Alliance Quarterly Meeting
March 8, 2023, 9:30 AM – 12:30 PM
VIRTUAL

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

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

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

Group Agreements:

- 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 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.

Agenda and Minutes

9:30 – 9:50 **Welcome, Introductions, Vision, Agenda Overview**
Galli Murry, Chair

Galli introduced herself and welcomed attendees. She asked for a volunteer to read our vision statement. Galli thanked Craig and acknowledged how reading the vision grounds our work today. Galli asked Annette to set up the small group meet and greet.

Annette reminded attendees meeting in small groups is a way for us to get to know each other and the conversation starter is just a fun way to do that. Here it is: What was a piece of art, music or movie that has influenced you, and how has it influenced you?

Review, Preview, Big View

The short session of the legislature is about to wrap up. The Senate approved the Task Force on Community Safety and Firearm Suicide Prevention bill, the Alliance is written into the legislation as a group that the task force needs to consult. HB4096, Firearm Hold Agreement, did not pass and will be resubmitted next session. Annette will provide a more detailed update on the 2024 session during a webinar later this month. With the session ending, we are gearing up for the 2025 full session. One area the Alliance will work on is training for healthcare providers, this will similar to the behavioral health training (HB2015) that passed. At the quarterly meeting in June, we will finalize our policy agenda. Currently, committees are putting together their policy recommendations for the executive committee's review in preparation for approval by the members.

Agenda Review

Galli commented that today we have a very packed agenda. After a review of the report the schools committee put together, we will hear a response to the committee's recommendations from OHA and OED. Galli thanked the schools committee for their work on this outstanding report and encouraged attendees to read it. We will also have a presentation on the intersection of suicide and substance use presentation. This presentation will provide information on addressing co-occurring disorders vs. individual diagnoses.

9:50 – 10:10 **Review Schools Committee Purple Paper Recommendations**
Annette Marcus, Claire Kille, Justin Potts

Annette opened the presentation with comments about the Schools Committee's work on monitoring Adi's Act implementation. She thanked committee members for their work, especially Justin and Claire who were the leads on writing the paper.

Annette also shared that the committee pulled together themes that have been discussed over the years and used the Adi's Act scan and other sources to identify and address structural barriers to implementation. The committee then put together a set of recommendations which we will review today. Following our presentation, we will hear a response from ODE and OHA to our recommendations. We appreciate ODE and OHA joining us today and sharing their thoughts on the recommendations.

Justin thanked all who supported this work and shared a broad take-away: the challenge with volunteer work is to balance committee with other work. We want to start today with our appreciation of the contributions from our committee members, agencies, guests, and presenters. Thank you to Jenn for taking copious notes and helping to keep track of all we have discussed.

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 University of Oregon, Schools Project study.

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.

Justin noted that not all identified barriers have a specific associated recommendation. The barriers identified by the committee fell into four groupings:

<u>Information sharing and messaging barriers</u> - 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.

Educational and training barriers – the availability, specificity and pervasiveness of suicide prevention, intervention and postvention training opportunities for educators and school communities; also includes challenges related to school systems and resourcing.

Systems and technical barriers – primarily relate to implementation challenges, including leadership efforts by staff, students, and administration; technical challenges to disseminating information, making sure the efforts are visible and effective for the student population.

Public policy and resource allocation barriers – Adi's Act is a largely unfunded mandate and has faced a range of resource limitations despite grant opportunities, free trainings, and leveraging of funding for related programing. Funding barriers focus on how policy has been developed and implemented, regional variations in community resources, and how funding streams are being utilized.

The Schools Committee engaged range of stakeholder on how to address identified barriers, improve methods for monitoring success, define and deliver effective suicide prevention, and act on recommendations.

The recommendations are grouped by three broad areas: 1) systems and infrastructure efforts, 2) supporting and improving monitoring, and 3) policy development, guidance, and advocacy. The following describes the committee's recommendations in each of these areas. The Schools Committee Report: Adi's Act Implementation, Barriers and Recommendations Summary 2022-23 is available on the Alliance website, found here.

