



**Alliance Quarterly Meeting
September 19, 2025
9:30 AM – 12:30 PM**

THIS MEETING WAS [RECORDED](#)

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.



1. Aaron Townsend
2. Alexandra Greenberg
3. Anderson DuBoise
4. Andres Dejeeas
5. Angela Perry
6. Angie Elstone
7. Annette Marcus
8. Avalon Mason
9. Caroline Suiter
10. Catherine Bennett
11. Catherine Rupkus
12. Claire Kille-Sanders
13. Craig Leets
14. Daniell Zeigler
15. Dean Carson
16. Diane Kaufman
17. Erin Porter
18. Grace Bullock
19. Ishawn Ealy
20. James Dixon
21. Jamie Gunter
22. Jenn Fraga (she/her)
23. Jill Baker
24. Jonathan Rochelle
25. Justin Potts
26. Karen Cellarius
27. Kathy Smith
28. Kelie McWilliams
29. Kelly Gray
30. Kirk Wolfe MD
31. Kris Bifulco
32. Laura Misaras
33. Lee Stewart
34. Linda Hockman
35. MaRanda Soliz
36. Mary Massey
37. Maryanne Mueller
38. Meghan Crane
39. Michelle Hampton
40. Monica Parmley Frutiger
41. Nole Kennedy
42. Pam Pearce
43. Roger Brubaker
44. Rosanna Jackson
45. Shanda Hochstetler
46. Shane Lopez-Johnston
47. Shay Clarke
48. Stephanie Willard
49. Suzie Stadelman
50. Taylor Chambers



9:30 – 9:45

Welcome

Craig Leets, Co-Chair

Jenn Fraga, Suicide Prevention Program Coordinator

Jenn opened the meeting, thanking those attending in-person and online for joining us today. Don Erickson, Chair, was unable to be here and Craig Leets, Vice Chair, will be facilitating our meeting. Jenn thanked Craig and reminded attendees that the agenda, meeting materials, and minutes from today's meeting will be posted on the Alliance website. Before turning the meeting over to Craig, Jenn reviewed the role of the Alliance. We are an advisory group to OHA. We provide feedback and guidance on the implementation of the YSIPP, the state's 5-year plan for youth suicide prevention. The Alliance also submits recommendations to OHA on youth suicide prevention statewide policy. The Alliance connects the field by bringing together community and state agencies, particularly OHA and OED.

Jenn reviewed housekeeping items: a bag lunch will be available at 12:30 for those attending in-person; a sign-in sheet is being circulated for those in-person and for those joining by Zoom, use the chat feature to sign-in; and, Kris will provide tech support today. Lastly, during the meeting today, all chat messages sent to Jenn will be public.

Craig welcomed attendees and thanked them for joining us today. He thanked Jenn for the overview of the Alliance and shared that if you have questions or would like more information, please contact Jenn.

Big View

Jenn provided an overview of the Alliance during her opening remarks.

Review

Craig summarized items covered at the June quarterly meeting:

- Election of chair and co-chair
- An update on the rollout of the 988-crisis line PR campaign



- OHA presentation on data from state-level public health reporting systems.
- Members were asked to complete the Alliance Annual Survey

Preview

Before Craig reviewed today's agenda, he reminded attendees to take care of themselves.

- Alliance business: update on membership
- Approve June 2025 Quarterly Meeting minutes
- Presenter's Guide
- Registration Reminder
- Executive Subcommittee Openings
- Subcommittee Meeting Schedule
- Presentation: Cannabis Use and Teens
- Annual Alliance Survey Findings
- Finalizing Policy Recommendations for OHA
- YSIPP 26-30 Preview and Feedback
- Announcements/Public Comments

Jenn added an update on Alliance staff and recent changes. She shared that Kris Bifulco has been with AOCMHP for about 5 years including time as staff for the Alliance. In August Kris accepted a position with Multnomah County. We appreciate all the amazing things she did for the Alliance. Kris is joining us today as tech support for those joining online. Jenn thanked Kris and wished her all the best on her new position.

Craig introduced today's "meet and greet" breakout and asked attendees to share a favorite fall tradition you are looking forward to.

