Oregon Alliance to Prevent Suicide

June Quarterly Meeting

June 13, 2025

Agenda

- Welcome, Breakout Rooms
- Alliance Business
- Partner Presentation – 988
- Annual Alliance Survey
- Partner Presentation – OHA Data
- Alliance Policy Recommendation to OHA Timeline & YSIPP Initiative Recommendations Update

Thank you,
Charlette!

Alliance Business

Approve March Quarterly Meeting Minutes

Alliance Leadership Vote

September Meeting Date Change

Alliance Registration Reminder

Membership Updates

Reminder for Member Trainings Deadline

Alliance Voting – By-Laws

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 June 2025, there are 45 appointed members. A quorum would mean 23 appointed members present including the Vice-Chair which is currently Don Erickson.

Alliance Voting Process

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

Alliance 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

Items to Vote On

- Approve March Quarterly Meeting Minutes
- Alliance Leadership Vote

Alliance Leadership

- Per Alliance By-Laws, the Alliance Chair and Vice-Chair
  - Must be an appointed Alliance member
  - Must have served on any Subcommittee for a minimum of one-year
  - Nominations may come from any member and may be for any member, including self-nomination.

- The term would start June 2025 and would run through June 2027.

- Current Alliance Vice-Chair Don Erickson Self-Nominated for the Alliance Chair position

Other Alliance Business

September Quarterly Meetings

- September Meeting Date Change
  - September Quarterly meeting will by Hybrid with an in-person option in Ashland, Oregon
  - The meeting will now be Friday, September 19th
  - An updated Zoom link was sent out but you may need to re-accept the new invite to update the calendar hold from September 12th to the 19th
  - Register here

Membership Updates

- Current appointed members MUST complete OHA required trainings by June 30, 2025 to stay as a member.
  - If you aren't sure if you completed your trainings, please email Jenn and she'll connect you with Tamara at OHA
- Some memberships are expiring in September. You should have received notification about this if you are one of those people. Another email will go out this month as a reminder.

Membership Application

- Alliance Membership application will open up early 2026.
- Anyone who fits a SB 707 category can apply any time.
- If you or someone you know wants to apply for membership, please reach out to Jenn

Breakout Rooms

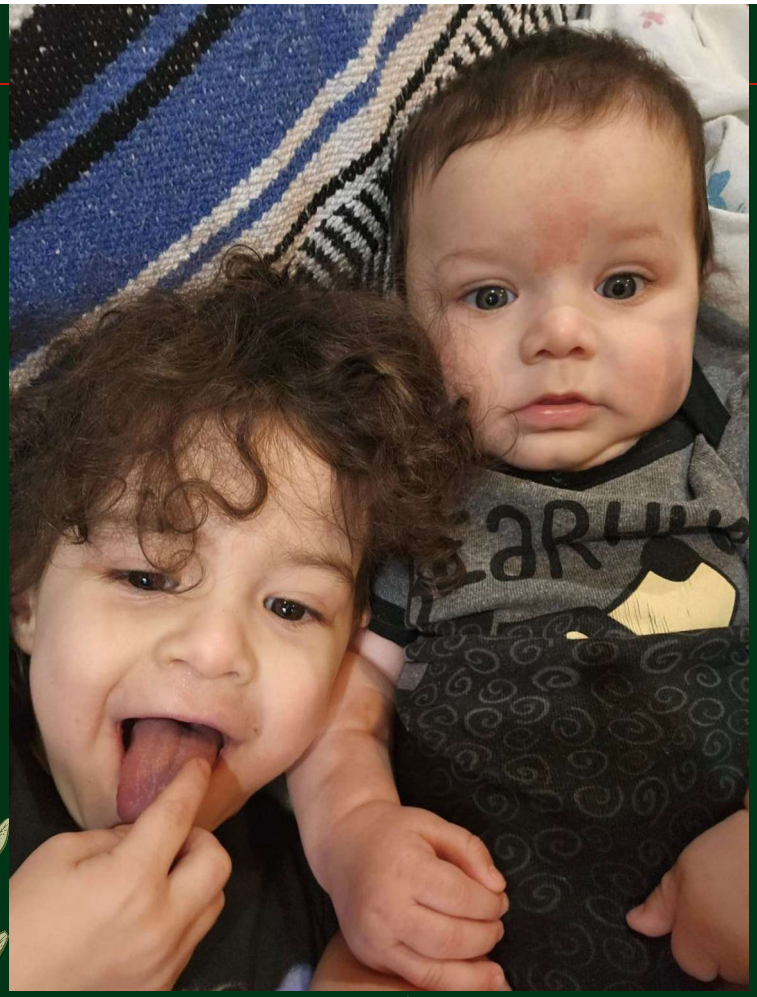
What is a summer time tradition you are looking forward to this year?

988 Presentation

Q&A for 988 Presentation

Annual Alliance Satisfaction Survey

https://form.jotform.com/251056200394044



BREAK

Data Presentation from OHA

Alliance YSIPP Initiative & Policy Recommendation Timeline

Thank you!

988 Alliance Quarterly Meeting Presentation

Friday, June 13

988 OREGON

988 Oregon

- The **Oregon Health Authority** and its marketing partner, **Coates Kokes**, have been working on Oregon's 988 communications campaign
- The first year of marketing aims to:
  - Broadly reach people in Oregon
  - Increase awareness of 988's services
  - Educate people on what to expect when reaching out

Listening First

Research

This campaign has been informed by:

- A series of interviews with leaders from disproportionately affected communities
- A 988 baseline survey of 856 people living in Oregon
- Three on-going communications advisor groups including rural, LGBTQIA2S+ and communities of color Oregonians
- 7 community-specific focus groups

Community Partner Interviews

Interviews were conducted with leaders from:

- Raices de Bienestar
- Native American Rehabilitation Association of the Northwest (NARA NW)
- Northwest Portland Area Indian Health Board
- Eastern Oregon Center for Independent Living (EOCIL)
- New Avenues for Youth
- Oregon Firearm Safety Coalition
- Prism Health
- Natives of One Wind Indigenous Alliance (NOWIA) Unete Center for Farm Worker Advocacy
- African American AIDS Awareness Action Alliance (A6)
- Alliance for Culturally Specific Providers

Baseline public awareness survey

The survey was fielded in October 2024. Findings included:

- Low awareness:
  - Only 21% of the random sample were somewhat/very familiar with 988
- Opportunities for education:
  - When an in-person response occurs
  - If you had to be in crisis to use 988
  - That it could be used for substance use support
- Top concerns included:
  - Not knowing if their issue was serious enough
  - Scripted/impersonal responses
  - Privacy/confidentiality

Communication advisor groups

Communications advisor groups, comprised of members of priority audiences with lived mental health experiences, will have met five times by the launch of the campaign.

Their work has included:

- Reviewing foundational campaign documents
- Providing feedback and recommendations on outreach activities
- Reviewing and providing feedback on creative concepts, branding, scripts, billboards and other out-of-home advertisements

Communication advisor groups

Key feedback from these groups incorporated into the campaign has included:

- Recognizing diversity within communities
- The importance of nuance and ensuring vulnerable communities are represented responsibly and thoughtfully
- Trusted messengers and grassroots outreach strategies

Focus Groups

Seven focus groups were conducted in April 2025 to review draft 988 ads including videos and billboards. Focus groups included the following communities:

- Black adults
- Black youth
- American Indian/Alaska Native
- LGBTQ+ adults
- LGBTQ+ youth
- Rural residents 55+
- Latino/a/e/x (Spanish-speaking)

Focus Groups

Key takeaways from these groups included:

- The need for clear and informative messaging about 988 including:
  - How to use the service
  - Who is eligible to use it
  - The types of issues they can call about
  - Who they would be speaking to and
  - Whether the information they share will be kept confidential
- Videos that showcase various scenarios of individuals grappling with their mental health are more impactful than those that follow a single storyline.
- Many participants were not aware that 988 provides mental health support beyond serving as a suicide and crisis line.

Where Strategy Meets Story

Creative

Based on the preceding research and community engagement, five creative concepts are in production.

