



Alliance
Quarterly Meeting Meeting
December 13, 2024: 9:30 AM – 12:30 PM

We are committed to ensuring accessibility for all participants. If you require language interpretation services, alternative formats, or any other accommodation to fully participate in this meeting, please contact Annette Marcus at amarcus@aocmhp.org or 530-570-5115 before the meeting. Please contact Annette with as much notice as possible before the meeting. We will make every effort to accommodate your needs.

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.



Minutes

This Meeting Was Recorded

9:30 – 9:50 **Welcome Attendees**
Annette Marcus

Annette welcomed attendees and shared that both Charlette Lumby, Chair, and Don Erickson, Co-Chair are unable to join us. She thanked Jill for co-facilitating the meeting with her today.

Big View - Purpose of Alliance

Annette began the meeting with a reminder the purpose of the Alliance is to work collectively to reduce suicide and provide critical supports across Oregon. She acknowledged the important role of voting members and affiliates in suicide prevention and thanked them for their ongoing contributions to the Alliance and the field.

Review - Bylaws Adopted, Subcommittees Meeting, Letter to OHA and Governor

Over the several months we have received input from DOJ on necessary changes to our bylaws and at our September quarterly meeting we adopted revised bylaws which now align with state requirements. The DOJ guidance has resulted in adjustments to how we work. We need to remember that going forward, the Alliance may not be involved in legislative activities but has legislative responsibility to advise OHA. Annette thanked Jill for her helping us through these changes.

Our subcommittees have resumed their meetings and new members were elected to the Executive Subcommittee. We sent a letter to OHA and the Governor advocating for increased funding for youth suicide prevention and lifespan supports. Since sending the letter, Governor Kotek has released the budget, the current level of suicide prevention funding is maintained plus an additional \$1M for culturally specific prevention. While there were no cuts to our current funding, the YSIPP is not yet fully funded and the ASIPP is not funded. The Alliance will want to continue to follow up with the Governor to push for full funding. We are waiting for a response to our letter.

Preview - Legislative Session 2025 and Today's Agenda



Oregon’s long legislative session begins January 2025 with legislative days already underway. There are emerging legislative efforts relevant to suicide prevention, one area that the Alliance will be monitoring is a bill on firearm safe storage.

Annette reviewed today’s agenda:

- YSIPP Update 2025
- Staff Report and Levers of Change
- Discussion – Strategic Actions (Breakout)
- Mobile Crisis Response and Stabilization Services Update

Breakout Session

Annette reminded attendees that our working together has been enriched by taking time to welcome newcomers and connect with one another in small groups before diving into the agenda. Today’s focus is sharing a cultural, community or family tradition that helps foster resilience or a sense of purpose in your life or community.

9:50 – 10:00 **Alliance Business:**
Approve September Quarterly Meeting Minutes

Subcommittee Recruitment and Sign Up
Annette Marcus

Approval of Minutes

The only item that requires a vote today is approving minutes from the September quarterly meeting. Because our chair and co-chair were unable to attend, a vote cannot be held as stated in our revised new bylaws. Approving the September quarterly meeting minutes was tabled until the March 2025 quarterly meeting.

Subcommittees

We have a core of wonderful people engaged with our subcommittees and we welcome new members to join our work. We are especially looking to expand participation in the Workforce, Transitions of Care and Data and Evaluation Subcommittees. Annette encouraged participants to join a subcommittee if not already involved. Brief subcommittee updates:



Workforce - Angela, co-chair, reported the subcommittee is focusing on suicide prevention training for the medical care workforce; the behavioral health workforce is now required to take suicide prevention training per HB2315 (2022) and we want to expand to medical care providers as well. Annette added the subcommittee members are also thinking about ways to reach the 18-24-year-old population in the workplace. It is difficult to reach this population if they are not in college or a training program and the workplace is good option for outreach. Workforce monthly meetings are the **1st Friday of each month, 9:30 – 11.**

Lethal Means Safety: Annette shared the subcommittee is working on a safe storage strategic plan re: firearms and medication. They will also look to focus groups with youth to learn more about their thinking on firearm safety. Meetings are held monthly the **2nd Wednesday, 1 – 2:30.**