9:45 – 10:05 Alliance Business

Membership

Craig reminded attendees only appointed members are allowed to vote, if you are not sure if you are a voting member please check the list on the slide. We



appreciate all who join us and your contributions are valued. If you are not a member and would like to become a member, please contact Jenn. If your organization is represented by more than one appointed member, remember only one person from your organization may vote. Per the by-laws approved at the September 2024 quarterly meeting, to meet the requirements for a quorum:

- 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, currently Don Erickson is serving as Chair and Craig Leets, Vice Chair.

Jenn confirmed we have met our requirement for quorum for today.

Jill added that at the last Executive Subcommittee meeting, recommendations for appointing new members and renewal of current memberships set to expire at the end of September were forwarded to OHA. OHA expedited appointment letters for nominations to fill positions legislatively mandated. Those appointment letters have gone out and those individuals may vote today. To avoid a lapse in membership status, membership renewal letters are set to go out by the end of September. Those individuals who are seeking renewed membership are currently members and may vote today.

Craig welcomed new members and thanked all attendees for participating in the Alliance and for their ongoing contributions to the field of suicide prevention.

Craig reviewed the Alliance voting process:

- An appointed member makes a motion. Example: “I motion to approve March quarterly meeting minutes as presented,” 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 appointed members is taken in chat with yay, nay, abstain.
- Yay - in agreement
- Nay - in opposition
- Abstain - neutral

Approval: June Quarterly Meeting Minutes

Craig asked for a motion to approve the June Quarterly minutes. Jill moved to approve the minutes; Gordon seconded the motion. Craig called for discussion; hearing none, he called for a vote to accept the minutes as presented. Vote: Yay = 17; Nay = 0; Abstain = 0. Motion passed.

Registration Reminder

Craig reminded attendees to pre-register for quarterly meetings; Jenn added that attendees may register for the December 2025 and all of 2026 quarterly meetings (links below). Because our September 2026 hybrid meeting is set to coincide with the AOCMHP conference, that date may shift. Alliance staff will notify members and affiliates once the date confirmed.

Register for 2025 Quarterly Meetings [here](#)

<https://us02web.zoom.us/meeting/register/tZEude6vqj0oGN2pAC0MqqmJHbfTFRQBulqr>

Register for 2026 Quarterly Meetings [here](#)

<https://us02web.zoom.us/meeting/register/I9HTvF0KSEa1X53iFsMcXw>

Presenter Guide

Craig thanked Annette Marcus and Linda Hockman for putting together a Presenters Guide, it provides guidance on topics like safe messaging and presentation tips. The Executive Subcommittee has approved the guide and now the Equity Subcommittee is reviewing it. When finalized, the guide will be available on the Alliance website.

Update on Subcommittees

All subcommittee meetings are open to the public meaning anyone can attend. Most of the Alliance's work is conducted through subcommittees, and participation



in these activities is open to all interested individuals. Like our quarterly meetings, only appointed members can vote but anyone can engage in discussions and the work that is taking place. If you have questions about subcommittees or are interested in attending any of the meetings, please reach out to Jenn for information. Subcommittee information is posted on the Alliance website as well. Jenn turned it over to Craig for a brief overview of the Executive Subcommittee. Keep in mind today we are giving a snapshot of each subcommittee, there is much more work going on than we have time to share today.

Executive – Craig

- Executive Subcommittee meets the 2nd Tuesday of the month from 10:00 AM – 11:30 AM and members must be OHA appointed Alliance members. This is our leadership group comprised of the SB707 mandated positions and committee chairs. Current vacancies are:
 - One at-large member (due to position that Craig vacated to become Vice Chair)
 - Youth / young adult member (24 yrs and younger) – the Alliance encourages youth/young adult to join us, please extend the information and help us bring youth to the table.
 - 2 People with lived experience (direct lived experience or loss survivor)

Nominations, including self-nomination by appointed members, are now open. Reach out to Jenn if you are interested or you may nominate or self-nominate today through the chat feature. The Executive Subcommittee will review applications and bring recommendations to the full Alliance at the December quarterly meeting for approval; approved recommendations will be sent to OHA for consideration for membership appointment.

Data and Evaluation Subcommittee – Jenn

- 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



Lethal Means Safety Subcommittee – Jenn

- Meets monthly
- 2nd Wednesday 1:00 PM – 2:15 PM
- Currently gathering information from 18–24-year-olds on safe storage and other lethal means
- 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

Schools Subcommittee – Lucina

- 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
- Explores areas related to suicide prevention and schools

Transitions to Care Subcommittee – Jenn

- Meets monthly
- 2nd Thursday 1:00 PM – 2:30 PM
- Working on a scan to gather information to better understand concerns that arise during transitioning from crisis care to community services for 18–24-year-olds. The findings from the scan will inform recommendations to OHA.

