2020

Youth Suicide Intervention and Prevention Plan Annual Report







Oregon Health Authority

PUBLIC HEALTH DIVISION
HEALTH SYSTEMS DIVISION

Contents

Executive summary

In 2019, the rate of youth suicide in Oregon decreased from the prior year for the first time since 2015. OHA projects the rate of youth suicide will decrease again in 2020, based on preliminary data. This is the first two-year decrease in youth suicide since 2008-2010. While this is encouraging news, Oregon's suicide rate continues to be well above the national average, despite brave and relentless work by many involved in suicide prevention. The ripples of a youth suicide death are far-reaching and take years to heal. In 2019, there were 116 reported youth suicide deaths, making suicide the second leading cause of death for people ages 10-24 in Oregon.

What was different in 2019 and 2020?

1. Funding – the Legislature allocated more than six million dollars for youth suicide prevention work for the 2019-2021 biennium. OHA also applied for and received several grants related to suicide prevention across the lifespan. These funds allowed OHA, its contractors, and the Alliance to Prevent Suicide to stand up seven sustainable statewide programs for suicide prevention, intervention and postvention. The funding also allowed for increased data collection and evaluation to better inform suicide prevention partners. Strategic partnerships flourished between the Oregon Department of Education, OHA, and local stakeholders. Finally, more funds were crucial for OHA's Suicide Prevention staff to be responsive to the unique circumstances that occurred in 2020 due to COVID-19.

2. Staffing – The OHA Suicide Prevention team grew from 2.0 FTE to 5.0 FTE, with the addition of:
   - An adult suicide prevention and intervention coordinator
   - A second youth suicide prevention coordinator, and
   - a zero suicide in healthcare coordinator.

   This robust team coordinates efforts across all divisions of OHA.

3. Statewide access to best practices – Oregon is one of the only states in the nation to offer low or no-cost suicide prevention programming to communities. (Find more information here) The programs are designed to:
   - Increase protective factors for Oregon's children, youth and young adults
   - Train adults to recognize warning signs of suicide, and
   - Equip youth-serving providers with critical skills to treat suicide ideation.

The programming provides for the option of having local or statewide trainers.

4. COVID-19 response team – In March 2020, OHA convened a team of internal subject matter experts and external stakeholders, including older adults, veterans, school-based health centers, school-based mental health providers, and epidemiologists, to address COVID-19-related suicide concerns. This Suicide Prevention, Intervention and Prevention (SPIP) Team has focused on timely data (see ESSENCE report), access to care, equipping providers to transition to a virtual environment and listening to consumer voices.

What was the focus of the 2020 suicide prevention work?

In 2020, OHA (Health Systems and Public Health), and community partners and stakeholders saw incredible gains in suicide prevention work in Oregon. It was a year of building infrastructure to make best practices available to all Oregon youth. The following programs were launched or reinforced with OHA funding in 2020. More information about each of these programs and initiatives is in the endnotes of this report.

January 2020	Matchstick Consulting, LCC launched statewide Sources of Strength programming for grade 6-12 and colleges/universities
February 2020	Lines for Life received support for YouthLine programming
	Lines for Life launched an initial School Suicide Prevention and Wellness program to support schools with Adi's Act implementation per SB 52 (2019)
March 2020	Association of Oregon Community Mental Health Programs launched statewide safeTALK and Applied Suicide Intervention Skills Training (ASIST) programming
	Lines for Life launched statewide Question, Persuade, Refer (QPR) programming
	OHA convened the Suicide Prevention, Intervention, and Postvention (SPIP) team to address COVID-19 needs in Oregon
	Lines for Life added the Suicide Risk Assessment Line for K-12 administration and school counselors to ensure access to risk assessment and safety planning for students statewide
April 2020	SPIP released a toolkit for suicide care in virtual environments

	Robust evaluation of the Big Seven suicide prevention programs began, led by the University of Oregon's Suicide Prevention Lab
May 2020	Start of a training program for therapists (100+) in Collaborative Assessment and Management of Suicidality
	Oregon Department of Education and OHA collaborated to add 4.0 FTE to the Lines for Life School Suicide Prevention and Wellness Program to support K-12 school districts with suicide prevention planning
June 2020	OHA released the first report tracking suicide-related data involving emergency departments and Urgent Care Centers in Oregon, continued monthly
August 2020	The Alliance to Prevent Suicide and the Association of Oregon Community Mental Health Programs awarded 18 mini-grants to local partners supporting COVID-19-appropriate services to LGTBQ+ Oregonians
September 2020	OHA launched a social media campaign aimed at increasing awareness of Oregon supports for youth experiencing mental distress
November 2020	Oregon Pediatric Society and the Association of Oregon Community Mental Health Programs launched Youth Suicide Assessment in Virtual Environments (Youth SAVE) for providers responsible for suicide assessments and safety planning of youth ages 10-17.
December 2020	Pending projects include: - Elementary Suicide Prevention coordinator and programming - Advanced Skills and best practices for providers in suicide treatment - Oregon Youth Suicide Intervention and Prevention Plan (2020-2024) scheduled to be released June 2021 (delay due to COVID-19 related barriers)

Oregon made huge strides in suicide prevention programming in 2020. While there will always be more work to do in prevention, intervention and postvention response, we believe Oregon has a solid foundation. OHA Suicide Prevention staff remain committed to this work and are honored to be a part of the suicide prevention workforce. Together, we can create a state that is safer from suicide for our children.

Evaluation report

Throughout the 2019-2020 contract year, the University of Oregon (UO) evaluation team continued its evaluative partnership with the Oregon Health Authority (OHA) and the Oregon Alliance to Prevent Suicide (Alliance) to support and evaluate the implementation efforts of the Oregon Youth Suicide Intervention and Prevention Plan (YSIPP).

Key accomplishments and recommendations are outlined by YSIPP strategic directions:

Strategic Direction 1: Healthy and empowered individuals, families and communities

Key accomplishments:

- Evaluation of the Oregon Suicide Prevention Conference (OSPC)
- Implementation of a Tribal Networking Framework
- Support of Regional Coalitions and Suicide Prevention Coordinators
- LGBTQ+ Initiative

Summary and recommendations:

The 2019 OSPC was informative and useful for conference attendees, especially on topics involving the school sector. Future conferences should focus on increasing skills and emphasizing self-care and safe messaging. The Tribal Networking Framework is being used to guide the gathering of suicide prevention community feedback from the Klamath Tribe. The UO recommends continued support and development of coalition and coordinator to allow for shared problem-solving and collaboration efforts. The LGBTQ initiative team continues to work with the Family Acceptance Project (FAP) and is currently gathering stakeholder input for the next iteration of the YSIPP.

Strategic Direction 2: Clinical and community preventative services

Key accomplishments:

- School Suicide Prevention Scan, Resource Development, and Support
- Delivery of Workshop on Implementation Science
- Evaluation of "Big Seven" initiative - Mental Health First Aid (MHFA), Question Persuade Refer (QPR), Applied Suicide Intervention Skills Training (ASIST), safeTALK, Connect Postvention, and Sources of Strength

Summary and recommendations:

The Alliance School Committee partnered with ODE to disseminate the School Suicide Prevention Resource Catalogue developed by the UO lab. School-sector efforts continue to focus on actively supporting the successful implementation of Adi's Act. As part of the Big Six initiative, the UO team delivered a four-part workshop on implementation science and the strategies involved in effective program delivery. Current Big Six evaluation activities are concentrated on supporting implementation and ways to scale up programming, while concurrently assessing training impact and implementation-related outcomes (for example, readiness, feasibility, fidelity, etc.).

Strategic Direction 3: Treatment and support services

Key accomplishments:

- Hospitals House-Bill 3090 Scan and Summary
- Senate Bill-48 Summary Report

Summary and recommendations:

The House-Bill (HB) 3090 scan found 10 hospital locations to be compliant with publicly posting discharge policies online. The UO evaluation team and the Alliance Transitions of Care committee drafted a letter addressing concerns and recommendations regarding the implementation of HB-3090, which was sent to Oregon legislators.

Results from the Senate Bill-48 evaluation suggest that licensed providers are less likely to take optional courses in suicide assessment, treatment or management at licensure renewal. Recommendations include legislative mandates requiring continued suicide prevention education and training for physical and behavioral health professionals.

Strategic Direction 4: Surveillance, research and evaluation

Key accomplishments:

- Background Research for Development of YSIPP 2.0
- Scanning of State Suicide Prevention Plans
- Key Stakeholder Focus Groups

Summary and recommendations:

The UO team compiled a summary report detailing completed and ongoing activities related to YSIPP efforts over the last four years. A scan of state suicide prevention plans among states with the lowest suicide rates among youth was completed to help build a framework for the next iteration of the YSIPP. Key

stakeholders throughout the state including youth, Alliance members, and individuals with lived experience have been interviewed to provide input on initiatives and recommendations. The UO team continues to use current research and data, best practices, and stakeholder perspectives to inform the development of YSIPP 2.0.

Significant progress has been made by the UO evaluation team and its partners over the past four years in identifying and mapping out state and local resources, initiatives, stakeholder groups, and organizations. The UO team recommends that future directions concentrate on developing networks and infrastructure to better connect, coordinate, and support these groups and efforts across the state. The evaluation team continues to develop community-academic partnerships throughout the state by a) regularly meeting with partner organizations (for example, Lines for Life, ODE, and OHA), b) attending meetings for each Alliance committee and initiative, and c) striving for continual suicide prevention collaboration and systems improvement across the state and local level. Additionally, the evaluation team has begun a phase of participatory evaluation that involves the installation and use of statewide networks to facilitate the collection and dissemination of data, tools, and other resources through a network hub.

Policy highlights and legislative follow-up

ORS 339.343 – Adi's Act (2019)

The Alliance to Prevent Suicide, as well as many other community partners and agencies, supported this bill. Adi's Act requires school districts to develop plans for:

- Suicide prevention
- Intervention, and
- Postvention.

The Oregon Department of Education (ODE) coordinated a rule-writing process for this legislation in 2020. OHA made schools a priority for receiving access to the Big Seven suicide prevention, intervention and postvention programs – which were launched between October 2019 – March 2020. This gave school districts a menu of low or no-cost programming options to include in their Adi's Act plans. Additionally, in April 2020, OHA and ODE partnered to contract with Lines for Life to increase technical help and mini-grants of up to $1500 to school districts through a program called the School Suicide Prevention and Wellness (SSPW) program. The SSPW program has provided technical help to 76 school districts and awarded nearly $100,000 in mini-grant funding for suicide prevention to school districts.

In 2021, the University of Oregon's Suicide Prevention Lab will coordinate an intensive evaluation effort with up to 10 school districts in various stages of implementation of their Adi's Act plan.

SB 485 and SB 918 (2019)

These bills directed youth-serving organizations (such as K-12 schools) to inform OHA within seven days of becoming aware of a youth suicide death and directed local mental health authorities to include youth-serving organizations in a coordinated response after a youth suicide death. OHA was tasked to write the administrative rules for these bills. Due to the sensitive nature of suicide postvention response, work began in 2019 and continued into 2020 to carefully gather input from stakeholder groups such as:

- SB 561 (2015) reporters
- Higher education
- K-12 schools
- Local mental health authority directors.