Blue Sky

Sage

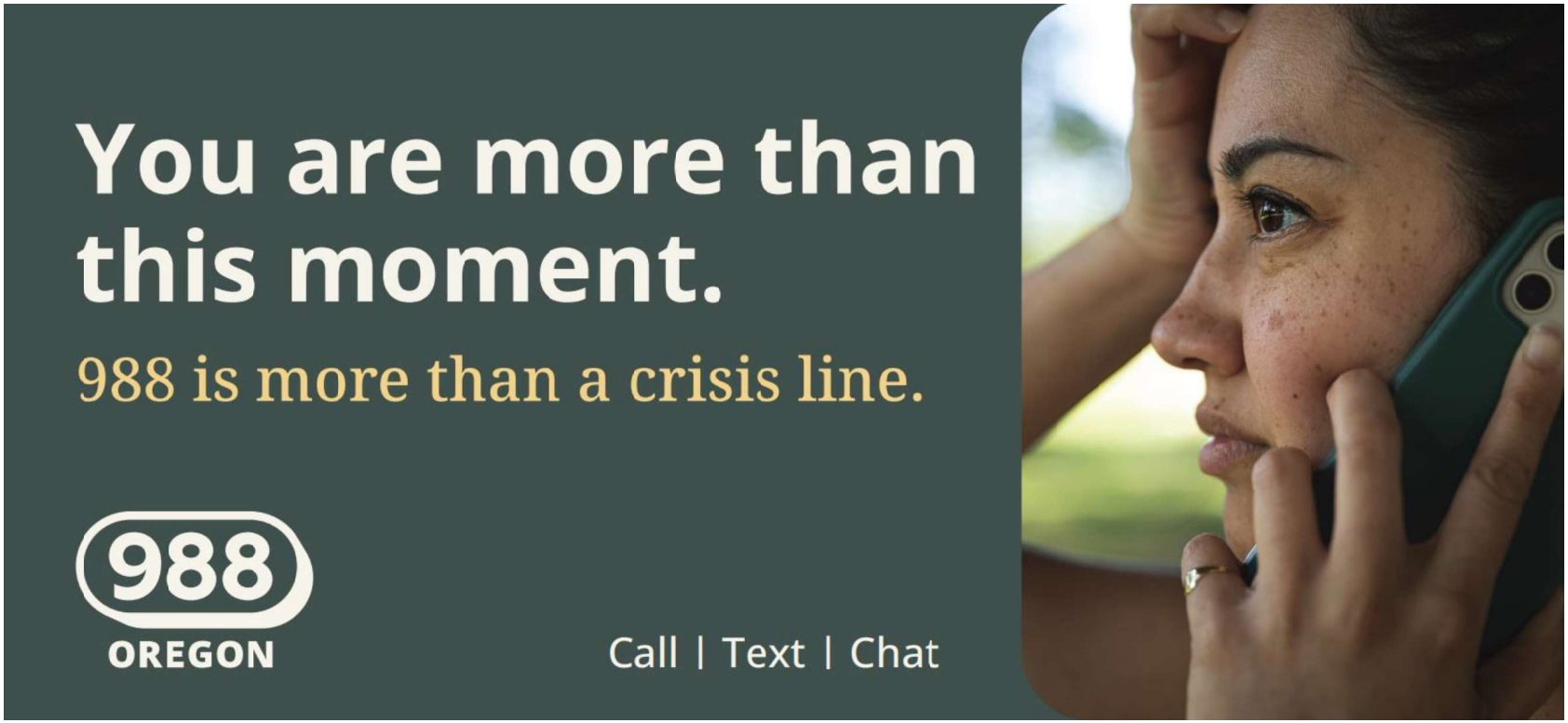
No Matter What

Sadie

Someone to Talk to

Creative

Billboards, audio ads and graphics are also in production



Where you'll see it

The campaign will run statewide in English and Spanish, from July through December, through:

- Billboards
- Grocery and convenience store check out screens
- Posters in senior centers
- Radio
- TV/cable
- Audio streaming
- Streaming services
- Bus tails
- Print publications
- Movie theater ads during the holidays

What's Next

Technical Assistance and Partner Engagement

We'll be hosting partner webinars in English and Spanish ahead of the July 16 launch.

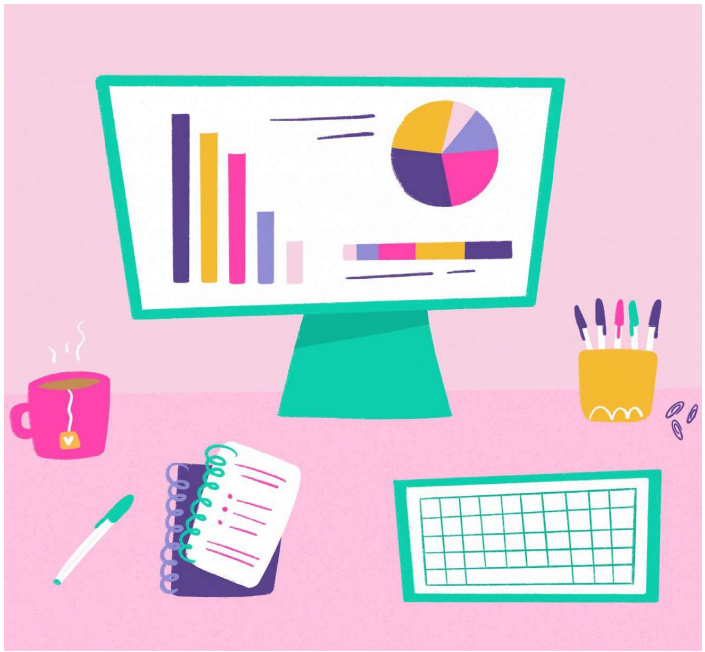
If you would like to receive an invitation or know someone who would, please email Claire Coffey at claire@coateskokes.com or Dean Carson at dean.carson2@oha.oregon.gov

We're open to partnering and collaborations. If you have an idea for how else we can bring 988 to life in your community, let's talk.

June 13, 2025

Youth Suicide Data Update

Alliance June Quarterly Meeting

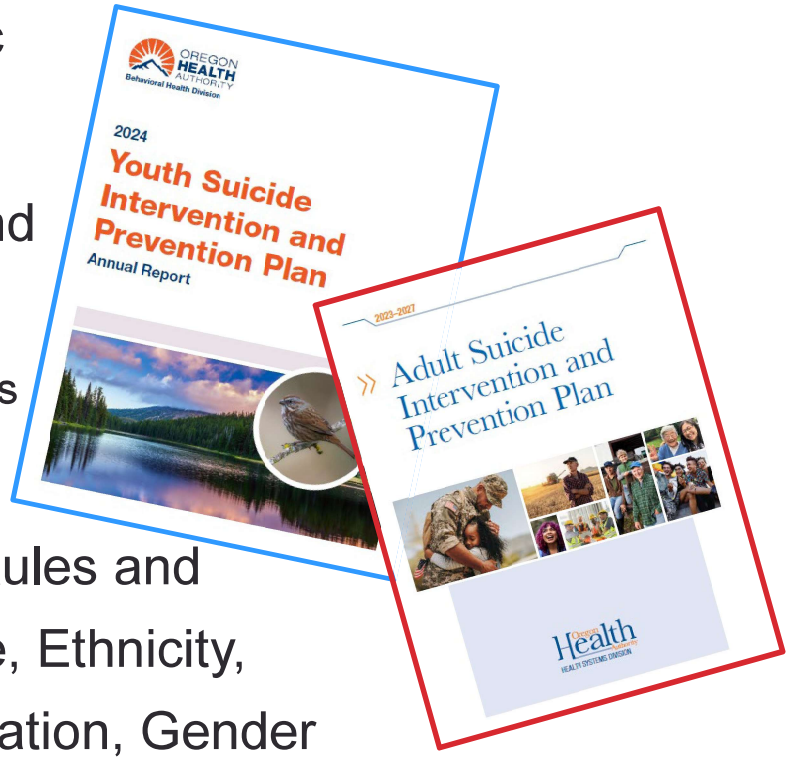


Taylor Chambers, Public Health Suicide Prevention Coordinator

Injury & Violence Prevention Program, Public Health Division
Suicide Prevention Team

Setting the Stage

- Today we are sharing data from state-level public health reporting systems.
- This data provides us with important insights…and
  - Has limitations
  - Leave out many people's and communities experiences
  - Does not tell the entire story
- Oregon has established Oregon Administrative Rules and Statute related to standardized collection of Race, Ethnicity, Language, Disability (REALD) and Sexual Orientation, Gender Identity (SOGI) data. Learn more about 2024 standards.