Workforce Subcommittee – Jenn

- 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. Currently focusing on training tailored to the physical health field.

Equity Subcommittee – Lucina

- 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 a cultural infusion strategy, coordination, and accountability across the Alliance.
- The 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 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) – Lucina

- Meets monthly
- First Thursday 9:30 AM – 11:00 AM
- The White Accountability & Learning Community (WALC) 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 subcommittees to join this group. You too can have an active role in co-creating this space! Contact Lucina or Jenn to sign up or for more information. This meeting does not fall under the public meeting law.

ORBHIT Affinity Spaces - Lucina

ORBIT is a non-profit organization within AOCMHP and works adjacent to the Alliance. The BIPOC Caucus and 2SLGBTQIA affinity groups are offered through ORBIT and are not bound by public meeting law. These affinity groups provide a



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

BIPOC – revisiting when they will meet

2SLGBTQIA – meets second Tuesdays, 5:15 – 6:15pm

These affinity groups are facilitated by their members and Lucina is staff support. Please contact Lucina or Jenn if you would like to learn more or to join, all are welcome.

Craig wrapped up the subcommittee agenda item with an invitation to attendees to explore the many options for participation and encouraged everyone to engage. The Alliance welcomes you to the table. All meetings and times are posted on the Alliance website.

Before introducing Lee, Craig shared that after her presentation we will convene breakout groups to talk about the implication of Cannabis Use and Teens for future work of the Alliance. He welcomed Lee and thanked her for sharing information today.

10:15 – 10:40 Cannabis Use and Teens

Lee Stewart, PhD

Upcoming Webinar

An in-depth webinar presentation on **Cannabis Use and Teens** will be offered on Thursday, October 2nd 10:00 AM – 11:30 AM. To Register:

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

Lee shared that her professional background in substance use prevention has informed what she will talk about today, however the bulk of her knowledge comes from her personal experience with her son's cannabis use disorder. She has seen first-hand the devastation of this disorder. This disorder is multifaceted and complex like use of all mind-altering drugs. Lee added that she is not an expert in



suicide prevention and reached out to the Alliance to share information to inform suicide prevention work of the Alliance. She appreciates the opportunity to share various findings from research today. Lee started her presentation sharing

Highlights from the presentation, see meeting materials/slides for graphs and data sources. *Note: citations for data and other references are included in the slides attached to meeting materials.*

- Cannabis use and the product landscape today is very different than it was decades ago. Cannabis has been engineered to be very different and much stronger. What people smoked in the 1980 – 90s had a THC potency of 4% - 7%. Potency has skyrocketed, today it is 25% - 35% THC. THC is the primary psychoactive that causes the “high”; it alters mood, thoughts, and perceptions.

Typically stores don’t carry the lower-level potency, most available products are in the range of 25% - 35%, however, due to how THC is extracted and concentrated today, THC potency can be as high as 50% - 90%.

- Teen use of cannabis has surged. A Colorado study indicates potency in 2015 was 4% and today it is 90%.
- Adolescents using cannabis today are using concentrates, the most popular delivery method is vaping. Studies indicate use of cannabis is increasing among U.S. teens. Studies also show that concentrate users are more likely to go on to use other drugs and heavy and frequent use is increasing.
- Along with the increased potency, the advertising and marketing landscape has dramatically changed. Teens encounter a vast range of products with eye catching labels/colorful packaging, flavors, and a wide range of product use methods. Some products are 80%+ potency.
- It’s not just teens using cannabis today. According to the SAMSA Report/US Survey on Drug Use and Health, 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. 14.7M) despite there being 6X more drinkers than cannabis users.



- With legalization and commercialization all use has gone up. A study commissioned by the Oregon Liquor and Cannabis Commission (OLCC) found Oregonians use more cannabis per capita than in any other state. They estimated that 20% of Oregon users are daily users, this is higher than any other state. Daily use is unfortunately associated with significant MH concerns and cognitive performance harms.
- Part of the surge of use is also due to marketing and advertising campaigns. According to a 2023 study commissioned by OLCC, youth aged 16-25 in Oregon see many more promotional messages about cannabis than health related messages. Youth see 47% health related messages compared to 73% promotional messages. For adults over 25 and especially middle-aged, they see far fewer health messages – dropping to 30%. This drop may be attributed to youth receiving health messaging as part of school curriculum.
- Because of this messaging, it might explain the low level of understanding about the risk of use.

