who have existing skillsets that can be leveraged (e.g. counselors, school psychologists, social workers, etc.) to deliver professional development should be considered.

Tip line analysis

It may be useful to develop methods to analyze feedback and collect additional disposition information related to the SafeOregon tip line usage, particularly in the majority of calls associated with bullying and suicide. The goal would be to identify more specific trend data, feedback on effectiveness of follow-up from the reports, and identify areas for improvement in the response process.

Policy development, guidance and advocacy

Some of the barriers identified through the work of the committee may be addressed by improvements in the development of specific agency policies, through targeted and feasible guidance, and to engage those most critical to suicide prevention in advocacy efforts.

Diversity initiatives

The Student Success Act (SSA) has resulted in a substantial investment in the public education system. Although it was disrupted initially by the needs created during the pandemic, the SSA includes a range of initiatives to address diversity, encouraging districts and schools to incorporate targeted supports and inclusion efforts. Though the youth suicide rates decreased recently, it did so predominantly for white youth, and did not reflect proportionate decreases in youth of color or the LGBTQ+ communities. The state level diversity work should be appropriately leveraged to enhance protective factors for youth mental health and suicide prevention.

Workforce engagements

The 2023 Oregon legislature passed an education workforce bill (SB 283), which includes the creation of several task forces and studies. It will be important to ensure the adequate representation by educators familiar with the behavioral and mental health needs of students and consider that in the development of the educator workforce surveys under SB 283. Information should be sought from educators, families and students most likely impacted by the mental health needs and associated risks in their school communities.

Evidence-based practices

It is significantly important in suicide prevention work to elevate studies and projects that utilize best practices and show promising outcomes. Current projects, pilot programs, and studies can be used to fuel progress in the school suicide prevention efforts. Some examples include the OSSPP and Forward Project in addition to other evaluation projects through University of Oregon Suicide Prevention Lab.

Alliance advisory role

Currently, the work of the Alliance and the Schools Committee is specifically for its official advisory capacity to the OHA. The committee recommends making the Alliance an official advisory also to ODE. This way, the infrastructure and systems of monitoring school suicide prevention may improve the likelihood of state agencies being more closely aligned with each other, and more responsive to the realities experienced by school communities.

Administrative rulemaking

The existing Oregon Administrative Rules (OAR) related to Adi's Act only mirrors the basic language of the statute. It would be useful to propose rule changes that would clarify <u>how</u> schools can comply with key points in the legislation. This could include the essential components of school prevention, intervention and postvention plans. Additionally, it could support the creation of plans or agreements regarding communication between schools and community partners around care transitions with hospitals, residential treatment and county mental health programs.

Improved monitoring

Division 22 of the OARs includes all of the requirements for district compliance in a range of domains, and are approved yearly by each school board. It may be necessary to improve the monitoring process for Adi's Act components under Division 22 by creating a detailed chart of monitoring elements, providing clarity to districts and their boards on what should be assessed and reported as compliant. This may also include a definition of an adequate standard of care that would demonstrate compliance with Adi's Act requirements under the legislative mandate.

Student ID cards and messaging

Some districts have created a range of content to be printed on student ID cards. It may be beneficial to develop a recommended message to include on all student ID cards, specifically promoting awareness of the recently implemented National Suicide Prevention Lifeline (988), Youthline resources, and any appropriate local crisis or support information. It may be useful to utilize the SPSS role to collect and synthesize a list of regionally available supports.

Training enhancements

Suicide prevention trainings are currently managed by multiple local and national entities, each with their own delivery and evaluation protocols, not to mention district trainings that may be disseminated internally. The committee has suggested the creation of a unified system or set of protocols for tracking and evaluating suicide and mental health trainings, and ensure post-training evaluations are conducted. This can help ensure consistent and effective training across the state. Ideally, this evaluation and data system would also be able to compile information regarding the roles of attendees and efficacy of the trainings which could inform planning, priorities and strategic investments. It could also inform efforts to tailor programs, for example YouthSAVE, to make them more impactful and targeted specifically to school audiences.

The Oregon Alliance to Prevent Suicide Schools Committee is made up of uniquely experienced and passionate individuals who want to support this work moving forward. Oregon has had many great successes in suicide prevention, but the enhancement of prevention measures should not stagnate, nor should the improvement in the experiences and overall mental health of our youth.