Justin, Annette, and Claire reviewed the following recommendations.

Recommendations

1. Systems and Infrastructure Efforts

The Schools Committee heard concerns from public agencies, individuals, community partners, private non-profits, schools, and public leaders about connectedness and communication between systems, funding being tied to specific tasks or expected outcomes, and gaps or duplication of efforts that may exist. The recommendations focus on building a foundation for Adi's Act implementation and are highlighted below.

Shared Vision: Improve coordination and quality assurance between state agencies; 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.

Educator Supports: Release time, substitutes, engage broad range of staff in suicide prevention planning. Work with employee associations during contract negotiations to prioritize training in evidence-based practices.

Regional Expansion: To meet the needs of varying districts, clearly define supports provided by SSPWs role and recruit/retain diverse staff who have specific expertise in suicide prevention and mental health.

Transparency in Communications: Create guidance on what should be public facing vs. internal for both suicide prevention efforts and threat assessment.

Student Discipline: Those responsible for discipline and addressing disruptive behavior are trained to recognize and address suicidal risk as part of everyday practice. Adopt social and emotional learning (SEL) curricula that foster a 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.

2. 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: Develop and administer survey on Adi's Act implementation. Regular surveys could gather data on mental health needs, training effectiveness, and implementation progress. This should not be tied to punitive action against school districts or schools, rather it should be used to enhance supports and progress.

Program Effectiveness: Establish comprehensive evaluation framework to assess overall effectiveness of mental health programs including their impact on student well-being, mental health outcomes, and school safety.

Professional Development Cycles: Develop and distribute guidance to districts and school teams for providing ongoing professional development cycles related to mental health and suicide prevention. Leverage school professionals (e.g., counselors, school psychologist, social workers, etc.) to deliver professional development should be considered as an option.

Tip line Analysis: Analyze feedback and collect additional disposition information related to the SafeOregon tipline usage; most calls are associated with bullying and suicide. The goal would be to identify more specific trend data, feedback on effectiveness of follow-up, and identify areas for improvement in the response process.

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)

3. 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.

Note: The next step could be an ease/impact assessment by the Schools Committee to prioritize which of these recommendations we pursue this year.

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

Workforce Engagements: SB283 (2023) includes the creation of several task forces and studies. It will be important to ensure educators familiar with behavioral health needs are part of the survey development. 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 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 prevention efforts but also study and promote projects like the OSSPP and Forward Project.

Alliance Advisory Role: Currently, the work of the Alliance and its 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 Rule Making: Expand Adi's Act OARs to clarify how schools can comply with the legislation; this could include key components of prevention,

intervention and postvention plans. It could also 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.

Training Enhancements: Create and fund a unified system or set of protocols for tracking and evaluating suicide prevention and mental health trainings including post-training evaluation to help ensure consistent and effective training across the state. Ideally, an evaluation and data system would compile information regarding the roles of attendees and efficacy of the trainings which could inform planning, priorities and strategic investments.

Improved Monitoring: Explore improving 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: Develop recommended messaging on all student ID card to promote awareness of 988, Youthline resources, and appropriate/available local and regional crisis and support information.

Galli thanked Annette, Justin, and Claire for their presentation and members of the Schools Committee for their work on the report.

OHA and ODE Conversational Response to Schools Committee's Paper
Chelsea Holcomb, Director, Child & Family Behavioral Health Oregon Health Authority
Jennifer Donovan, Safe and Inclusive Schools Manager Oregon Department of Education

Annette welcomed Chelsea and Jennifer and thanked them for joining us today for the conversation about the recommendations. Galli added "kudos" to the ODE and OHA teams for being so responsive. The Alliance appreciates the relationship with our state partners and recognizes that over the last year it has been nurtured by OHA, ODE and the Alliance. It is important to us and to the work we all do.

