Oregon Alliance to Prevent Suicide
Hope · Help · Healing

Data & Evaluation Committee: Thursday, March 6, 9:30-11:00am

At the time of the meeting, click the following link to join by Zoom: Join Zoom Meeting
https://us02web.zoom.us/j/84263065478   Meeting ID: 842 6306 5478
 ---One tap mobile   +16699006833,,84263065478# US (San Jose)

Invited Meeting Participants *(Names of those in attendance will be bolded in the meeting minutes):*

Committee members: **Co-Chair Karen Cellarius**, Abby Warren, Claire Kille, David Kerr, Debra Darmata, **Gordon Clay**, Holly Zell, Jill Baker, **John Seeley**, Kate LaForge, Laura Rose Misaras, Mark Hammond, **Mavis Gallo**, Meghan Crane, **Shanda Hochstetler**, **Sunny Bai, Taylor Chambers**, **Rosanna Jackson**

Staff: Jenn Fraga (AOCMHP), **Kris Bifulco (AOCMHP)**

Invited Guests: Anna Silberman, Marie Equi Center

Committee Links and Resources:
- Data & Evaluation Committee Description and Purpose
- Data and Evaluation Committee Google Drive
- MH and Suicide Prevention Resources Database (formerly the Oregon SP Research & Evaluation spreadsheet) *(Please review and update entries as needed before each meeting)*
- Oregon Alliance to Prevent Suicide website
- Data & Evaluation Committee Meeting Agendas, Materials & Minutes
- OHA Suicide Data Dashboard
- Student Health Survey Data

Time	Topic	How	Notes / Attachments
Getting settled:			
While we wait for others to arrive, please review and update entries in the Committee's SP/MH Data & Resources tracking sheet as needed			
9:30	1. **Welcome** 2. **Announcements** 3. **Consent Agenda** 4. **Reminder of available resources**	***Please enter your name, pronouns, and affiliation in Chat*** Introductions & Welcome to New Members	See links to available resources that have been added to our standard agenda template Announcement – Gordon shared http://www.zeroattempts.org/chart-or-county-suicides-2024.html for suicide death count by county for 2024 (nonfinalized data). Update for 2024 was just added to OHA Suicide Data Dashboard. Oregon has had 914 deaths, which is higher than past 6 years or so. • OHA Dashboard: https://visual-data.dhsoha.state.or.us/t/OHA/views/Year-to-datepreliminarydeathwebtables/Manner?%3AisGuestRedirectFromVizportal=y&%3Aembed=y&%3Atoolbar=no
New and continuing business			

9:40	**Updates since last meeting (December 2024)**	Discussion	Subcommittee is moving to meet quarterly (determined at September Alliance meeting) and starting in February, meetings will occur quarterly on the first Thursday of the 2nd Month of the Quarter

→ since February meeting was rescheduled, double check on date of next meeting.

→ Decision: We will keep quarterly schedule from today. So next meeting is June 5.

Potential updates from GLS, OCUSP, U of O lab, Marie Equi Institute (LGBTQ+ CBO Needs Assessment)

- Data Equity Subcommittee update: Anna has a spreadsheet on potential ways to work with Medical Examiners, including race and gender. See her notes and the spreadsheet of research literature. Outreach suggestion is for relationship building.

- Gordon: ME's don't gather the same data.

- Shanda: Dr Hurst is the state ME. They say that every county is their own entity and the state can't dictate what they do. State ME's office does support county ME's and has a listserv. If we created something, Dr Hurst would likely be willing to send it out (maybe a link to a doc in their listserv). OHA has initiated a project with Matchstick Consulting to do a deep dive into individual youth suicide deaths. This process can inform equity work in suicide prevention. Matchstick would be willing to share about their work with this Committee. Timing would be good after June. The team has also met with Dr. Chu to be sure they are also attending to culture appropriately.

- Anna would be happy to see what already exists that can be shared with MEs.

- Anna has information on accurate REAL-D and SOGI data collection for MEs and death investigators: notes and thoughts for

[paths forward here](#)

- The subcommittee can/should focus on network and relationship building with key players to improve state processes around data justice with mortality data

- MEs don't use consistent data collection methods across the state, which creates a pain point

- Shanda – connection to Dr. Hurst, state ME. State ME cannot dictate what county ME does, but the state office does support county offices. Resources: ME listserv, Continuing Education opportunities. This group can create something for Dr. Hurst to share out through these avenues.