Oregon Youth Cannabis Use SAMSA National Survey on Drug Use and Health 2022 Data

- Oregon students 12-17 yrs have the lowest perception of risk from cannabis in the US
 - 87% Of 12-17 year old Oregon youth perceive NO great risk from smoking marijuana once a month
 - 27% of Portland Public School students report current cannabis use (2021 Youth Risk Behavior Survey)
-
- Several studies show that store front availability relates to increased use. This coupled with marketing and commercial availability has normalized use is safe and legal. Studies show that in towns with cannabis storefronts, adolescents had greater:
 - cannabis use



- cannabis use with alcohol
 - perceived cannabis availability
 - lower perceived risk
- Oregon study found towns with less cannabis retail availability had lower youth use. A large 2024 study in northern California by Kaiser Permanente, looked at 100,000 youth. The study found that adolescents in areas with less retail cannabis availability was associated with lower prevalence of use and problematic use. The study also found lower use when teens had to drive a distance to a dispensary. An Oregon study found that dispensaries within 1 mile of school increased teen use.
- Why this matters: towns with less cannabis availability had decreased youth mental health risk.
 - 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 minutes v. <5 minutes) was associated with the lower prevalence of teen **psychotic, anxiety, and depressive disorders and depression symptoms**.
- Mental health outcomes and consequences: Historically studies were conducted when there was lower potency, today's studies focus on 10% THC and above potency. As indicated earlier, it is hard to find low potency (below 15%) cannabis in retail stores. Science is starting to catch up with the commercial market. Anything potency over 10% is associated with:
 - Anxiety
 - Dependency
 - Suicidal thoughts
 - Psychotic symptoms

These issues are especially prevalent in adolescents which is no surprise given teen brains are still developing.



- Cannabis Use Disorder (CUD) is now in the DSM. The criteria are the same as for other addictive substances. Some believe that cannabis is not addictive, however, it is and having it officially in the DSM provides guidance for diagnosing.
- The stronger cannabis means chances of addiction go up. Studies show risk for addiction goes up with at least weekly use (risk increases with more frequent use) particularly given teen preference for stronger concentration. The young brain is more vulnerable to addiction, 17% to 30%+ of users under the age of 18 who use cannabis at least once a week develop Cannabis Use Disorder. The highest prevalence is among daily users.
- Psychosis is one of the most severe mental disorders linked to cannabis, there is scientific data now on cannabis use increasing risk for an acute psychotic break or developing long term psychosis such as schizophrenia.
- A study published in the Lancet in 2019, analyzed 780 people (ages 18 – 65) found use of high potency cannabis (THC 15% or more) increased the risk of psychosis three times; daily use of 15% or higher increases the risk of psychosis by five times. Lower than 5% potency had no association to psychosis.
- A longitudinal study in Canada, looked at 11,363 youth 12 – 24 years old and concluded that youth 12 -19 who use cannabis have over 11 times greater risk of chronic psychotic disorder compared to youth who do not use. Because of this alarming study, in March 2025 the Canadian government issued a health warning that cannabis use 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



The warning also states that cannabis can be addictive, the higher the THC, the greater the risk and adverse effects such as anxiety and depression.

- During a recent meeting of the American Academy of Child and Adolescent Psychiatry, experts shared there is mounting evidence that youth use of cannabis is fueling depression and suicide. Colorado is ahead of Oregon in gathering information on the relationship between cannabis use and teen suicide. Colorado found for 15–19-year-olds, cannabis is the number one drug in toxicology results for completed suicides - data show 42.9% with cannabis present compared to 27% with alcohol present. Similarly, California is beginning to track toxicology and found that cannabis is the number one drug found in completed suicides as well.
- Cannabis use should be seen as a possible risk factor of mental health disorders and as an independent risk factor of suicidal behaviors. The greatest risk is for heaviest users, particularly those with a diagnosed Cannabis Use Disorder (CUD). A recent European review of over 1,000 articles and analysis of the role of depression and the association of cannabis use and suicidal behaviors, put forward three hypothesis:
 - It could be individuals are self-medicating, making MH disorders worse
 - Cannabis interferes with other MH medications by lowering effectiveness by 50%.
 - Heavy use is associated with increased impulsivity leading to high risk of suicide

They concluded that cannabis use is a fa factor in MH disorders and also an independent risk factor of suicidal behaviors.