OHA filed a Notice of Proposed Rulemaking in November 2020.

ORS 418.735 – Postvention Response Plans

This law aims to reduce the risk of suicide contagion after a youth suicide death. It mandates that each Local Mental Health Authority in Oregon develop a postvention plan for a response after a youth suicide death. This includes reporting the death to OHA within seven days of being aware of the death. Although progress has been made, compliance has remained an issue since this legislation passed in 2015. OHA is working on developing the relationship between Youth Suicide Prevention staff and Postvention Response Leads (also referred to as SB 561 reporters) for each county. Strategies have included:

- Regular communication emails to the Postvention Response Leads listserv
- Creation of an assessment tool for Postvention Response Leads to evaluate their current postvention communication plan for best practices
- Hosting and coordinating quarterly meetings of Postvention Response Leads
- Reminders of deadlines to submit the county-level postvention plan.

This outreach resulted in 100% compliance for postvention plans (Tables 1 and 2). However, there is more work to do to ensure death reporting compliance.

Table 1 – ORS 418.735 suicide death reporting compliance

Year	Number of youth suicide deaths reports to OHA	Number of youth suicide deaths reported via violent death data dashboard	Percentage by ORS 418.735 reports
2016	Data not available	98	n/a
2017	56	107	52%
2018	65	129	50%
2019	63	116	54%
2020	66	TBD in 2021 report	

Table 2 – ORS 418.735 postvention plan submission compliance

Year	Number of LMHAs	Number of LMHAs that submitted postvention plans to OHA	Percentage of LMHAs in compliance
2017	33	17	52%
2018	33	22	67%
2019	36	36	100%
2020	36	36	100%

Senate Bill 48 (2017)

Behavioral medical professional licensing boards and the Teachers Standards and Practices Commission (regulating school counselors) are collecting data relevant to Senate Bill (SB) 48:Licensees report courses they take at license renewal on suicide, including assessment, treatment and management.

The boards must report these at re-licensure. OHA staff administers a survey to most behavioral and medical licensees. The boards asked OHA to add questions to that survey, relevant to SB 48. Both the Oregon Board of Medicine and Teachers Standards and Practices Commission are conducting their surveys:

SB 48 addresses continuing education for these professions:

- Social workers
- Marriage and family therapists
- Counselors
- Psychologists
- Occupational and physical therapists
- School counselors
- Nurses
- Chiropractors
- Naturopaths
- Physicians
- Physician assistants

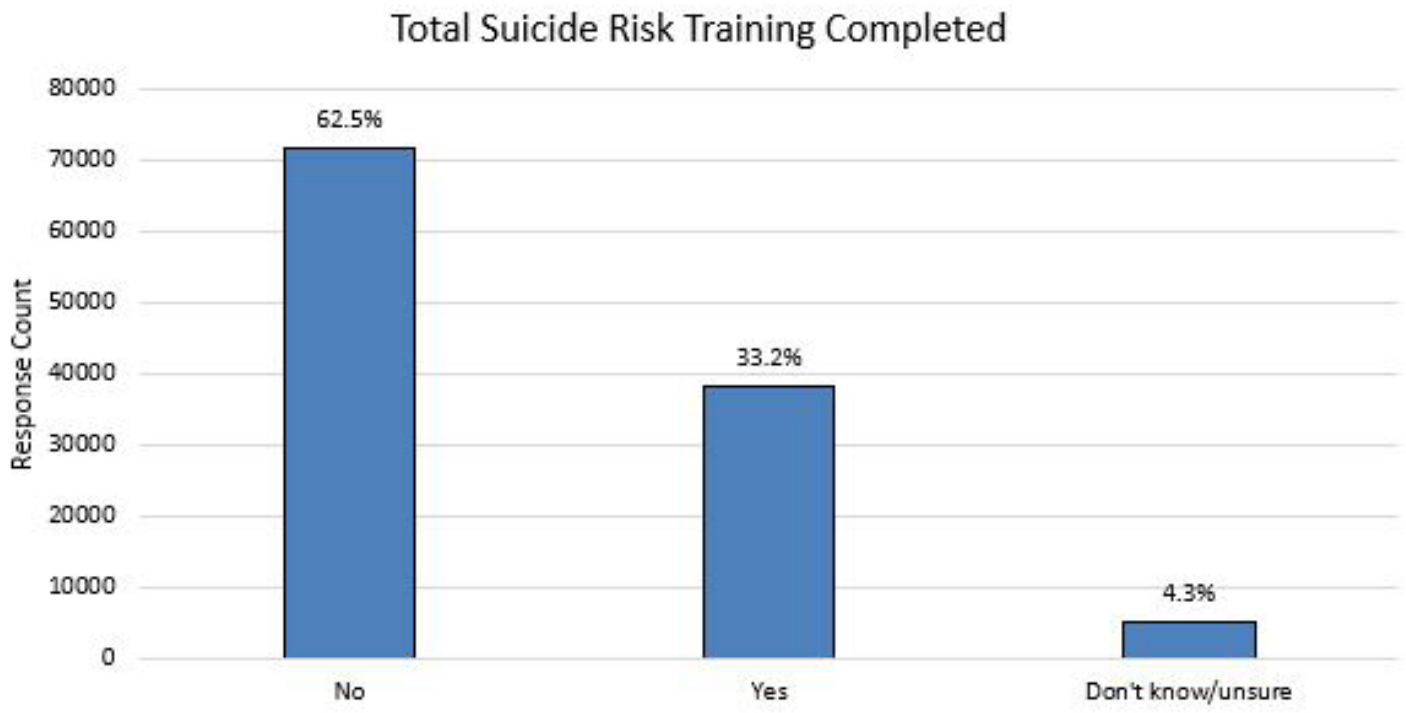


Figure 1. Total reported continued education in suicide assessment, treatment or management by all licensing boards' licensees.

OHA releases a report on even-numbered years. The Legislature received a data report from OHA in October 2020. Results showed that 62.5% of respondents marked that they did not take training to improve their competency and confidence in suicide assessment, treatment and management. OHA anticipates the percentage of professionals who report taking suicide prevention continuing education will remain low. This is because Oregon law does not require it.

OHA activities in 2020

Legislatively mandated sections for this report (ORS 418.704) are below. Each section has a bulleted list of action items completed or underway. This is the fifth and final year of the current YSIPP's implementation. OHA is drafting the next five-year YSIPP, which is anticipated to be released in June 2021. For the many activities and initiatives completed in prior years, please reference the annual reports from 2016, 2017, 2018, and 2019.

Section 1

Section 1 (2)(a): OHA hired a suicide intervention and prevention coordinator on Dec. 1, 2014. The position has been filled since then, except for a three-month gap in early 2019.

Status: Completed

Progress: Completed. Another youth suicide intervention and prevention coordinator position was hired in December 2019.

Section 1 (2)(b): Outreach to special populations.

Status: Ongoing

Progress in 2020:

OHA, its contractors, and the Alliance to Prevent Suicide completed the following activities to have a positive effect on these Oregon youth populations:

LGBTQ+: The Alliance to Prevent Suicide's LGBTQ+ work group continued to meet in 2020. In August, this workgroup collaborated with OHA to offer 18 mini-grants to local organizations supporting LGBTQ+ wellness.

American Indian and Alaska Native youth: In 2020, OHA funded Oregon's nine federally recognized Tribes and NARA for suicide prevention-specific activities. Each Tribe submitted a plan for suicide prevention-specific activities for this funding. The University of Oregon's Suicide Prevention Lab also conducted evaluation efforts in collaboration with the Klamath Tribes.

Oregonians with lived experience (loss survivors, attempt survivors, people with chronic suicidal ideation): The Alliance to Prevent Suicide convened a work group to recommend best practices to the executive committee for a trauma-informed environment for persons with lived experience to take part in Alliance work in 2019, and this work continued in 2020. A recent survey of Alliance to Prevent Suicide members and affiliates revealed that more than 50% of those actively working with the Alliance are people with lived experience or people who have loved ones with lived experience.

Veterans: In 2020, OHA contracted with Lines for Life to create a suicide prevention training program designed for veterans and military-connected families. OHA also sustained funding for the veteran module of Mental Health First Aid, including increasing the number of trainers available for that course.

Youth engagement: The Alliance to Prevent Suicide added youth-specific positions to each working committee, including the Executive Committee. Youth report on their projects at each quarterly Alliance to Prevent Suicide meeting with the entire membership. OHA supports this effort with funding for staffing at YouthERA and Alliance staff dedicated to youth engagement. OHA also partnered with YouthLine and YouthERA in 2020 to hold youth focus groups on various topics to gain input and feedback.

Section 1 (2)(c): Identify barriers to accessing intervention services.

Status: Ongoing

Progress:

Action items in the plan address barriers to accessing intervention services.

The work on this section in 2020 includes:

- Improving discharge and safety planning for youth in emergency or inpatient care. OHA worked with providers and stakeholders on rules for services to individuals in behavioral health crisis at release from emergency departments (HB 3090 and 3091) (2018). ORS 441.053 (HB 3090) (2018) rules were finalized in 2018.
- A survey report released in 2019 with a response rate of 36% of hospitals indicated that 62% of hospital staff responding to the survey implemented procedures to comply with HB 3090's requirement. The requirement is for hospitals to schedule a behavioral health appointment within seven days of release from an emergency department. Less than half of hospitals (43%) reported that all patients with suicide ideation were released with a suicide safety plan.
- In February 2020, the Alliance to Prevent Suicide issued a letter to OHA asking that the survey be conducted again, due to the low response rate and concerns with the methodology. The second survey is scheduled to be disseminated in the spring of 2021 and the report to be released in June 2021.

- The Oregon Pediatric Society developed a new training course for school-based mental health professionals, including school counselors, called Youth Suicide Assessment in Virtual Environment. This course covers:
  - How to do a suicide risk assessment
  - Creating psychological safety for youth in a virtual environment
  - Creating a strengths-based safety plan with a youth
  - Implementation guide to incorporate this training into current school policies and practices
- Crisis and acute transition services (CATS)

  Funding for the Emergency Room Diversion Project, currently called CATS (crisis and acute transition services), originally rolled out in late 2014 and early 2015 to four sites. It then expanded to 11 sites in 2018. CATS programming addresses the needs of youth discharged from emergency departments, and their families, to reduce re-hospitalizations later. CATS provides care until the youth is connected with the proper level of outpatient support. Early data suggests that CATS is effective in diverting youth from emergency department stays. Hospitals give families receive quick responses and connect them to needed supports. From January–June 2019, CATS served 389 youth. Approximately 62% of youth seen in the program presented at the emergency department with suicidal ideation or after a suicide attempt. Only 9% of youth served by CATS returned to the emergency department. In 2019, services were available in these counties:
  - Benton
  - Clackamas
  - Deschutes
  - Jackson
  - Klamath
  - Linn
  - Malheur
  - Marion
  - Multnomah
  - Umatilla
  - Washington
- Oregon Health & Science University (OHSU) is conducting an evaluation. OHSU will recommend outcomes and promising practices. There will be a statement of results in future reports. The study needs to include monitoring returns to emergency departments for youth at 12 months post-program.