Note on Small Numbers

Suicide Deaths and Age-adjusted Rates by County Designation, Oregon 2019-2023

County Designation	Average Annual Count		Average Annual Rate	
	Age 5-24	Lifespan (all ages)	Age 5-24	Lifespan (all ages)
Remote*	4	24	-	24.4
Rural	23	231	11.9	25.6
Urban	78	625	9.8	17.7
Oregon State (all counties)	105	881	10.4	19.4

* Counties that have federal designation as “frontier”
Note: Rate for youth 5-24 in frontier counties cannot be calculated.
Count Data Source: OPHAT
Population Data Source: National Center for Health Statistics

Youth Suicide in Oregon

Table 3. Oregon suicide deaths and rates among those aged 10 to 24 compared to the national rate

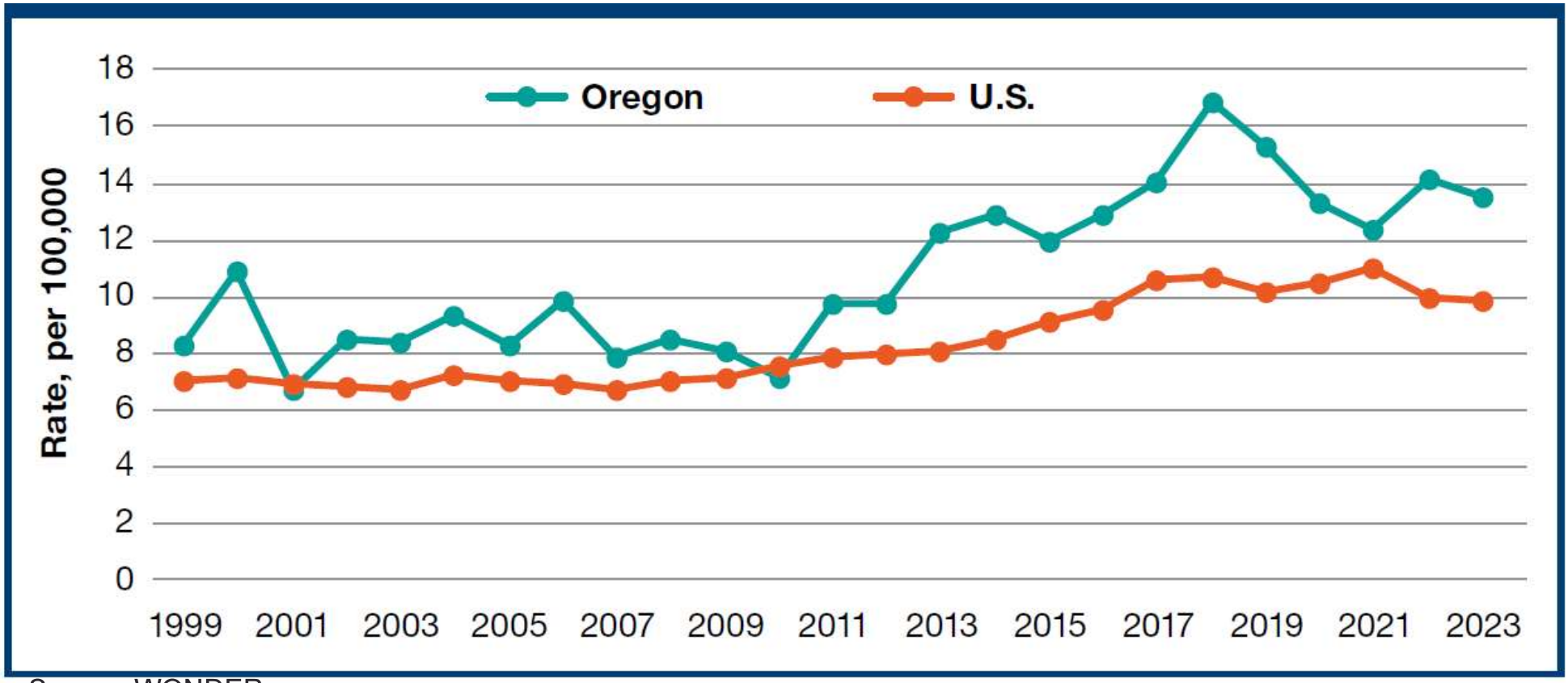
Year	Number of youth suicides	Suicide death rate (per 100,000)	Rank among 50 states (50 is lowest rate)
2014	97	12.9	12
2015	90	12	16
2016	98	13	15
2017	107	14.1	17
2018	129	16.9	11
2019	116*	15.3	11
2020	101†	13.3	18
2021	95	12.4	22
2022	109	14.2	12
2023	102	13.5	11 tied with another state

Source: WONDER and OPHAT

* In addition to these deaths among youths in Oregon aged 10–24, there were two suicide deaths among children younger than 10 in 2019.

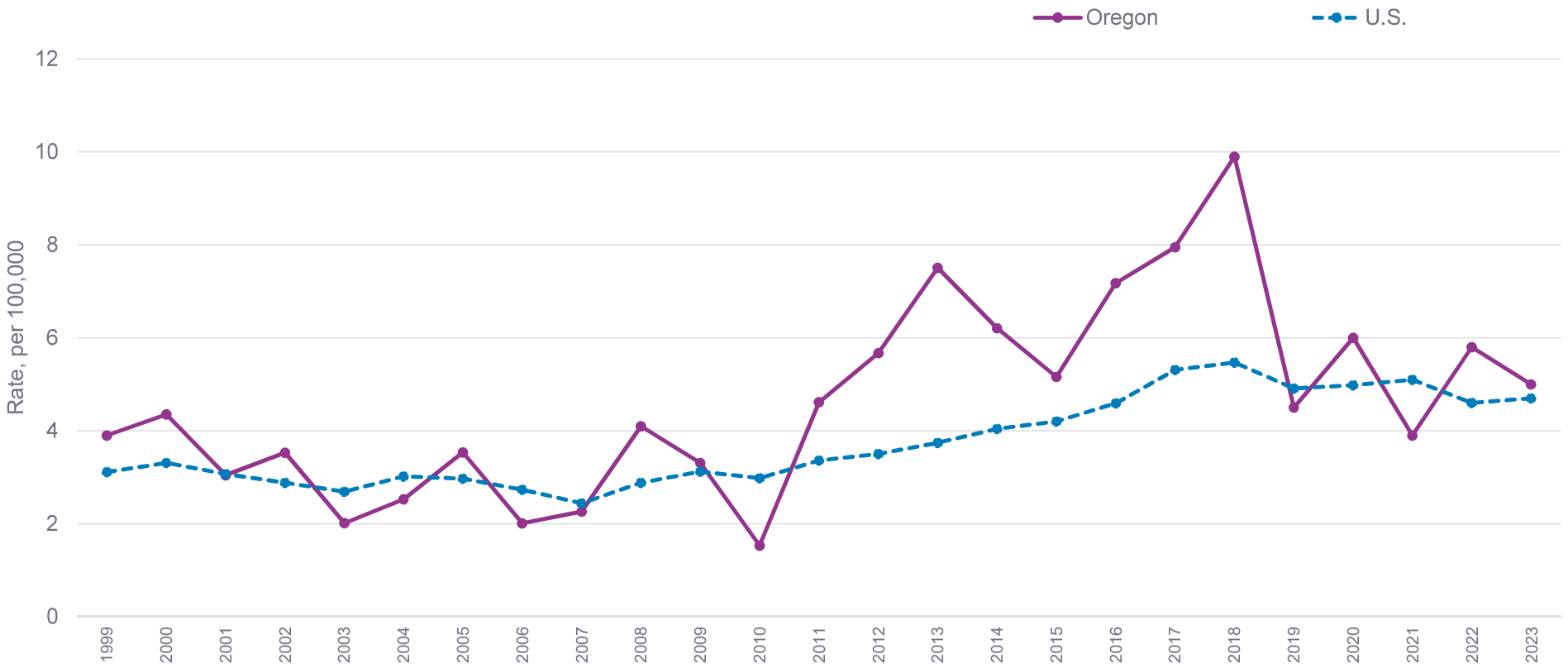
† In addition to these deaths among youth in Oregon aged 10–24, there was one suicide death among children younger than 10 in 2020.

