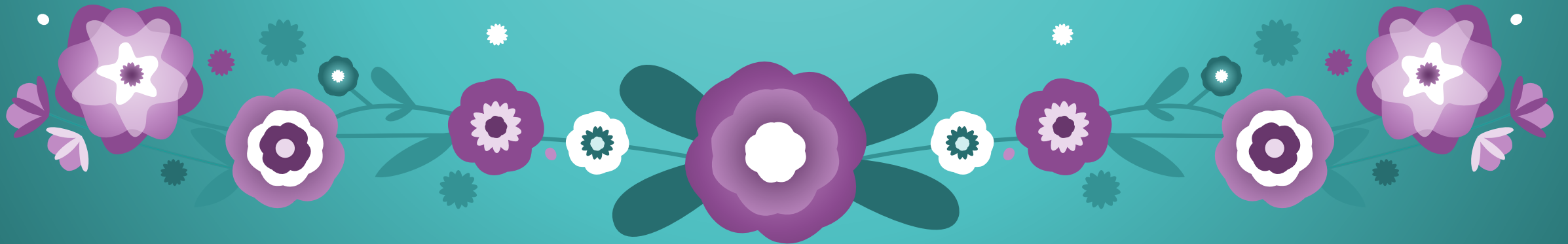


Alliance Quarterly Meeting

September 19, 2025

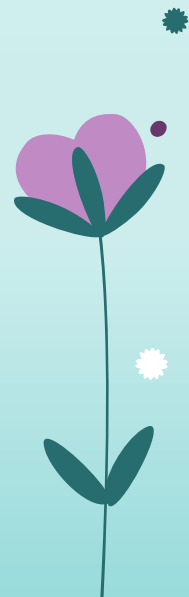
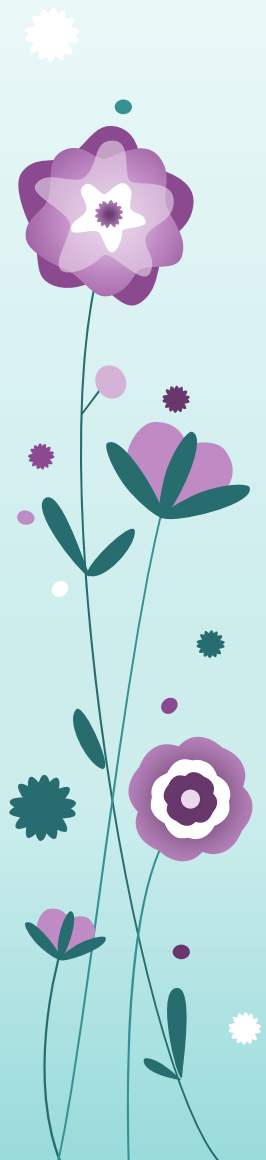


Agenda

- Welcome Attendees
- Alliance business
- Cannabis Use and Teens
- Annual Alliance Survey Findings
- Policy Recommendations for OHA
- YSIPP 26-30 Preview and Feedback

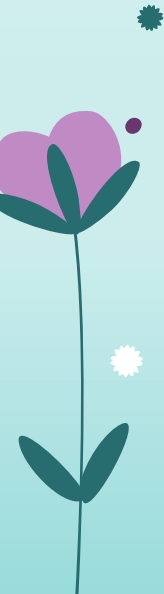
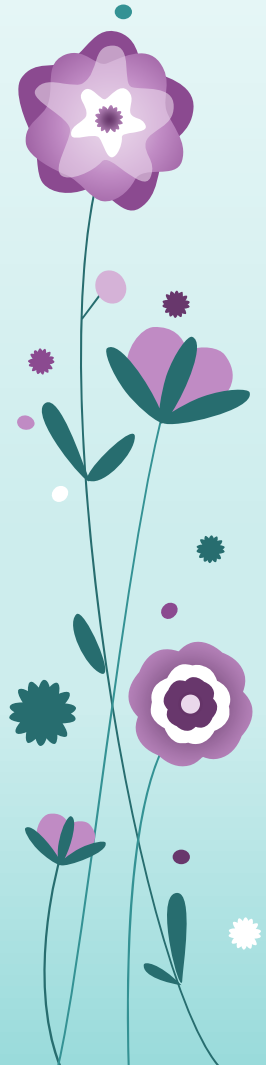


Thank you Kris!



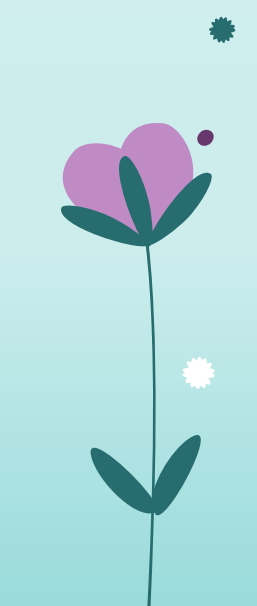
Breakout Rooms

- What is your favorite fall time tradition you are looking forward to?





Alliance Business

- **Update on who is an Existing Member**
 - **Approve June Quarterly Meeting Minutes**
 - **Mention the Presenter Guide**
 - **Alliance Registration Reminder**
 - **Executive Subcommittee Openings**
 - **Subcommittee Meeting Schedule**
- 

Existing Alliance Members

- 
- 
1. Aaron Townsend
 2. Angela Perry
 3. Anna Silberman
 4. Antonia Alvarez
 5. Catherine Bennet
 6. Craig Leets
 7. Don Erickson
 8. Erin Porter
 9. Galli Murray
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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 September 2025, there are 31 appointed members. A quorum would mean 16 appointed members present including the Chair or Vice-Chair which is currently Don Erickson and Craig Leets.

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.'
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Alliance Quarterly Meeting Reminder

Register for 2025 Quarterly Meetings [here](#)

<https://us02web.zoom.us/meeting/register/tZEude6vqj0oGN2pAC0MqqmJHbfTFRQBUIqr>

Register for 2026 Quarterly Meetings [here](#)

<https://us02web.zoom.us/meeting/register/l9HTvF0KSEa1X53iFsMcXw>





Executive Subcommittee Openings


Executive Subcommittee meets the 2nd Tuesday of the month from 10:00 AM – 11:30 AM

Subcommittee members must be OHA appointed Alliance members

Looking to fill the following positions:

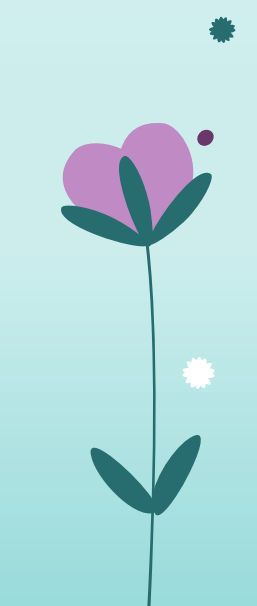
- At large member
- Youth / young adult member
- 2 People with lived experience (direct lived experience or loss survivor)

Nominations will be collected and then voted on during our December Quarterly Meeting






Alliance Subcommittee Meetings

- All Subcommittee meetings are open to the public so anyone can attend
 - The majority of the Alliance's work is moved forward in Subcommittee spaces
 - Only OHA appointed members can vote but anyone can engage in discussions and the work that is taking place
- 



Alliance Executive Subcommittee

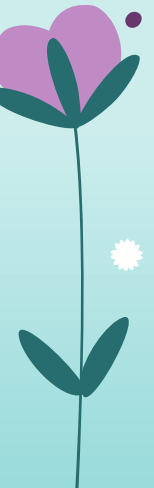
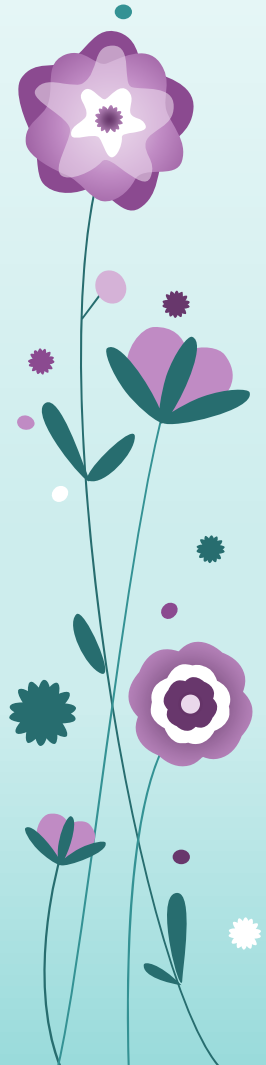
- Meets monthly
 - 2nd Tuesday 10:00 AM – 11:30 AM
 - Leadership for the Alliance as a whole
 - Discusses policy areas, membership, and the overall direction of the Alliance
- 

Alliance Data & Evaluation Subcommittee

- Meets quarterly
- 1st Thursday of March, June, September, and December 9:30 AM – 11:00 AM
- Currently looking at creating a logic model for the Alliance's work
- Provides feedback on annual YSIPP reports to OHA


Alliance Lethal Means Safety Subcommittee

- Meets monthly
- 2nd Wednesday 1:00 PM – 2:15 PM
- Currently gathering information from those 18-24 on safe storage
- Looking at 2nd and 3rd lethal means used in attempts and deaths to provide recommendations to OHA
- Will take a deeper dive into teen cannabis use



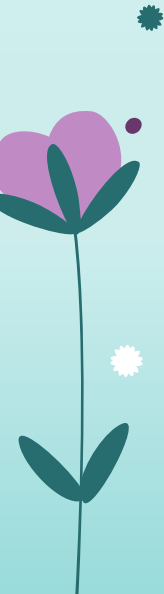
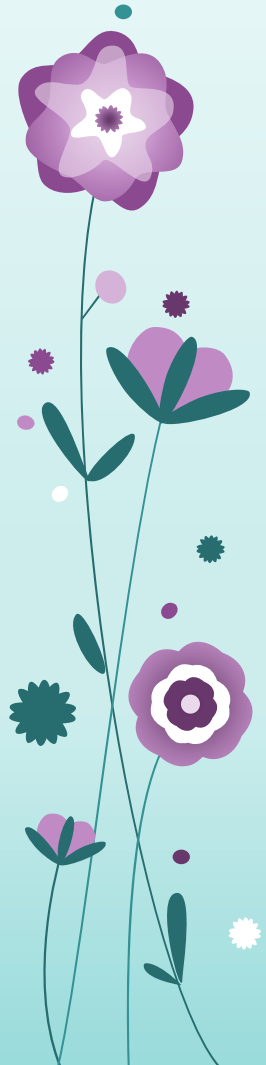


Alliance Schools Subcommittee

- Meets monthly
 - 3rd Wednesday 8:30 AM – 10:00 AM
 - Provides feedback and recommendations to ODE and OHA on Adi's Act implementation and gaps
- 

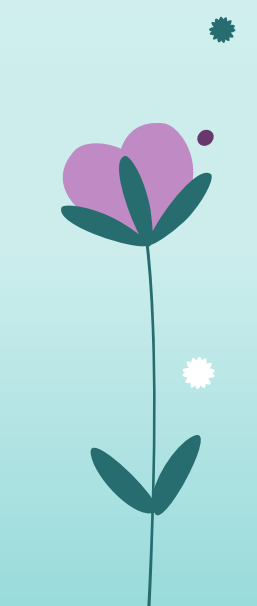
Alliance Transitions of Care Subcommittee

- Meets monthly
- 2nd Thursday 1:00 PM – 2:30 PM
- Going to do a scan on transitions concerns for those 18-24 to help shape recommendations to OHA





Alliance Workforce Subcommittee

- Meets monthly
 - 1st Friday 9:30 AM – 11:00 AM
 - Focusing on making sure we have an equipped workforce so people can find the right help at the right time
- 

Alliance Equity Subcommittee

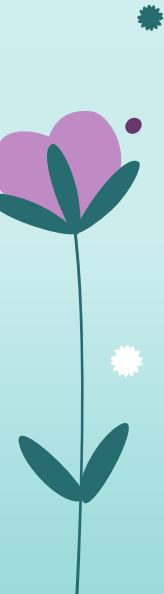
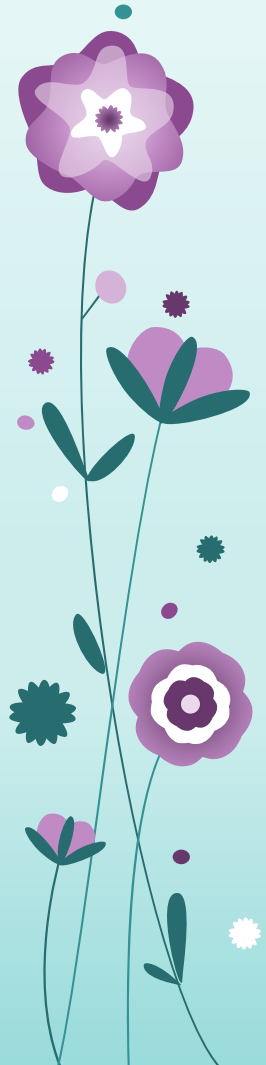
- Meets monthly
- 4th Tuesday 9:00 AM – 10:30 AM
- Subcommittee Goals as Defined in the YSIPP:
 - Solidify its operational structure as a central driver of cultural infusion strategy, coordination, and accountability across the Alliance.
 - The Alliance Equity Subcommittee will systematize cultural infusion checkpoints where other Alliance subcommittees regularly engage with the Equity Subcommittee for cultural infusion input, feedback, support, and alignment.
 - The Alliance Equity Subcommittee will create and carry out an implementation workplan through full engagement of its members, exploring strategies such as establishing Alliance Equity subcommittee liaison roles with other Alliance subcommittees, creating a brief equity tool for all Alliance meetings and initiatives, offering technical assistance, or others.
- Please join us in working towards these goals!