Transitions of Care: Annette reported the subcommittee continues to monitor implementation of the HB3090 and its work on transitions from hospital discharge to community handoff for care (caring contacts). Meetings are monthly on the **2nd Thurs 1 – 2:30.**

Schools: Mary Massey reported that this subcommittee is focusing on three areas: 1) the recommendations from purple paper, thanks Justin for all your work on this document; 2) vulnerable populations identified in Adi's Act and the "how" of implementation of the required district plans; and, 3) a universal screening form. Monthly meetings are on the **3rd Wednesday, 8:30 – 10.**

Equity: Maryanne Mueller reported that they are working on connecting with other Alliance subcommittees as well as with the full Alliance to better understand how subcommittees and the Alliance in general use an equity lens in all their work. The subcommittee has developed a Suicide Prevention Equity Screen for use in development of recommendations and addressing equity in YSIPP implementation. Meetings are monthly on the **4th Monday, 1 – 2:30.**

Data and Evaluation: Sandy Bumpus reported the subcommittee is developing a new purpose statement and is focusing on data to track progress of the YSIPP implementation. The group is also looking at how they can support other subcommittees or the Alliance in general. There is a growing data base of suicide prevention data the group is reviewing, and they are working on to how make the data most useful/accessible to the Alliance/subcommittees. This subcommittee meets **Quarterly-1st Thursday of 2nd Month of the quarter; next meeting is February 2025.**



10:00 – 10:30

YSIPP Update
Jill Baker, OHA

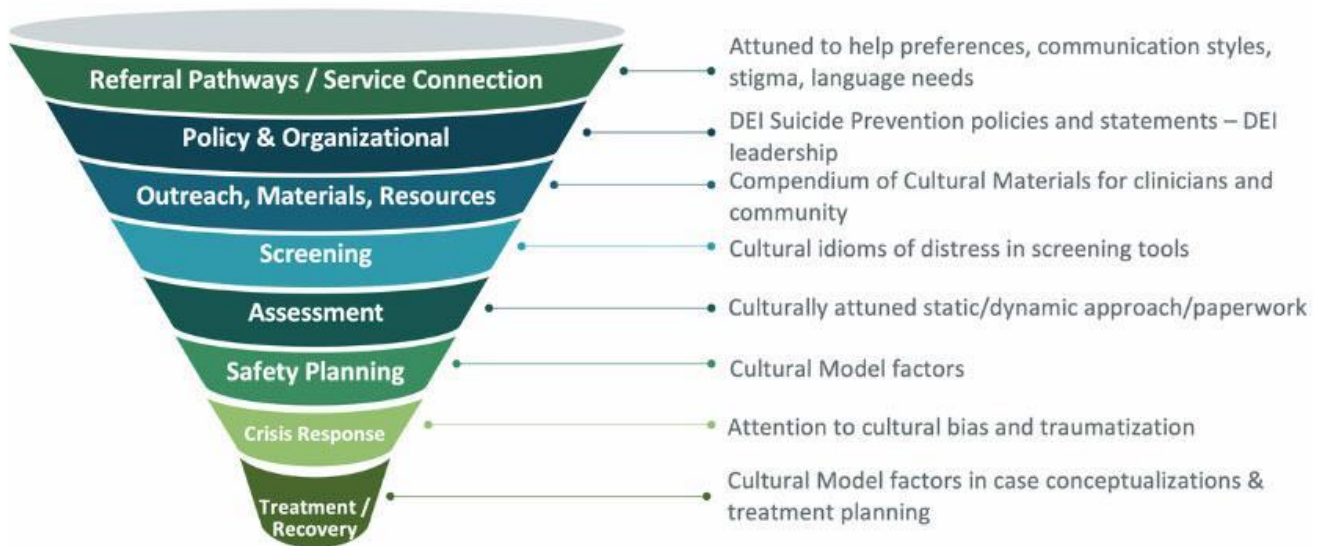
Jill reminded attendees that the state mandates OHA submit a five-year YSIPP every five years and annually we adjust our work. Recently the Alliance completed a review and made recommendations to OHA to “stop, start, or continue” initiatives. OHA will publish the new/revised list of YSIPP initiatives for 2025 the first week of January. Jill provided a brief overview of Youth Suicide Prevention statewide:

- Oregon’s Suicide Prevention Framework; it aligns with the 2024 national suicide prevention strategy.
- Youth Suicide Intervention and Prevention Plan (YSIPP)
 - 189 current initiatives being worked on in 2024
 - Led by OHA, Oregon Alliance to Prevent Suicide, and youth-serving state agencies (OYA, ODE, ODHS)
 - Big River programming: Statewide support for suicide prevention, intervention and postvention programming/training
 - Oregon Alliance to Prevent Suicide
 - Culturally specific projects

The OHA/YSIPP team completed an exercise re: anchoring in. In the coming year there may be chaos and disruption to work we’ve done. At OHA the team is anchoring to the statewide work that has been done, what is in place, and planning the next 5-year YSIPP. She emphasized our collective statewide efforts are worth protecting. The new plan will be published in early 2026.

In the coming year we will focus on culturally aligning our work and using a screen to check that our work is culturally appropriate and to adjust as needed on cultural infusion. It will affect all work of Alliance across the new year and OHA will provide consultation to support cultural infusion.

Oregon Suicide Prevention Framework: Culturally Infused update



Preview of 2025 - many of the initiatives will remain in place; they are strong, known, and matter to a wide variety of communities in Oregon. Much of our work in 2025 will be heavily focused on the next five-year plan. OHA hopes to have time with each subcommittee over the next year to work on the new five-year plan. Additionally, OHA will conduct surveys and focus groups for stakeholder input.

YSIPP2025 - a preview

YSIPP 2026-30 - Cultural Infusion Throughout

School Suicide Prevention (Adi's Act support)	Big River Advanced Skills options added	Big River Continue to increase Spanish language access	Youth Serving State Agencies With lead initiatives	Sustainability For pilot projects
Oregon Campuses United for Suicide Prevention	Big River Adding Be Sensitive, Be Brave	Big River Transitioning to Rodger, Database launch	Postvention Increased time from Shandra	OHA Team Adding a Medicaid liaison



Dr. Wolfe asked how OHA will involve physicians and psychiatric providers in the development of the new plan. Jill responded that she isn't sure just yet but will be working with the Alliance Executive Subcommittee throughout the process and providing regular updates throughout the year.

Updates:

- Lines for Life will receive a one-time grant for \$25,000, the project will focus on implementation of Adi's Act and how is it actually being realized.
- Big River - have added culturally infusion into curriculums. OHA will release a Request for Proposals (RFP), tentative release is within a month. OHA is adding an advanced skills for mental health and will finalize the transition of Big River from Shandra to Rodger which includes a data base of big river trainers and trainers in one spot. This tool will inform schools districts about who has completed training. OHA is planning to increase Spanish language training.
- OHA is providing one-time funding for the Hope Institute, located in Lane County. This is a suicide prevention treatment project that provides short-term outpatient care (6-12 weeks) that includes individual counseling, group counseling, and intensive outpatient options. It is a lifespan treatment center, and it is not limited to Lane County residents, other counties can refer to the program. A telehealth option is being worked on. If the project goes well, they are interested in Oregon having more than one center.

<https://www.thehopeinstitute.net/#home>

Question: Are there plans to do presentations to the legislature on YSIPP? Not planned as yet.

- We were able to sustain Oregon Campus's United for Suicide Prevention (OCUSP) with new funding
- OHA leadership has dedicated a person to help with Medicaid, this liaison isn't a new position to us rather someone dedicated to help get Medicaid in place. Annette asked, given the national discussion on Medicaid, if the state is working to preserve what is in place and protect foundation of suicide prevention work in Oregon as well as general Medicaid services? Jill responded that they are tracking it and noted this is an important discussion/update for the near future.



- OHA will be doing a retrospective analysis of universal screening for suicide risk, hope to maintain momentum on culturally specific groups such as the Black Youth group.
- Annual Required Trainings - Alliance voting members only.
 - o Each must create a **a WorkDay Account**
 - o Complete the “New Member Training” by June 30, 2025
 - o Complete annual training, only 2 are required
 - o This is a stipend-eligible activity

We have 6 months to have members to comply, June 2025. Reminders will go out to those who haven't completed. Workday accounts keep track of what you've done, so you can stop/start. Three trainings for this year, next year two trainings including security/phishing scams.