The intention behind this report is to recognize and summarize the common themes that are naturally brought up in committee spaces, elevate the challenges occurring at various levels, and provide cohesive recommendations.

Schools Committee Leadership 2022-23

Claire Kille
Co-Chair, Schools Committee
School Suicide Prevention and Wellness
Program Manager, Lines for Life

Annette Marcus
Policy Manager, Oregon Alliance to
Prevent Suicide, AOCMHP

Justin Potts
Co-Chair, Schools Committee
School Psychologist, Eugene 4J

Special thanks to Jennifer Fraga, Suicide Prevention Coordinator for the Alliance. Without her efforts in supporting and organizing the Schools Committee work, this paper would not have been possible.

References

- Davis, A., Kim, R., & Crifasi, C. K. (2023). A Year in Review: 2021 Gun Deaths in the U.S. Johns Hopkins Center for Gun Violence Solutions. Johns Hopkins Bloomberg School of Public Health.
- https://www.bach-harrison.com/SHSDataPortal/Variables.aspx
- Rochelle, J. L. (2023). School Suicide Prevention: A Breadth and Depth Perspective (Doctoral dissertation, University of Oregon).

Links

2022 YSIPP Annual Report — OHA Recommended Suicide Prevention Training Plan for Schools
2023 YSIPP Initiatives -- OHA Recommended Suicide Prevention Training Plan for Schools
Big River trainings graphic English -- OHA Recommended Suicide Prevention Training Plan for Schools
Big River trainings graphic Spanish -- OHA Recommended Suicide Prevention Training Plan for Schools
Big River training recommendations for School Staff -- OHA Recommended Suicide Prevention Training Plan for Schools
Alliance Publications — https://oregonalliancetopreventsuicide.org/alliance-publications/
Alliance Data and Evaluation Resources — https://oregonalliancetopreventsuicide.org/data-evaluation-resources/
Secretary of State K-12 Systemic Risk Report — https://sos.oregon.gov/audits/Documents/2022-16.pdf

Images courtesy of Canva and TechSmith Assets

Oregon Alliance to Prevent Suicide: Conversational Response to Schools Committee

March 8, 2024

Jennifer Donovan (she/her)
Safe and Inclusive Schools Manager
Oregon Department of Education

Chelsea Holcomb (she/her)
Director, Child & Family Behavioral Health
Oregon Health Authority

OREGON DEPARTMENT OF EDUCATION

Oregon achieves . . .

together!

Oregon Health Authority

HEALTH SYSTEMS DIVISION
Child and Family Behavioral Health Division

System/Infrastructure Recommendations

- Alliance recommendations:
    - State agencies should come to agreement on what is expected of school districts to be "in compliance with Adi's Act" and develop systems for monitoring this.
    - ODE should clearly define the core supports districts can expect from SSPS positions. Consider suicide prevention expertise when hiring these positions. Also recommended SSPS positions have public education and implementation science knowledge.
    - State agencies should partner with OEA and OSEA to prioritize release time and substitutes for educators to attend suicide prevention trainings appropriate to their role.
    - Create guidance for schools and districts about which Adi's Act information should be public-facing, shared proactively with parents, and what is internal.
    - Require or encourage districts to adopt policies that required training to recognize and address suicidal risk for discipline-focused professionals (such as administrators).

OREGON DEPARTMENT OF EDUCATION

Oregon achieves . . .
together!

2

Oregon Health Authority

Monitoring Recommendations:

- Alliance recommendations:
  - Support routinely gathering information from schools and districts around needs, training effectiveness, and implementation progress. (Similar to Schools Project and Forward Project). Note: not connected to any punitive or potentially punitive actions.
  - Establish a comprehensive evaluation framework to assess the overall effectiveness of mental health programs.
  - Establish support for professional development cycles (guidance for when to re-train, support for trainings to occur, monitoring tools to know when re-training needs to occur).
  - SafeOregon tipline: Develop methods to analyze feedback related to suicide and bullying to identify effectiveness of follow-up and areas for improvement.

OREGON
DEPARTMENT OF
EDUCATION

Oregon achieves . . .
together!