The need for equitable suicide prevention is greater than ever with many of our community members currently experiencing increased insecurity, oppression, and hateful bias.

White Accountability & Learning Community (WALC)

- Meets monthly
- First Thursday 9:30 AM – 11:00 AM
- The White Accountability & Learning Community gathers monthly to advance the Alliance equity commitment and anti-racism work by:
 - Building relationships
 - Learning together
 - Taking action
 - Unpacking whiteness - self-reflection and group-reflection
 - Leaning into hope

You don't have to be in other committees to join this group.
You too can have an active role in co-creating this space!





ORBHIT Affinity Spaces

A space where people with a shared identity, experience, interest, or commitment gather to build community, share knowledge, and support one another.

- BIPOC Caucus
- 2SLGBTQIA

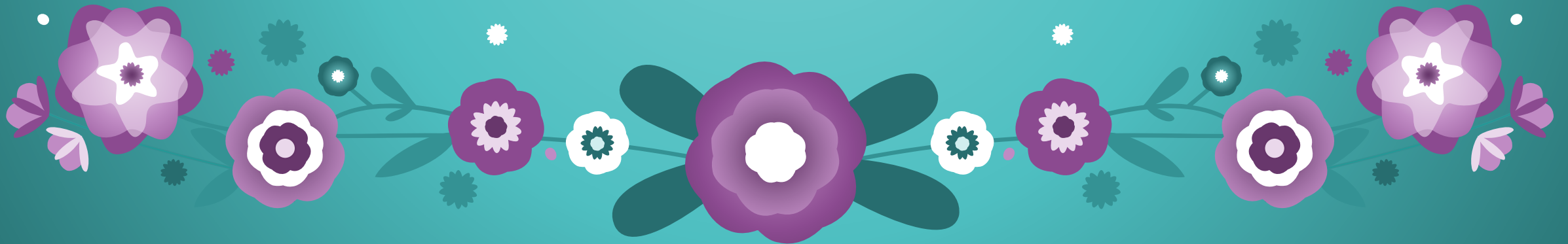
These two groups are facilitated by their members.

Lucina is the staff that supports their facilitators. Please contact Lucina if you would like to learn more or to join.



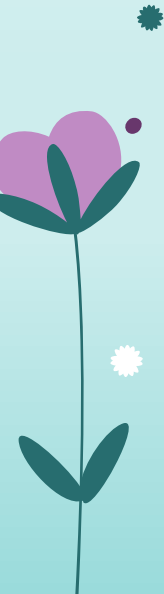
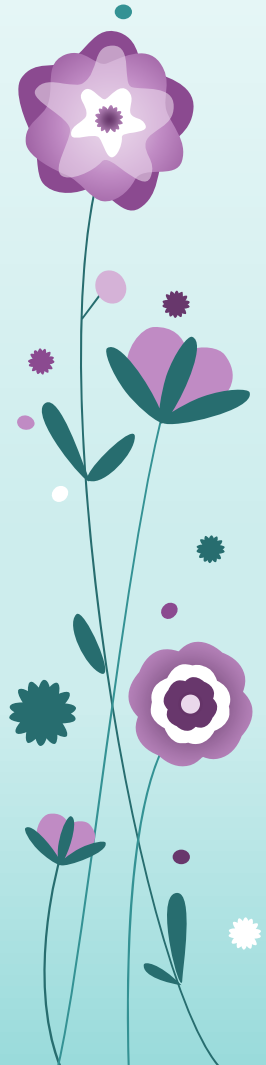
Teens and Cannabis Use

Lee Stewart



Breakout Rooms

- Where do you see this impacting your Subcommittee's work?





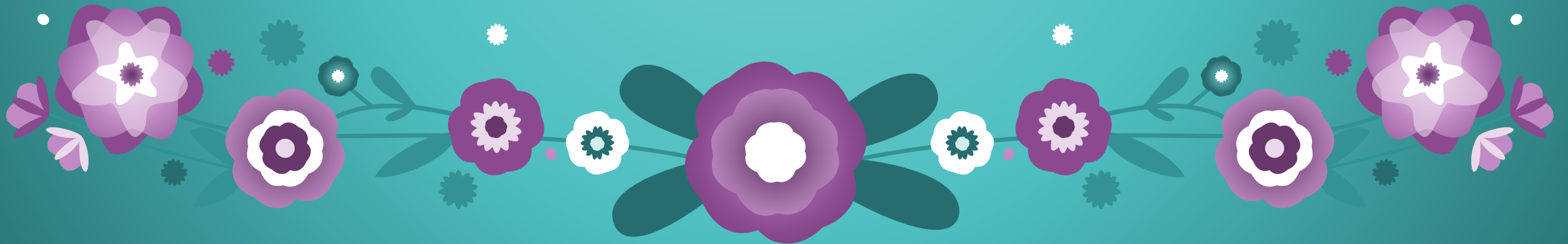
Upcoming Webinar

Longer webinar to cover this topic more in depth Thursday, October 2nd
10:00 AM – 11:30 AM

https://us02web.zoom.us/meeting/register/Tm_HHrkRo63vK5FYXGPyA




Annual Survey Feedback





Membership Changes

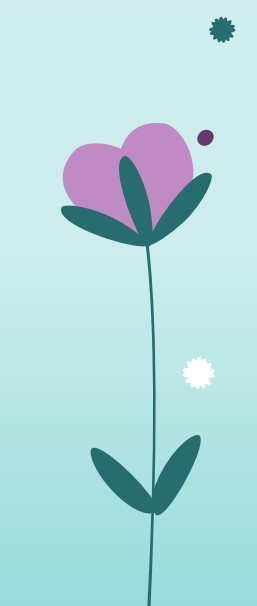
Year	Voting Members	Non-Voting OHA Members
2025	Waiting on final approval from OHA	2
2023	52	9
2022	56	9
2021	45	8





Survey Completion Changes

Year	Listserv Recipients	Completed Surveys	Completion Rate
2025	211	30	14.2%
2023	245	47	19.2%
2022	251	49	19.5%
2020	191	28	14.7%



Data that Stood Out and Action Items

- Concerns around OHA and Alliance relationship
 - Action Item: There is going to be a facilitated conversation between OHA Staff and Alliance Staff and eventually Alliance Executive to help with repair
- Uncertainty with how the Alliance is going to move forward
 - Action Item: Leaning into our role as an advisory group to OHA, continuing to work to connect the field, and expanding our engagement in educating both community members and legislators
- Appreciation for more interaction in Quarterly meetings
 - Action Item: Continue with breakout rooms and start to have more breakout spaces by Subcommittee

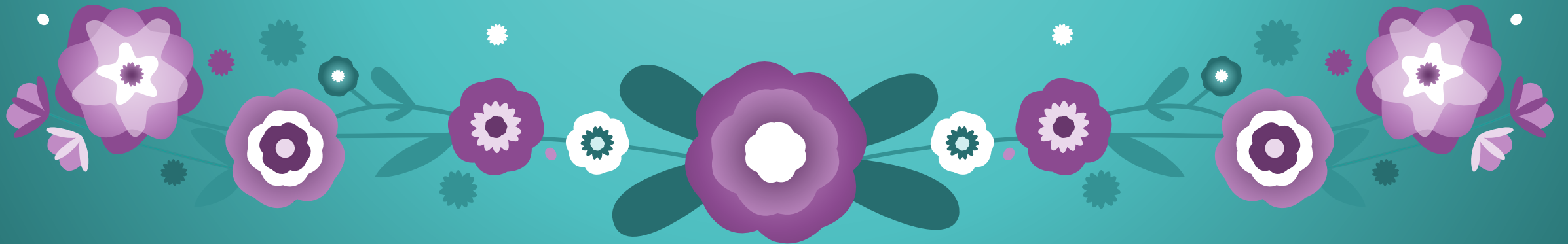
Data that Stood Out and Action Items

- Displeasure with Robert's Rules
 - Action Item: Alliance Staff, Chair, and Co-Chair to create a simplified version of this to use in Alliance spaces
- More people identify as having lived experience as either a loss survivor or someone with direct lived experience
 - Action Item: Lean into our subject matter experts more
- Desire to have more focus on those 18-24
 - Action Item: Subcommittees submitted priority populations they want to focus on in the next 5-years and 18-24 is one of them. Some Subcommittees are expanding their work into this like Workforce, Transitions of Care, and Lethal Means Safety.



BREAK

Alliance Policy Recommendations to OHA



Lethal Means Related

- OHA to work with the Judicial branch to support and expand training on Extreme Risk Protection Orders (ERPOs) for law enforcement officials and relevant court systems staff. Trainings on ERPOs would include how to request one, what an ERPO covers, and other logistics. Trainings should be also be made available to the public.
- Provide off-site storage for firearms in times of crisis at Federally Firearm Licensee (FFLs). Offer a waiver / voucher system for people to access safe storage for free or low cost to increase accessibility and lower barriers in times of crisis.
 - Alliance Lethal Means Safety Subcommittee to put together recommendations regarding education for OHA to share why it is so important to support a program like this.

Schools Related

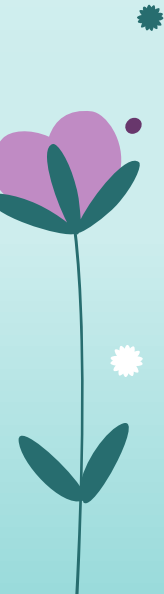
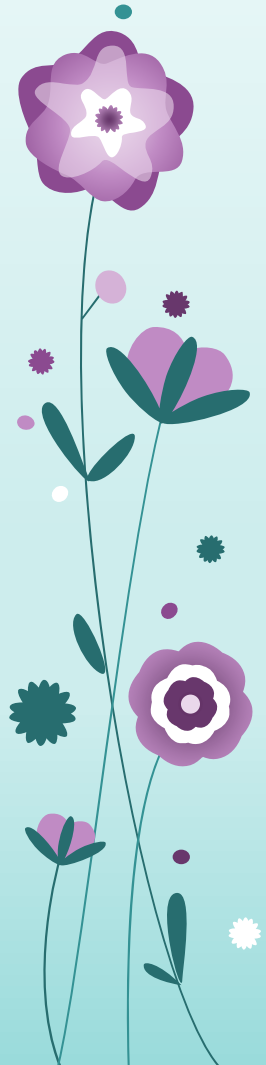
- Amend HB 2315 to read as follows: "Section 1(F) "A school psychologist and a school counselor, as defined by rule by the Teacher Standards and Practices Commission."
- Sponsor a bill to create an Adi's Act requirement for Post Secondary Education Institutions modeled on Adi's Act with the same recommended updates for the Adi's Act Legislation. (See next slide)

Schools Related

- Adi's Act revisions:
 - Require school districts to provide OHA recommended Big River Suicide Prevention trainings or other evidence-based trainings for school personnel.
 - Annual community helper level training for all staff
 - Advanced level training for screeners, BH staff, and admin on a recurring basis in alignment with training recertification guidance.
 - Require school districts to define and clarify roles and responsibilities of personnel involved in SPIP
 - Ensure alignment to OARs, TSPC license scope of work, job descriptions, and professional training and expertise
 - Require school districts to include considerations for online schools, charter schools, and alternative schools within their district in their Adi's Act plans.
 - Require private K-12 schools to have Adi's Act plans
 - To clarify in Rules: Require an annual update of the plan by school districts.

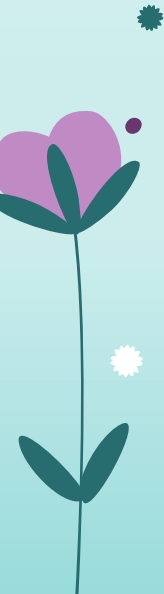
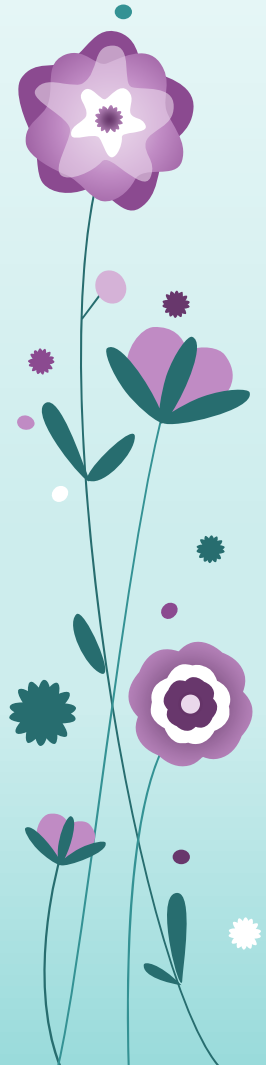
Workforce Training Related

- OHA to provide funds for the creation and provision of a relevant training for physical healthcare providers on suicide screening, assessment, and management.



Crisis Related

- Include the Crisis Text Line 741741 anywhere that 988 talk and or 988 text are shown: in documents, printed materials, discussions, presentations, State Government web sites, etc.