- An American analysis of survey data from more than 280,000 young adults 18-35 showed that cannabis use was associated with increased risks of suicidal ideation, suicide plan, and suicide attempts. These associations remained regardless of whether someone was also experiencing depression and the risk were greater for women than men.



- CUD and depression is treatable as long as people are aware of risk of use and treatment. Often the professionals who treat youth are not informed about the risk of cannabis use. Getting this information out to medical and behavioral health providers is a suicide prevention strategy that could use more emphasis.

Craig thanked Lee and reminded attendees the October webinar will dive deeper into this important topic. Craig asked attendees to join the breakout session to talk about how the information from Lee may inform our subcommittee work.

10:43 – 10:50 Breakout Session

Question - Where do you see the information from the Cannabis Use and Teens presentation impacting subcommittee work?

Craig reconvened attendees and asked if anyone would like to share comments from their breakout session. Comments:

- The Alliance needs to consider our role in getting this information out.
- We need to look at the student survey questions and how this topic is covered.
- Kirk stated this was a superb presentation. This is an opportune time of year as school begins and the potential of heightened student stress. This topic is important for the Executive Subcommittee to look at how this information reaches professionals, students, and families.
- Lee came to Lethal Means Safety Subcommittee and after her presentation, the subcommittee decided to prioritize how to share this information with providers. This topic will also be taken up by the Schools and Transitions to Care subcommittees as well.
- Lee added that OHA will be releasing updated health information by the end of September



10:45 – 10:55 Annual Alliance Survey Findings:

This item was tabled due to time constraints. Jenn will send out survey results and attach results to meeting materials.

10:55 – 11:05 BREAK

11:05 – 11:25 Policy Recommendations for OHA

Craig reminded attendees that the Alliance's role is to advise OHA on statewide policies related to youth suicide prevention. Today we are reviewing policy recommendations that will go to OHA and are for the 2027 legislative session. Craig provided a brief background on the approval process before reviewing the recommendation. Except for one recommendation, all proposals were submitted by subcommittees to the Executive Subcommittee for review and approval to bring them forward to the full Alliance for consideration. We have recommendations submitted by three subcommittees and one from an individual. The recommendations that are approved today will be sent to OHA.

Jenn added that we are seeking approval to submit each recommendation to OHA not word smith the proposals today. When are also agreeing the recommendations are within the purview/scope of the Alliance.

Craig and Jenn reviewed recommendations, provided context for each, and answered questions. Appointed members voted on the following recommendations.

Lethal Means Safety 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 also be made available to the public.



- Provide off-site storage for firearms in times of crisis at Federally Firearm Licensees (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. (Note: Off-site storage was introduced before, it is being resubmitted for consideration.)
- 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.

Kirk - Motioned to move recommendation as proposed to OHA.

Donna Marie – Second

Yay - 12

Nay - 0

Abstain - 2

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.
- 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.

Kirk - Motioned to move recommendation as proposed to OHA.

Susie - Second

Craig called for objections, hearing none, motion passed.

Workforce Related:

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

Kirk – Motioned to move recommendation as proposed to OHA.

Angela - Seconded.

Craig called for objections, hearing none, motion passed.

Crisis Related:

Craig invited Gordon Clay to review this recommendation as he submitted it. It is not an official Alliance recommendation. Gordon reviewed how the emoji's that youth can use, help counselors triage calls. Certain emoji will inform the counselor to immediately shift to a crisis level of conversation. Gordon is asking that we support this recommendation to add a tool to help youth in crisis, particularly in rural areas.

- 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.



Call for vote:

Gordon motioned that we submit the recommendation to OHA.

Stephanie - Seconded.

Craig call for objections; Craig objected. He agrees with the approach but does not agree that we should recommend one specific program.

Call for vote

Yay - 6

Nay - 5

Abstain - 2

Motion failed. The recommendation will not be sent to OHA.

Craig indicated the recommendations from subcommittees have been approved and now will be sent to OHA for consideration. Jill indicated OHA will provide a response to each recommendation.