Oregon
Health
Authority

Policy Development, Guidance and Advocacy:

- Alliance recommendations:
  - Continue to increase programming and support for diversity initiatives (like Student Success Act plans)
  - Include educators in the educator workforce surveys under SB 283.
  - Use the evidence and outcomes of the Schools Project, Forward Project and other UO evaluation projects to adjust initiatives and work.
  - Make the Alliance to Prevent Suicide an official advisory to ODE.
  - Open up the Adi's Act rules to clarify how schools can comply with key points of the legislation. The creation of plans or agreements regarding communication between schools and community partners around care transition continues to be recommended.
  - Consider how Div 22 might add specific components of Adi's Act rather than having one broad category for compliance.
  - Develop a recommended message to add to student ID cards around crisis support for suicide thoughts.
  - Create a unified system or set of protocols for tracking and evaluating suicide and mental health trainings, and ensure post-training evaluations are conducted.

OREGON
DEPARTMENT OF
EDUCATION

Oregon achieves . . .
together!

4

Oregon
Health
Authority

Unavoidable Intersections: Suicide and Substance Use Prevention

Incite Agency For Change

Charlette Lumby, RN, CCRN

Michelle Bangen, MPH, CHES

Overview

▷ Data illustrating intersections between substance use and suicide

▷ Impacts of addressing co-occurring disorders vs. individual diagnoses

▷ Evidence-based and promising practices that promote supportive community cultures

▷ Explore ways that these intersections can be addressed from a practice and policy perspective

PERSON-FIRST LANGUAGE

Instead of this...	Try this.
Mentally ill	☑ Person living with a mental health challenge or use the diagnosis if the person prefers that language (e.g., major depressive disorder)
Crazy/insane/disturbed	☑ Person living with a mental health challenge/trauma
Depressed/schizophrenic	☑ Person living with depression/schizophrenia
Manic-depressive	☑ Person living with bipolar disorder
Addict/junkie/druggie	☑ Person with a substance use challenge or disorder
Alcoholic	☑ Person with an alcohol use challenge or disorder
Ex-addict/clean	☑ Person in recovery

LANGUAGE THAT FEEDS STEREOTYPES

Instead of this...	Try this.
Mental illness	☑ Mental health challenge or crisis
Drug/alcohol abuse	☑ Substance use challenge or crisis
Committed suicide	☑ Died by suicide or lost to suicide
Failed suicide	☑ Attempted suicide

Mental Health First Aid

Person-first and person-centered language decreases stigma, shame, and blame

Suicid~~al~~

Person-first and person-centered language decreases stigma, shame, and blame

Thoughts of

Suicide Crisis

Behaviors

Co-Occurring Disorders (CODs)

Person-first and person-centered language decreases stigma, shame, and blame

Suicide and Substances

▷ Of those who died by suicide in the U.S. between 2014-2016...

46% had a known mental health condition

28% had problematic substance use

Stone, Chen, Daumit, Linden, & McGinty, 2019

Suicide and Substances

40% Lethal and nonlethal attempts involving alcohol intoxication [1]

7-37x Increased risk of suicide attempts with acute alcohol intoxication [2]

1. SAMHSA, Substance use and suicide: A nexus requiring a public health approach, 2016
2. Borges et. al., 2017

Suicide and Substances

#1   Suicide is the leading cause of death for people with addiction [1]

20 TO 30%   Overdose deaths that are suicides [2]

1. Yuodelis-Flores & Ries, 2015
2. SAMHSA, Substance use and suicide: A nexus requiring a public health approach, 2016

Co-Occurring Disorders (CODs = SUD + Mental Health Condition)

2x Individuals w/SUD likely have a mood or anxiety disorder [1]