- The Children's Systems Advisory Council created a parent guide to emergency department services and guidelines. This guide is for use by families for their at-risk youth. More than 3800 guides have been distributed around Oregon, which does not include e-distribution. Guides are available in both Spanish and English.
- The School-Based Mental Health Programs (SBMH) programs administered by the Health Systems Division (HSD) at OHA significantly expanded in 2019-2021 through increased funding, bringing services to 17 counties. These programs are composed of licensed master's level clinicians placed directly in schools to provide person-centered, trauma-informed rapid crisis and clinical interventions directly to youth and families, and to assist teachers with mental health-related issues in their classrooms. During the 2019-2020 school year, 52 mental health clinicians provided services to 1,729 individual students across 95 schools and 38 school districts.
- Continued full funding for a suicide crisis line through Lines for Life. This ensures that Oregonians have access to suicide intervention 24 hours a day, seven days a week.
  - » Funding for a peer-to-peer text, chat and telephone line through Lines for Life's YouthLine Program. In 2020, this program added a School Suicide Prevention and Wellness program and a dedicated support line for suicide risk assessment and safety planning for school administrators and school counselors to access.

Section 1 (2)(d): Technical help

Status: Ongoing

Progress:

As required by ORS 418.704, HSD youth suicide intervention and prevention coordinators provide technical assistance in suicide prevention, intervention and postvention.

The Zero Suicide coordinator (located in the Public Health Division) provides technical help to hospitals and health systems implementing the Zero Suicide initiative. Groups or programs that receive technical help include:

- State boards and commissions
- Schools and Education Service Districts
- K-12 athletic directors, coaches and trainers
- Community mental health programs
- Hospitals and health systems
- Outpatient behavioral health providers
- Parents and groups representing the interests of youth
- Suicide prevention staff and advocates
- Coordinated care organizations and private insurance companies

- Organizations representing groups at disproportionate risk of suicide, and
- Any youth-serving entity, including employers.

The coordinators also provide technical help to OHA departments, including School-based Health Programs, Health Policy and Analytics and Adult Behavioral Health.

Section 2

Section 2 (1): Recommendations for access to mental health intervention, treatment and supports for depressed and suicidal youth.

Status: Ongoing

Progress:

In 2020, the youth suicide intervention and prevention coordinators continued to strengthen the infrastructure for the long-term sustainability of suicide prevention in Oregon. This work included contracted work through various contractors. This will ensure statewide access to youth suicide prevention, intervention and postvention programs and supports. These include:

- Prevention (to create healthy and well Oregon youth):
  - » Sources of Strength statewide coordinator, trainer and supports – Contractor: Matchstick Consulting, LLC
  - » Mental Health First Aid – a skills-based training course to teach participants about mental health (youth version and teen version). – Contractor: Association of Oregon Community Mental Health Programs
  - » Elementary Suicide Prevention programming will become available in 2021
- Intervention (to act when signs of suicide arise):
  - » LifeLine fully funded (24-hour crisis line) – Contractor: Lines for Life
  - » YouthLine funded (Peer-to-peer text, telephone and chat line and youth leadership development program) – Contractor: Lines for Life
  - » Question, Persuade, Refer training and School curriculum support – Contractor: Lines for Life
  - » Applied Suicide Intervention Skills Training (ASIST) – Contractor: Association of Oregon Community Mental Health Programs
  - » Youth Suicide Assessments in Virtual Environments (Youth SAVE) – Contractor: Association of Oregon Community Mental Health Programs. Developed by Oregon Pediatric Society

- Postvention (to respond well after a suicide death):
  - » Connect: Postvention statewide training expansion: Contractor – Association of Oregon Community Mental Health Programs
  - » Quarterly meetings of Postvention Response Leads (also known as SB 561 reporters) for coordination, learning and accountability: OHA led
  - » Suicide rapid response: OHA contractor Lines for Life coordinates with local mental health authorities to deploy services quickly to address contagion risk among youth. Services available include:
    - » Classroom activities
    - » Community listening sessions
    - » Youth peer support
    - » Family peer support
    - » Grief processing
    - » Interventions for staff, and
    - » Parent programs.

Section 2 (2): Recommendations to improve access to care and supports. This includes affordability, timeliness, cultural appropriateness and availability of qualified providers.

Status: Ongoing

Progress:

2020:

OHA convened a new internal team in 2020 called the Suicide Prevention, Intervention, and Postvention (SPIP) team. The SPIP team responded to system barriers for access to care and equipping providers in suicide intervention and management during the COVID-19 pandemic by:

- Creating and disseminating resources for providers.
- Providing funding for advanced skills training in suicide intervention for behavioral health providers through the Association of Oregon Community Mental Health Programs.
- Contracting with the Oregon Pediatric Society to develop a new course called Youth Suicide Assessment in Virtual Environments.
- Monitoring data related to youth suicide, including visits to emergency departments, suicide death data, and calls to crisis lines.

Section 2 (3): Recommendations including best practices to identify and intervene with youth who are depressed, suicidal or at risk of self-injury.

Status: Ongoing

Progress:

- OHA contracted with the Oregon Pediatric Society to train primary care doctors on depression and substance use screening to include adverse childhood experiences. This includes best practices in suicide risk assessment and depression screening, safety planning and lethal means counseling.

In 2019, approximately 368 doctors were trained in this complex and critical topic.

- OHA funds statewide access for several best-practice programs and training. The six current OHA sponsored best practices programs to include:
  a. Sources of Strength training
  b. Youth Mental Health First Aid (for adults working with youth)
  c. Question, Persuade, Refer training
  d. Applied Suicide Intervention Skills Training (ASIST)
  e. CONNECT postvention training
  f. Youth Suicide Assessments in Virtual Environments (Youth SAVE) training
- In 2021, OHA will launch suicide prevention programming for elementary-age children and expand advanced skills training options for providers.

Section 2 (4): Recommendations for collaborations among schools, school-based health clinics and CCOs for school-based programs.

Status: Ongoing

Progress:

2020:

- OHA continues to support the suicide rapid response team, which is available to local mental health authorities (LMHAs) when the following conditions exist:
  - » A youth suicide death occurred
  - » Risk of suicide contagion is identified
  - » Lack of resources or fatigued resources for response is identified, and
  - » The local community (through an LMHA) requests support.

- OHA and the Oregon Department of Education partnered to launch the School Suicide Prevention and Wellness program at Lines for Life. In 2020, this program supported 85 different school districts, Educational Service Districts, private or charter schools with technical help. This program also awarded 51 mini-grants to school districts to support suicide prevention in schools.

Section 2 (5): Recommendations for use of social media in intervention and prevention of youth suicide and self-inflicted injury.

Status: Ongoing

Progress:

2020:

- OHA continues to support a pilot social media monitoring program through Lines for Life. This model involves a live monitor on social media to scan for concerning content and offer live support within the app. This pilot project is scheduled to sunset at the end of June 2021.
- The OHA youth suicide prevention team launched a social media campaign for teens and parents of teens in July 2020. This campaign was designed with input from several youths and consumer focus groups. Resources highlighted in this campaign included:
  - » YouthLine
  - » Sources of Strength
  - » Oregon Family Support Network
  - » YouthERA virtual meets

Section 2 (6): Recommendations to respond to schools and communities following completed youth suicides.

Status: Ongoing

Progress:

Refer to Section 2 (4) above for more information about the progress of the:

- Suicide rapid response team
- Alliance school toolkit, and
- Funding for postvention activities in schools.

OHA provided COVID-19 specific guidance documents for postvention activities for schools.

Section 2 (7-8): An analysis of intervention and prevention strategies used by states with the five lowest suicide rates.

Status: Completed

Progress:

A comparison of Oregon's youth suicide rates and prevention strategies with other states is in the plan. Rankings for 2019 are with the statistics provided in Table 11 of this report.

Section 2: Action items requiring more resources to complete.

Status: Underway

Progress:

OHA estimates there is a need for $5.17 million more to fully fund the current YSIPP. Additionally, the Adult Suicide Prevention and Intervention Plan, which OHA will begin to draft in 2020, will need funding as well.

Section 3

Section 3: Review data and prepare an annual report to the Legislature.

Status: Ongoing

Progress:

Suicide numbers, rates and rankings by county or state vary by year. Monitoring trends across time is the most effective way to study the data. Oregon youth suicide deaths and rates increased significantly between 2011 and 2018. Youth (age 10 to 24 years) suicides decreased to 118 deaths in 2019 from 129 deaths in 2018 among people younger than 25 years old. Of the 118 deaths in 2019, two were children younger than 10 years old. Compared to 2018, the 2019 rate decreased by 10% to 15.3 per 100,000. In 2019, suicide deaths decreased nearly 50% among youth 18 and younger. Oregon's suicide rate ranked 11th in the nation in 2019 (Table 3).

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	12.0	16
2016	98	13.0	15
2017	107	14.1	17
2018	129	17.0	11
2019	116*	15.3	11

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

The following data analysis addresses Oregon Revised Statute 418.731 Section 3. Data presented are for Oregon residents under 25 years old who:

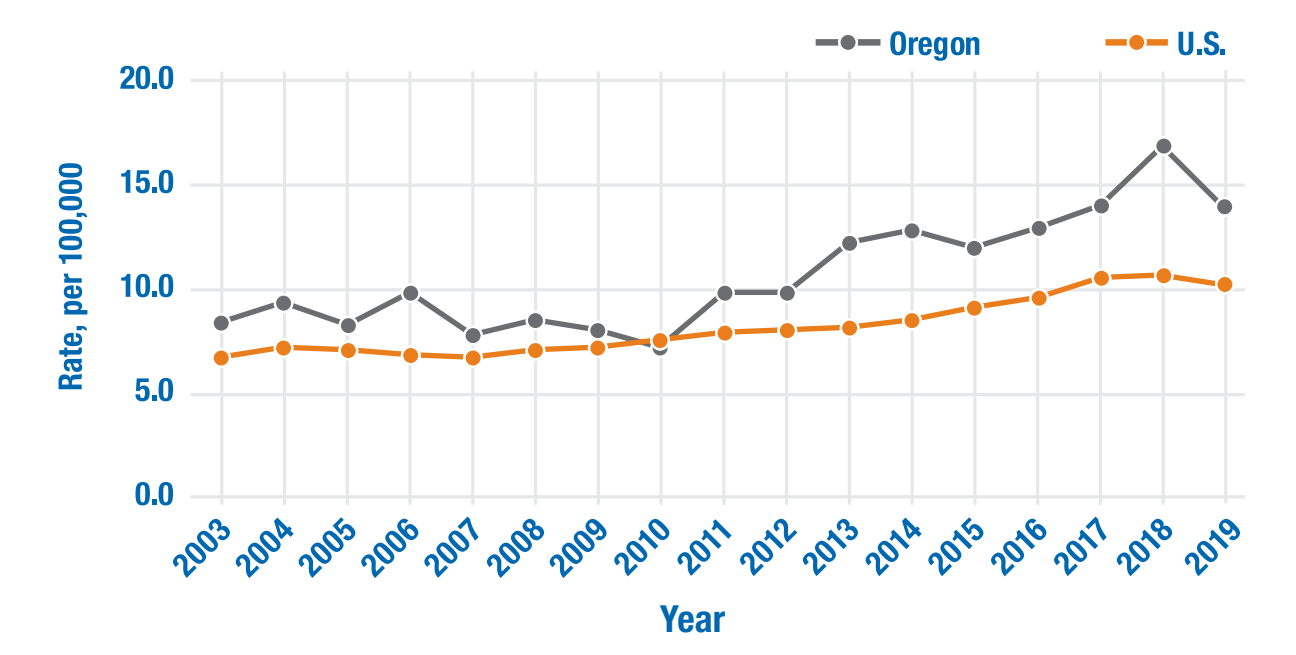
- Died by suicide
- Were hospitalized due to self-inflicted injury, and/or
- Had suicidal ideation and behaviors.