11:40 – 12:25 YSIPP 26-30 Development Update: Preview and Feedback

Jill Swiers Baker, YSIPP Manager, OHA

Jon Rochelle, Lead Evaluator, UO

Jill opened the presentation sharing that today we will share results of several pieces of the analysis, provide an update on the YSIPP development, and check in about whether we are on the right track. Over the summer, OHA worked with UO Suicide Prevention Lab/Jonathan to gather and analyze feedback to inform the development of YSIPP 3.0. Jon will take the lead on today's presentation which is drawn from the full report from our work.

Jill let attendees know that in building our statewide YSIPP plan has many moving parts, we have worked on the new plan for over a year, and we have considered and incorporated a great deal of feedback. This is a high-level list of sources/resources we also considered. We will not be looking at all of these today. Today the focus will be on the analysis of the stop, start, continue process rather than on the full 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

Jill turned the presentation over to Jon and he began by sharing that the purpose of the effort was to gather and organize feedback for the YSIPP 3.0. The feedback information was sorted into five question buckets:

1. Ideal – of youth suicide prevention 2030
2. Need – what is needed to achieve the ideal goal
3. Start – a list of ideas to start doing
4. Stop – a list of ideas to stop doing
5. Continue – a list of activities to adopt more widely

Here are highlights from the presentation. To access the full report, see <https://docs.google.com/document/d/1gDmOvySfpz8xedGG-muXSspT9Mc608eW98VrG-4mNhc/edit?tab=t.0#heading=h.15l6iyhc7m0b>

Methodology – OHA reached out to groups across the state and gathered feedback was collected from five data sources based on the five questions listed above:

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

In the full report the responses from the groups above are color coded, they correspond to the color in this display.

One of the challenges we had was the volume of responses. To manage that, we **analyzed** over 600 question responses which were sorted by two methodologies:



- **Deductive** = “ideal” (what we would like to see by 2030) and “need” (how do we achieve that goal); this information relates to specific pathways in the YSIPP
- **Inductive** = “start, stop, continue” – this was the more detailed information

Deductive Findings

Major findings: There was a wide diversity of thought and a wide distribution of individual responses mapping across all the YSIPP pathways. This indicates diversity of thoughts and areas of focus for ideals. Indicates also that YSIPP was a comprehensive match to that feedback on ideals and needs. There were only 5 pathways that did not have any feedback: resource coalitions, clear links, protective policies, substance use, services, core competencies. Jon felt there weren’t major take aways from this, there could be reasons why pathway didn’t get feedback. It could be because some of the pathways are very closely related, And, some feedback encompasses multiple pathways.

Jon briefly reviewed the Deductive Frequency Counts before speaking to the takeaways for the needs and ideals. The need might point to what is needed to achieve the ideal, however, upon a closer look the response might indicate that is what is needed generally, and the need is not specifically related to achieving the ideal. For example, information dissemination (ideal) showed up in the inductive category.

Five Loudest Needs	Five Loudest Ideals
• Appropriately Trained Community (17)	• Coordinated Organizations (15)
• Promoting Wellness (10)	• Information Dissemination (14)
• Funding Needs (9)*	• Culturally Specific Programming (13)
• Representative Trainers (7)	• Policy Needs (13)*
• Involved Leaders (6)	• Appropriately Trained Community (10)



*Indicates Strategic Goal (not Pathway)

Deductive Takeaways

- There was a wide distribution of responses across the YSIPP Pathways.
- Further exploration of “quietest and loudest” themes is needed.
- Degree that pathway is addressing feedback.

Inductive Takeaways

Jon walked through the construct of chart below, briefly reviewing the following. Our first step was to define a theme and then define it. For example, we defined “Advancing Equity and Cultural Responsiveness” as a theme. We defined that theme as actions that promote inclusivity, cultural relevance, and equity in suicide prevention by centering historically excluded groups and integrating anti-racist, anti-oppressive approaches across all initiatives and structures. There we 19 sub-themes. The raw data is embedded within the themes. We also have frequency counts to show where the loudest and quietest themes.

- Six themes emerged for each category - start, stop, continue – 18 themes total
- There is harmony across the start, stop, continue themes. Found start and continue were nearly identical, and the stop was the converse.
- We found six overarching domains across the themes.

This table demonstrates the above.