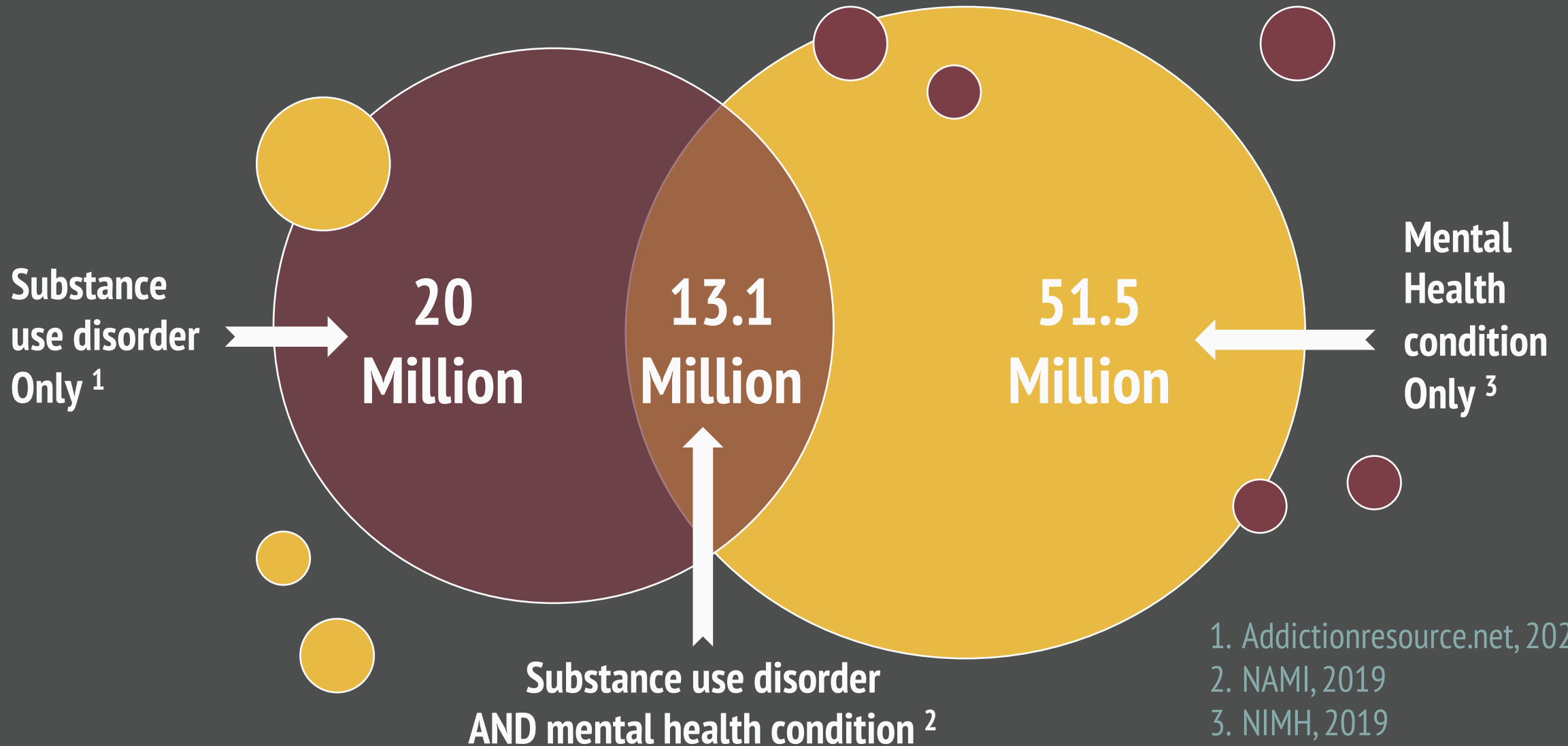**50%** Individuals with mental health condition will have an SUD in their lifetime [1]

5% Adults without any mental health condition who had an SUD [2]

1. SAMHSA, Substance use and suicide: A nexus requiring a public health approach, 2016
2. SAMHSA, National Survey on Drug Use and Health, 2019

Co-Occurring Disorders (CODs = SUD + Mental Health Condition)

Substance use disorder Only [1]

20 Million

13.1 Million

51.5 Million

Mental Health condition Only [3]

Substance use disorder AND mental health condition [2]