Suicide was the second leading cause of death among youth aged 10 to 24 years in Oregon in 2019. (1)

Overall, Oregon suicide deaths and rates among youth aged 10 to 24 years old have increased significantly since 2011. Oregon youth suicide rates have been higher than the United States rates over the past decade.

- Male youth were more than three times more likely to die by suicide than female youth. (Figure 2)
- Among youth, suicide rates increased with age. (Figure 2)
- From 2013 to 2018, the Oregon Violent Death Reporting System (OVDRS) identified 19 youth suicides among LGBTQ-identifying Oregonians. This accounted for 3.0% of Oregon youth suicide deaths in that time.
- From 2013 to 2017, the suicide rate among veterans aged 18 to 24 years old was higher than for non-veterans. (3)

Figure 1. Suicide rates among youth aged 10-24 years, the United States and Oregon, 2003-2019



Source: CDC WISQARS and OPHAT

Note: This does not include deaths under age 10. There was 1 death in 2007 and 2 deaths in 2019 of children under age 10.

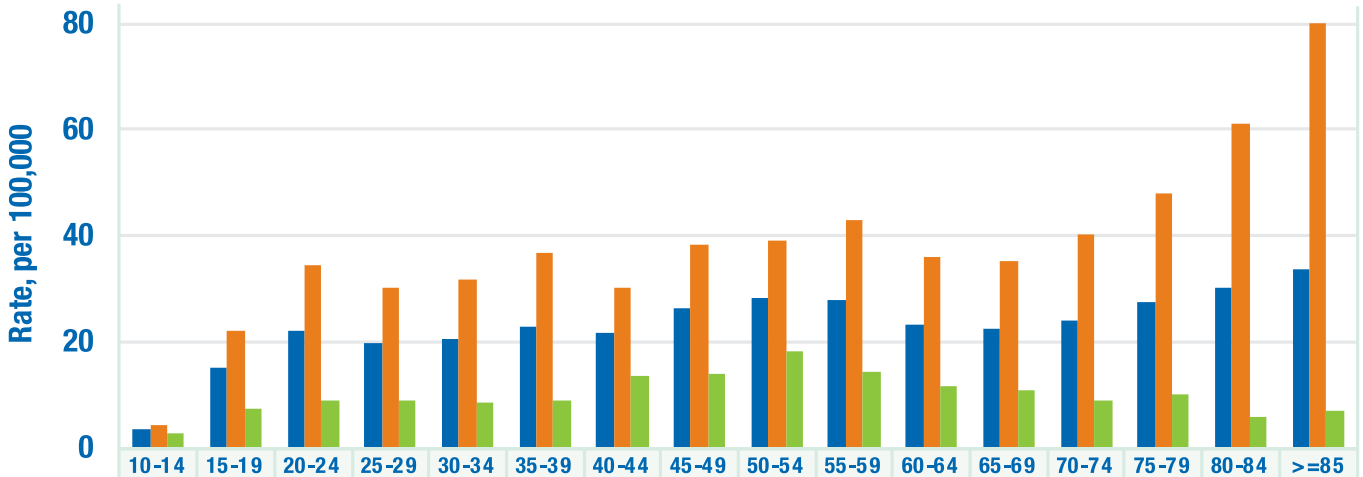
Table 4. Comparison of suicide death rates per 100,000, among youth aged 10 to 24 years in Oregon and the United States, 2003-2018 (2)*

Year	Oregon	United States
2003	8.4	6.7
2004	9.4	7.3
2005	8.3	7.0
2006	9.9	6.9
2007	7.9	6.8
2008	8.5	7.0
2009	8.1	7.2
2010	7.2	7.6
2011	9.8	7.9
2012	9.8	8.0
2013	12.3	8.1
2014	12.9	8.5
2015	12.0	9.2
2016	13.0	9.6
2017	14.1	10.6
2018	17.0	10.7
2019	15.3	10.2

**Rates are deaths per 100,000 Sources: CDC WISQARS*

Note: This does not include deaths under age 10. There was 1 death in 2007 and 2 deaths in 2019 of children under age 10.

Figure 2. Age-specific rate of suicide by sex, Oregon, 2015-2019



Common circumstances for suicide

Table 5 highlights common circumstances surrounding suicide deaths for youth age 10 to 24. This information can inform prevention and intervention activities. Some of these circumstances vary by age subcategories. Between 2013 and 2018, the most common circumstances in Oregon for youth age 10 to 24 include:

- Mental health concerns
- Romantic relationship break-ups
- Family stressors
- A crisis in the past two weeks
- History of suicidal ideation and attempts

Table 5. Common circumstances surrounding suicide incidents by age group, 2013-2018

	Aged 10-17 (n=173)		Aged 18-24 (n=455)		Aged 10-24 (n=628)	
Circumstance	**Count**	**%**	**Count**	**%**	**Count**	**%**
Mental health status						
Mentioned mental health problems*	114	66	318	70	432	69
Diagnosed mental disorder	70	40	175	38	245	39
Problem with alcohol	6	3	64	14	70	11
Problem with other substance	17	10	99	22	116	18
Current depressed mood	72	42	183	40	255	41
Current treatment for mental health problem **	49	28	102	22	151	24
Interpersonal relationship problems						
Broken up with boyfriend or girlfriend, Intimate partner problem	31	17	120	28	151	31
Suicide of family member or friend within past five years	2	1	11	3	13	3
Death of family member or friend within past five years	5	3	17	4	22	4
Family stressors	48	30	55	12	103	21
History of abuse as a child	9	6	14	3	23	5
Life stressors						
A crisis in the past two weeks	30	17	85	19	115	23
Physical health problems	3	2	16	4	19	4
Job or financial problem	1	1	44	9	45	9
Recent criminal legal problem	6	3	42	10	48	10
School problem	32	19	12	2	44	9

Table 5 continues on next page

Table 5 continued

	Aged 10-17 (n=173)		Aged 18-24 (n=455)		Aged 10-24 (n=628)	
Circumstance	**Count**	**%**	**Count**	**%**	**Count**	**%**
Suicidal behaviors						
History of expressed suicidal thought or plan	55	27	158	32	213	43
Recently disclosed intent to die by suicide	41	23	120	28	161	33
Left a suicide note	59	33	144	31	203	41
History of suicide attempt	31	17	119	24	150	30
* Includes diagnosed mental disorder, a problem with alcohol, other substance, or depressed mood, or a combination of these.						
** Includes treatment for problems with alcohol, other substance or both.						
Source: Oregon Violent Death Reporting System Note: This does not include deaths under age 10. There was 1 death in 2007 and 2 deaths in 2019 of children under age 10.						

2019

Final data reported 118 suicides occurred among Oregon youth aged under 25 years with two deaths occurring among youth under age 10 (characteristics and location are not available for five out-of-state deaths). Most suicides occurred among males (81%), White persons (93%) and persons aged 20 to 24 years (63%). Eighteen deaths were among middle school and high school students. (Table 6) In 2019, the most often observed mechanisms of injury in suicide deaths among youth included: (Table 6)

- Firearms (50%)
- Suffocation or hanging (32%), and
- Poisoning (8%).

Table 6. Characteristics of youth suicides aged 25 and younger, Oregon 2019

		Deaths*	% of total
Age (years)	05-14	9	8%
	15-19	33	29%
	20-24	71	63%
Sex	Male	92	81%
	Female	21	19%
Race or ethnicity**	White	105	93%
	African American	5	4%
	American Indian or Alaska Native	6	5%
	Asian or Pacific Islander	2	2%
	Multiple races	5	4%
	Other or unknown	4	4%

Table 6 continues on next page

Table 6 continued

		Deaths*	% of total
	Hispanic	17	15%
Student status	Middle school	8	7%
	High school	10	9%
Mechanism of death	Firearm	57	50%
	Hanging or suffocation	36	32%
	Poisoning	9	8%
	Other	11	10%
Other	Veteran	3	3%

** *Five out-of-state deaths are not included because their death certificate information is not accessible.*

** *Includes any race (one or more, any mention) and ethnicity mention. Race categories will not sum to the total since multiple race selections could be made for each decedent.*

Source: *Oregon Violent Death Reporting System*

Note: *According to the National Center for Health Statistics, CDC, there were 118 suicide deaths among Oregon residents 5-24 years old in 2019; two were younger than age 10.*

Suicide attempts

More than 820 Oregon youth ages 10 to 24 years were hospitalized for a self-inflicted injury or attempted suicide in 2018 (Table 7). Females were far more likely to be hospitalized for a self-inflicted injury or suicide attempts than males.