Suicide rates among youth aged 10 to 24, U.S. and Oregon 1999-2023

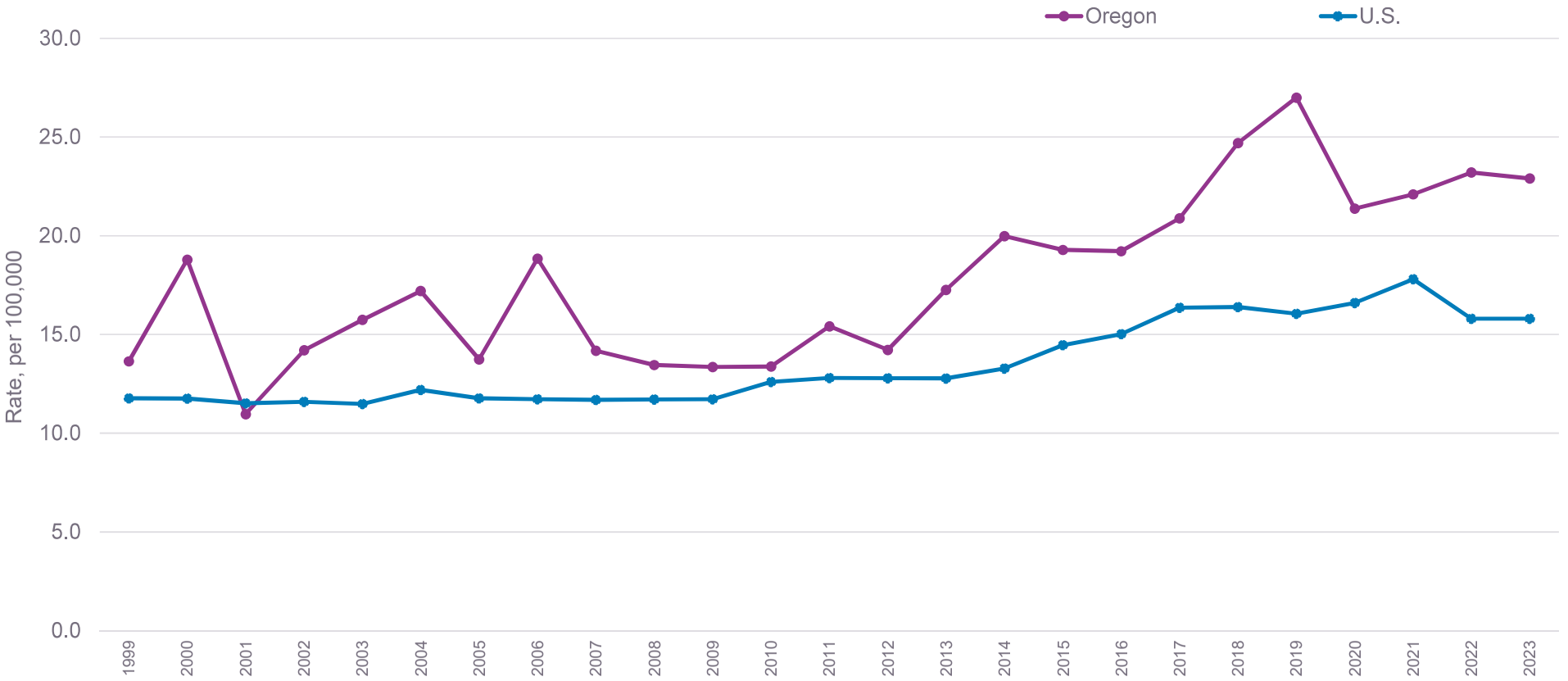


Source: WONDER

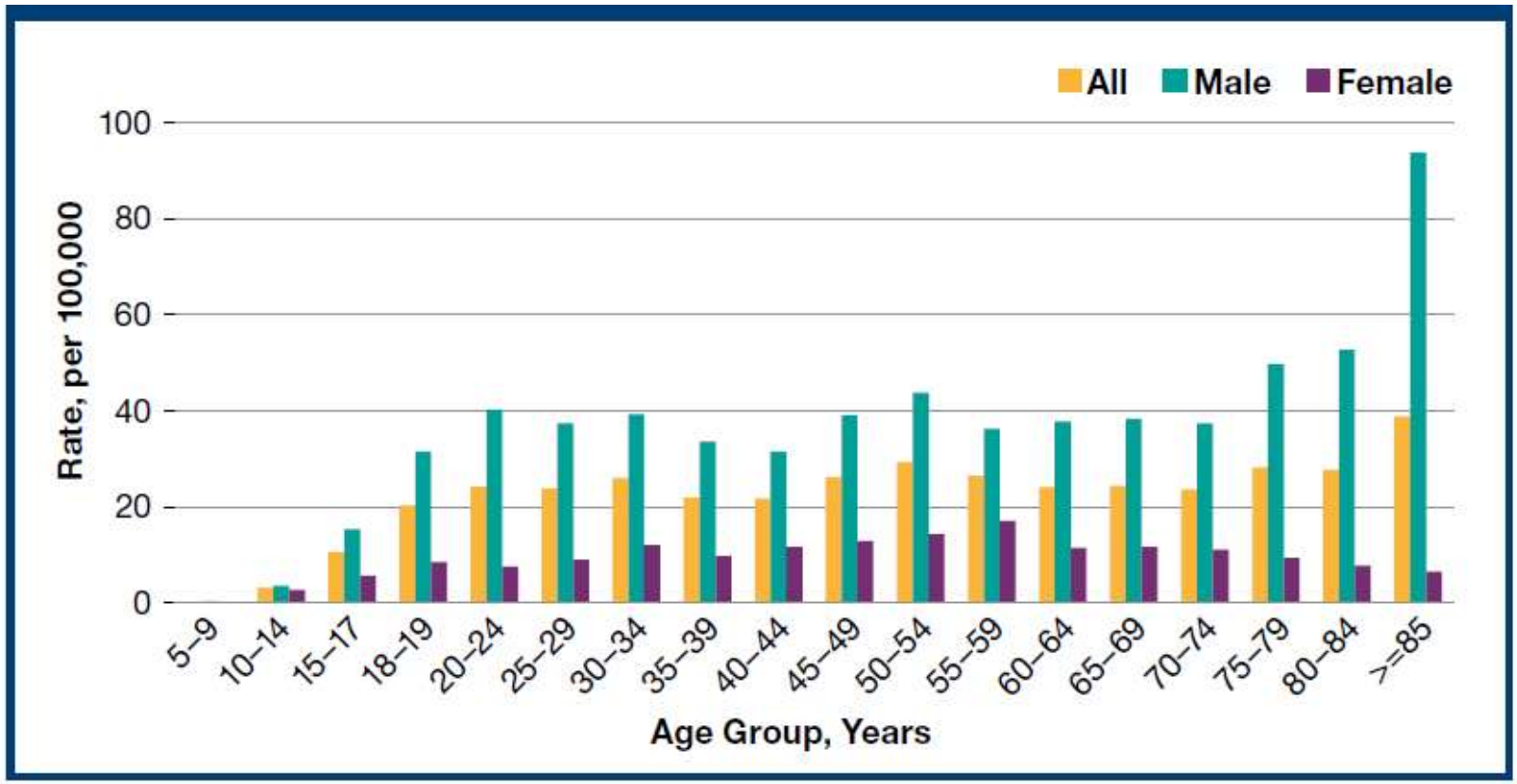
Suicide rates among ages 10 to 17 years by year, U.S. vs. Oregon, 1999-2023



Suicide rates among ages 18 to 24 years by year, U.S. vs. Oregon, 1999-2023



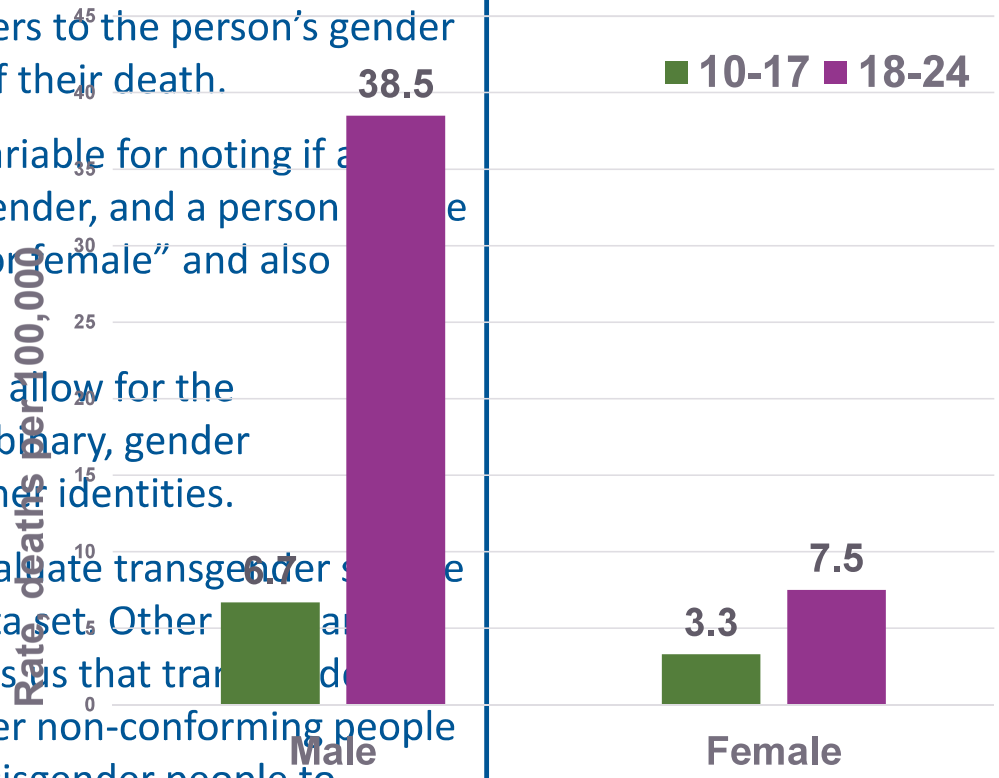
Age-specific rate of suicide by binary sex, 2018-2023



Source: WONDER

Suicide Rates Among Youth ages 10 to 17 and ages 18 to 24 by Sex, Oregon, 2019-2023

- What is called “sex” in Oregon Violent Death Reporting System refers to the person’s gender identify at the time of their death.
- There is a separate variable for noting if a decedent was transgender, and a person can be identified as “male” or “female” and also “transgender”.
- This dataset does not allow for the identification of non-binary, gender nonconforming or other identities.
- OHA is not able to evaluate transgender suicide rates through this data set. Other [illegible] national evidence tells us that transgender non-binary and gender non-conforming people are more likely than cisgender people to attempt and to die by suicide.