Jill reminded participants that stipends for substantive time only, not for things like agenda review time.

10:30 – 10:55

Staff Report: Update and Levers for Change

Annette Marcus

Annette opened her presentation with a reminder that each are change makers in your own context. Today we will be talking about what we can intentionally do in our subcommittees to thoughtfully move policy. The context of discussions is:

- New National Administration
- Oregon's Long Legislative Session
- Targeted Communities
- Preparing for Next 5 Year Plan
- Our Focus Youth – What about Lifespan?

A **lever of change** in the context of the Oregon Alliance to Prevent Suicide refers to a key factor, strategy, or action that can significantly influence progress toward reducing suicide rates and improving mental health outcomes in Oregon. These levers are mechanisms that, when applied effectively, can amplify the Alliance's efforts and create meaningful, systemic changes. **Examples of levers of change for the Alliance now that we no longer can engage in legislative activity are:**

- Policy Advocacy
- Partnership Building
- Community Engagement
- Identifying Influential Champions



- Amplifying Lived Experience and Youth Perspectives
- Training and Workforce Development
- Data and Evaluation

10:55– 11:05 Break

11:05– 11:30 Breakout Groups and Group Discussion

This is an opportunity for us to reflect on where we are with our work with the YSIPP and to be intentional about how we leverage our work together to ensure that we have a positive impact on suicide prevention policy and practice in Oregon. Please take notes on your discussion and share highlights during our reporting out time. The question for this breakout session is:

What levers of change (strategies/actions) can we, as members and supporters of the Oregon Alliance to Prevent Suicide, use to effectively reduce suicide rates in Oregon and achieve our mission?

Jill asked for a representative from each group to provide two ideas from their discussion:

- Exchange information across different constituency groups.
- Build relationships and coalitions to make up for what we lost now that we can no longer advocate at the legislative level.
- Bring new and fresh voices to the table, including youth voice.
- Look at the intersections where personal identities meets.
- Focus on youth 0-5 years with upstream prevention efforts; pay attention to ACES with early impactful strategies.
- It is important the Alliance builds community in these challenging times; connections are important.
- Focus on breaking down siloes in this time of great change.
- Increase resources so once client is assessed and they have support.
- Peer support among providers.
- Data - we are able to track participation in a training but not post training to know more about practice. We need to incentivize response rate post training; one way to find out about practice is through a community of practice and check in at 3, 6, and 9 months post training.
- Create ways to inform others about what recommendations Alliance has made to OHA.

A summary of the notes from the groups is attached.

Jill introduced Brian Pitkin.

11:30 – 12:15

Mobile Crisis Response and Stabilization Services Update

Brian Pitkin, Children's 988 and MRSS Coordinator

Brian introduced the topics he would cover in his presentation and shared that the goal of reimagined crisis services is that there is someone to call, someone to respond, and a system to support a person in crisis. Brian provided an update on 988 and county crisis lines and the Mobile Response and Stabilization Services (MRSS). The full slide presentation is included with meeting materials. Highlights from the presentation are:

▪ **988 and county crisis lines**

The goal is to provide every person in Oregon a no-barrier, confidential, compassionate, trained response during a crisis informed by clinical best practice and voices of lived experience. Trained counselors are available 24/7 via phone, text or chat in English and Spanish. Interpretation is available in 250+ languages and for deaf or hard of hearing. Follow-up calls are offered for all callers at imminent risk of suicide. Referrals to community resources are offered.

Anyone can call for either personal help or help for someone else. The average call last for roughly 30 minutes; average text is roughly an hour. The majority of contacts are for mental health, suicide, family relationship concerns, followed by depression, anxiety, loneliness, and grief.

988 volume is rising as public awareness grows; overall Oregon is now receiving more than 2,000 more contacts than at the start of this year. There has also been a sustained rise in Oregonians connecting with national 988 subnetworks such as the Trevor Project.