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Alliance Voting Process

To make a vote:

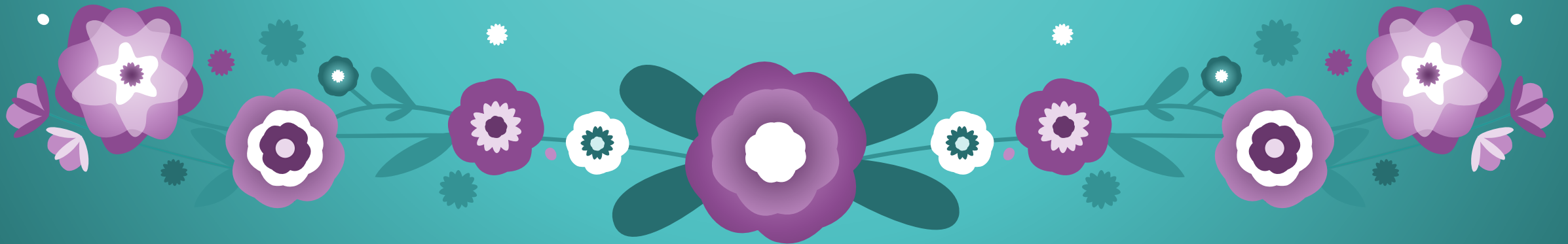
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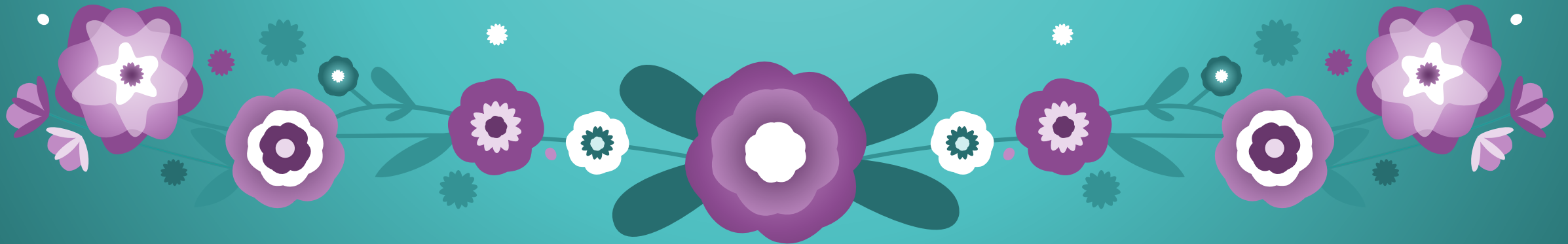
YSIPP Update

Jill Baker



Thank you all!

See you Friday, December 12th!



Cannabis and Suicide Risk

Oregon Alliance for Suicide Prevention
Quarterly Meeting, September 19, 2025

Lee Stewart, PhD

Lee Stewart, PhD

— — — —

Johnny's Ambassadors

Parent Action Network/ Smart Approaches to Marijuana

Big Village Prevention Coalition

Community Living Above Prevention Coalition

OLCC Rules Advisory Committee for Marijuana and Hemp

Community Impact Subcommittee of CPOT, Cannabis Policy
Oversight Team

TODAY'S CANNABIS

“I smoked when I was a kid and nothing happened to me.”

— — — —

What people smoked in the past



4% - 7% THC

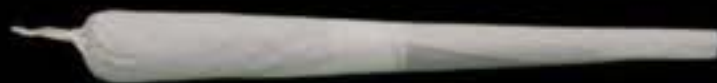
What people smoke now



25% - 35% THC

This equals that.

1990



50 mg THC



50 mg THC



50 mg THC



50 mg THC

2020



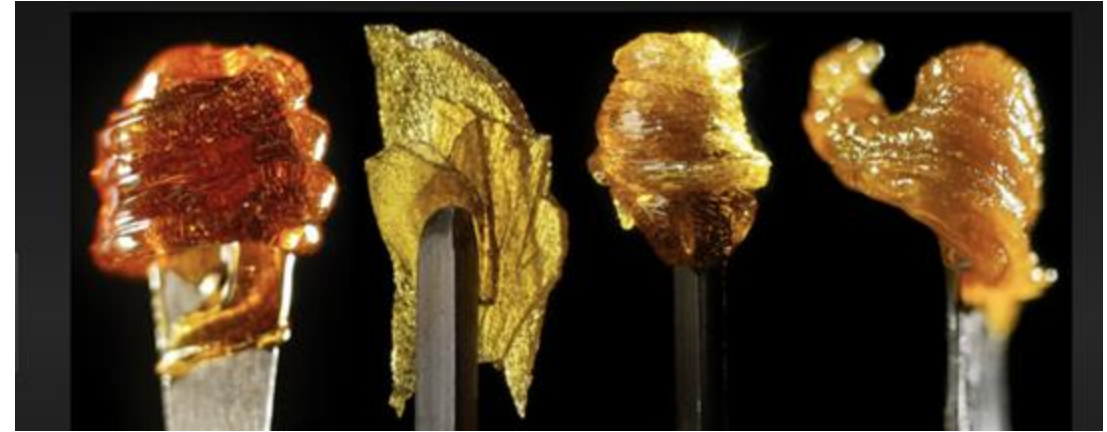
200 mg
THC

New products: cannabis concentrates

THC is extracted and concentrated to a potency of 50 - 90+% THC

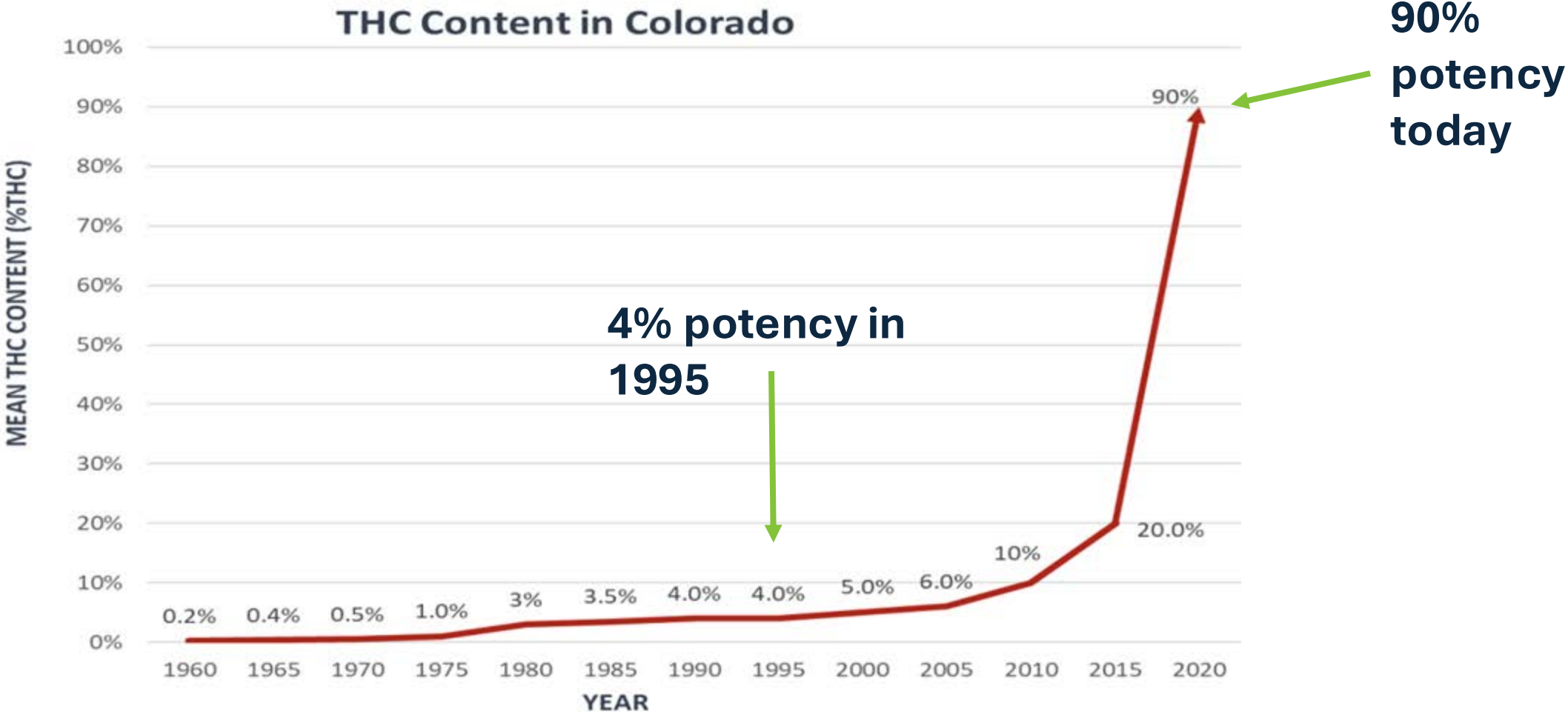
- Vapes
- Dab pens

Wax, shatter, budder, oils
crystals (diamonds)



Changing product and use pattern in the cannabis landscape

--



Teens prefer using concentrates

Adolescent cannabis users: **72% used concentrates**

Madeline H. Meier, et.al; Cannabis Concentrate Use in Adolescents.
Pediatrics September 2019

Cannabis vaping: most popular cannabis delivery method among all U.S. adolescents.

Heavy and frequent use of cannabis is increasing among U.S. adolescents.

Keyes KM, et al. Frequency of adolescent cannabis smoking and vaping in the United States: Trends, disparities and concurrent substance use, 2017–19. *Addiction*. 2022



“That’s not how I remember marijuana.....”