Source: CDC WONDER

Suicide Deaths by Sexual Orientation and Gender Identity, by Age Group, 2018-2022

Age Group	Transgender	Sexual Orientation (includes gay, lesbian or bisexual)	Total*
5-17	5	2	7
18-24	18	4	23
25-54	41	6	59
55+	0	2	9
Total	**59**	**14**	**98**

Source: ORVDRS

* Includes transgender, gay, lesbian, bisexual or unspecified sexual minority.

Note: In this data system, there is a separate variable for noting if a decedent is transgender, and a person can be identified as “male” or “female” and also “transgender”. This data system does not allow for the identification of non-binary, gender nonconforming or other gender identities.

The characteristics of youth suicide, Oregon 2023

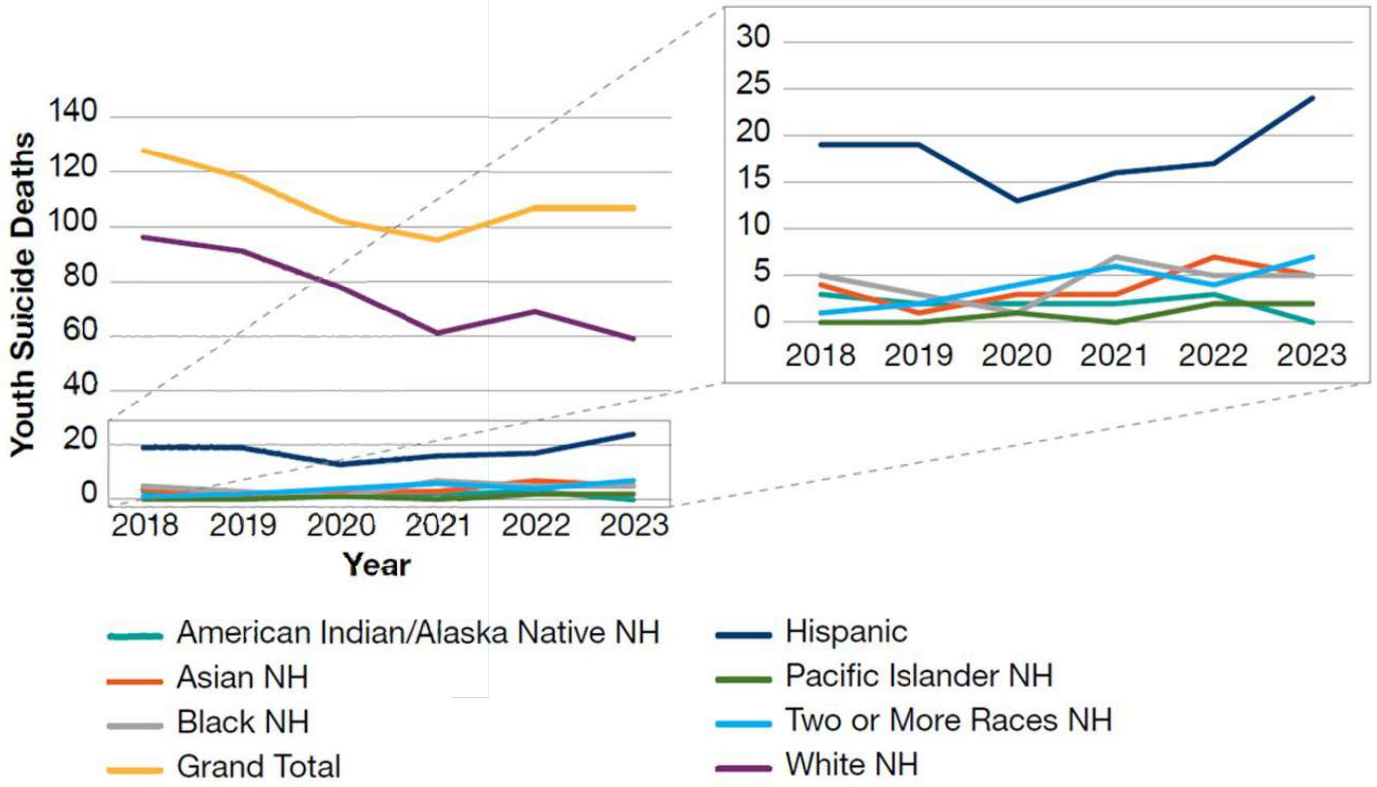
		Deaths*	% of total
Age	5–17	20	20%
	18–24	79	80%
Sex	Male	82	83%
	Female	17	17%
Race/Ethnicity	White NH	56	57%
	African American NH	5	5%
	Am. Indian/Alask Native NH	0	0%
	Asian NH	5	5%
	Native Hawaiian/Pacific Islander NH	2	2%
	More than one race NH***	7	7%
	Hispanic, all races**	24	24%
Student status	Middle School	3	3%
	High School	15	15%
Mechanism of death	Firearm	60	61%
	Hanging/Suffocation	26	26%
	Poisoning	3	3%
	Other	10	10%

Source: Source: ORVDRS
Three out-of-state deaths not included.
** includes any race.
***Deaths are not counted in other race categories.

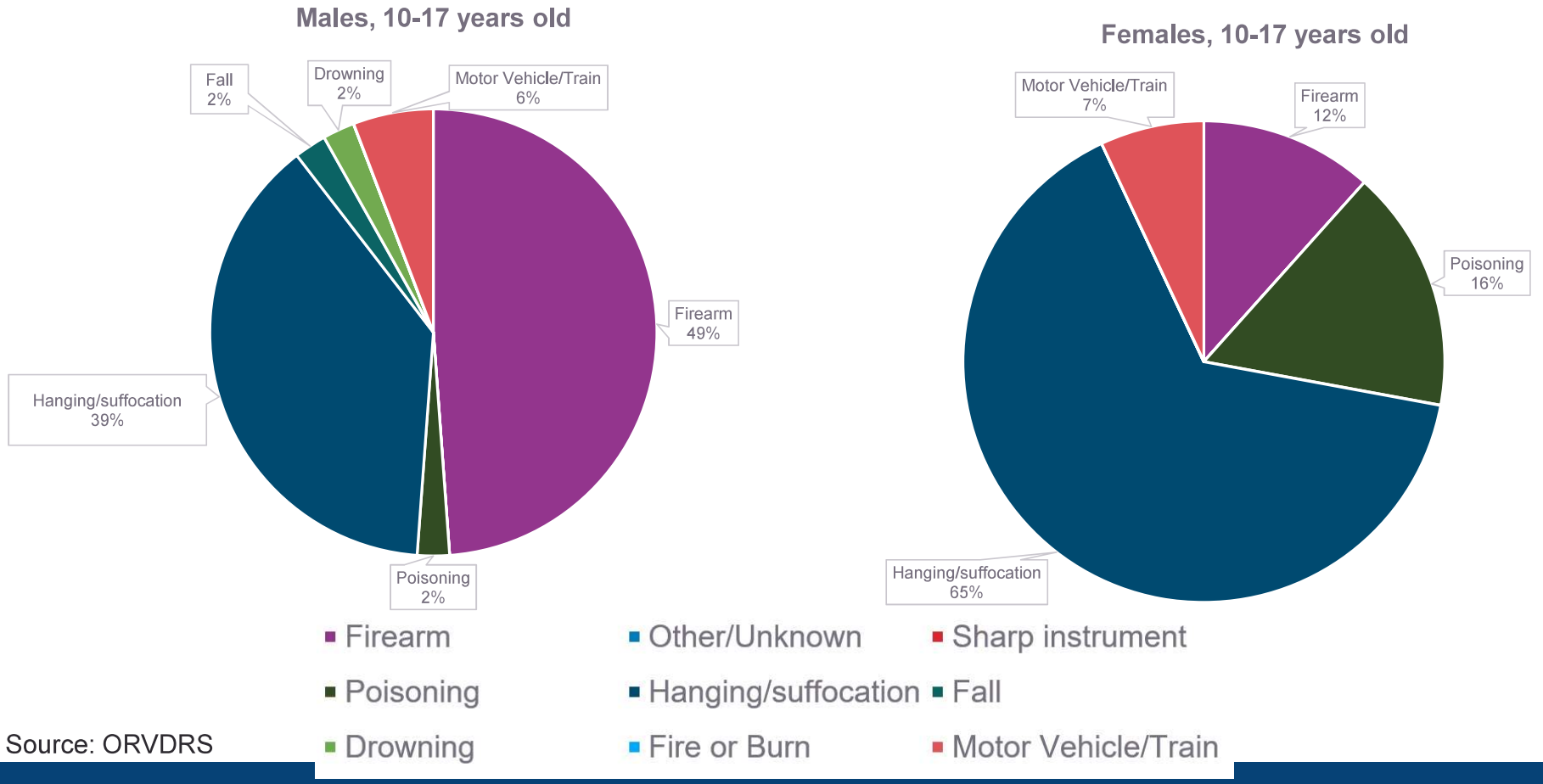
Youth Racial/Ethnicity Disparities

Youth (24 years of age and younger) Suicide Deaths by Race and Ethnicity, Oregon 2018-2023