Jennifer thanked Annette and Galli. She also thanked Jill Baker for recommending ODE join today's meeting for a conversation about the Schools Committee report. This report has been eye opening and helpful to have a document to refer to when providing guidance to districts. Jennifer thanked Justin and Claire for their work on the committee and this important document, it is so helpful to have this level of

input. In the last year, ODE has made a determined effort to join this space and we are grateful to be part of it. Thank you, Nole for continuing to build this relationship and engaging in the work of the Alliance. We appreciate this opportunity. Thank you, too, to Chelsea and the OHA team, your partnership is so appreciated.

Chelsea added that state agencies are in a completely different space now than they were even three years ago, lots of positive changes. It is exciting to be working alongside the Alliance and be part of the work you do. Thank you for partnering with us. Thanks to Jill and Shandra for their ongoing work with the Alliance and building relationships to move the work forward.

The highlights from ODE and OHA responses to the Alliance Schools Committee recommendations are in blue.

System/Infrastructure – 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 doesn't monitor, is it a self-reporting process not a Division 22 compliance process. As a team, we track progress by collecting and analyzing the data provided through the reports to see where districts are on implementation. We're not seeing 100% compliance; of the 197 school districts, 160 (81%) have suicide prevention plans in place and 169 (85%) are in compliance with policies. We track for support purposes. ODE does not monitor or provide oversight, its role is to provide guidance, partner, and best practices. We offer bi-weekly training and work together to understand and address challenges. ODE doesn't have the authority to proactively tell districts they are out of compliance. When a district self-reports a difficulty or challenge we offer support to find solutions.

Chelsea added that it's good to have the Alliance group to provide oversight. The next step is to have SSPS teams do a scan to look at accountability with ODE as a metric for the YSIPP. Not to overstep ODE, however, OHA is responsible for the statewide YSIPP and it is a vehicle for accountability.

- 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.

The core supports (Schools Success Act) are suicide prevention, intervention, and postvention; bullying; cyber bullying; sexual harassment; help set up behavioral health teams; and promote SafeOregon tipline. The bi-weekly trainings cover all the core support areas.

ODE doesn't hire SSPSs, ODE provides the funding to districts to recruit and hire. ODE is currently working with districts to identify challenges and barriers to recruitment and hiring SSPSs. We do work with districts to help better define SSPSs roles and set parameters in grant agreements.

- 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.

OEA and OSEA deal with unions on collective bargaining. ODE supports release time for training, however, that is a district level decision. ODE recognizes there are competing training needs and works with districts to be sure teachers/staff are getting the suicide prevention training they need.

- Create guidance for schools and districts about which Adi's Act information should be public-facing, shared proactively with parents, and what is internal.

ODE supports and partners with OHA to help districts know what is required per the OARS. We are partnering with OHA to be sure the information is based on best practices and partnering with districts on using best practices.

- Require or encourage districts to adopt policies that required training to recognize and address suicidal risk for discipline-focused professionals (such as administrators).

ODE can't require districts to set training policies; what ODE can do is partner and help districts understand the importance of training. We will continue to work with districts on training.

OHA doesn't have a relationship with OEA/OSEA. We are still building and adapting to meet needs of schools. Jill added that the list of what guidance is needed could be prioritized by the Schools Committee to help move through the list.

Monitoring – Alliance Recommendations

Due to time constraints, ODE and OHA only addressed a few items; they will meet with the Schools Committee to follow-up on the remainder items.

- 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.

ODE supports reaching out to districts to understand needs. We also recognize that districts are inundated with reporting requirements, and this is particularly challenging for smaller districts. We are working/partnering with districts to build robust implementation.

One measure is the Big River training which is looking at how training is working and its effectiveness.

- Establish a comprehensive evaluation framework to assess the overall effectiveness of mental health programs.

Mental health is outside of the ODE purview, it falls under OHA. ODE has a new Health and Education office and will pass it on to them to coordinate with OHA on this recommendation. It is a very complex and complicated area to address.