What you encountered



2 - 5% THC

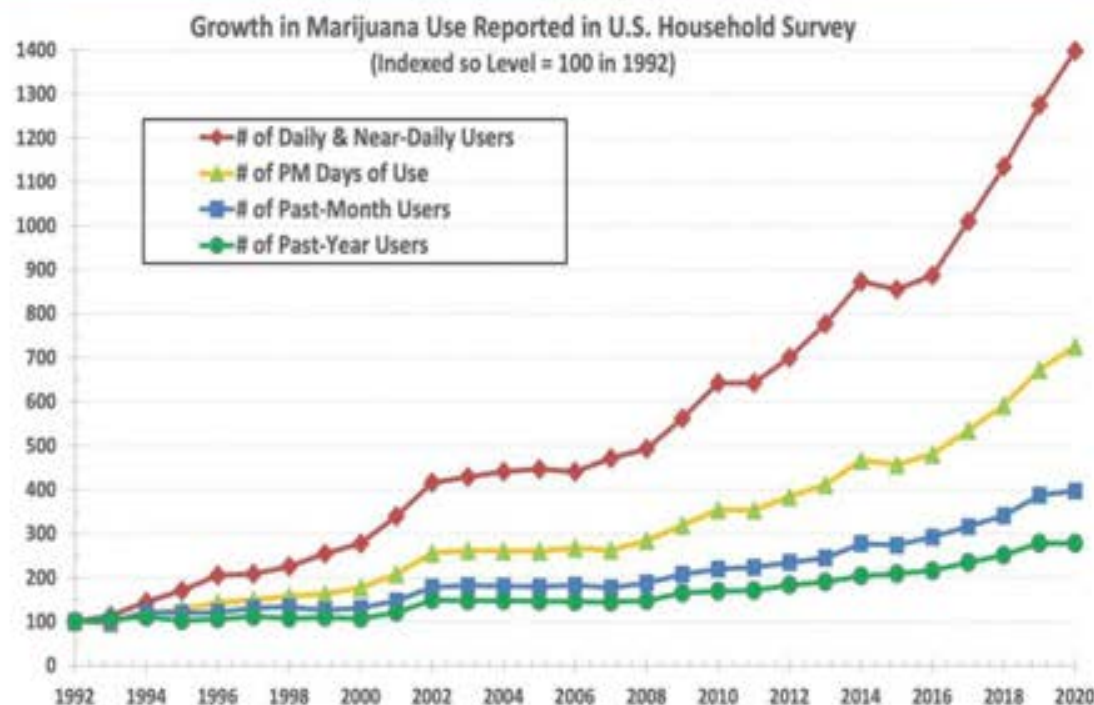
What they encounter



Some products 80%+ THC

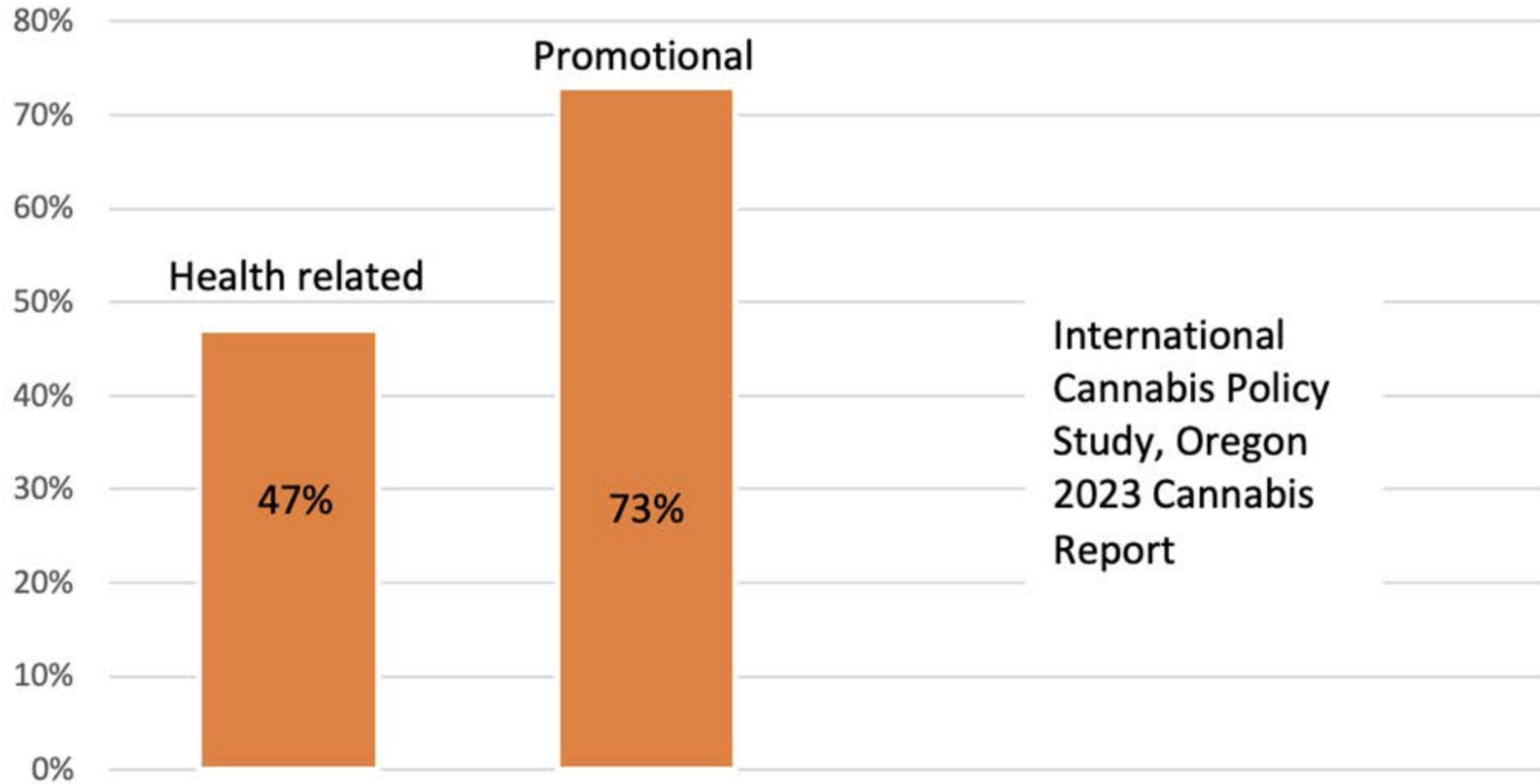
Daily Use in US Households is Increasing Dramatically

For the first time in history, there are more daily and near daily users of cannabis than alcohol (17.7 vs. 14.7 M), despite there being 6x more drinkers than cannabis users.



- About 61 million people in the US use cannabis, and about 16 million have Cannabis Use Disorder.
- From 1992 to 2022, there was a 15-fold increase in the per capita rate of reporting daily or near daily use.
- For the first time in history, there are more daily and near daily users of cannabis than alcohol (17.7 vs. 14.7 M), despite there being 3x more drinkers than cannabis users.
 - 8.3% of drinkers drink daily or almost daily versus 28.9% of cannabis users.
- Daily use is associated with significant mental health and cognitive performance harms.

Cannabis messaging viewed by ages 16-25 2023



International
Cannabis Policy
Study, Oregon
2023 Cannabis
Report

Oregon Youth Cannabis Use

SAMHSA National Survey on Drug Use and Health 2022 data shows:

- Oregon students 12-17 have lowest perception of risk in the US
- 87% perceive NO great risk from smoking marijuana once a month

27% of PPS High School students report current cannabis use

(2021 Youth Risk Behavior Survey)

Storefront availability and increased use.

Studies found in towns with cannabis storefronts, adolescents had greater:

- **cannabis use**
- **cannabis use with alcohol**
- perceived cannabis availability
- lower perceived risk
- perceived parental approval



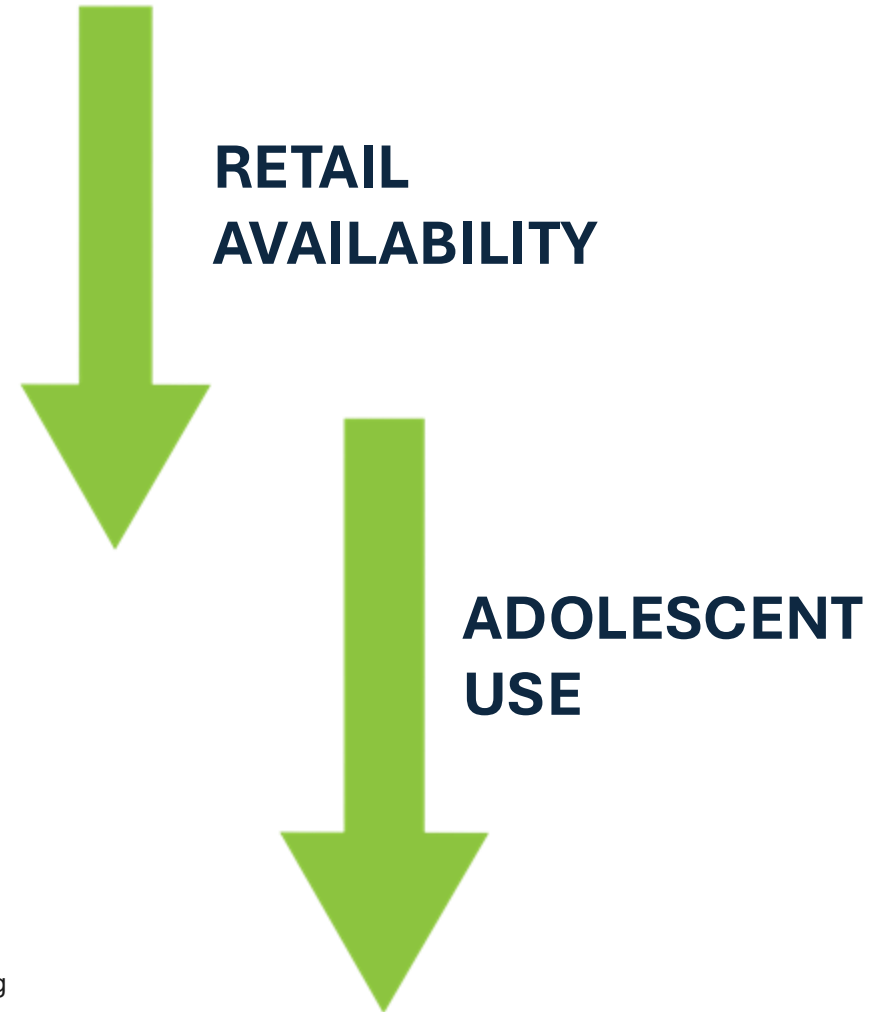
Recreational Marijuana Availability in Oregon and Use Among Adolescents, Paschall, Mallie J. et al. American Journal of Preventive Medicine, Volume 58, Issue 2, 2020

Retail Availability of Recreational Marijuana and Alcohol in Oregon Counties and Co-Use of Alcohol and Marijuana and Related Beliefs among Adolescents. G. Garcia-Ramirez, et al., *Substance Use & Misuse*, 56(3), 345–352, 2021

Towns with less cannabis retail availability had lower youth use

2024 Large northern CA study w/ Kaiser Permanente:

- Adolescents in areas with less retail cannabis availability
- associated with a lower prevalence of cannabis use & problematic use.
- Longer drive time associated with less use by youth.



WHY IT MATTERS
(the harms to
youth)

Towns with less cannabis availability had decreased youth mental health risks.

- New research from Kaiser Permanente shows storefront bans were significantly associated with much lower rates of adolescent psychotic disorders.
- Increased drive time to the nearest retailer (≥ 20 -min vs. < 5 -min) was associated with a lower prevalence of teen **psychotic, anxiety, and depressive disorders and depression symptoms**.



Cannabis availability



Youth mental health risks

Mental Health Outcomes

Science is
catching up with
the commercial
market

High-potency cannabis is
associated with greater
risk of:

- anxiety
- dependency
- suicidal thoughts
- psychotic symptoms

Sources: 1) Wilson, Lancet Child & Adolescent Health, 2019;
2) Chandra, Eur Arch Psychiatry, 2019;
3) El Sohly, Biological Psychiatry, 2016

Addiction

Substance Use Disorders Criteria

1. Taking the substance in larger amounts or for longer than you meant to
2. Wanting to cut down or stop using the substance but not managing to
3. Spending a lot of time getting, using, or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not managing to do what you should at work, home or school, because of substance use
6. Continuing to use, even when it causes problems in relationships



Substance Use Disorders Criteria

7. Giving up important social, occupational or recreational activities because of substance use
8. Using substances again and again, even when it puts you in danger
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance
10. Needing more of the substance to get the effect you want (tolerance)
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance



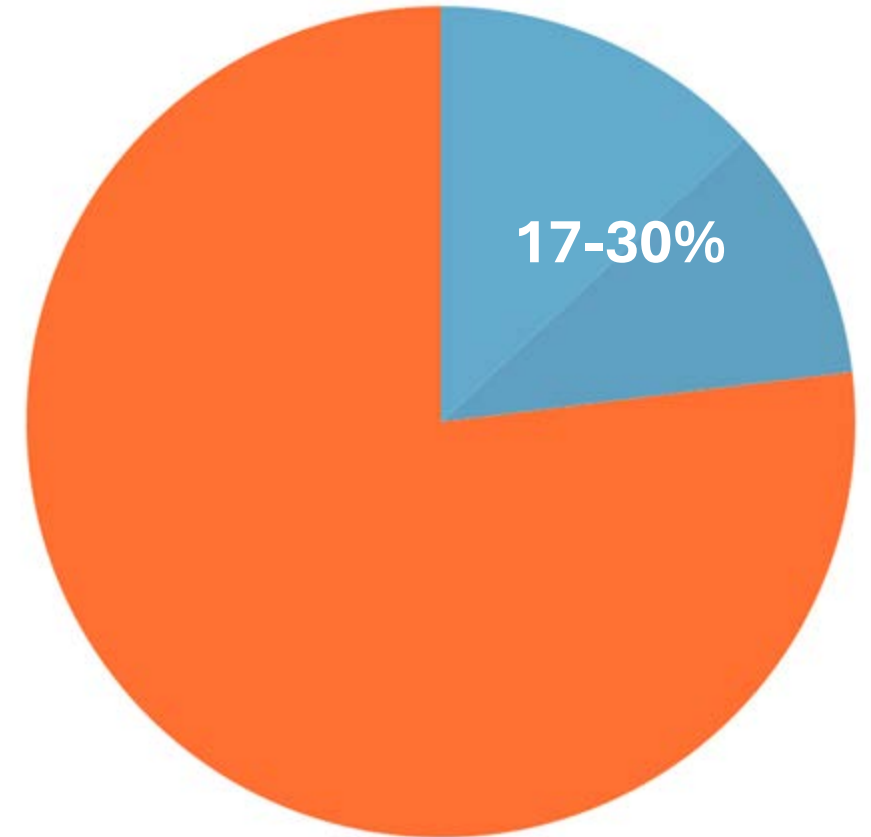
Cannabis use disorder (CUD)

The young brain is **more vulnerable** to addiction

17% to 30+% of users under age 18 who use cannabis at least once a week **develop cannabis use disorder**

(highest prevalence among daily users)

Hinckley JD, Ferland JN, Hurd YL. The Developmental Trajectory to Cannabis Use Disorder. Am J Psychiatry. 2024 May



Teen cannabis addiction risk

According to NIDA (the National Institute on Drug Abuse) in 2021:

- **"30% of those who use marijuana may have some degree of a marijuana use disorder"**
- **"People who begin using marijuana before the age of 18 are 4 to 7 times more likely to develop a marijuana use disorder than adults."**

The 2022 National Survey on Drug Use and Health (NSDUH):

- **Cannabis use disorder was higher than alcohol for youth aged 12-17.**
- **Around 19 million individuals aged 12 and older had a Marijuana Use Disorder in the past year, with 7 million under the age of 25 impacted.**

Psychosis

Frequent “High Potency” Cannabis use and new psychosis

5x

Daily use of *high-potency* cannabis:

- 5-fold higher odds of psychotic disorder

Source: Di Forti, Lancet Psychiatry 2019

During adolescence
(ages 12–19)

Over 11 times greater
risk of chronic
psychotic disorder

Recent data including more potent
cannabis

- Cannabis use disrupts adolescent nerve transmission refinement & white matter development
- Study of 11,363 children, 12-24yo. Longitudinal design 6 to 9 year follow up

Canadian health warnings, March 12, 2025

revision

Using cannabis before age 25 can:

- **harm brain development** worsening attention, concentration, and memory
- increase risk of mental disorders like **psychosis and schizophrenia**
- cause psychotic symptoms like **severe paranoia**
 - The risk is greatest in people younger than 25 or when using products higher in THC.
- Cannabis can be **addictive**. The higher the THC, the greater the risk and adverse effects.
- Cannabis use increases the risk of **anxiety and depression** (the more you use, the greater the risk).
- **Do not drive under the influence of cannabis**. It puts your life and other people's lives at risk.

Teen and Young Adult Suicide

Evidence Mounting That Connects Cannabis to Youth Depression and Suicide

Linda M. Richmond

With researchers continuing to find that cannabis in all its forms is helping fuel the youth depression and suicide epidemic, psychiatrists have a role to play in assessing and treating cannabis use—and countering disinformation.