• 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

Inductive Takeaways and Next Steps

Start and Continue: Loudness of “Strategic Expansion and Dissemination” – Start and continue thematic sameness. Can be explained that in some instances people were suggesting things that have been started and are actually a “continue”. This



reenforces need for dissemination and that we need to be sure folks know what is in place.

Utility of the Six Domains to complement the comprehensive structure of the YSIPP and Oregon Suicide Prevention Framework. This is a way to look across the YSIPP pathways and utilize feedback to inform the work.

Mapping themes and subthemes to YSIPP pathways (underway). Degree of match to initiatives and looking at pathways for

Next Steps

Jill shared next step for YSIPP 26-30 is to go back and check our work. She will assign themes to each YSIPP initiative, OHA ask Alliance subcommittees to check initiatives by theme, and UO/Suicide Prevention Lab will review 600+ pieces of feedback and identify items to consider for inclusion in YSIPP 26-30. Things that we may not be able to add will be placed on the bookshelf for future consideration. Each year we go through the start, stop, continue process and we will continue this process with the updated YSIPP as well.

What is in the YSIPP 26-30?

Jill reviewed the list below and provide a brief demonstration of the YSIPP Smartsheet and how to use it to learn more about the initiatives.

- 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 – share with Jill if you find something that need attention

What is NOT in the YSIPP 26-30?

- Suggestions/recommendations that did not make it past the ease/impact analysis. Often, they did not make it due to funding constraints.



- These are also call “Bookshelf ideas”

Some Numbers – over the next 5 years, 342 initiatives total projected (colors indicate section of YSIPP).

- 102 Upstream Primary Prevention
- 125 Prevention and Early Intervention
- 82 Intervention, Treatment, and Postvention
- 33 Centering Lens and Foundation (only in the blue section)
- 40 Evaluation/Data
- 96 Equity (also in green, yellow, orange sections as well)

When the YSIPP 26-30 is publish, there will be a “Simple View”. We created more files in the filing cabinet by adding “Strategies” where the initiatives are nestled. This level is where the details reside. In the Smartsheet, you can expand “Initiatives” to explore the “strategies”. Jill walked through the Smartsheet and will put together a video to explain how to find and sort information.

What difference does the new filing system make?

- YSIPP 26-30 Simple View will likely not change over the course of 5 years; everything under the Simple View is where the annual stop, start, continue process takes place.
- The Simple View is more applicable for counties and local coalitions
- More digestible size for the statewide plan as well as useful for your strategic planning.

My YSIPP

- Filterable Feature – helps you know what initiative various entities are working on and how they are going about their work
- 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 OHA

How To

Ways to find things in the YSIPP 26-30 tracker

- Filter by pre-load options
- Filter by any column or label in that column
- By using “CTL F” feature (only scans what is highlighted)

For a detail of “how to” on the following, see slides in meeting materials.

- Filter by any column
- Track status - What isn’t going well and/or isn’t on track?
- How do I know . . .what is new?

Goal is to equip you to answer questions like:

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

The tracker is available now, take time to become familiar with it. This our strategic plan not an inspirational list.

Craig thanked Jon and Jill for the presentation.

12:25 – 12:30 Public Comment and Adjournment

Thank you all for being here, be sure to register for upcoming quarterly meeting in December and quarterly meetings in 2026, sign-up for Lee’s webinar on cannabis use and teens, please join a subcommittee, and please come to the WALK consider joining our affinity groups. A special thank you to Lee, Jon and Jill for your presentations.

Our last item today is to give time for public comment. Annette raised concern about the high level of stress the Trans community and our communities of color are experiencing right now. I hope that we as a state we can message our support in ways that lets people know they matter, we’re happy you are here, and you are



cared for. Jenn added that the Alliance in the past has talked about how to speak to different current events and how to address what is going on in the current social climate. She suggested the Equity Subcommittee take this on and the Executive Subcommittee consider this as well. Also look at recommendations we can send to OHA. The Alliance did send a letter thanking OHA for their statements of support and commitment to equity across communities. Lucina commented there has been lots of conversations at the subcommittee especially around the impact on the LGBTQ+ and Spanish speaking communities. Jenn added that we can approach our messaging from the suicide prevention perspective. Lucina ask that we end our day together on a hopeful note, we have an amazing group and are grateful for you joining us today. It is easier when we come together in this safe space.

Craig adjourned the meeting.