  - [Retrospective Suicide Analysis](#) / Psychological Autopsy pilot project may also be an opportunity to show more in-depth data processes and accurate, equitable suicide and mortality data ***possible presenter at future meeting***

  - RSA x SRR seems like a natural pairing, as well as partnering with other county MEs independently

  - RSA team has been consulting with CCPA team for cultural infusion in the work and paying close attention to cultural cues/context related to suicide death

- CBO Needs Assessment – Used CBPR to develop and survey Queer & Trans-led CBOs about what resources are needed to support LGBTQ+ centered work. Now in the data mobilization phase, mini-presentations available (findings and recommendations, qual/quant, methodologies, etc.) Will share report brief when it is available (est. within one month). Contact Anna if you want a presentation for your workspace or if you need connections to local LGBTQ+ CBOs.

- Marie Equi Institute (LGBTQ+ CBO Needs Assessment): Building

relationships and mapping resources. Anna has been working to understand organizational strengths, etc., using CBPR methods, including creating a Community Guidance Council. They are in the data mobilization phase, making presentations to state entities and private funders. They will have a brief available soon, maybe within a month. Anna is available to present to different organizations and this subcommittee.

GLS (see attached slide deck) – state has had funds from this source for almost 10 years, plus awarded another round. This funding feels pretty secure compared to other federal funds; suicide prevention feels insulated from big changes at the federal level.

- Most objectives and goals met & exceeded throughout previous grant cycle

- Continuity of care numbers – can be hard to track youth who work with private insurance/providers, so numbers may be inaccurate. Referrals may also be declined, including by parents → what can be done here to improve follow-through? (previous grant cycle collected reasons for lack of follow-up care, not asked this time to reduce reporting burden)

  o Easier to track in smaller/more rural counties & communities; still may be challenging due to lack of mental health professionals to refer to in these areas.

  o Many systems track for billing and not for outcomes; data folks can advocate for additional data collection in tracking about visits related to suicide

- ODHS QPR training saw good self-reported increases in likelihood to intervene or refer to MH services; actual referral numbers were NOT tracked.

			- COSPA work helped coalition restructure & reprioritize, which increased engagement and participation among members - New GLS grant for 24-29: similar goals and objectives, added capacity building for culturally-responsive and informed suicide-related services - Adding partnership with Oregon Youth Authority (OYA), who is heavily engaged with postvention at the moment and looking forward to increasing prevention capacity with Be Sensitive, Be Brave training. - Suggestion: build in referral tracking for OYA evaluation; see if their system already tracks this OHA just submitted for budget continuation and included equity work focus. No current indication of rejection. OHA not planning to change its own equity and inclusion work. Any requests from other subcommittees? Coalition Leaders Learning Community – can have joint meeting to help with data collection Any federal data set impacts on local partners? - Reminders to back up data locally as much as possible. CDC data was pulled, then reinstated with missing pieces. SAMHSA resources are disappearing and reappearing. - The CDC data pulled from the CDC website is now missing transgender as a gender category - There has been an effort to archive data sets before they are wiped.

Time	Topic	How	Notes / Attachments
			• Some SAMHSA resources might also be disappearing or modified

| 10:00 | Standing Items | Review, Discuss, Adjust if needed | 1. Review and discuss new entries to MH and Suicide Prevention Resources Database
2. Review and discuss quarterly Oregon Violent Death Reporting System (OVDRS) Data (at every meeting - to be reported out to Executive Committee)
   a. OVDRS data dashboard only has data from 2022 and before. It is the most recent finalized data. More recent preliminary data is available from:
   b. The OHA Suicide-Related Public Health Data Updates Dashboard: https://oregoninjurydata.shinyapps.io/suicide_updates/
   c. OHA Center for Health Statistics: Preliminary Data on Deaths by Manner, incl suicide: https://visual-data.dhsoha.state.or.us/t/OHA/views/Year-to-datepreliminarydeathwebtables/Manner?%3AisGuestRedirectFromVizportal=y&%3Aembed=y&%3Atoolbar=no
   d. There is also a quarterly data release that goes out to counties, MH providers, and tribes.(In Curry County, it is ADAPT)
Which dashboard should we be looking at? 2022 is very late and limits ability to respond. However, rates are so variable and impacted by so many factors, that we must remember to look at interim outcomes, such as impacts on risk factors, etc.