Psych News 2025; 60

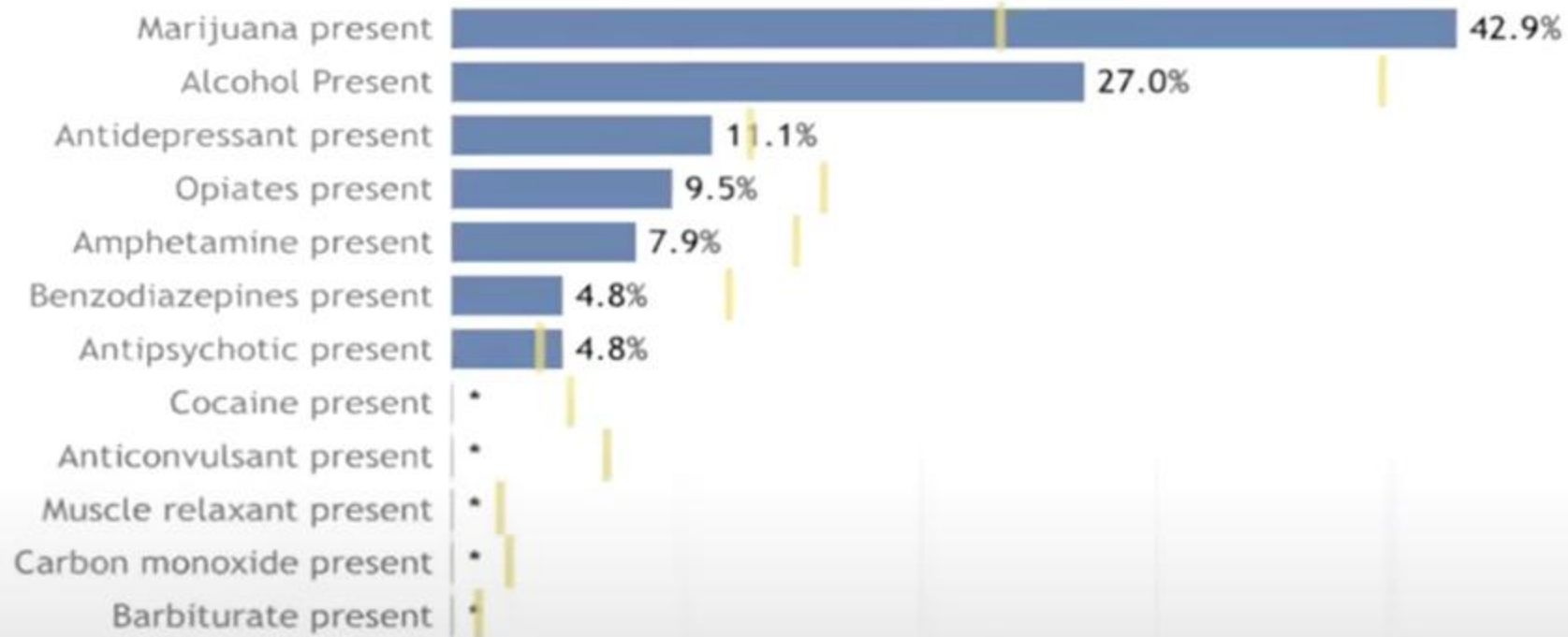
<https://doi.org/10.1176/appi.pn.2025.01.1.15>

There is mounting evidence that young people's use of cannabis is fueling depression and suicide in this population, according to experts who recently spoke during a session at the American Academy of Child and Adolescent Psychiatry's annual meeting.

"Expanded cannabis product offerings, increasing potency, and an increase in state and local legalization laws are posing unprecedented exposure to young people during a critical period of brain development," said Jesse D. Hinckley, M.D., Ph.D., associate clinical professor of psychiatry and co-founder of the addiction biology laboratory at the University of Colorado School of Medicine.

Youth suicide

2021 Teen Deaths By Suicide: Marijuana is #1 substance in toxicology results among 15-19 year olds





Contents lists available at [ScienceDirect](#)

Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep



Review

The role of depression in the relationship between cannabis use and suicidal behaviours: A systematic review and meta-analysis

Gustave Maffre Maviel^{a,*}, Camilla Somma^{a,c}, Camille Davisse-Paturet^a, Guillaume Airagnes^b, Maria Melchior^a

^a Social Epidemiology Mental Health and Addictions (ESSMA), Institut Pierre Louis d'Epidémiologie et de Santé Publique (IPLESP), Sorbonne Université, INSERM UMR-1136, Paris, France

^b INSERM, Population-based Epidemiological Cohorts Unit, UMS-011, AP-HP Centre-Université Paris Cité, Paris, France

^c Department of Neuroscience, Biomedicine and Movement Sciences, Section of Psychiatry, University of Verona, Verona, Italy



- Statistically significant association between cannabis use and suicidality even after controlling for depression
- Cannabis use should not only be seen as a possible risk factor of mental health disorders, but also as an independent risk factor of suicidal behaviors.

Tuesday, June 22, 2021

Cannabis use may be associated with suicidality in young adults

An analysis of survey data from more than 280,000 young adults ages 18-35 showed that cannabis (marijuana) use was associated with increased risks of thoughts of suicide (suicidal ideation), suicide plan, and suicide attempt. These associations remained regardless of whether someone was also experiencing depression, and the risks were greater for women than for men. The study published online today in *JAMA Network Open* and was conducted by researchers at the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health.

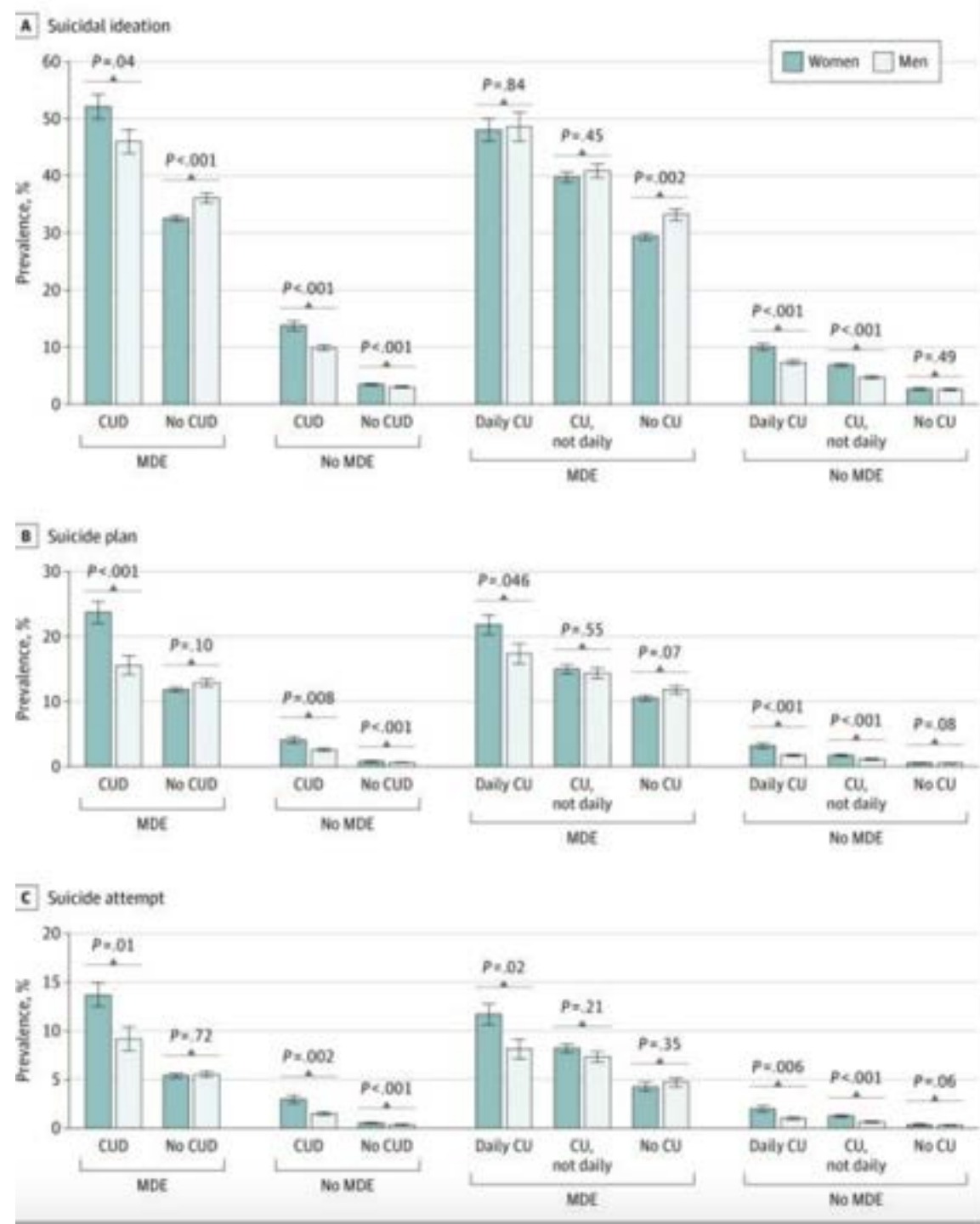
NIDA researchers examined data from the 2008-2019 [National Surveys on Drug Use and Health](#) (NSDUH)

Greatest risk for heaviest users, particularly those with a diagnosed Cannabis Use Disorder

Increased risk of suicide for women who use cannabis

“Associations of Suicidality Trends With Cannabis Use as a Function of Sex and Depression Status”

Han, Beth et al. JAMA network open vol. 4,6 e2113025. 1 Jun. 2021,doi:10.1001/jamanetworkopen.2021.13025



Data are stratified by sex, major depressive episode (MDE), CU, and CUD. Daily CU indicates 300 or more days per year. Estimates were additionally adjusted for survey year, age, race/ethnicity, educational attainment/school enrollment, family income, employment status, marital status, health insurance status, nicotine dependence, alcohol use disorder, and cocaine use disorder. Error bars indicate 95% CI.

Thank you!

Please feel free to contact me:
Lee Stewart -- Lrstew@me.com

Youth Suicide Intervention and Prevention Plan 26-30 Development Update

Jill Swiers Baker

YSIPP Manager

Oregon Health Authority

Jonathan Rochelle, PhD

Lead Evaluator

University of Oregon, Suicide Prevention Lab

Take a breath. No, really. Do it.



Hopes for today:

Share results of several pieces of analysis

Update on the YSIPP development

Check in about whether we are on the right track

Materials you will want access to later

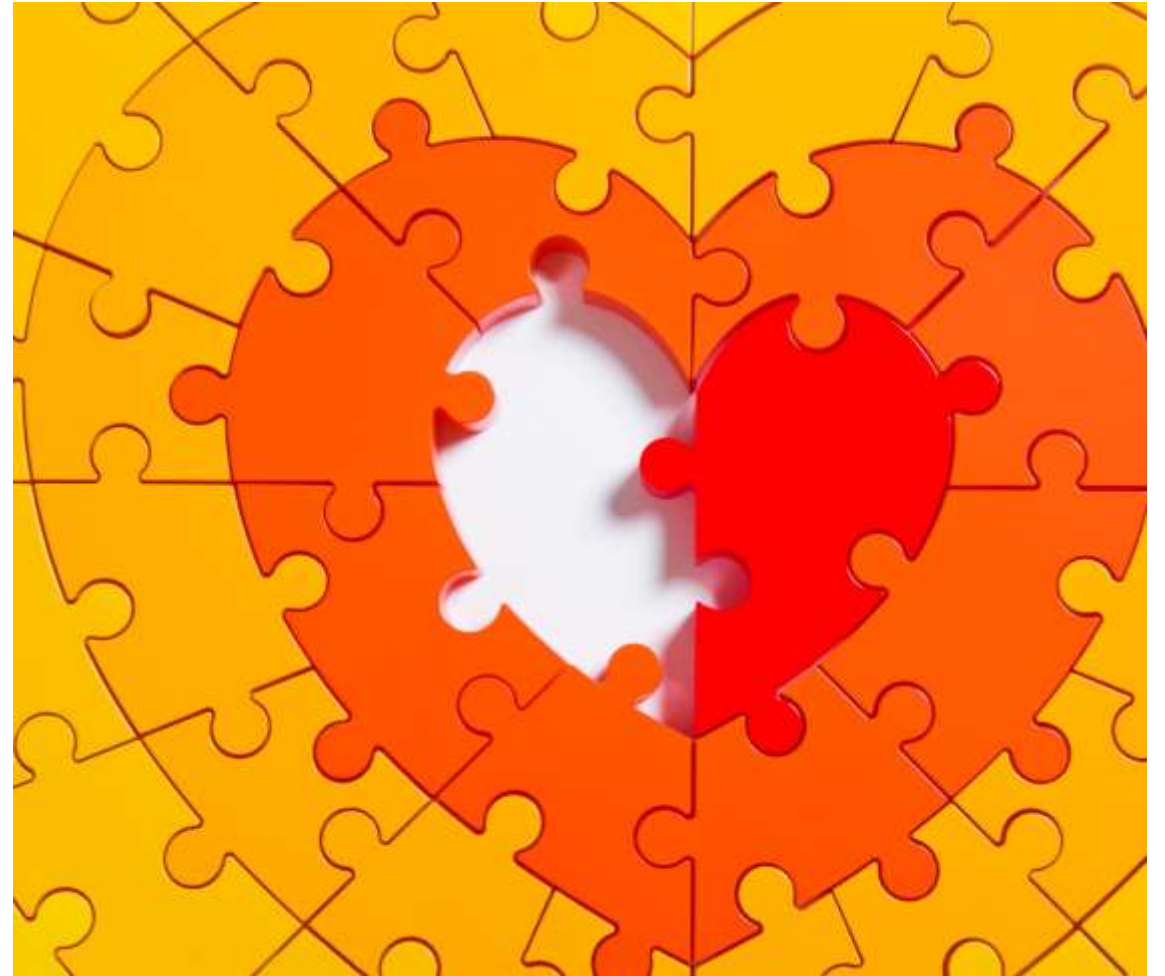
[YSIPP 26-30 Tracker](#)

*Note – this will not work on a phone for the purposes of this meeting.