1. Addictionresource.net, 2021
2. NAMI, 2019
3. NIMH, 2019

Addressing as CODs vs. Individual Diagnoses

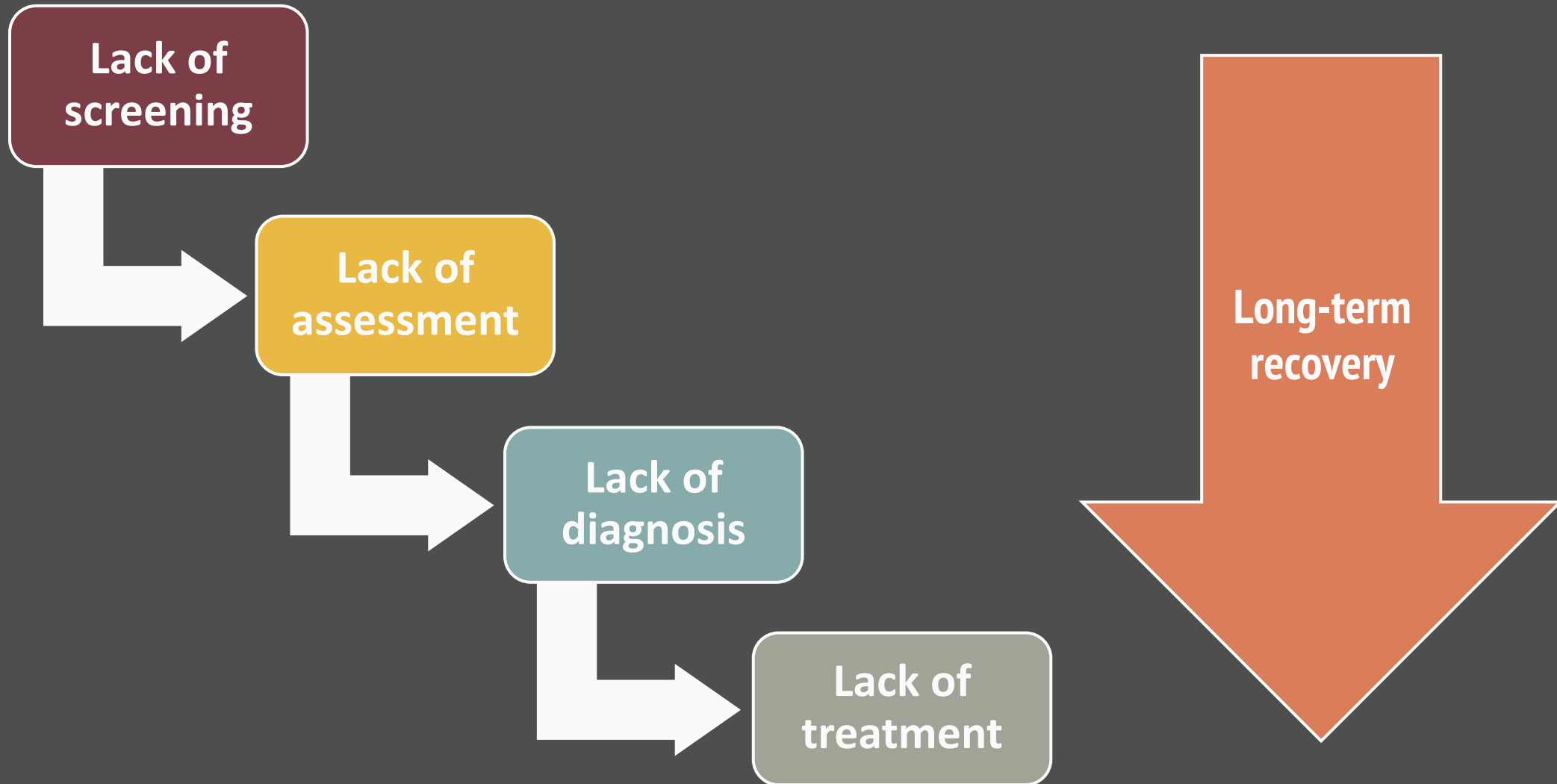|	Youth (12–17 years)	Adult (18+ years)	
	Major Depressive Disorder	Any	Severe
Rec'd Mental Health Services Only	62.5%	38.7%	52%
Rec'd Substance Use Treatment Only	2.4%	1.9%	1.9%
Rec'd Both	1.3%	7.8%	12.7%