- Between 2018-2023:
-
-

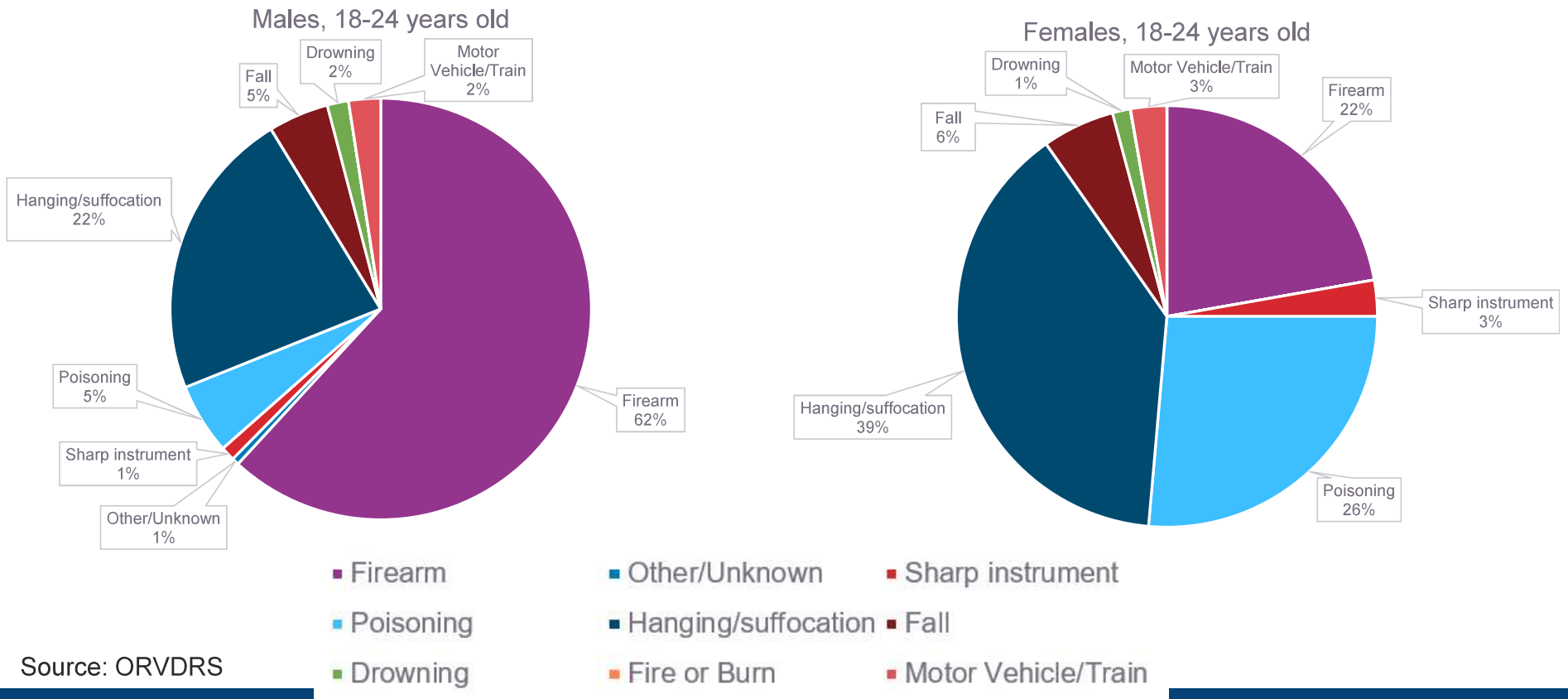


Percent mechanism of suicide by sex ages 10-17, 2018-2022



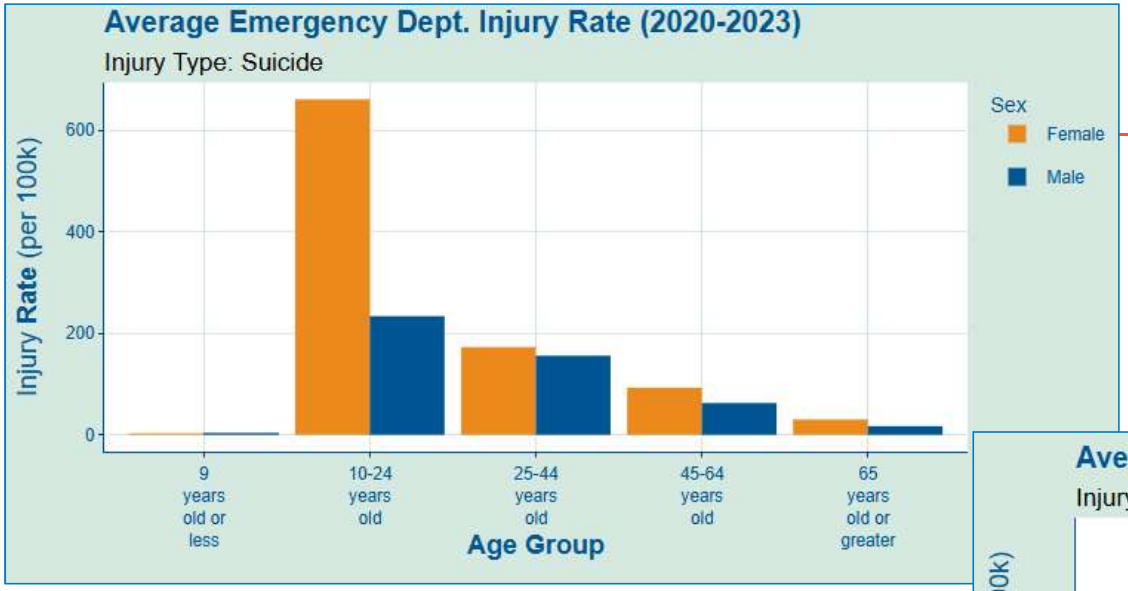
Source: ORVDRS

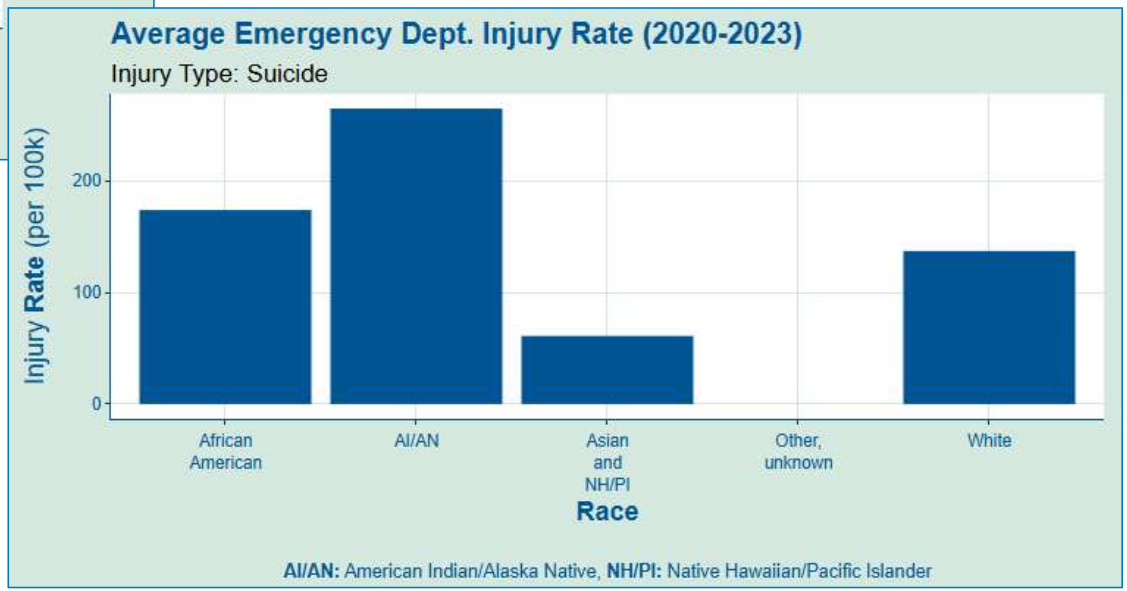
Percent mechanism of suicide by sex ages 18-24, 2018-2022