Building a statewide plan

- Bookshelf ideas
- Start, stop, continue
- Cultural infusion process
- OHA strategic plan
- National Strategy
- Legislative requirements
- Next right step – current work
- Funding considerations and the time in which we live



YSIPP 26-20 Feedback Analysis

Purpose: Gather and organize feedback for YSIPP 3.0

Question Buckets

1. Ideal
2. Need
3. Start
4. Stop
5. Continue



Methodology

Collection - Five data sources

- Alliance Executive Committee
- Oregon Suicide Prevention Conference
- Nine Tribes prevention staff
- Child and Adolescent Psychiatrists of Oregon (CAP) workgroup
- Big River coordinators

Analysis: Over 600 question responses

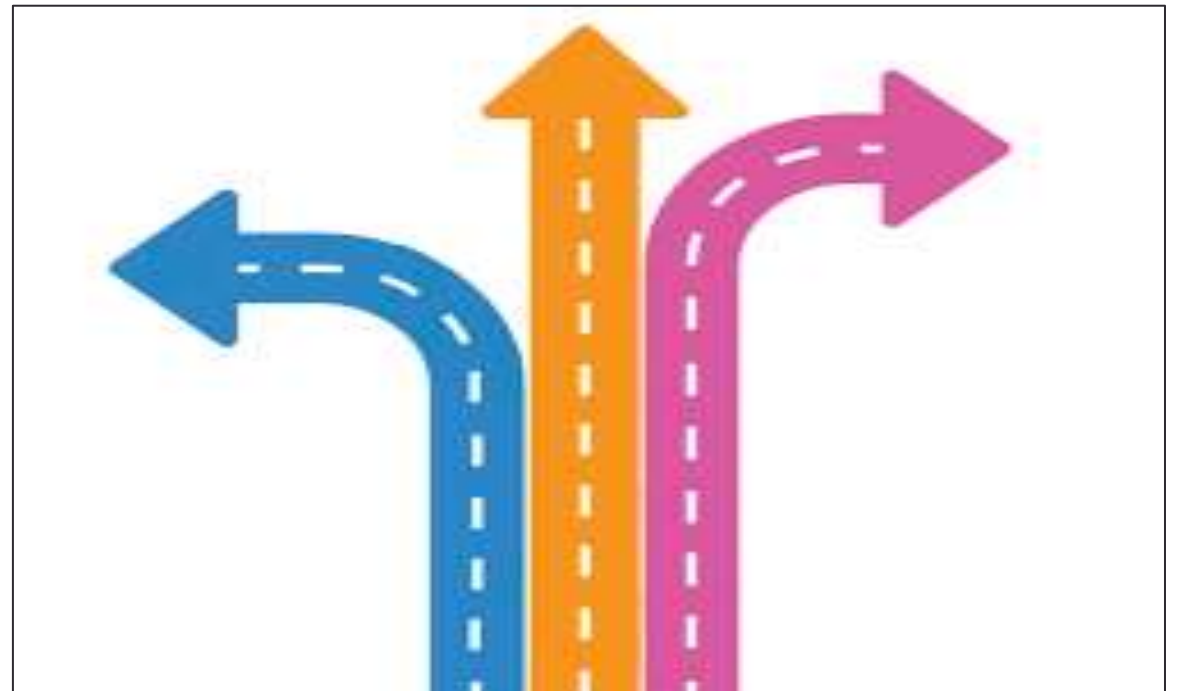
- Deductive = “**Ideal**” and “**Need**” by YSIPP Pathways
- Inductive = “**Start, Stop, Continue**”

Deductive Findings

Feedback *responses* had a wide distribution across YSIPP Pathways

Only **5** Pathways did not have any corresponding feedback:

- Resourced Coalitions (1.1.6)
- Clear Links (1.3.1)
- Protective Policies (2.3.3)
- Substance Use Services (3.1.3)
- Core Competencies (3.3.3)



Deductive Frequency Counts

Five Loudest **Needs**

1. Appropriately Trained Community (17)
2. Promoting Wellness (10)
3. *Funding Needs (9)
4. Representative Trainers (7)
5. Involved Leaders (6)

Five Loudest **Ideals**

1. Coordinated Organizations (15)
2. Information Dissemination (14)
3. Culturally-Specific Programming (13)
4. *Policy Needs (13)
5. Appropriately Trained Community (10)

*Indicates Strategic Goal (not Pathway)

Deductive Takeaways



Wide distribution of responses across YSIPP Pathways



Further exploration of “quietest and loudest” themes



Degree that pathway is addressing feedback



QUESTIONS

Inductive Findings – Start Example

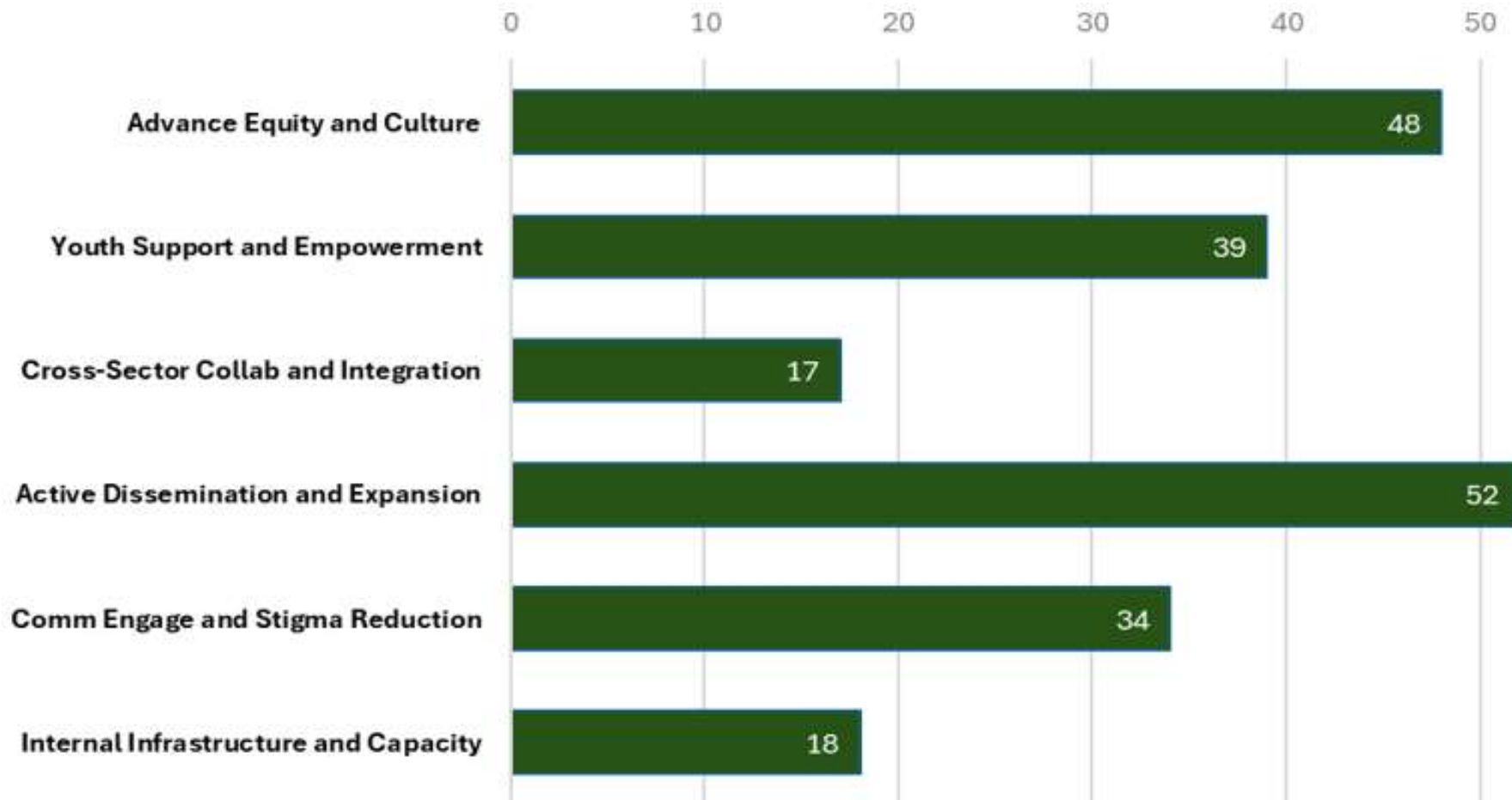
Start Theme 1:

Advancing Equity and Cultural

Responsiveness (48)

- Culturally infused programming (17)

“Provide culturally infused suicide prevention programs in schools”



Inductive Findings

Six themes for each category (Start, Stop, Continue)



Harmony across Start, Stop, Continue themes

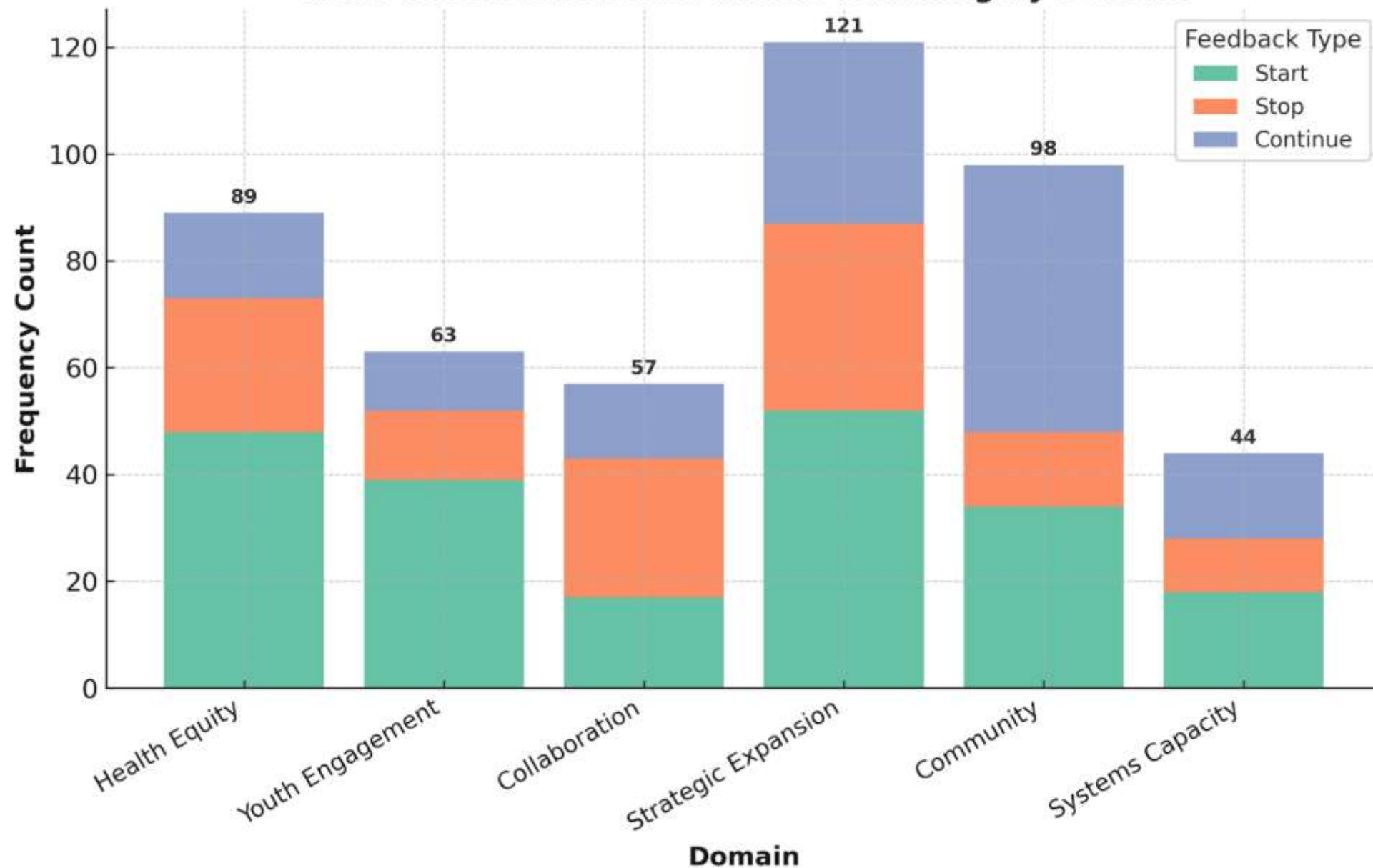


Six overarching domains across themes



Domain	“Start” Themes	“Stop” Themes	“Continue” Themes	Total
Health Equity / Representation	Advancing Equity and Cultural Responsiveness (48)	White Centered Systems and Exclusionary Norms (25)	Inclusive Leadership and Representation (16)	89
Youth Leadership / Engagement	Youth Support, Empowerment, and Leadership (39)	Exclusion of Youth Voice and Leadership (13)	Youth Centered Engagement, Support, and Skills Building (11)	63
Collaboration / System Integration	Cross-Sector Collaboration and Systems Integration (17)	<i>Delaying Action and Responding with Silence</i> (26)	Cross Sector Collaboration (14)	57
Strategic Expansion	Active Dissemination and Strategic Expansion (52)	Disjointed Systems and Misguided Spending (35)	Signature Events and EBP Dissemination (34)	121
Community Engagement and Cultural Relevance	Community Engagement and Stigma Reduction (34)	Harmful Communication and Stigma (14)	Culturally and Community Informed Prevention (50)	98
Systems Capacity / Sustainability	Internal Infrastructure, Tools, and Capacity Building (18)	Burnout, Unrealistic Expectations, and Rigid Systems (10)	Evaluation, TA, and Implementation Support (16)	44