Table 7. Numbers of self-harm hospitalizations and suicides among youth aged 10-24 years by county, Oregon, 2019

County	Hospitalizations*		Deaths**	
	Count	% of total	Count	% of total
Baker	3	0.4%	0	0.0%
Benton	13	1.6%	0	0.0%
Clackamas	88	10.7%	11	9.9%
Clatsop	11	1.3%	2	1.8%
Columbia	9	1.1%	2	1.8%
Coos	6	0.7%	2	1.8%
Crook	4	0.5%	1	0.9%
Curry	2	0.2%	1	0.9%
Deschutes	37	4.5%	5	4.5%
Douglas	17	2.1%	4	3.6%
Gilliam	0	0.0%	0	0.0%
Grant	1	0.1%	1	0.9%
Harney	1	0.1%	0	0.0%
Hood River	5	0.6%	0	0.0%
Jackson	55	6.7%	10	9.0%

Table 7 continues on next page

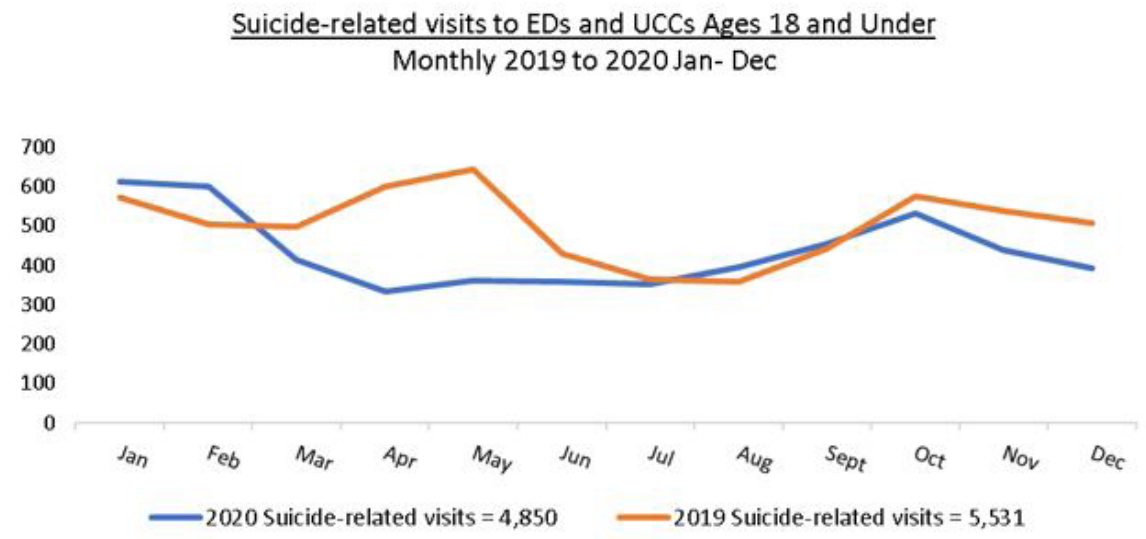
Table 7 continued

County	Hospitalizations*		Deaths**	
	Count	% of total	Count	% of total
Jefferson	10	1.2%	0	0.0%
Josephine	11	1.3%	0	0.0%
Klamath	7	0.9%	7	6.3%
Lake	2	0.2%	0	0.0%
Lane	119	14.5%	15	13.5%
Lincoln	6	0.7%	2	1.8%
Linn	21	2.6%	2	1.8%
Malheur	3	0.4%	0	0.0%
Marion	82	10.0%	5	4.5%
Morrow	2	0.2%	2	1.8%
Multnomah	119	14.5%	18	16.2%
Polk	24	2.9%	4	3.6%
Sherman	0	0.0%	0	0.0%
Tillamook	1	0.1%	0	0.0%
Umatilla	5	0.6%	0	0.0%
Union	5	0.6%	2	1.8%
Wallowa	1	0.1%	1	0.9%
Wasco	3	0.4%	0	0.0%
Washington	131	16.0%	12	10.8%
Wheeler	0	0.0%	0	0.0%
Yamhill	17	2.1%	2	1.8%
State	821	N/A	111	NA

* *Oregon Hospital Discharge Index. Please note that a new methodology to calculate 2018 youth self-harm hospitalizations was implemented based on CSTE (Council of State and Territorial Epidemiologists) guidelines. Therefore, 2018 and 2019 estimates are not comparable to previous years.*

** *Oregon Violent Death Reporting System. Five out-of-state deaths in 2019 are not included because their death certificate information is not accessible. Does not include 2 deaths under age 10 in 2019.*

Figure 3. Suicide-related visits to emergency departments and urgent care centers, ages 18 and under, Oregon

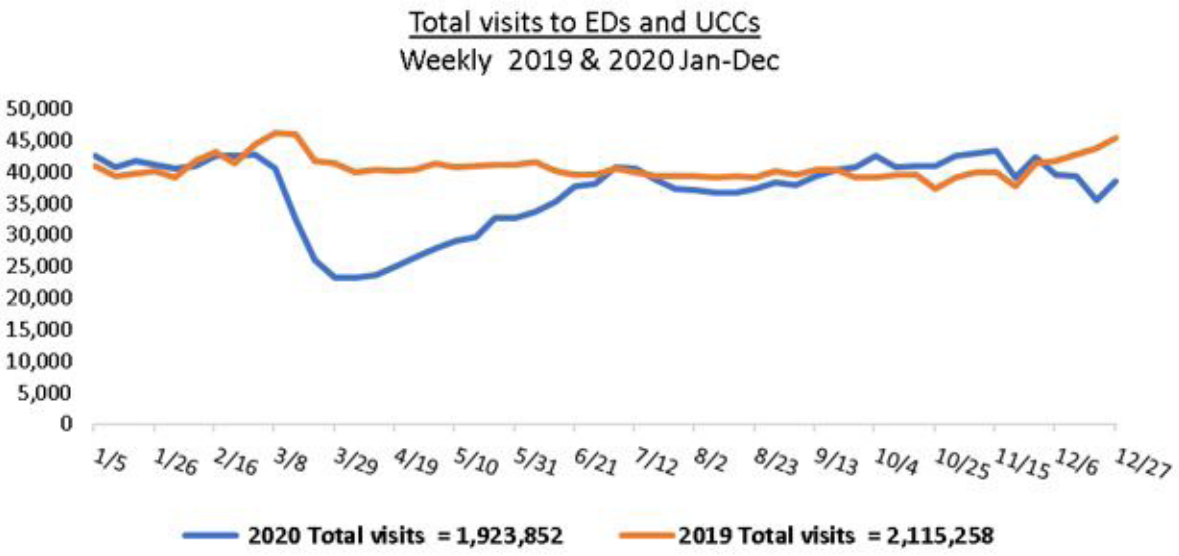


Source: ESSENCE syndromic surveillance suicide-related data, including visits for self-harm, suicide ideation and suicide attempt, from all non-federal hospital emergency departments and select urgent care centers across Oregon.

The number of suicide-related visits to emergency departments (EDs) and urgent care centers (UCCs) for youths ages 18 and under is slightly lower in 2020 than in 2019. (Figure 3).

In 2020 there was a 12.21% decrease in suicide-related visits to EDs and UCCs for youths ages 18 and under compared to 2019. It is important to note there were fewer visits in 2020 for all health-related concerns; this trend began in March 2020 when COVID-19 shelter in place restrictions began. (Figure 4).

Figure 4. Total visits to emergency departments and urgent care centers, Oregon



Source: ESSENCE syndromic surveillance suicide-related data, including visits for self-harm, suicide ideation and suicide attempt, from all non-federal hospital EDs and select UCCs across Oregon.

Suicidal ideation: 2019 Oregon Healthy Teens Survey

- Percentage of youths that seriously considered suicide in the past 12 months:
  - » 20% of eighth-graders
  - » 19% of 11th graders
- Percentage of youths that attempted suicide one or more times in the previous 12 months:
  - » 10% of eighth-graders
  - » 7% of 11th graders
- Percentage of lesbian and gay youth that contemplated suicide in the past 12 months:
  - » 50% of eighth-graders
  - » 37% of 11th graders
- Percentage of transgender or gender diverse youth that contemplated suicide in the past 12 months. This includes those who identify as:
  - » Transgender male or transgender female
  - » Gender fluid or genderqueer
  - » Gender nonconforming
  - » Agender
  - » Multiple responses,
  - » "Not sure of gender," and
  - » Those whose gender identity response differs from their birth sex response:
  - » 47% of eighth-graders
  - » 41% of 11th graders

Launching in 2020, the Oregon Student Health Survey (SHS) will replace the Oregon Healthy Teens Survey and Student Wellness Survey previously administered by OHA. The SHS is a comprehensive, school-based, anonymous and voluntary health survey for 6th, 8th and 11th graders. The SHS is designed to address student health and safety, student mental and behavioral health, and school climate and culture. Schools can take part in the survey between fall 2020 and spring 2021. State and county results for the 2020 SHS are anticipated to be released in the summer of 2021.

Limitations of data used for suicide surveillance

Suicide is one of the leading causes of death for the general population in Oregon and the second leading cause of death among Oregonians aged 10 to 24. OHA has identified suicide prevention as one of its top priority issues. Suicide is a complex behavior and associated with many factors, including:

- Mental health
- Substance use
- Physical health
- Relationships
- Life events
- Isolation
- Social connectivity
- Stress, and
- Other environmental and societal conditions.

To monitor and track suicide as well as some risk and protective factors that lead to or prevent suicide, Oregon uses various existing administrative data sets, surveys, and active surveillance efforts.

These sources include data elements of interest to policy makers. However, these data sources may fall short in other areas of interest. Standard administrative data used to track outcomes (i.e. death certificates, hospitalizations, ED visits) do not typically also collect:

- Data on risk and protective factors for suicide (for example, depression)
- Past medical and behavioral histories (for example, treatment episodes)
- Other data elements that are can tie individual risk and protective factors directly to suicidal behaviors, or
- Outcomes among individual persons (for example, the number of previous suicide attempts among individual decedents).

The following data are not available for individual youth who died by suicide:

- School attended
- Previous admissions or treatment for depression or suicidality
- Primary spoken language
- Disability or functional limitations
- Foster care status
- Depression-related intervention services in the past 12 months
- Previous attempts, emergency department visits or hospitalizations in the last 12 months

Generation of missing data would require more resources, position authority and planning and would involve many steps, including:

- Linkage of several large administrative data sets
- In-person case interviews

- Requirements for law enforcement agencies and health care providers to release individual information
- Personnel for data entry and database management, and
- Requirements for hospitals to report some more types of data, such as ED data, and specific reporting criteria.

Specific considerations for administrative data sets:

Administrative data sets typically capture population data, yet tracking of public health trends is not their primary function. For example, administrative data sets do not capture all instances of deaths within Oregon, or all hospital inpatient visits for suicide attempts. However, the data includes limited information on factors that may have led persons to suicide, such as untreated depression or life stressors. Depending on the administrative dataset used there is varying support for tracking suicide trends.

Oregon uses administrative data sets to track outcomes such as deaths, medical outcomes, and emergency department visits. These data sources include:

- Death certificates collected by the Center for Health Statistics (CHS) at the Oregon Public Health Division (PHD), and

  Hospitalization discharge data (HDD) and emergency departments (ED for 2018 forward) from the Oregon Association of Hospitals and Health Systems (OAHHS).

Specific considerations for survey data:

Survey data can capture information on factors associated with suicide (for example, depression, etc.). However, survey data are based on population samples. Data does not link risk and protective factors for suicide to specific individuals. Survey data come, in part, from the following:

- Behavioral Risk Factor Surveillance System (BRFSS)
- Oregon Healthy Teens (OHT) survey
- Student Wellness Survey
- National Survey on Drug Use and Health
- American Community Survey

These surveys are both state and nationally administered. Some of these surveys periodically include questions about suicidality or mental health issues. However, questions often depend on funding from individual programs (for example, BRFSS, OHT) to continue data collection for specific questions year-to-year. As of late, the response rate to these telephone surveys (for example, BRFSS) has been low (for example, <50%, which has implications on the generalizability of the data).

Some active surveillance data sources and systems link outcomes to individual risk. The

Oregon Violent Death Reporting System collects active surveillance data from multiple sources to provide a more complete picture, such as:

- Detailed demographics
- Mechanism of death, and
- Circumstances surrounding suicide incidents.