- 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.

Policy Development, Guidance and Advocacy – Alliance Recommendations

Due to time constraints, ODE and OHA only addressed a few items; they will meet with the Schools Committee to follow-up on the remainder items. Jill recommended a focus to the two items below and added a request for an update on funding.

- Funding update:

Funding for suicide prevention support will be used to fund the SSPSs and backfill other funding that is sunsetting Fall 2024. The core funding will be a POP request for SSPSs next year.

- 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.

ODE can't speak to this as a legislative concept. However, the ODE Safe and Inclusive Schools team currently has applications out to create its own advisory group and has reserved positions for the Alliance and OHA to support bridging ODE/OHA/Alliance work.

- 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.

ODE hasn't had conversations about opening up the rules for revision. ODE would have to bring in their legislative staff and Basic Rights Oregon into this conversation given they worked on the Adi's Act legislation. Division 22 doesn't provide the oversight that many people think it does. There have been recent conversations at the Governor's Office about Division 22. We're still working from the premise that partnerships, guidance, and best practices is the best way forward, however we aren't opposed to the conversation.

Jill added we're still getting used to having a difference of opinion on this. If the rules were opened for revisions, OHA would advocate for changes related to transitions to care and schools agreements with hospitals.

- Consider how Division 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.

Due to time constraints, there was not an opportunity for questions. Jennifer said she would respond to questions via email. Galli thanked ODE and OHA for their time and partnership. Today's conversation will continue with the Schools Committee, if you are interested in attending, please contact Jenn at the Alliance. Galli reaffirmed the Alliance appreciation for ODE and OHA's continued cooperation.

10:45 – 10:55 Break

10:55 – 11:50 Intersections of Suicide and Substance Abuse Training
Charlette Lumby, RN, CCRN
Michelle Bangen, MPH, CHES

Galli thanked Charlette and Michelle for bringing this information to us today. Galli shared that in Clackamas County there are many groups working on suicide prevention, substance use, houselessness, and so forth. While many of the risk factors intersect with various area, groups tend to be siloed. So today, as you listen to the presentation think about how we can breakdown silos in your work and community.

Michelle thanked Galli for her comments, they were spot on with what she was going to say. Michell introduced herself with a brief background about her work and experience. She invited Charlette to introduce herself. Charlette encouraged attendees to think about how today's presentation relates to policy and legislation. She added that it is at this level that we can create change to guide our work. She also shared personal experiences with her daughter and how difficult it was to find a safe place for treating her co-occurring disorders.
Michelle reviewed an overview of the presentation covering:

- Data illustrating intersections between substance use and suicide.
- Impacts of addressing co-occurring disorders vs. individual diagnosis.
- Evidence-based and promising practices that promote supportive community cultures.
- Explore ways that these intersections can be addressed from a practice and policy perspective.

Before presenting information on the above areas, Michell shared how person-first and person-centered language decreases stigma, shame, and blame. The chart below is taken from Mental Health First Aide. There are two terms not on this list and ones we want to include today. One term is "suicidal", instead use a phrase such as "a person having thoughts of suicide" or "having a suicide crisis". The other term is co-occurring disorder (COD) which means someone experiencing more than one mental health challenge or a mental health challenge coupled with something like a substance use challenge.

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 order)
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 alcohol use challenge or disorder
Ex-addict/Clean	Person in Recovery

Language That Feeds Stereotypes

Instead of this . . .	*Try this. . .*
Mental Illness	Mental challenge or crisis
Drug/Alcohol Abuse	Substance use challenge or crisis
Committed Suicide	Died by suicide or lost to suicide
Failed Suicide	Attempted suicide

The following information on the intersection of suicide and substance use provides compelling data on why to treat COD together.