• *No preferences were voiced re one source over another.*
• *Gordon also tracks suicides by firearms: Curry is one of three counties where as many women due by firearms as men. The psychological autopsy study might help to understand these differences*

Goal – monitor and track this data. Need to decide which dashboard and data system should be baseline for this subcommittee. |

Time	Topic	How	Notes / Attachments
			OHA Public Health Data Updates Dashboard seems to be most comprehensive, including suicide attempts and historical knowledge to compare long-term trends (this data set does not seem to differentiate suicide deaths and behaviors by sex or gender). Call to pay more attention to ages 18-24, which has been harder to track due to lack of access through schools but sees disproportionate numbers in suicide death. Age group brackets utilized by some of these data sets invisibilize this age range. How can this subcommittee help raise awareness/contact with this age group based on the data we do have access to? - OCUSP may have some information, PSU projects related to TAY foster youth, etc. - There may be a need for even more granular data in this age group- looking by ages singularly as well as in a range cohort. Some data sets make it hard to compare ideation, attempts, and deaths Will continue this conversation moving forward. - Are there any YSIPP initiatives that we'd want to prioritize for monitoring and review? - Next quarterly Alliance mtg: Ask whether there are any initiatives other committees would like us to pay special attention to

Time	Topic	How	Notes / Attachments
10:30	Committee Role: Monitoring	Discussion of potential activities related to monitoring suicide prevention programs and initiatives as named in the YSIPP (ex. Monitor implementation of Adi's Act)	Review data as it is available, prioritize which YSIPP initiatives to follow closely and/or review what is/n't being tracked and why

| 10:50 | Next meeting Topic | Next Meeting Date:
June 5 | a. | Current/known data projects for possible updates:
o Queer Data Project (Lukas Soto)
o SOGI (Sexual Orientation Gender Identity)
o Workforce Committee evaluation of suicide prevention trainings in the workforce (n=9 key informant interviews)
o Firearm Taskforce
o OHA logic model and eval database development
o Evaluations of other OHA SP initiatives
o CDC SP Grant for rural, older adults & Veterans (age 55+)
o SAMHSA Zero Suicide Grant (age 25+)
o SAMHSA GLS Youth SP Grant (Age 0-24) (presented 3/6/2025)
o OCUSP (Age 18-24) (UO PhD student (Vivian Koomson) is doing a dissertation on the needs assessment)
o Gordon's SP Data Tracking (current through Oct 2024)
o This is a good indicator of the effect of what has been happening to rural services around Oregon
o http://www.ZeroAttempts.org/chart-or-county-suicides-trend.html
o County Community Health Assessment (CHA) includes suicide mortality data, followed by the creation of a Community Health Improvement Plan (CHIP) that (some report out on outcomes every 3-4 years)
o Balmer Institute could present in the future about their evaluation/research plans related to SP. They are currently training students in Lines for Life.
o LGBTQ, ROAM & Coalition Mini grants
o Family Acceptance Project (Mavis)
o Added during 3/6/2025 D&E Mtg:
   o Age 18-24 age group (prevalence, risk & protective factors):
   o OYA/Juvenile Detention
   o Transitions to adulthood form foster care
   o OU YSIPP Evaluation Findings |

Time	Topic	How	Notes / Attachments
			○ PSU projects focused on TAY foster youth & suicide implications ○ U of O evaluation findings – bring different initiatives together
11:00	Adjourn		Possible June mtg agenda items: • Retrospective suicide analysis work • Review of policy priorities – do we have suggestions? • Review YSIPP initiative: Which ones should the committee prioritize for monitoring? • Revisiting SOGI Data: Is there data or a report to bring to ME's attention on the listserv? • Possibly helping the Alliance to develop theory of change/logic model: What are their Goals and Objectives and how do they know they are being met? Perhaps we could draft something with the executive committee, then present the draft to the larger Alliance, then post it for comments before finalizing

Bring up co-chair need at next quarterly meeting
-need to get clear on quorum rules, formal voting, etc. how to move things forward without quorum.

• RSA, Policy Priorities, & YSIPP Initiative Review
  Elevate issues to MEs, other reports to promote/elevate
• Logic model, theory of change- how can we track efficacy for the Alliance and should this committee be part of developing those metrics [bring to executive, bring to full Alliance at quarterly meeting]? For next Exec. Subcommittee
• Being translational and advocating for the use of data