SAMHSA, National Survey on Drug Use and Health, 2019

Addressing as CODs vs. Individual Diagnoses

▷ More likely to be hospitalized

▷ Additional factors increasing suicide risk

  • Chronic conditions, houselessness, military veteran, carceral system involvement, adverse life events
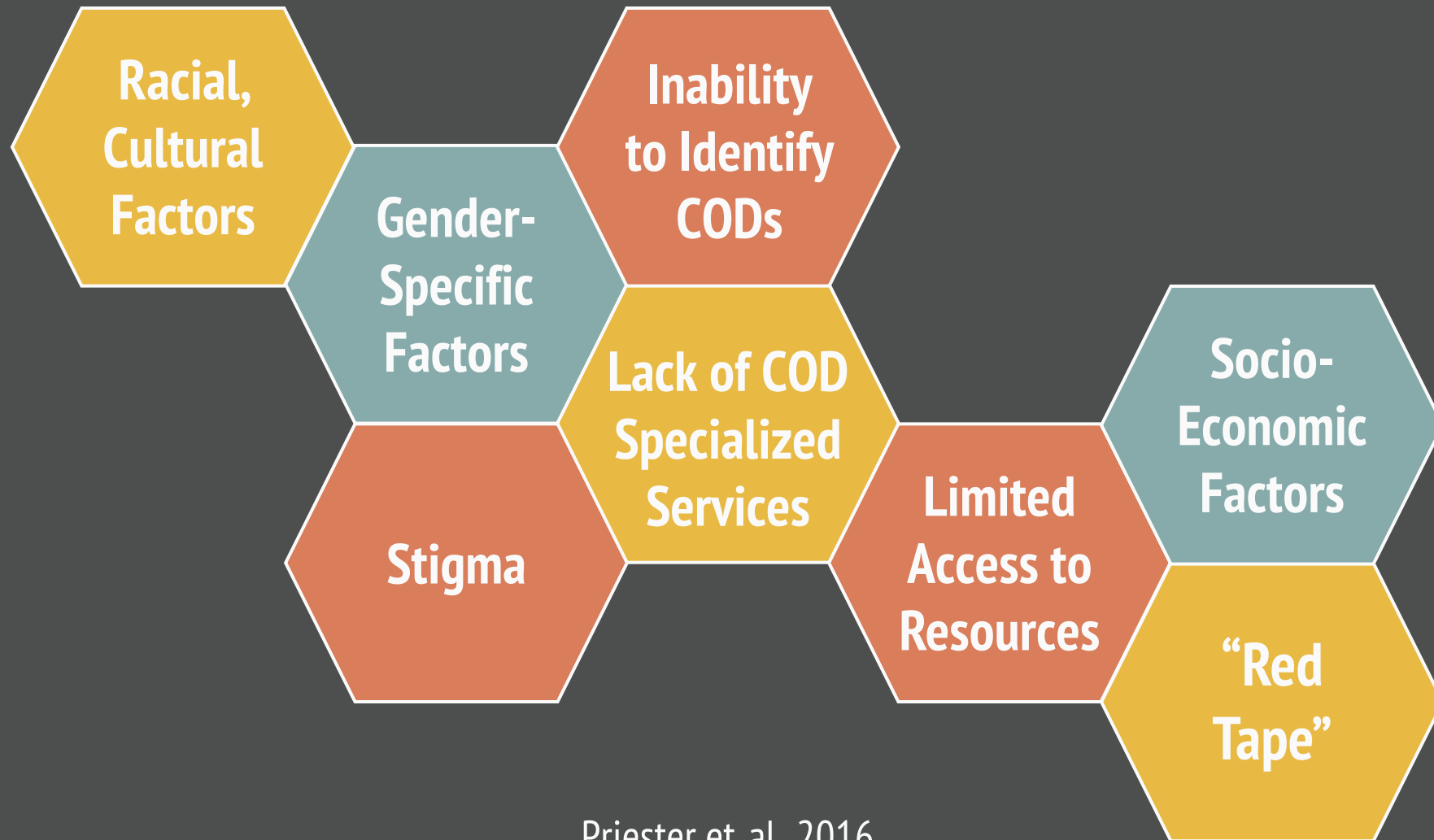
Why Address Them Together

▷ Suicide is a common risk factor

▷ Substance use can induce or exacerbated suicide

▷ Gaps in treatment to meets unique needs

- COD tailored programs & group treatment; COD "capable"

SAMHSA, Substance Use Disorder Treatment for People with Co-Occurring Disorders (TIP 42), 2020

Why Address Them Together

Lack of screening

Lack of assessment

Lack of diagnosis

Lack of treatment

Long-term recovery

Essential Services and Strategies

▷ Person-centered

▷ Trauma-informed

▷ Comprehensive

▷ Across ALL levels of care

▷ Recovery perspective

Recovery Perspective

▷ Long-term process for internal change

▷ Can regain health and social function

▷ "Being in recovery"