Brian shared a Mid-Valley Suicide Prevention 988 video (see website for additional videos): <https://mvsuicideprevention.com/videos/>

▪ **Mobile Response and Stabilization Services (MRSS)**

Best practices for youth and families: 1) youth and families define what is a crisis, 2) parents/caregivers and other concerned adults can call on behalf of a youth; 3)



a face-to-face response is offered to all callers under age 20 or when a parent/caregiver calls on their behalf; and, 4) stabilization services. See graphic for continuum of services below.

What's new: Access via 988 or county crisis line; a two-person mobile team is sent out on all calls; peers maybe included in initial crisis response; team is trained in working with children and families; suicide screening required; and, youth and young adults under 20 may qualify for immediate services and supports (stabilization services).

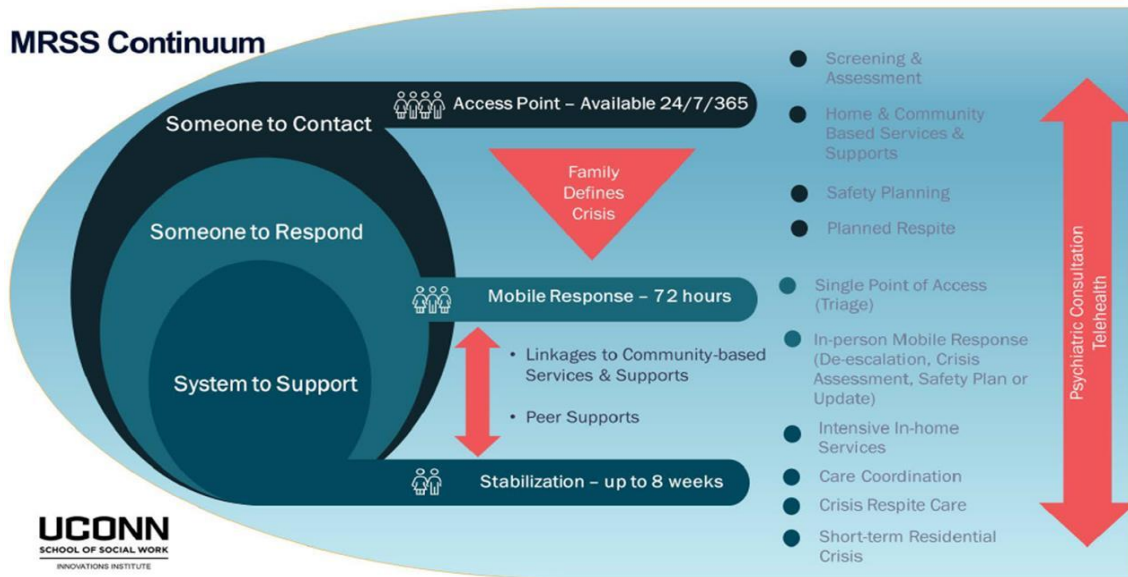
Stabilization services are available for up to 8 weeks after initial crisis response and available regardless of insurance type. Youth does not have to have a mental health diagnosis to be served; services at a minimum include access to a qualified mental health practitioner (QMHP) and family support specialists. The goal is to work with the youth and their family to assess ongoing needs and connect to appropriate services and supports.

From January - June 2024 there were 12,155 mobile dispatches. During Q2 2024, 61% of the youth dispatches were for youth residing in frontier and rural counties. Overall, suicidality/suicide attempt and harm/risk of harm to self are the top 2 reasons for dispatch for youth ages 20 and under.

Emergency rooms/hospitals have the highest request are for mobile response for youth under the age of 20 followed by law enforcement and family/friend. Data on the number of youths receiving stabilization services after the initial response is limited and currently working on improving data gathering.

We are encouraging CMHPs to proactively engage with their local schools to create a workflow/procedure for responding to youth in school settings - school partnerships are important.

MRSS Continuum



Discussion:

Why is the age cut off 20 years old instead of 24? Brian will look into this and get to Jill.

The county response model is to send law enforcement when there is a fear of aggression. Is this still the case? Mobile response is working on an appropriate coordination across systems like 911. 988 funds call centers may have excess funds for mental health services; it is a vision to have trained MH person instead of law enforcement when it is safe to do so.

Gordon asked about national call center data on crisis text. Jill commented that they are no longer providing the \$40,000 for the reports.