Specific considerations for active public health tracking efforts:

The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) provides real-time data from all non-federal hospital emergency departments (ED) and select urgent care centers (UCC) across Oregon. These data allow public health and hospitals to monitor what is happening in emergency departments across Oregon before, during and after a public health emergency. The suicide-related query used to provide data for this report, created as a collaboration between the International Society for Disease Surveillance's Syndrome Definition Committee with input from the CDC Division of Violence Prevention, includes ED and UCC visits for self-harm, suicide ideation and suicide attempt. Important limitations of these data include:

- They do not distinguish suicide attempts from other forms of self-harm.
- Data derived from emergency department and urgent care center visits are still being received and updated and minor fluctuation is anticipated.
- Not all people in Oregon have access to an emergency department or urgent care center.
- People with suicidal ideations may forgo medical assistance.

The lack of standardized questionnaires and investigations on deaths in Oregon creates challenges for consistent data collection and reporting. Therefore, ORVDRS data does not include consistent information from all agencies on certain data elements (for example, LGBTQ status among people who died by suicide). Reliance upon data collected from limited witnesses and contacts of a person who died by suicide can result in incomplete information collected about the incident. Therefore, ORVDRS data may underestimate some given circumstances or risk factors.

Appendix I

Public Health Division: 2020 federal grants related to suicide prevention, intervention and postvention

The Oregon Health Authority, Public Health Division (PHD), Injury and Violence Prevention Program (IVPP), manages several federal grants through the Substance Abuse and Mental Health Services Administration (SAMHSA) and Centers for Disease Control and Prevention (CDC) that contribute to YSIPP efforts. These grants include:

- SAMHSA Garrett Lee Smith Memorial Act (Oregon GLS): OHA received a new round of GLSMA funding for June 2019 through June 2024. Oregon receives $736,000 a year through this grant mechanism. This grant supports suicide prevention capacity grants in select Oregon counties as well as community and clinical training to reduce suicides of youth 10-24 years old.
- SAMHSA Zero Suicide in Health Systems (Zero Suicide): OHA received this new funding for September 2020 through August 2025. Oregon receives $700,000 a year through this grant mechanism. This grant supports OHA working with Oregon health systems to provide safer and specific suicide care for adults age 25 and over using a nationally recognized model, Zero Suicide.
- CDC Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes (ED-SNSRO): OHA received this new funding for September 2019 through August 2022. This grant (just under $147,000/year) provides support to develop tracking of suicide attempt and self-harm data, report data to stakeholders and use data to inform suicide prevention activities.
- CDC Firearm Injury Surveillance Through Emergency Rooms (FASTER): OHA received this new funding stream for September 2020 through August 2023; year one funding was $225,000 and anticipated funding for year two is $180,000. This grant provides funding for OHA PHD to partner with the Oregon Health & Science University-Portland State University School of Public Health to demonstrate the feasibility of monitoring nonfatal firearm injuries, including a suicide attempt and self-harm, to provide data on firearm injury in Oregon and use surveillance data to design and target interventions to reduce injury. Given that this grant was awarded in late 2020, a progress update for this grant will be provided in the YSIPP 2021 Annual Report.

Descriptions and accomplishments for both SAMHSA grants and the CDC ED-SNSRO grant are described below. Grant objectives align with all four Strategic Directions of the YSIPP.

Oregon GLS (June 2019 – June 2024)

Oregon GLS continues OHA's implementation of SAMHSA Garrett Lee Smith Memorial Act over the past decade. This current iteration of funding aims to reduce youth suicide, focusing on high-risk populations including youth at risk of suicide and youth involved in state systems. Grant work includes providing capacity-building grants to select Oregon counties, supporting suicide prevention training (gatekeeper training) in communities and youth-serving organizations, convening the annual Oregon Suicide Prevention Conference, managing the Oregon Suicide Prevention website, providing support to health systems implementing the Zero Suicide model, and supporting clinician training. Highlights of grant accomplishments in 2020 include:

- **Funding to counties:** OHA-PHD completed a competitive proposal process to determine Oregon GLS county awardees, accomplished via engagement with state associations representing Community Mental Health Programs (Association of Community Mental Health Programs) and Local Public Health Authorities (Coalition of Local Health Officials) to develop the Request for Proposals. During this development process, both organizations indicated that increased funding to counties was needed to effectively address funding requirements. Based on this feedback, OHA reduced the total number of county sub-awards and increased the amount of funding awarded to each county. Therefore, three counties have been awarded Oregon GLS funding based on proposal review. Deschutes County will continue as an Oregon GLS sub-awardee and is joined by two new counties: Lane and Multnomah.
- **Gatekeeper training** has been implemented to increase the number of persons in youth-serving organizations trained to identify and refer youth at risk. Gatekeeper training is best-practice or evidence-based. The training is meant to prepare laypeople and professionals to identify and refer persons at risk for suicide to appropriate care. Between June 2019 and December 2020, a total of 2,899 individuals received gatekeeper training, primarily through Question, Persuade and Refer (QPR) and Applied Suicide Intervention Skills Training (ASIST). Other training focused on postvention training (Connect), lethal means focused training (Counseling on Access to Lethal Means), initial suicide risk screening, and school focused curriculum. The ability to conduct training between March and December 2020 was severely limited due to the COVID-19 pandemic; some of the most common curricula were not immediately available in an online format or had not been adapted for a virtual training environment. All Oregon GLS county sub-awardees have been able to offer some training by adjusting to virtual training platforms or by providing in-person training with strict safety precautions as allowed by state restrictions and guidelines. It is anticipated that increased virtual training will be offered in 2021 and that in-person training will resume based on decreasing impact of COVID-19 in Oregon.
- **Oregon Department of Human Services partnership and training:** Oregon GLS is supporting gatekeeper training with the Oregon Department of Human Services

(ODHS), including Child Welfare personnel, community partners and foster parents. After exploring various training and support options varying in scope, training length and cost, ODHS selected (QPR) in a computer-based training (CBT) delivery. ODHS made QPR CBT available to staff starting in July 2020. Between July and December 2020, 747 ODHS staff completed QPR CBT. All 7 ODHS programs represented in the post-training evaluation survey data showed an increase in participant knowledge of suicide and suicide prevention in areas ranging from facts concerning suicide to how to get help for someone. ODHS staff who completed QPR CBT were asked to assess their increase in knowledge of suicide and suicide prevention due to the training. Responses showed that:

  - An average of 71.5% of respondents rated their knowledge of suicide and suicide prevention as "high" after the training, compared with 13.6% before.
  - An average of 1.0% of respondents rated their knowledge of suicide and suicide prevention as "low" after the training, compared with 35.9% before.

- **Clinical training** has been implemented to increase health, mental health and substance abuse clinicians trained to assess, manage and treat youth at risk for suicide. Between June 2019 and December 2020 training was provided to over 230 individuals via two curricula: Assessing and Managing Suicide Risk (AMSR) and Collaborative Assessment & Management of Suicidality (CAMS). As of the printing of this report, OHA has achieved nearly half (47%) of the GLS grant 5-year clinical training goal. In partnership with the AOCMHP, Oregon GLS promoted and provided training in CAMS to qualified mental health professionals around the state in response to limited training opportunities due to the COVID-19 pandemic. Besides the CAMS training, supplemental training on using the CAMS framework with adolescents was available to clinicians. Over 60 clinicians have completed this supplemental training. This has allowed for increased capacity among mental health clinicians in Oregon to provide specific and suicide safer care to Oregon's youth. It is anticipated that clinical training will increase in 2021 as more training is adapted to a virtual learning platform and as in-person training can again be safely provided based on decreasing the effect of COVID-19 in Oregon.
- **Addressing firearm safety with patients at risk of suicide:** Building on work from the previous GLS grant period, OHA supported the development of an online training focused on how primary care and direct service providers can work with rural firearm owners who may be at risk of suicide to voluntarily limit access to firearms. The training is based on focus group research with Oregon rural firearm owners. The training covers several important topics: discussing firearms with a patient at risk of suicide; developing a safety plan focused on firearm safety; engaging the patient who becomes defensive when the subject of firearms is addressed, and responding when a high-risk patient becomes angry when a provider brings up the topic of firearm safety and leaves the office. The course is available free as a Continuing Medical Education offering and is an OHA-Approved Cultural Competence Continuing Education training.

- **Oregon Suicide Prevention Conference:** The October 2020 Oregon Suicide Prevention Conference was cancelled due to COVID-19 public gathering restrictions. The conference has been rescheduled to take place virtually in October 2021.

Zero Suicide (September 2020 – August 2025)

The Injury and Violence Prevention Program continues to work with Oregon health care organizations on Zero Suicide Initiative implementation. The Zero Suicide Initiative is a commitment to suicide prevention in health and behavioral health care systems. It is also a specific set of tools and strategies. Its core proposition is that suicide deaths for people under care are preventable. The approach aims to improve care and outcomes for persons at risk of suicide served by health care systems. Due to the success of Zero Suicide efforts completed in the previous GLS cycle (described in the YSIPP 2019 Annual Report), IVPP was awarded a competitive SAMHSA Zero Suicide in Health Systems grant to increase support to Oregon health systems from September 2020 through August 2025. This new grant has allowed IVVP to hire a dedicated Zero Suicide in Health Systems Coordinator to develop a Zero Suicide Program. While the new grant is focused on reducing suicide risk for adults 25 and older, this dedicated position will support work to continue with existing Oregon Zero Suicide health systems focused on youth populations. It will also expand learning opportunities and training for all health systems implementing Zero Suicide, including youth-focused initiatives. To date, this grant has supported a needs assessment to identify successes and gaps in Zero Suicide implementation within Oregon health systems and key informant interviews with health systems and relevant stakeholders to inform grant planning. Work in 2021 will include developing a grant advisory committee and implementing Zero Suicide training opportunities.

ED-SNSRO (September 2019 through August 2022)

In 2020, the ED-SNSRO team developed a monthly report on Emergency Department and Urgent Care Center visits for suicide attempts and suicidal ideation and suicide-related calls to the Oregon Poison Center using the Oregon Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) syndromic surveillance data. The report, *Suicide-related Public Health Surveillance Update*, compares rates and counts for 2020 to the same timeframe in 2019, including youth-focused data. So far, these comparisons have not indicated significant spikes of suicide attempts or related self-harm behaviors treated in Oregon's health care systems. The first monthly report was published in June 2020. The reports have been well received by suicide presentation partners at the state and county level. Partners can sign up to receive the monthly report directly by email. The distribution list has grown to over 1,280 recipients. OHA has used the report to inform leadership responses to inquiries from legislators, media and members of the public. Stakeholder feedback, including from the Oregon Alliance to Prevent Suicide Data & Evaluation Committee, has informed improvements of this report and ED-SNSRO data is now included in the YSIPP Annual Report. In 2021, data and report development will continue to be refined, as well as engaging suicide prevention partners in using data to inform suicide prevention efforts across the state.