▷ Builds self-efficacy

RECOVERY

Recovery Indicators

▷ Improved health

▷ Care for oneself and others

▷ Increased independence

▷ Enhanced self-worth

👍 **Protective Factors for Suicide Prevention** 👍

Address Environmental and Social Conditions
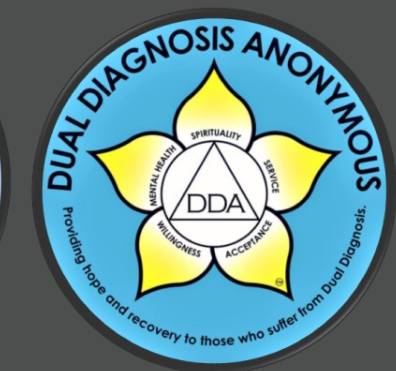
▷ Systems that address housing insecurity

▷ Marion County CHIP 2021-2025 (Community Health Improvement Plan)

▷ Possible solutions to housing

▷ Adequate recovery support and treatment

Strategy 1

Promote Skill Building

▷ Independent living programs

▷ Peer recovery support services

▷ COD Peer Mutual Support Programs

▷ Counseling

▷ Workforce participation

Strategy 2

Brown & Green, 2014
SAMHSA, (TIP 42), 2020

Develop the Workforce

▷ Basic suicide prevention skills

▷ Professional development is crucial

▷ Inadequate staff training is a barrier

▷ Zero Suicide Initiative

▷ Oregon House Bill 2315

Strategy 3

Padwa et. al., 2015

Build a Network of Safety

▷ Reactive → Proactive and Preventive

▷ Levels of training

▷ Community support, insight, and problem-solving decrease suicide

Strategy 4

Your Network of Safety

Create Equitable Approaches

▷ Impacts of oppression, social identities, and systems

▷ Address environments and social conditions

▷ Provide culturally responsive programs and services

▷ Support social connectedness

Equity

Strategy 5

Create Equitable Approaches

▷ Suicide Prevention Equity Assessment & Interactive Screening Tool

OHA, Adult Suicide Intervention and Prevention Plan, 2021
Oregon Alliance to Prevent Suicide, 2023

oregonalliancetopreventsuicide.org/alliance-publications

CORE CONCEPTS

READINESS ASSESSMENT

5 EQUITY PRINCIPLES

BUILD

What do we want to create?
- Questions to Consider
- Examples

SPOT CHECK

How is it going? Can we do better?

REFLECT

What's next?

Putting It All Together

▷ CODs are common

▷ Appropriate treatment and support services

▷ Empowerment

▷ Equitable approaches

MANY HANDS MAKE LIGHT WORK

Brainstorming Breakout Rooms

▷ What can your organization, agency, or community do to address these strategies and how can policy and legislation make impact for these strategies?

- Environmental and Social Conditions
- Skills Building
- Development of Workforce
- Building a Network of Safety
- Creating Equitable Approaches

Resources

▷ World Health Organization | who.int/health-topics/suicide

▷ Suicide Prevention Resource Center | sprc.org

▷ Marion-Polk Community Health Improvement Plan 2021 – 2025 | CHIP

▷ Smart Recovery | smartrecovery.org

▷ Alcoholic Anonymous | AA

▷ Narcotics Anonymous | NA

▷ Dual Recovery Anonymous | DRA

▷ Double Trouble in Recovery | DTR

▷ Dual Diagnosis Anonymous | DDA

Resources

▷ Zero Suicide | zerosuicide.edc.org

▷ Local Chapter of American Foundation for Suicide Prevention | afsp.org

▷ Local Chapter of National Alliance on Mental Illness | nami.org

▷ State/county health departments and suicide prevention organizations

- Oregon Health Authority

- Oregon Alliance to Prevent Suicide

▷ SAMSHA | www.samhsa.gov

- Substance Use Disorder Treatment for People with Co-occurring Disorders

- Key Substance Use and Mental Health Indicators in the United States

▷ Incite Agency for Change | inciteforchange.org

Thank You!

Charlette Lumby, RN, CCRN
charlette.lumby@inciteforchange.org

Michelle Bangen, MPH, CHES
michelle.bangen@inciteforchange.org

Incite Agency For Change
Inspire Action. Incite Change.