YSIPP Feedback Across Theme Matching by Domain



Inductive Takeaways and Next Steps



Loudness of “Strategic Expansion and Dissemination”

Start and Continue thematic sameness



Utility of Six Domains to complement comprehensive structure of the YSIPP and Oregon Suicide Prevention Framework



Mapping themes and subthemes to YSIPP pathways (underway)

Degree of match

Contact and Links

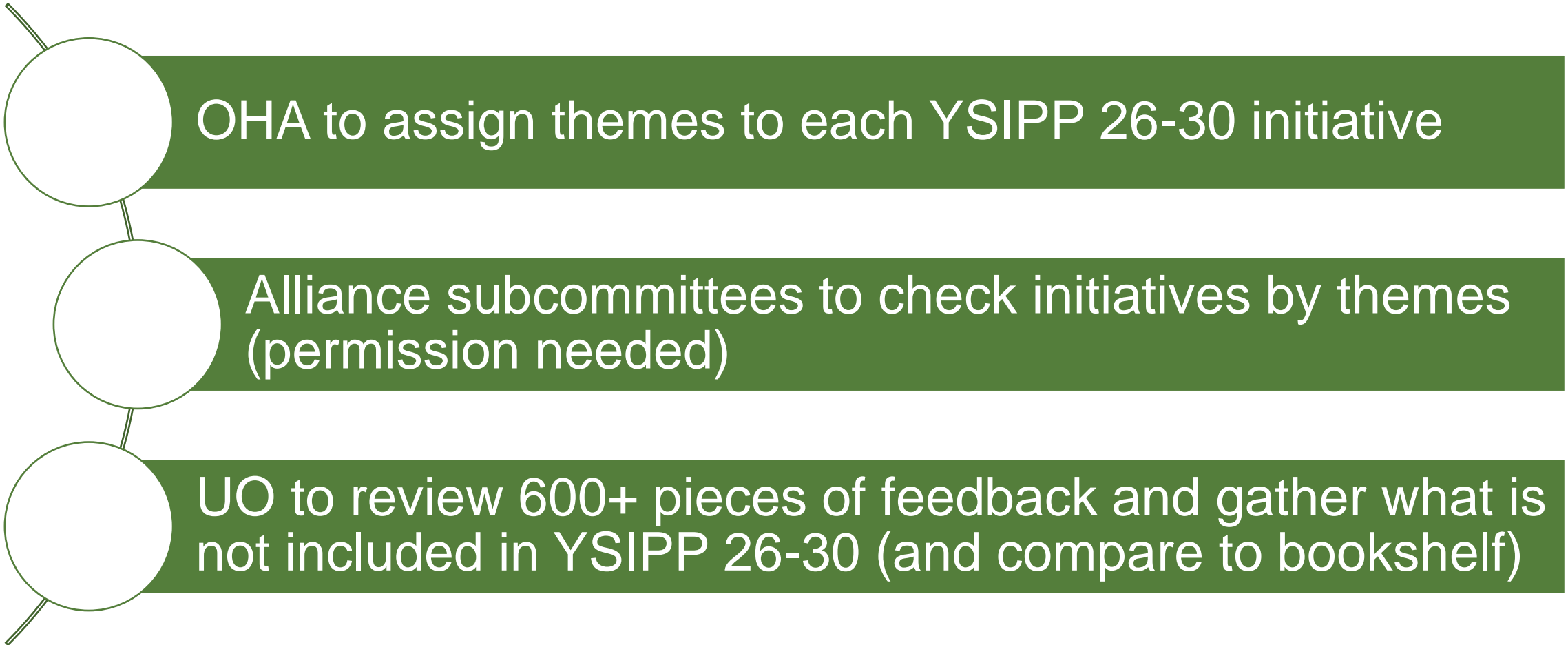
Contact email: Jrochel2@uoregon.edu

Report link: <https://qrco.de/bgJfPS>

QR Code:



Plan to double check our work



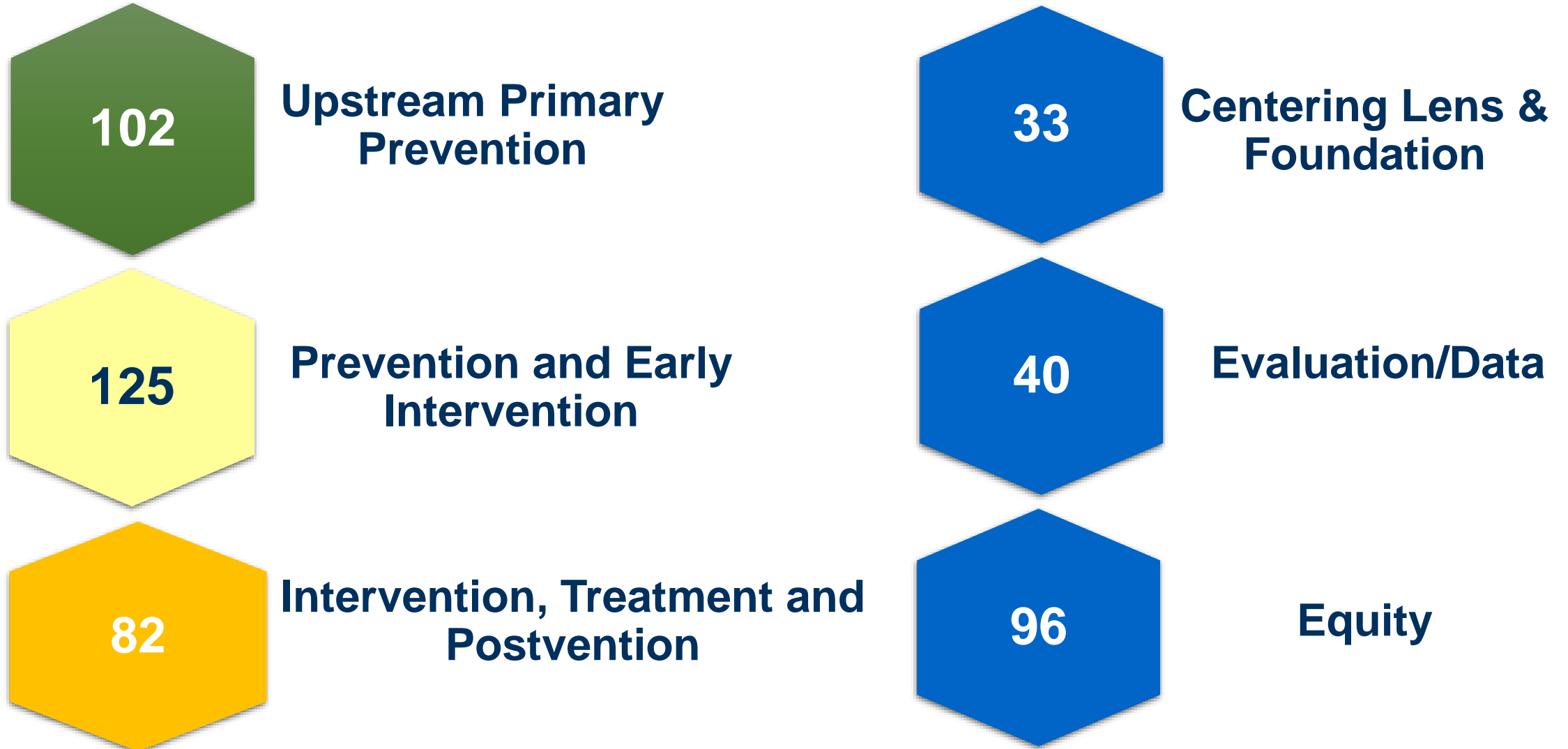
What's in the YSIPP 26-30?

- Culturally infused framework and initiatives
- Representation from youth-serving state agencies
- Direct goal creation from Big River coordinators and other key initiative leaders
- Direct goal creation from the Oregon Alliance to Prevent Suicide
- Work led by the six-person OHA suicide prevention team
- Excellence, but not perfection

What's NOT in the YSIPP 26-30?

- Suggestions/recommendations that did not make it past the ease/impact analysis
- These are also called “Bookshelf ideas”

Some numbers : 342 initiatives total projected



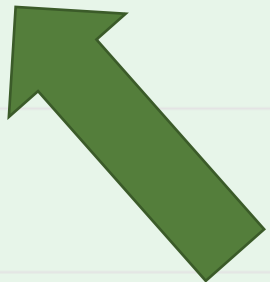
YSIPP 26-30 Simple View: More files in the filing cabinet by adding “Strategies” level

3	<ul style="list-style-type: none">- 1.1.1 “Coordinated Activities and Organizations” Suicide prevention programming is coordinated between Tribes, state, county, local leaders, and leaders in cultural communities to maximize reach and equitable access for all Oregonians. Organizations across diverse cultural communities are coordinated and are able to define their role in suicide prevention.	
4	<ul style="list-style-type: none">+ 	1.1.1.1 Contact information for key partners is updated and accessible.
7 : @ 🗨 📁 🔔	<ul style="list-style-type: none">+ 	1.1.1.2 Regular, organized, responsive meetings are held to coordinate and collaborate on the work of youth suicide prevention.
25	<ul style="list-style-type: none">+ 	1.1.1.3 New partnerships and relationships are nurtured to expand the field of suicide prevention.



Initiatives are nestled in the strategies

+	1.1.1.1 Contact information for key partners is updated and accessible.
-	1.1.1.2 Regular, organized, responsive meetings are held to coordinate and collaborate on the work of youth suicide prevention.
	1.1.1.2.1 Big River statewide coordinators meet monthly to align work, increase access and equity in programs, give program updates, connect and learn.
+	1.1.1.2.2 The OHA-hosted Suicide Prevention, Intervention and Prevention team (SPIP) is established, and each subgroup meets quarterly. The three established subgroups are: OHA Suicide Prevention Coordinators, Youth Focused: State Agency Partners, and Youth Focused: OHA Partners.
	1.1.1.2.3 Regular coordination meetings between contracted coordinators and specialists supporting Adi's Act implementation, Oregon Department of Education, and OHA coordinators are scheduled with each Education Service District.
	1.1.1.2.4 OHA convenes the counties awarded funds through the SAMHSA GLS Grant throughout 2025.
	1.1.1.2.5 As invited, OHA Suicide Prevention team will participate in quarterly Tribal prevention meetings with Oregon's 9 Federally Recognized Tribes.
	1.1.1.2.6 OHA Suicide Prevention team will participate in monthly Regional Tribal Suicide Prevention meetings led by the Northwest Portland Area Indian Health Board.
	1.1.1.2.7 As invited, the Youth Development Oregon team will participate in quarterly meetings (Education Prevention Health and Human Services) with



What difference does the new filing system make?