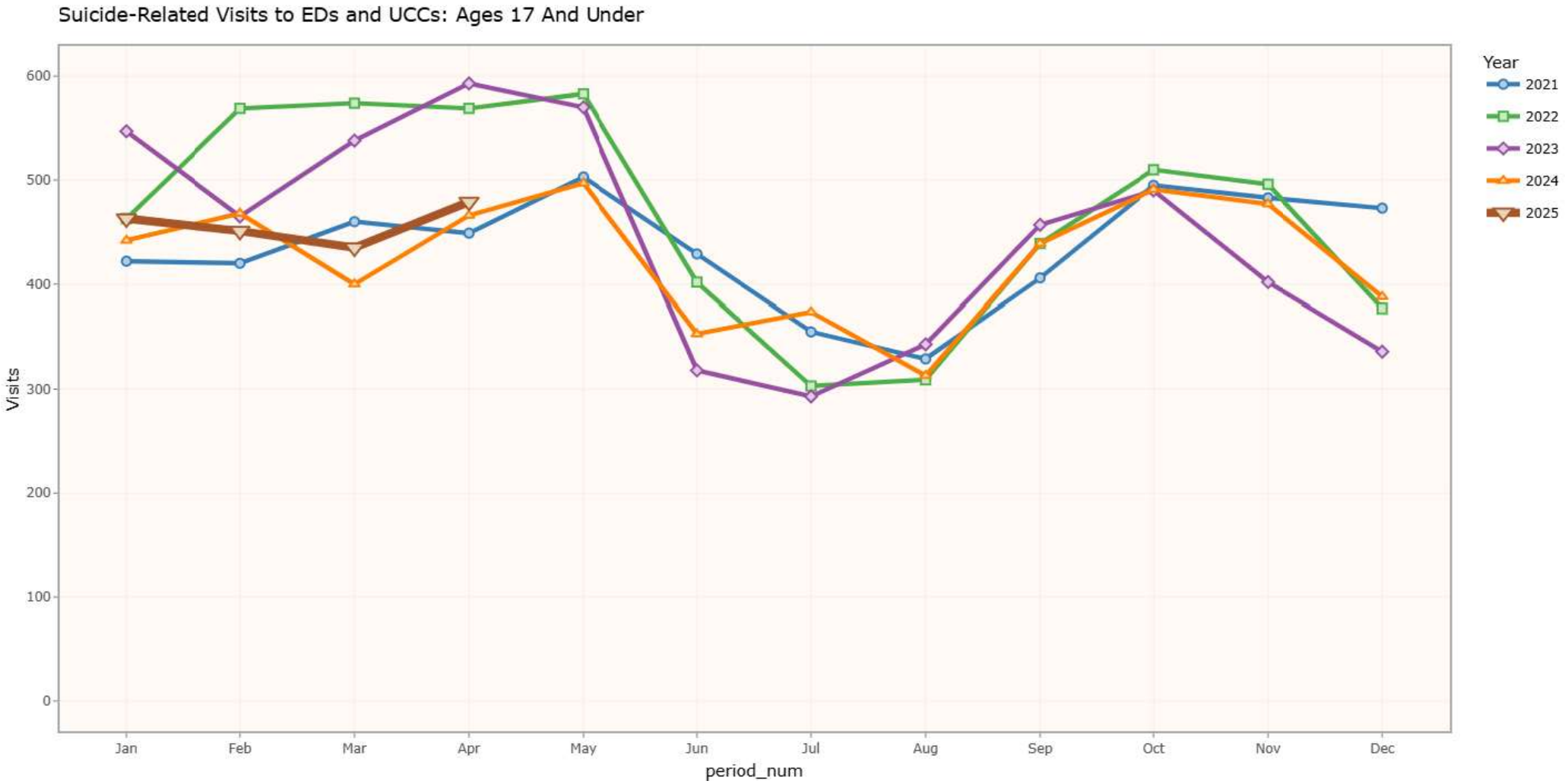
Source: ORVDRS

Non-fatal Suicide-Related Emergency Department Admission Data





Source: Hospital Association of Oregon. Refer to the [OHA Oregon Injury Dashboard](#) for more information.


Suicide-Related Visits to EDs and UCCs: Ages 17 And Under
Visits
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500
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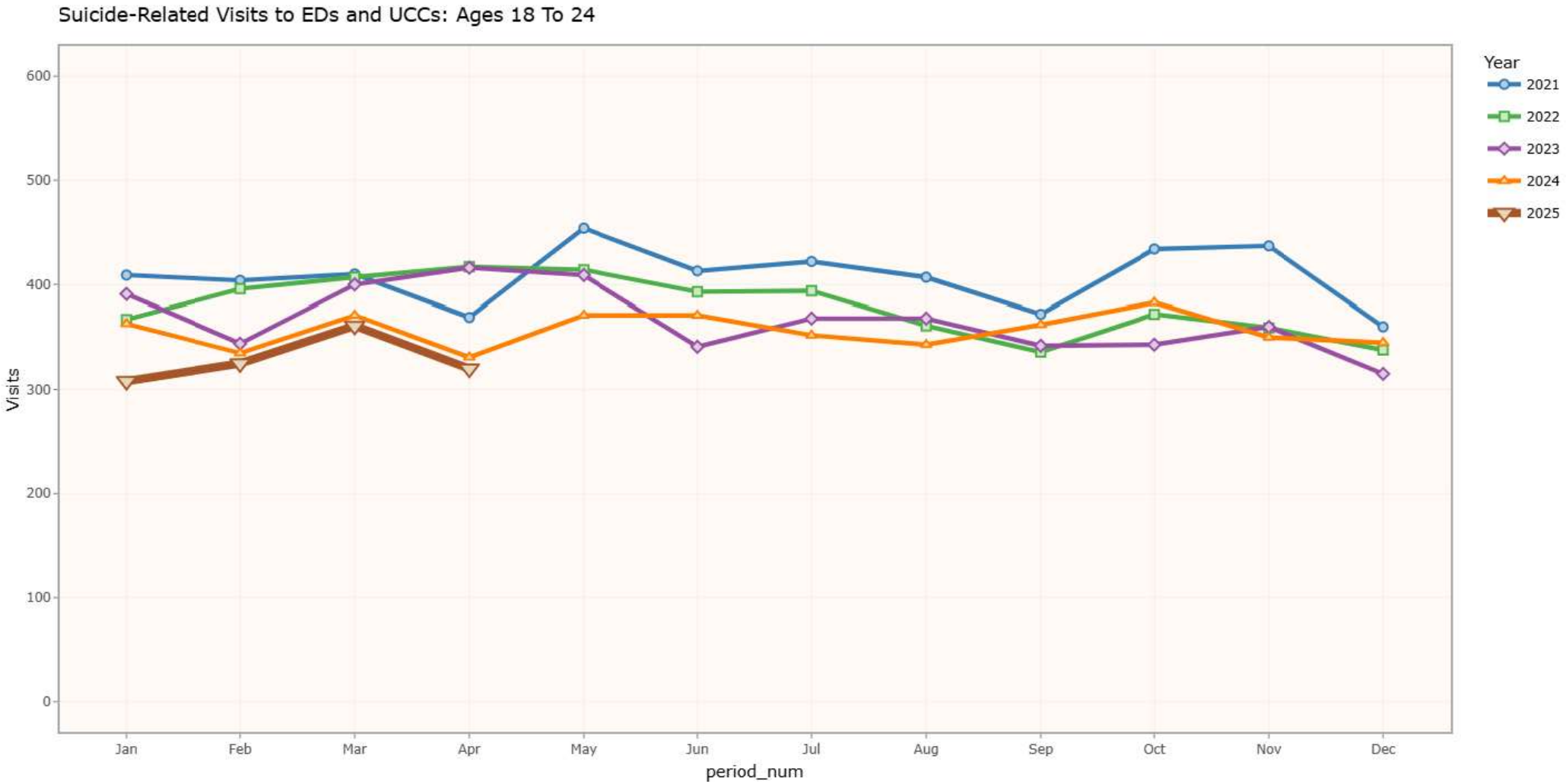
Suicide-Related Visits to EDs and UCCs: Ages 18 To 24
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2024
2025

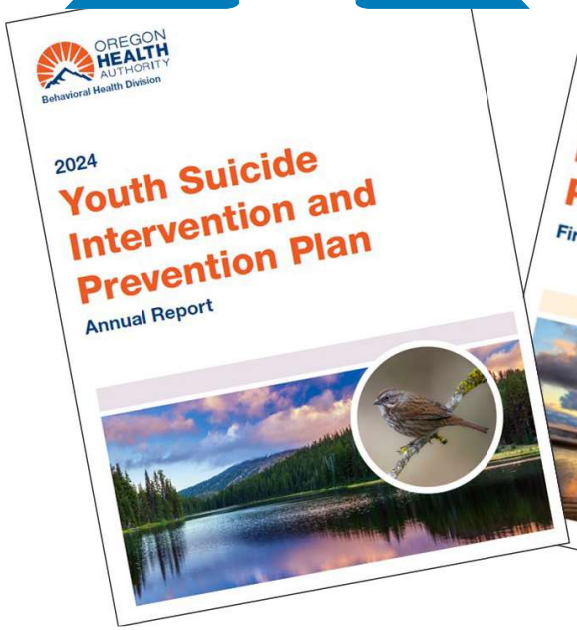
Summary and What We Know About 2024 Data