Appendix II

Table 8. Suicide rates among youth aged 10 to 24 years by state, United States 2019

State	Deaths	Crude Rate
Alaska	59	40.6
South Dakota	52	25.8
Idaho	45	25.4
Montana	92	22.0
Wyoming	25	21.9
New Mexico	207	18.7
Colorado	147	18.7
Kansas	133	16.4
North Dakota	61	16.4
Utah	92	15.4
Oregon	116	15.3
Missouri	91	14.9
New Hampshire	174	14.7
Arizona	23	14.6
West Virginia	42	13.1
Washington	32	13.0
Nevada	82	12.7
Oklahoma	123	12.6
Maine	28	12.5
Kentucky	69	12.2
Indiana	105	11.6
Michigan	168	11.6
South Carolina	149	11.5
Delaware	160	11.5
Arkansas	124	11.4
Virginia	255	11.4
Alabama	104	11.0
Ohio	672	10.9
Louisiana	94	10.8

State	Deaths	Crude Rate
Iowa	122	10.8
Minnesota	43	10.7
Pennsylvania	26	10.5
Tennessee	201	10.4
Mississippi	170	10.4
Vermont	12	10.0
Georgia	218	10.0
Texas	134	9.7
Wisconsin	58	9.5
Nebraska	193	9.4
North Carolina	208	8.8
Florida	320	8.7
Hawaii	85	7.5
Maryland	182	7.4
Illinois	48	6.9
California	244	6.9
Massachusetts	525	6.8
New Jersey	69	5.2
New York	85	5.2
Connecticut	<10	Not calculated
District of Columbia	<10	Not calculated
Rhode Island	<10	Not calculated

Rates are deaths per 100,000.
Source: CDC WISQARS
Note: Does not include 2 deaths under age 10 in 2019.

Appendix III – Full evaluation report

Summaries and findings

Strategic Direction 1

Healthy and empowered individuals, families and communities

Oregon Suicide Prevention Conference evaluation

The 2019 Oregon Suicide Prevention Conference (OSPC) was presented by Lines for Life and occurred from March 13-15 in Sun River, Oregon. To assess participants' experience and reaction to the conference, the UO evaluation team collected measurement data across all three days on the domains of:

- Skills learned
- Presenter knowledge, and
- Overall presentation effectiveness.

A 37-page comprehensive evaluation report was delivered to Lines for Life on Dec. 12, 2019. The report recommended improvements be made in the areas of presenter guidelines, safe messaging, and attendee self-care. Additionally, qualitative and quantitative analysis was provided for all training, plenary presentations, and breakout sessions.

Tribal networking framework

The UO lab is developing a framework to guide the participatory collaborative dialogue between tribal governments and communities. The framework will use Indigenous knowledge and science combined with western scientific methods to create robust, culturally sensitive projects. To this end, on Sept. 6, 2020, the University of Oregon Suicide Alliance Lab, Klamath Tribal Prevention, Tribal Council members, Chiloquin Schools, Youth Initiative, and Tribal Probation met to kick off a Community-Academic Partnership (CAP) for suicide prevention, intervention, and postvention. The CAP partnership is in early steps and is looking to provide resources and assistance to the Klamath Tribes Prevention department. In February 2020, the Community Survey for the Klamath Tribe was completed with more than 300 respondents. The community survey closed in April with more than 300 respondents. We are working on cross-tabulating data by the service sector, developing focus group questions, and working with the

Tribal Youth Council to better understand and listen to the youth voice in the community and serve as a resource in their suicide prevention initiatives.

Regional coalition network

A current list of local coalitions, workgroups, and alliances has been posted on Google Drive and distributed to all school districts in Oregon. The UO evaluation team continues to collaborate with the Alliance to support the online learning collaboratives for coalitions statewide, which include post-meeting feedback surveys to gather information on how to improve future meetings. The UO evaluation team met with the Alliance leadership to discuss installing of a partnership network into the organizational structure of the Alliance. The team plans to pilot this framework through collaborations with select regional coalitions by creating two-way communication protocols and directories of partner affiliates organized by region.

Suicide prevention coordinator network

The UO lab has supported efforts to connect Suicide Prevention coordinators from across the state to form and sustain an ongoing learning collaborative. Moving forward, the UO lab and Alliance will work to coordinate, facilitate, and evaluate quarterly meetings between this core group of coordinators to identify and improve local suicide prevention resources and protocols. The Alliance will concurrently work to begin communication with all identified suicide prevention coordinators in the state to begin installing a comprehensive statewide network of practitioners. Due to COVID-19 and travel restrictions, the next coordinator meeting, planned for the spring of 2020, was postponed and current plans are underway to transfer the meeting into an online format.

LGBTQ initiative

The LGBTQ workgroup, with the UO Suicide Prevention Lab, is planning to partner with Dr. Caitlin Ryan to develop a usable innovation for addressing community-specific risk factors for suicidality among LGBTQ youth. The evaluation team is developing the Family Acceptance Project (FAP) educational poster evaluation, including the pilot data collection instrument and dissemination approach. A review of the data collection instrument for the FAP poster evaluation project continued during this period. The LGBTQ workgroup also held a series of meeting with Dr. Ryan to explore implementing and evaluating the FAP within Oregon schools to help address the requirements of Adi's Act and the Student Success Act. Currently, the UO team is developing a survey for the LGBTQ workgroup to gather information for the next iteration of the YSIPP. The survey will explore individual characteristics of LGBTQ youth across the state and examine the strengths and deficits of community, schools and institutions on suicidality. Additionally, evaluators are conducting a nationwide scan of culturally specific suicide prevention programs. This will be disseminated to OHA and the Alliance community upon completion.

Strategic Direction 2

Clinical and community preventative services

School suicide prevention scan and resources

The UO evaluation team collaborated with ODE and the Alliance Schools Committee to carry out YSIPP Objective 6.1.a., which mandates identifying "gaps and opportunities for staff training and protocol development on suicide prevention and postvention" in schools (p. 48).

Before the scan, there was no mechanism for assessing or tracking what evidence-based programs (if any) schools were implementing. Dissemination of the survey occurred in June 2018 through the listservs of ODE, Confederation of Oregon School Administrators (COSA), and Oregon School Counselor Association (OSCA). To date, 403 responses have been recorded, bringing the total school response rate to 32% of all Oregon public schools. Based on findings, the UO lab recommended schools get access to clear and user-friendly resources for school-wide suicide prevention activities, as well as how to effectively coordinate and support them. In January 2020, the Alliance executive committee approved the final draft of Oregon Schools' Resource Catalogue. It was distributed to all schools that took part in the 2018 school suicide prevention survey (Appendix E). Additionally, ODE agreed to distribute the catalog to all school districts in Oregon using multiple listservs (for example, counselors, administrators). In the summer of 2020, the UO evaluation team met with ODE for a work session around comprehensive suicide prevention and school safety evaluation plan. The UO proposed creating a database that would track district and schools' progress on the implementation and sustainment of Adi's Act as well as the development of a technical assistance support structure that would use a Network Improvement Community (NIC) framework.

OHA suicide prevention programming evaluation activities

Implementation Science Workshop

As a part of the request for proposals (RFPs) issued in 2019, the evaluation team initiated a series of workshops for the vendors assigned to lead the OHA-sponsored suicide prevention initiatives. The webinar series (three, 90-minute Zoom meetings) focused on implementing science frameworks for installation and sustainability of the initiatives as well as the foundations for the evaluation process. In preparation for the webinar series, the UO team met weekly to plan and adapt the training to meet the specific needs of participants. Subsequently, the UO lab will help to facilitate meetings between the various collaborators.

ASIST evaluation and implementation support

In partnership with AOCMHP and LivingWorks, the UO Lab is designing an evaluation of the ASIST training occurring across Oregon. The team has had an initial meeting with LivingWorks to establish a working relationship and discuss designing evaluation measures that focus on participants' knowledge and behavior changes. The UO team will continue

to work in partnership on developing these measures for use when in-person training is possible. The evaluation team drafted pre- and post-ASIST surveys to evaluate participants' knowledge and behavior changes. Additionally, evaluators have discussed developing follow-up evaluation measures for current trainers to better understand the utility of the ASIST T4T training and learning collaborative support.

Question Persuade Refer (QPR) evaluation and implementation support

The UO prevention lab has worked in collaboration with Lines for Life to conduct a co-designed evaluation for QPR gatekeeper training and the train-the-trainer model. For this process, a UO lab subgroup has met weekly with the Lines for Life state coordinator and a team obtained from the agency to outline a logic model for each training and to translate these to constructs for evaluations. The initial focus was to establish pre-post and follow-up skill acquisition of training. The next steps include exploring how to gather data around participant skill application within their natural work context. Initially, the collaboration with Lines for Life focused on establishing a logic model to inform the evaluation instruments. Pre- and post-evaluations were developed and disseminated for gatekeepers' training. A follow-up only evaluation for the train-the-trainer is in the final stages of development and should be disseminated for the first cohort trained in August 2020. Next, this collaboration will explore the steps necessary for evaluation of the learning collaborative, implementation barriers and facilitators for skill application.

Sources of Strength evaluation and implementation support

The UO evaluation team is meeting bi-weekly with Matchstick Consulting and OHA, as well as conducting weekly internal team meetings to plan the statewide evaluation efforts for Sources of Strength. The team has created a website for schools to access evaluation resources and provide district and student-level data. The UO team has also co-created a readiness assessment for sites considering Sources of Strength implementation alongside Matchstick and Lane County Public Health. Additionally, the lab has developed several measures to assess program effectiveness and implementation and is finalizing the evaluation plan. Currently, provisional plans are being made for the evaluation given the challenges associated with COVID-19. Additionally, the UO team has worked with the Bethel School District to collect data on Sources of Strength implementation during COVID-19. The Bethel COVID-19 report has been completed and is waiting for approval by Bethel before circulation.

Evaluation measures are programmed, and OHA? Is planning on offering technical assistance webinars for school districts interested in taking part in school-wide surveys.

Mental Health First Aid evaluation and implementation support

As part of the OHA-sponsored suicide prevention evaluation, the UO lab is continuing to build off previous collaborations with AOCMHP to comprehensively evaluate the effectiveness of MHFA training across the state. The current evaluation design includes

a pre-test that registers all participants before training. Then, all participants receive a follow-up survey six months after training to assess self-efficacy, attitudes, and behaviors related to mental health awareness. The evaluation team completed follow-up data collection for six months of training, where cohorts were organized into bi-monthly groups (for example, January/February, March/April, etc.), and a summary report of initial findings has been completed. In the summer of 2020, the UO team met with AOCMHP and researchers from OSU to discuss coordinating evaluation efforts for MHFA. National MHFA is currently developing a pre- and post-test for online training and the group is waiting to receive that measure to compare it to each teams' existing survey.

Connect Postvention evaluation and scale-up

To support the scale-up and rollout of the Connect Postvention training to local communities, the UO evaluation team provided technical assistance and structural guidance to the 15 counties that have received the training, which included the development of an online training tracker (Appendix K). As the Connect evaluation transitions into assessing the scale-up of the train-the-trainer model, evaluators are collaborating with NAMI New Hampshire to revise the Connect Postvention evaluation measures to include metrics assessing implementation outcomes (for example, appropriateness, feasibility, etc.). The UO evaluation team has created two measures for assessing suicide postvention preparedness at both the community and organizational level (See Appendix L and M). The team met with NAMI New Hampshire and the Oregon Connect coordinator to review the measures and discuss future piloting of each tool. The UO team also met with the Oregon Connect coordinator to clarify evaluation expectations and deliverables. To assess the current status and capacity of local Connect leaders, the UO team, in collaboration with the state-level Connect Coordinator, developed an interview protocol for Connect county-level coordinators (Appendix N). The team is planning on conducting Zoom interviews in November and December of 2020, and then conducting a focus group with all coordinators in January to discuss common barriers and facilitators for program implementation.