- YSIPP 26-30 Simple View will likely not change over the course of the 5 years
- More applicable for counties and local coalitions
- More digestible size for the statewide plan

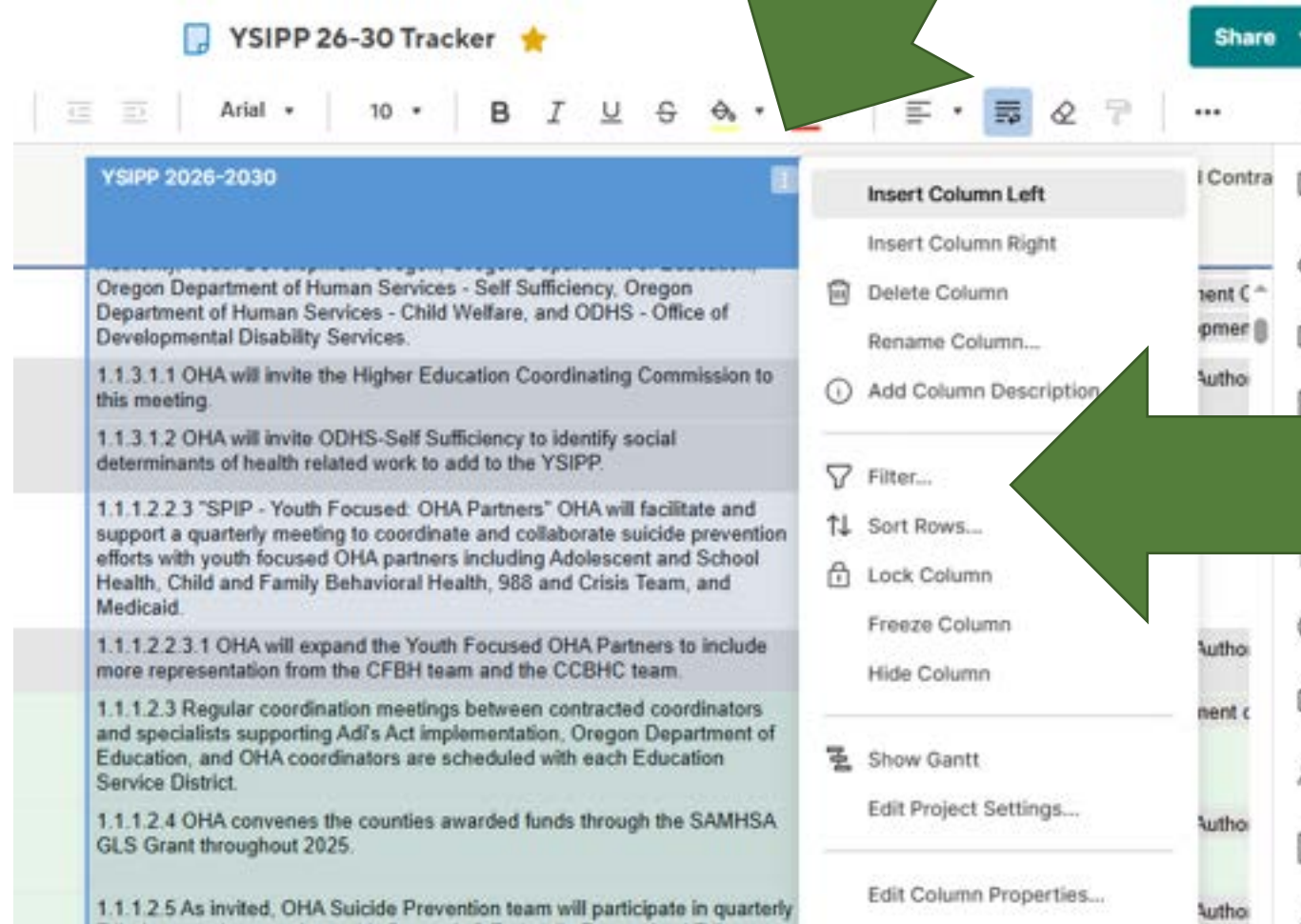
My YSIPP

- Filterable Feature
- Goal is to have Alliance Subcommittee's YSIPP 26-30 initiatives (which will likely change slightly each year) front and center at each meeting
- Examples of “My YSIPP” include:
 - All youth serving state agencies
 - Alliance
 - Child and Family Behavioral Health team at OHA

Ways to find things in the YSIPP 26-30 tracker

- Filter by pre-loaded options
- Filter by any column
- By using “CTRL F” feature (only scans what is highlighted)

Filter by any column



The screenshot displays the 'YSIPP 26-30 Tracker' application interface. At the top, there is a title bar with the application name and a star icon, and a 'Share' button. Below the title bar is a toolbar with various icons for editing and viewing. The main area shows a table with a blue header row labeled 'YSIPP 2026-2030'. The table contains several rows of text, including 'Oregon Department of Human Services - Self Sufficiency, Oregon Department of Human Services - Child Welfare, and ODHS - Office of Developmental Disability Services.' and '1.1.3.1.1 OHA will invite the Higher Education Coordinating Commission to this meeting.' A context menu is open over the table, listing various actions: 'Insert Column Left', 'Insert Column Right', 'Delete Column', 'Rename Column...', 'Add Column Description', 'Filter...', 'Sort Rows...', 'Lock Column', 'Freeze Column', 'Hide Column', 'Show Gantt', 'Edit Project Settings...', and 'Edit Column Properties...'. A green arrow points to the 'Filter...' option in the context menu.

YSIPP 2026-2030
Oregon Department of Human Services - Self Sufficiency, Oregon Department of Human Services - Child Welfare, and ODHS - Office of Developmental Disability Services.
1.1.3.1.1 OHA will invite the Higher Education Coordinating Commission to this meeting.
1.1.3.1.2 OHA will invite ODHS-Self Sufficiency to identify social determinants of health related work to add to the YSIPP.
1.1.1.2.2.3 "SPIP - Youth Focused: OHA Partners" OHA will facilitate and support a quarterly meeting to coordinate and collaborate suicide prevention efforts with youth focused OHA partners including Adolescent and School Health, Child and Family Behavioral Health, 988 and Crisis Team, and Medicaid.
1.1.1.2.2.3.1 OHA will expand the Youth Focused OHA Partners to include more representation from the CFBH team and the CCBHC team.
1.1.1.2.3 Regular coordination meetings between contracted coordinators and specialists supporting Ad's Act implementation, Oregon Department of Education, and OHA coordinators are scheduled with each Education Service District.
1.1.1.2.4 OHA convenes the counties awarded funds through the SAMHSA GLS Grant throughout 2025.
1.1.1.2.5 As invited, OHA Suicide Prevention team will participate in quarterly

What isn't going well and/or isn't on track?

YSIPP 2026-2030

status

Create New Filter ? x

Name (Optional)

Enter Name ☐ Share filter

Show rows that match [all conditions](#)

YSIPP 2026-2030 contains Enter Value x

Population/Area of Focus

Foundation or Centering Lens

Funding not yet identified

Progress Notes

Status

Metrics Description

Baseline - Start of 2025

Benchmark (Goal)

Current Metric

Date last updated

ular coordination meetings between contracted coordinators

is supporting Adi's Act implementation, Oregon Department of

id OHA coordinators are scheduled with each Education

Service District.

New in 2

New in 2

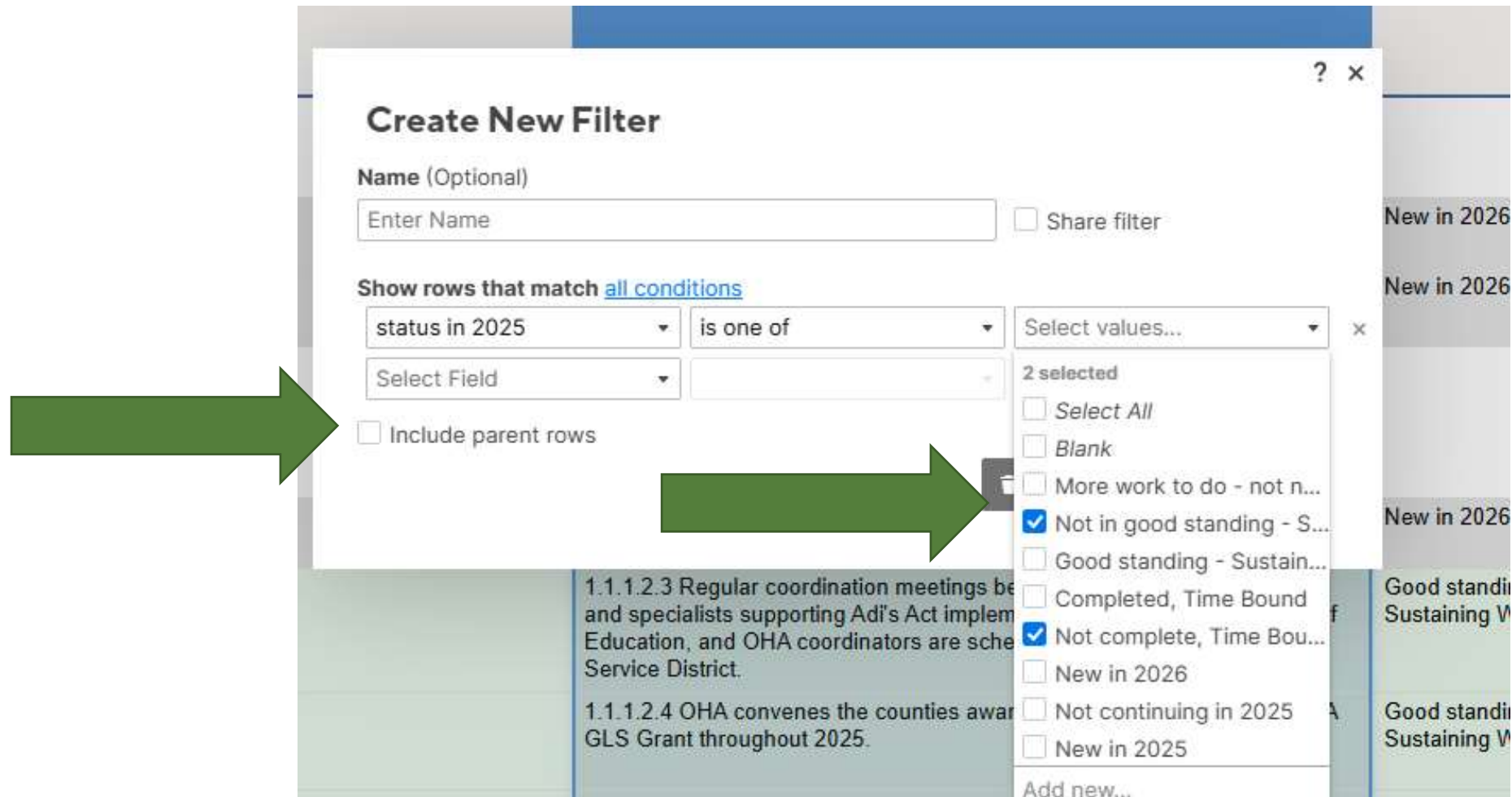
New in 2

Good sta

Sustainir

Cancel Apply

What isn't going well and/or isn't on track?



Create New Filter ? x

Name (Optional)
Enter Name ☐ Share filter

Show rows that match [all conditions](#)

status in 2025 is one of Select values... x

Select Field

☐ Include parent rows

2 selected

- ☐ Select All
- ☐ Blank
- ☐ More work to do - not n...
- ☒ Not in good standing - S...
- ☐ Good standing - Sustain...
- ☐ Completed, Time Bound
- ☒ Not complete, Time Bou...
- ☐ New in 2026
- ☐ Not continuing in 2025
- ☐ New in 2025

Add new...

1.1.1.2.3 Regular coordination meetings be and specialists supporting Adi's Act imple Education, and OHA coordinators are sche Service District.

1.1.1.2.4 OHA convenes the counties awar GLS Grant throughout 2025.

New in 2026

New in 2026

New in 2026

Good standi Sustaining V

Good standi Sustaining V

How do I know.....what is new?

Grid ▾		Filter Off ▾		≡ ≡		Arial ▾		10 ▾		B I	
Framework Levels						YSIPP 2026-2030					
						Youth SAVE staff and trainers, antiracism, neurodivergence, a					
						2.1.4.3.4 OHA will support the specific resource list for distrib					
- 2.2 Culturally-infused Means Reduction											
- 2.2.1 "Access to Means Reduction Resources" All people in Oregon at risk for suicide have access to safe storage or other lethal means reduction options.											
-						2.2.1.1 The Alliance's Lethal M towards recommendations in t will revise the Lethal Means w landscape and will include cult disproportionately impacted by					

How do I know....what is new?

The screenshot displays a software interface with a 'Filter Off' dropdown menu. The menu lists the following categories:

- 18-24
- Alliance
- Big River
- BYSPP
- CFBH
- Evaluation Specific
- New in YSIPP 26-30** (highlighted with a green arrow)
- ODDS
- ODE
- ODHS
- OYA
- YDO

The background shows a table with 'Framework Levels' and a sidebar with text. The table has rows numbered 227, 228, 229, 230, 231, and 232. Row 228 is highlighted in yellow and contains the text '2.2 Culturally-infused Mea'. Row 229 is highlighted in yellow and contains the text '2.2.1 "Access to Means people in Oregon at risk safe storage of other let'. Row 230 is highlighted in yellow and contains the text '2.2.1.2 Safe storage items and information about how'. Row 231 is highlighted in yellow and contains the text '2.2.1.2 Safe storage items and information about how'. Row 232 is highlighted in yellow and contains the text '2.2.1.2 Safe storage items and information about how'. The sidebar on the right contains text about 'and trainers on the topics of and-op', 'odivergence, and working with LGBTQ', 'will support the Big River coordinators t', 'e list for distribution in Big River trainin', 'nce's Lethal Means Subcommittee wil', 'endations in the Lethal Means workp', 'lthal Means workplan to reflect chang', 'will include cultural considerations for p', 'ly impacted by suicide', 'iance's Lethal Means Subcommittee v', 'is for safe storage programs for firean', 'ces, and other means used across cul', 'citation-specific evidence to be share', 'ected officials; developing suggested m', 'programming for explaining to children wh', 'develop safety planning.', and '2.2.1.2 Safe storage items and information about how'.

Goal is to equip you to answer questions like:

- What are we doing for 18-24 year olds?
- What sort of things is the Alliance working on?
- What sort of things is Oregon Department of Education doing?

Key Finding: Strategic Expansion

One of our major gaps is making sure more people know about the good work, services, programs, and resources that are available.



Let's Practice

- Small groups 5-6 people
- Scavenger Hunt
- Goal: to know where to find key pieces of information that is important to you in the YSIPP 26-30 tracker

Questions? Feedback?



Jill Baker, YSIPP Manager, OHA
Jill.Baker@oha.oregon.gov



You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Sarah Herb at <mailto:sarah.herb@oha.oregon.gov> or 971-3729887 (voice/text). We accept all relay calls.