



ALLIANCE QUARTERLY MEETING

March 2025

AGENDA

- **Welcome Attendees, Hold Space for the Room for Current Events, Breakout Rooms**
- **Alliance Business - December minutes, by-laws, staffing, meeting registration**
- **Legislation Update - AFSP Advocacy Action Day, Timeline, Alliance Q&A**
- **YSIPP 2026-2030 Updates**
- **YSIPP Recommendation Process**
- **Subcommittee Updates**
- **Future Quarterly Meetings**



INTRODUCTIONS

**Please put your name, pronouns, and any
affiliation in the chat**

This meeting will be recorded and shared to our YouTube channel.



GROUNDING EXERCISE

Ease your state of mind in stressful moments.



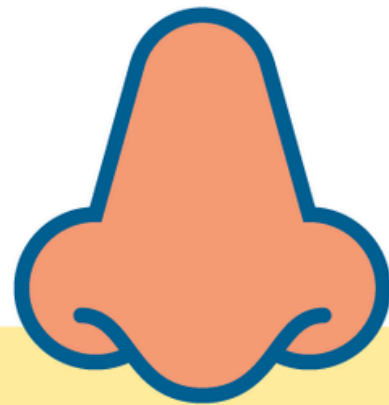
Acknowledge **5** things
that you can see
around you.



Acknowledge **4** things
that you can touch
around you.



Acknowledge **3** things
that you can hear
around you.



Acknowledge **2** things
that you can smell
around you.



Acknowledge **1** thing
that you can taste
around you.

BREAKOUT ROOMS

Breakout rooms of about 5 people for 7 minutes

Using your 5 senses, how do you experience community?
What does it mean to be part of a suicide prevention community?

Example:

Community feels like a warm hug.

Community looks like a cool, winter day where everyone is bundled up by the fire.

Community tastes like my grandma's famous tamales.

Community smells like the woods we camped in every summer.



ALLIANCE BUSINESS

Approve December Quarterly Meeting Minutes

By-Law Update Review

Review Alliance Staffing Update

Alliance Registration Reminder



ALLIANCE VOTING

Per By-Laws approved September 2024 by the Alliance, Quorum for the full Alliance is 50% plus 1 of the number of appointed members and must include either the Chair or Vice-Chair of the Alliance. Decisions will be made by majority vote of the members. In the absence of quorum, meetings may proceed, but no official votes may be taken.

As of March 2025, there are 45 appointed members. A quorum would mean 23 appointed members present including the Chair or Vice-Chair which is currently Don Erickson as interim Chair and Craig Leets as interim Vice-Chair.

ALLIANCE VOTING

To make a vote:

1. Appointed member makes a motion. Example: 'I motion to approve December quarterly meeting minutes as is,' or 'I motion to approve December quarterly meeting minutes with the following corrections.'
2. Another appointed member seconds the motion. 'I second the motion.'
3. Vote by full Alliance done in chat. Appointed members put either 'yay,' 'nay,' or 'abstain' for their vote.
 - a. Yay - in agreement
 - b. Nay - in opposition
 - c. Abstain - neutral

APPOINTED VOTING MEMBERS

- Aaron Townsend
- Amber Ziring
- Amy Ruona
- Angela Perry
- Anna Silberman
- Antonia Alvarez
- Avalon Mason
- Cassandra Curry
- Catherine Bennet
- Charlette Lumby
- Craig Leets
- Don Erickson
- Donna-Marie Drucker
- Erin Porter
- Galli Murray
- Gordon Clay
- Iden Campbell
- Ishawn Ealy
- Jamie Gunter
- Jill Baker
- John Seeley
- Jonathan (Jon) Davies
- Justin Potts
- Karen Cellarius
- Kelie McWilliams
- Kirk Wolfe
- Laura Rose Misaras
- Liz Schwarz
- Lukas Soto
- Mary Massey
- Maryanne Mueller
- Mike James
- Monica Parmley-Frutiger
- Paige Hirt
- Pam Pearce
- Rachel Howard
- Rene Kesler
- Rosanna Jackson
- Sarah Rasmussen
- Sen. Sara Gelser Blouin
- Shane Lopez-Johnston
- Siche Green-Mitchell
- Stephanie Willard
- Tanya Pritt
- Tim Handforth

STAFFING UPDATES



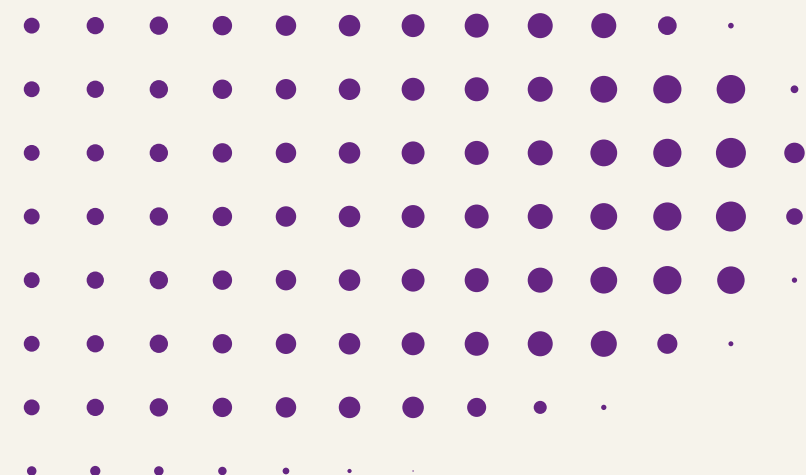
Kris Bifulco
she/they



Jenn Fraga
she/her



Lucina Armstrong Michaud
she/her



2025 LEGISLATIVE SESSION

AFSP Advocacy Action Day Recap:

HB 2845: Appropriate \$10 million to fund veteran suicide prevention

HB 2538: Require physicians and physician assistants to complete continuing education regarding suicide and lethal means counseling

HB 3884: Placeholder bill for firearm hold agreement.