Suicide and Substances – of those who died by suicide in the U.S. between 2014-2016:

- 48% had a known mental health condition.
- 28% had problematic substance use.
- 40% lethal and nonlethal attempts involving alcohol intoxication.
- 7 – 37x increased risk of suicide attempts with acute alcohol intoxication.
- #1 suicide is the leading cause of death for people with addiction
- 20 – 30% overdose deaths that are suicide

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

- 2x Individuals with SUD likely have a mood or anxiety disorder.
- 50% Individuals with mental health condition will have an SUD in their lifetime.
- 5% Adults without any mental health condition who had an SUD

Data from Addiction Resource (2021) and NAMI (2019) show the number of people with COD and provide us with information on the importance of treatment that addresses co-occurring disorders rather than individual diagnosis.

Substance use disorder only → 20 million

Mental health condition only → 51.5 million

Substance use disorder AND mental health condition → 13.1 million

It is important to note that in 2019, COD affected 397,000 youth ages 12-17 years. In general, treatment services are limited and for youth services are even more limited.

Addressing as CODs vs. Individual Diagnoses

	Youth (12-17) Major Depressive Disorder	Adult (18+ years) Any	Adult (18+ years) Severe
Rec'd MH Services	65%	38%	52%
Rec'd Substance Use Treatment Only	2.4%	1.9%	1.9%
Rec'd Both	1.3%	7.8%	12.7%

Treating individual diagnoses of mental health or substance use is more likely to result in hospitalization and when there are additional factors such as chronic conditions, houselessness, military veteran, carceral system involvement, and adverse life events the risk of suicide increases. We need to treat them together because suicide is a common risk factor and substance use can induce or exacerbate suicide ideation. Efforts to provide treatment for COD has improved over the years, however, services are not keeping up with the needs and there remains a big gap. Two system challenges are the complicated certification process and the need for staff trained in COD treatment.

Putting our energy and resources into reducing barriers for accessing services, would address gaps in treatment. Barriers to accessing services include:

- Racial/cultural factors
- Gender-specific factors
- Stigma
- Inability to identify COD
- Lack of COD specialized services
- Limited access to resources
- Socio-economic factors
- “Red tape”

We need a comprehensive holistic system that engages individuals in their treatment. A system that is based on a high level of integration and equally supportive of both CODs across assessment, intervention, and treatment. Key elements of a person-centered approach include multiple pathways, peer support, an involved social network, and culturally influenced approaches.

Evidenced-based and Promising Practices

Essential services and strategies are person-centered, trauma informed, and comprehensive across all levels of care. Services are based on a recovery perspective, operating from the belief that recovery is a long-term process for internal change and that a person can regain health and social function. The process also builds self-efficacy. Indicators of recovery are also protective factors for suicide prevention and include improved health, care for oneself and others, increased independence, and enhanced self-worth.

Long term recovery is more likely when we address real life problems such as housing insecurity. The Marion Polk County Community Health Plan (2021) is an example of a systemic approach to align community health systems to address health and safety related to houselessness. They are striving to reduce the risk of houselessness/returning to houselessness and increase the housing supply. They aim to decrease silos and increase community engagement through the plan. The plan has five strategies and provided an example of a comprehensive approach. The full plan can be found at https://www.co.marion.or.us/HLT/chip
Highlights of the five strategies:

Strategy 1: Address Environment and Social Conditions -

Have systems in place that address housing insecurity and possible solutions to housing. Provide adequate recovery support and treatment.

Strategy 2: Promote Skill Building
Have an array of independent living programs, peer recovery support services, co-occurring peer mutual support, counseling, and workforce participation options available and accessible.

Strategy 3: Develop the Workforce
Basic suicide prevention skills are essential. Professional development is crucial, inadequate staff training is a barrier. Zero Suicide and HB2315 are good examples of training options.

Strategy 4: Build a Network of Safety
Move from reactive to a proactive and preventative approach. Community support, insight, and problem-solving prevent suicide. A network of safety includes a range of training, peer support programs, and treatment services and supports.