Jill thanked Brian for the presentation and reminded attendees that the 911 system took many years to become fully functional, 988 services are still relatively new.

12:15 – 12:30 Announcements and Adjourn

Before adjourning, Jill thanked Annette for her years with the Alliance and acknowledged her contributions to the Alliance and the field. Jill commented that Annette will be missed and congratulated her on her new position. Others also shared their gratitude as well.

Jill adjourned the meeting.

Summary Notes Group Breakout/Levers of Change

These themes reflect a comprehensive, multi-faceted approach to reducing suicide rates, emphasizing inclusivity, data-driven strategies, and collective action.

1. **Policy Advocacy and Legislative Engagement**

- Proactive preparation for legislative sessions and public testimony.
- Leveraging relationships with legislative champions and influential policymakers.
- Addressing policy barriers and aligning advocacy with the Youth Suicide Intervention Prevention and Postvention (YSIPP) plan.

2. **Partnership Building and Collaboration**

- Breaking down silos to encourage mutual aid, resource sharing, and cross-sector collaboration.
- Engaging influential agencies, coalitions, and community stakeholders.
- Strengthening peer support and fostering resilience within systems.

3. **Community Engagement and Inclusion**

- Amplifying the voices of historically underserved groups, including youth, LGBTQ+ communities, and undocumented citizens.
- Prioritizing localized, culturally grounded approaches to building community connectedness.
- Extending platforms to fresh voices for innovative ideas.

4. **Amplifying Lived Experience**

- Including perspectives from those with lived experience to inform systems and policy development.
- Engaging families, youth, and peer networks in strategic planning.
- Focusing on equity across intersections of identity and mental health.

5. **Data and Evaluation**

- Improving data collection on training outcomes, resource use, and system needs.
- Using data to justify funding and inform policy decisions.
- Educating stakeholders on data findings to drive systemic improvements.

6. **Training and Workforce Development**

- Expanding training for suicide prevention across diverse sectors (e.g., retail, schools, healthcare).

- Addressing workforce burnout and equipping providers with tools to deliver effective support.
- Promoting ongoing professional growth and community-of-practice (CoP) models.

7. Equity Integration

- Embedding equity into all Alliance activities and workplans from the outset.
- Promoting collaboration between the equity committee and other Alliance groups.
- Identifying and addressing systemic barriers to equitable suicide prevention practices.

8. Building Resilience and Lifespan Approaches

- Promoting resilience through community building and local engagement.
- Focusing on lifespan approaches, including prenatal, early childhood, and young adult populations.
- Ensuring resources and interventions are accessible across all life stages.

9. Communication and Awareness

- Improving the visibility of Alliance recommendations across state agencies and advocacy groups.
- Amplifying success stories to highlight effective prevention practices.
- Enhancing public and inter-agency education on suicide prevention initiatives.



Alliance Quarterly Meeting - December 13, 2024 Attendance

1. Alexandra Greenberg
2. Angela Franklin
3. Angela Perry
4. Antonia Alvarez
5. Avalon Mason
6. Brian Pitkin
7. Catherine Bennett
8. Craig Leets
9. Debra Damato
10. Erin Porter
11. Galli Murry
12. Gordon Clay
13. Ishawn Ealy
14. Jill Baker
15. John Seeley
16. Jon Rochelle
17. Justin Potts
18. Kelly Martin
19. Kirk Wolfe
20. Laura Rose Misaras
21. Laura Sprouse
22. Linda Hockman
23. Lindsey Wills
24. Lukas Soto
25. Mary Massey
26. Maryanne Mueller
27. Meghan Crane
28. Michelle Bangen
29. Nicole Vega
30. Pam Pearson
31. Rachel Howard
32. Raquel Morales
33. Roger Brubaker
34. Sandy Bumpus
35. Shandra Hochsteller
36. Shannon Marble
37. Siche Green-Mitchell
38. Stephanie Willard
39. Suzi Stadelman
40. Taylor Chambers
41. Vicki Johnson
42. Annette Marcus
43. Tim Glascock
44. Lucina Armstrong-Michaud
45. Dean Carson
46. Ritu Roy
47. Paige Hirt
48. Kris Bifulco