LEGISLATIVE ITEMS FOR REVIEW

1 How to engage in the Legislative Process as an Alliance Staff member, Appointed member, and Affiliate.

2 Timeline for 2027 Legislative Session

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BREAK

YSIPP 2026-2030 UPDATES

ALLIANCE YSIPP RECOMMENDATION PROCESS


- 1. Subcommittees will review current assigned YSIPP Initiatives**
- 2. Decide what they want to stop, continue, or adjust**
- 3. Discuss any initiatives that they want to recommend to OHA to start with the new YSIPP**
- 4. Recommendations for what Subcommittees want to stop, start, continue, or adjust have to be submitted to Jill by November 2025**

ALLIANCE SUBCOMMITTEE UPDATES



Workforce Subcommittee

*A Path Forward:
Suicide Prevention Training
for
Oregon Medical Care Providers*



Equipping physicians and nurses with accurate information about how to identify and support a suicidal patient is one of the most effective ways to prevent suicide.



A Pathway Forward

- **Training Tailored to Medical Care Professions**

- Data and Analysis
- Reduce Training Barriers
- Strong State Coordination Across Agencies

- **Legislation**

- State Level Training Coordination
- Required Suicide Prevention Training and Evaluation

- **Healthcare Systems Change**

- Supporting Suicide Prevention in Healthcare Systems
- State Policy



The benefit of this strategic pathway will be increased provider and patient well-being and safety.


Recommendations

Training Tailored to Medical Care Professions

- Data and Analysis
- Reduce Training Barriers
- Strong State Coordination Across Agencies

“One of the barriers that I hear a lot from providers is I don't want to make things worse . . . I don't know what questions to ask”


- Psychiatrist, Alliance Interview



Tailored Training and Competency Areas

Recommendation

Assess current suicide prevention training content to determine if offerings are sufficiently tailored to specific medical care professions. Adjust current curriculum and/or identify new curriculum relevant to medical care providers that covers at a minimum these competency areas:


- Risk factors, protective factors, and warning signs of youth suicide
 - Risk screening and assessment
 - Safety planning and lethal means counseling
 - Treatment and management
 - Collaboration with community providers for ongoing care
 - Provider safety and well-being
- 



Data and Analysis

Recommendation

Coordinate with licensing boards to gather and analyze additional data on medical care providers accessing suicide prevention training.





Reduce Barriers

Recommendation

Identify strategies that help medical care providers access, attend, and engage with training for suicide prevention. Incorporate identified strategies into coordination of statewide training and measure effectiveness.

Recommendation

Provide an array of training options and learning experiences that are accessible and affordable. Support ongoing education with a resource bank of publications, guides and toolkits, and virtual learning experiences.



Strong State Coordination Across Agencies and Licensing Boards


Recommendation

Collaborate across OHA departments, state agencies, and licensing boards to mandate suicide assessment, treatment, and management training for medical care providers.

Recommendation

Sponsor legislation to support state level coordination and fund suicide prevention training that is relevant to medical care professionals.

Recommendation



Sponsor legislation to support state level coordination and fund suicide prevention training that is relevant to medical care professionals.

Recommendations

Legislation

- State Level Training Coordination
- Required Suicide Prevention Training and Evaluation

*“A well-trained workforce is a vital part of Oregon's suicide prevention strategy.” -
Suicide Prevention Training for Medical and Behavioral Health Providers, Data Report to the
Legislature 2024*




Training Coordination and Required Training for Medical Care Providers

Recommendation

Sponsor legislation to support state level coordination and fund suicide prevention training that is relevant to medical care professionals.

Recommendation

Sponsor legislation to require continuing medical education in suicide assessment, management, and treatment for re-licensure for medical health providers. Evaluate to measure effectiveness of training.



Recommendations

Healthcare Systems Change

- Supporting Suicide Prevention in Healthcare Systems
- State Policy

*“...this has to be a top-down initiative, it cannot be implemented without leadership support.”
- Psychologist, Alliance Interviews*



Supporting Suicide Prevention in Healthcare Systems

Recommendation

Promote organizational policies, procedures, and best practices to support suicide prevention within healthcare settings that ensure patients and medical provider safety and well-being.



State Policy

Recommendation

Expand rollout of Zero Suicide to all large healthcare and behavioral health care systems in Oregon.

Policy helps set the standard, policy ensures everyone is doing the same thing (standardize). Education alone doesn't necessarily lead to a change in practice, policy, or procedure. - a theme across Alliance Key Informant Interviews

SUBCOMMITTEE UPDATES CONTINUED

- 1. Data & Evaluation**
- 2. Equity**
- 3. Executive**
- 4. Lethal Means Safety**
- 5. Schools**
- 6. Transitions of Care**

UPCOMING ALLIANCE QUARTERLY MEETINGS

June 13th - Virtual

September is currently scheduled for Friday, September 12th but this may change depending on AOCMHP's Annual Summit which the Quarterly takes place at; will be hybrid.

December 12th - Virtual

[Register here for these Quarterly meetings.](#)

ANNOUNCEMENTS

Upcoming May Alliance Webinar will feature Donna-Marie Drucker and Galli Murray and they will discuss their work with firearm safety.

The background features a vertical bar on the left with a purple-to-teal gradient, a light beige vertical bar to its right, and a white background with a grid of purple dots in the top right and teal dots in the bottom right.

THANK YOU