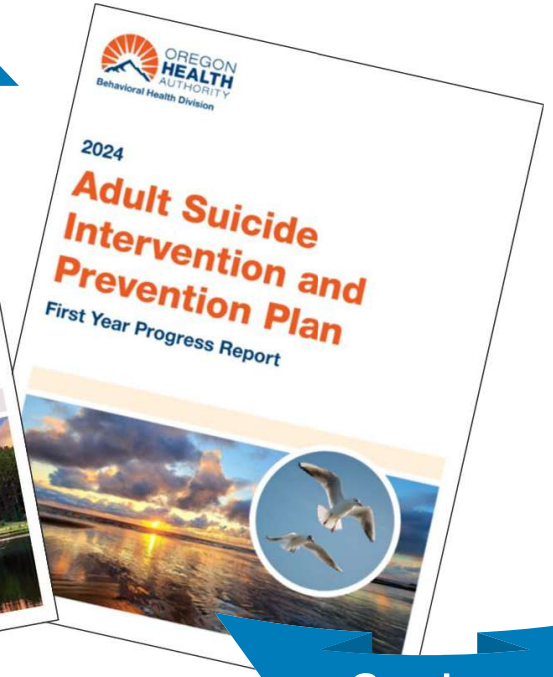
- Oregon's youth suicide rate is showing a decreasing **trend** since a peak in 2018. Preliminary 2024 youth suicide deaths appear similar to 2023 deaths.
- Racial disparities remain in the most recent finalized data. Specifically, deaths by suicide for youth identified as Non-Hispanic White have decreased overall since 2018. However, the number of youth suicides of other races and ethnicities have remained similar to 2018 levels or have increased. .
- Oregon's youth suicide rate (14.2/100,00) remains above the national average of 9.9/100,000 in 2023.

Note: 2024 data are preliminary and may change as data is finalized.

Where to Find Data

Just Released!



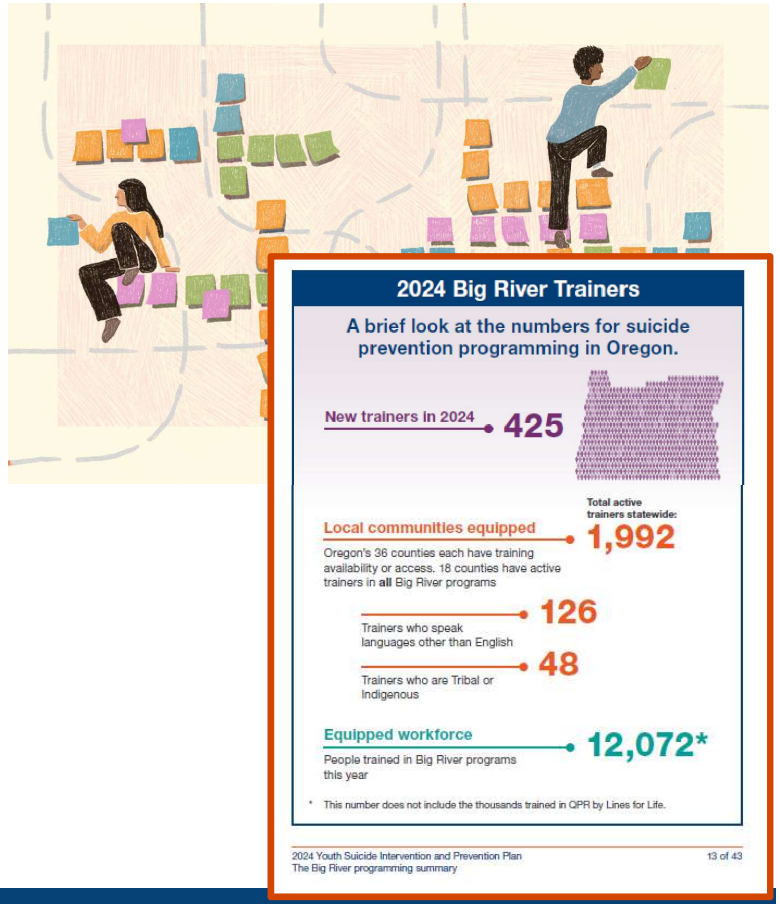


Coming Soon!

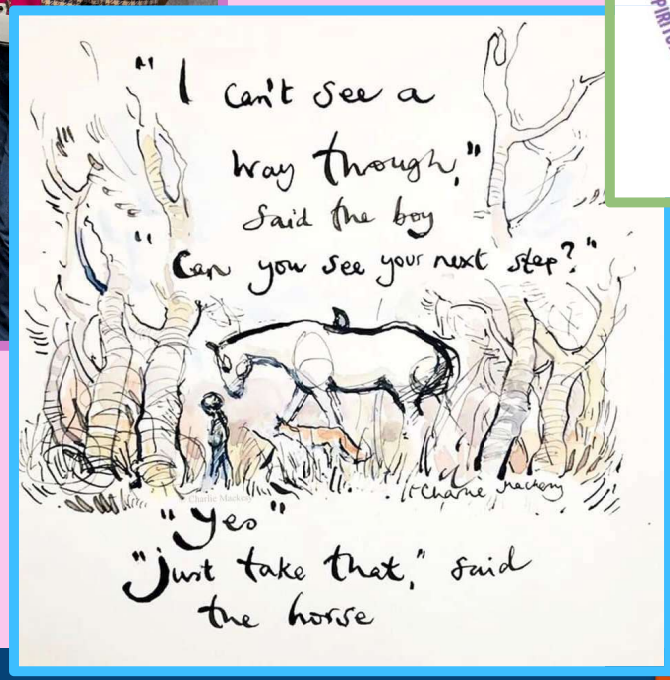
New!

Data Shared Today is Only Part of the Story…

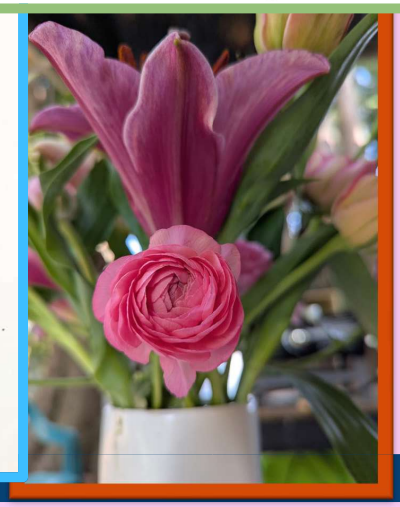
- Today we shared high-level data that looks at suicide-related events which has specific uses
- This data represents one kind of data collection and reporting
- State and national guidance documents call out the need for:
  - quality improvement in data to better capture the landscape and needs of diverse communities
  - Enhancing the completeness and consistency of data collection
  - Increasing accessibility, useability and timeliness of data



OSPC 25
Oregon Suicide
Prevention Conference


"I can't see a way through," said the boy
"Can you see your next step?"
"Yes"
"Just take that," said the horse


SOURCES OF STRENGTH WHEEL
SOURCES OF STRENGTH
SALUD MENTAL
MENTAL HEALTH
APOYO FAMILIAR
FAMILY SUPPORT
AMISTADES POSITIVAS
POSITIVE FRIENDS
SALUD FÍSICA
PHYSICAL HEALTH
MENTORS
MENTORES
SPIRITUALITY
ESPIRITUALIDAD
GENEROSITY
GENEROSIDAD
HEALTHY ACTIVITIES
ACTIVIDADES SALUDABLES

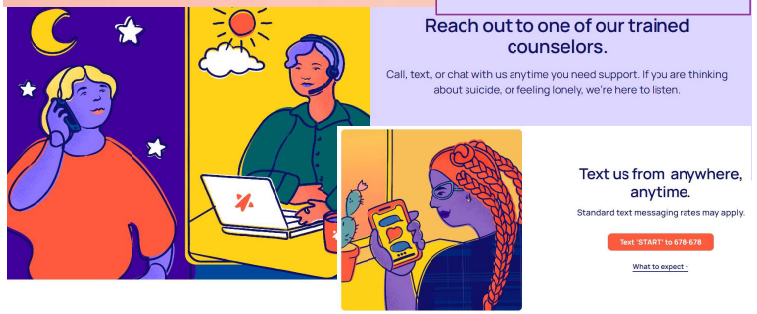


Text **OREGON** to 741741

988 | SUICIDE & CRISIS LIFELINE 988 | LÍNEA DE PREVENCIÓN DEL SUICIDIO Y CRISIS

Text 'START' to 678-678

Or get started by calling 1-866-488-7386.



Sign up for the OHA Suicide Prevention Network

Resources

- OHA Suicide Prevention
- 2024 Youth Suicide Intervention and Prevention Plan Annual Report
- **COMING SOON**! *2024 Adult Suicide Intervention and Prevention Plan Progress Report*
- OHA Injury and Violence Prevention Program Dashboard Overview and Data Glossary
- OHA Student Health Survey and SHS Data Portal
- OHA REALD and SOGI Efforts

Meghan Crane, MPH
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Injury and Violence Prevention Program
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Public Health Division
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e: taylor.l.chambers@oha.oregon.gov

OREGON HEALTH AUTHORITY