Strategy 5: Create Equitable Approaches
Recognize that the impacts of oppression, social identities, and systems are barriers to recovery and suicide prevention. Address environments and social conditions. Provide culturally responsive programs and services; support social connectedness. Create equitable approaches to suicide prevention, use the equity assessment and interactive screening tool (see here for tool).

The session was closed with a summary - "Putting It All Together". The key takeaways from the presentation are: co-occurring disorders are common, an approach/system based on appropriate treatment and services promotes recovery and prevents suicide; empowerment gives the person the best chance to regain health and social function; and, centering equity is crucial. Charlette reviewed treatment and support resources and will provide a list with information. A resource list was also provided as part of the slides (see meeting materials here).

Galli thanked Charlette and Michelle for the amazing presentation.

11:50 – 11:55 YSIPP Smartsheet Filter by Subject
Jill Baker, OHA

Jill reviewed ways to find initiative related to substance in the YSIPP by using the YSIPP SmartSheet, see here.

11:55 – 12:15 Small Group Breakout

Breakout groups were convened, and participants were asked to brainstorm what their organization, agency, or community does to address the following strategies and how can policy and legislation make an impact for these strategies.

- Environment and Social Conditions
- Skills Building
- Development of the Workforce
- Build a Network of
- Safety
- Create Equitable Approaches

12:15 – 12:25 Small Group Report Back

Galli asked for a few high-level points from the breakout session (notes from the breakout session are on file).

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- We need new ideas and innovative approaches to integrate co-occurring disorders into assessment, invention, and treatment.
- We need a protective factors plan for Oregon; look for ways to build resilience and protective factors into schools particularly around substance use.
- Integrate child abuse, suicide, MH, etc., currently siloed topics.
- Name substance use and suicide in funding grants.
- Add alternative healthy strategies to educate individuals, give them healthy options so they don't take harmful actions.

12:25 – 12:30 Zoom Poll, Announcements, Adjourn

Galli asked attendees to complete the Zoom poll, your feedback is important. Galli commented on the excellent presentations and thanked presenters: Justin, Claire, Annette, Chelsea, Jennifer, and Jill. She also thanked attendees for taking time to join us today and for all their work and contributions to our communities.

Galli adjourned the meeting at 12:30.

March 2024Quarterly Meeting Attendance

Orientation:

1. Annette Marcus
2. Jamie Gunter
3. Jenn Fraga
4. Kerry Frazee
5. Sarah Ermer (Tillamook Family Counseling Center)
6. Steve Schneider

Meeting:

1. Angela Perry
2. Annette Marcus
3. Charlette Lumby
4. Claire Kille
5. Craig Leets
6. Deb Darmata
7. Diane Kaufman
8. Erin Porter
9. Galli Murray
10. Gordon Clay
11. Hunter Hawthorne
12. Jacob Dilla
13. Jamie Gunter
14. Jenn Fraga
15. Jennifer Donovan
16. Jill Baker
17. John Seeley
18. Jon Davies
19. Jon Rochelle
20. Jonathan Hankins
21. Julie Scholz
22. Justin Potts
23. Karen Cellarius
24. Kelie McWilliams
25. Kelly Martin
26. Kerry Frazee
27. Kirk Wolfe
28. Kris Bifulco
29. Lauren Hval
30. Linda Hockman
31. Lois Tari
32. Mary Massey
33. Maryanne Mueller
34. Meghan Crane
35. Michelle Bangen
36. Monica Parmley-Frutiger
37. Nathan Shay
38. Nole Kennedy
39. Paige Hirt
40. Pam Pearce
41. Rachel Howard
42. Sage Franklin
43. Sandy Mathewson
44. Sarah Ermer
45. Scott Vu
46. Shanda Hochstetler
47. Siche Green-Mitchell
48. Stephanie Willard
49. Steve Schneider
50. Suzie Stadelman
51. Taylor Chambers
52. Tim Glascock