Strategic Direction 3

Treatment and support services

Hospitals HB 3090 scan

The UO lab developed a database to track the implementation of HB 3090 efforts in Oregon hospitals, which included 65 hospitals. The database was updated to include hospital website URLs and emergency department phone numbers. To identify if hospitals had posted their HB 3090 policy online (as permitted in the law), the lab searched each website and used search terms (i.e., "discharge policy", "discharge plan", and "HB 3090") to search the entire website. Three hospitals responded with "No" when asked if their discharge policies following a behavioral health crisis were publicly available— all other hospitals did not respond. A second investigation of hospital websites for HB 3090 policy revealed three

policies that adhere to the rules laid out by HB 3090. The three hospital policies found online cover 10 separate hospital locations. In February 2020, the UO Suicide Prevention Lab and Oregon Alliance to Prevent Suicide sent a letter to Oregon Representative Alissa Keny-Guyer outlining concerns about the current efforts to implement HB 3090 laws and suggestions for improvements and next steps for the 2020 survey.

Senate Bill 48 Report

The UO evaluation team used data collected by OHA from all licensing boards required to report when members took a course in suicide assessment, treatment or management. From the available data, the UO lab-created graphs and tables detailing the total suicide risk training completed by all license boards, as well as a detailed breakdown of each board's responses individually. For each board that had the available data, specific training type and duration were reported along with board trainees by county. A descriptive summary report was then compiled and submitted to OHA.

Strategic Direction 4

Surveillance, research and evaluation

YSIPP 2.0 development

Project overview

To help the OHA youth suicide coordinators with the YSIPP 2021-2025 update, the UO has prepared a plan for the tasks and timelines for informing the strategic action planning and recommendations for the next five-year period. The UO lab will complete the following activities by May 2021:

1. write a summary report of YSIPP 2016-2020 activities (August 2020)
2. review and summarize other state suicide prevention plans (August 2020)
3. solicit and summarize formative input from key stakeholder groups (October 2020)
4. conduct research for ORS 481.733 required updates based on HB 4124, Section 2 (October 2020
5. summarize needs and gap analysis for review by OHA and the Alliance (October 2020)
6. assist OHA with drafting YSIPP 2.0 (November 2020 – February 2021)
7. circulate a draft for input and feedback (March 2021), and
8. incorporate feedback and finalize the draft (April 2021).
9. The UO lab expects to complete tasks 1 and 2 and make progress on tasks 3 and 4 by the next quarterly report.

YSIPP 1.0 activities summary

A draft summary of YSIPP 2016-2020 activities has been completed to better track and organize YSIPP-related efforts over the past four years. The summary is being refined based on input from Alliance members and other stakeholders. A final draft will be completed by January 2021.

State Suicide Prevention Plan scan

In August of 2020, the UO team completed a review of state suicide prevention plans among states with the lowest suicide rates among youth, according to the latest data from the CDC. A report is being finalized to summarize those states' varying priorities, strategies, and frameworks to suicide prevention. This report will be completed in November 2020. The specific recommendations for the YSIPP update will be identified according to discussions and interviews with key stakeholders and presented by January 2021.

Key stakeholder focus groups

To better inform the structure, strategy, and content of YSIPP 2.0, break-out sessions were conducted with attendees of the September Alliance quarterly meeting. The resulting input on YSIPP priorities moving forward has been coded and summarized by sector and theme. A focus group has been conducted with YYEA and a summary report is being drafted. Focus groups and structured interviews for other Alliance committees and work groups are currently being scheduled for October and November 2020.

Conclusion and recommendations

Evaluation activities conducted during the 2019-20 contract year built on the two previous years' scanning of the landscape of suicide prevention across organizations and regions in Oregon. The UO evaluation team used environmental scans, survey research, program evaluation, focus groups, and formative interviews to evaluate and support the implementation of the YSIPP. Based on the work of the past four years, the following recommendations have emerged:

- ***Ensure the opinions and perspectives of key stakeholders from diverse populations are incorporated into the development of YSIPP 2.0.*** A special effort has been made to directly gather feedback from a diversity of stakeholder groups including youth, LGBTQ, Indigenous populations, and those with lived experience. The UO evaluation team continues to use a mixed-method approach in gathering data from these groups and recommends the continued communication and collaboration with all key stakeholders through the process of developing, implementing, and sustaining YSIPP 2.0 objectives and activities.
- ***Support and coordinate the various statewide suicide prevention initiatives – including the Big Six — to more efficiently and effectively implement evidence-based programs in local environmental contexts.*** Creating databases and

directories of each initiatives' activities and trainers will allow for better tracking and support of program implementation. With the amount of distinct suicide prevention activities being carried out across the state, the need for communication between implementers to reduce overlap, inefficiency, and redundancy is paramount.

- ***Development and use of a networked community composed of the local suicide prevention coalitions and the Alliance to Prevent Suicide.*** By identifying, connecting, and communicating with local suicide prevention coalitions, the Alliance can better facilitate best practices for community-level suicide prevention. Additionally, the use of a coordinated network will allow the UO and the Alliance to get contextual local data that can better illuminate the various and diverse challenges that communities face across the state.
- ***Installation and support of a county-level suicide prevention coordinator network.*** A previous scan of regional suicide prevention coordinators found that while a small percentage of counties had a designated full-time suicide prevention coordinator, most counties either did not have a lead suicide prevention contact or only had a small portion of FTE dedicated to suicide prevention. To address this issue, the UO evaluation team suggests the following two-pronged approach:
  - » Facilitate an ongoing collaboration of core suicide prevention coordinators for problem-solving and resource sharing, and
  - » Develop a network of all county-level suicide prevention coordinators or "leads" the identified tools and resources can be shared with.
- ***Continued deployment and support of a centralized network hub to connect various efforts taking place across the state.*** The state of Oregon needs a centralized informational database that can be used to connect and monitor all suicide prevention efforts taking place across the state. This "network hub" can also serve as a place where practitioners can get evidence-based tools and information. The UO evaluation team recommends the use of the Alliance to Prevent Suicide's website to serve this end.
- ***Concentrated efforts to support school suicide prevention and the implementation of Adi's Act.*** With the recent passing of Adi's Act, the evaluation team recommends increasing support for suicide prevention in schools by providing best-practice recommendations, exemplar plans and toolkits, and active implementation guidance for suicide prevention, intervention, and postvention.
- ***Use of implementation science frameworks to better support the implementation and scale-up of evidence-based suicide prevention programs and activities across the state of Oregon.*** Most evidence-based programs do not successfully transition from effectiveness trials to real-world implementation by practitioners. However, using implementation science, the UO evaluation team and the Alliance can better facilitate the successful scale-up efforts of selected evidence-based programs.

As the evaluation transitions into the 2020-2021 contract year, activities will include the continued identification, connection, and support of suicide prevention activities across the state of Oregon. The UO evaluation team will continue to collect and analyze data related to the implementation and impact of the YSIPP, while also preparing for the next iteration of the YSIPP (i.e., YSIPP 2.0). We are committed to providing implementation support in the form of technical assistance, network installation guidance, and progress monitoring.

Reference

Bryk, A. S., Gomez, L. M., Grunow, A., & LeMahieu, P. G. (2015). Learning to improve: How America's schools can get better at getting better. Harvard Education Press.

Rochelle, J., Thomas, R., Parr, N., Moore, C., & Seeley, J. (2018) Implementing statewide youth suicide prevention strategies: A research-practice-policy partnership. Society for Prevention Science, Washington D.C

Appendix IV

Highlights of Alliance activities in 2020

Legislative activity and administrative rulemaking

- Partnered with American Foundation for Suicide Prevention in January to meet with the majority of Oregon legislators or their staff to highlight policy needs to prevent suicide
- Submitted the legislative concept for the 2021 session that will require the behavioral health workforce to receive continuing education on suicide prevention, intervention and management. Rep. Salinas agreed to be the lead sponsor and invited Alliance to testify at the House Behavioral Health Committee during Legislative Days.
- Partnered with Lines for Life to submit a legislative concept to include children under age 10 in the statewide suicide prevention plan
- Provided feedback to Oregon Department of Education during rulemaking for Adi's Act – SB 52 (2019). Alliance youth and members with lived experience advocated for rules to address communication between schools and health systems.
- Provided feedback to OHA during rulemaking for postvention legislation – SB 485 (2019) and SB 918 (2019)

Advising the Oregon Health Authority and other state agencies on strategies and to address suicide prevention

- Lethal Means Access workgroup advised Lines for Life and OHA to conduct focus groups with firearm owners to inform how best to advance cultural norms around safe storage and reduce stigma around mental health safety planning. The resulting report Oregon Gun Owners on Firearm Safety and Suicide Prevention outlines 6 recommendations and resulted in the formation of the Oregon Firearm Owners Gun Safety Coalition.
- Monitored implementation of HB 2023, 3090, and 3091, identified barriers and requested OHA resurvey hospitals.
- Submitted letters to OHA and Rep. Keny-Guyer mapping system challenges (see graphic below) in monitoring and supporting transitions of care legislation and recommendations to improve implementation
- Provided recommendations for new and continued Alliance membership appointments

- Co-developed LGBTQ mini-grant application and review process to create low-barrier access to support during COVID-19 pandemic
- Advised OHA staff to develop an adult suicide prevention plan
- Submitted letter to OHA and legislators supporting recommendations of OHA's 2020 SB48 report
- With additional staff support, increased involvement in Alliance by youth and young adults
- Collaborated with UO Suicide Prevention Lab and OHA regarding the structure, themes and priorities of the next YSIPP. Informed recommendations in YSIPP by connecting lab with key informants across the state and focus groups with Alliance members and affiliates.
- Strengthened partnerships to ensure Alliance advice and policy work is informed by subject matter experts and people with lived experience. (AOCMHP, Lines for Life, AFSP, Youth ERA, Oregon Family Support Network, University of Oregon, Basic Rights Oregon)
- Advocated for and received funding for Alliance to conduct focused work to address racism and equity in suicide prevention efforts and amplify diverse perspectives
- Advised ODE/OHA and helped develop resources and guidance for schools to develop suicide prevention plans that comply with the law and the spirit of Adi's Act, SB52.
- Staff and members represent Alliance on School Safety Task Force, State Health Improvement Plan, Children's System Advisory Council

Alliance to Prevent Suicide

Membership list

(Does not include OHA staff members who are non-voting members.)

Name	Organization	Title
Juanita Aniceto	Youth and Young Adult Engagement Advisory	Young adult
Tia Barnes	Youth Era	Chief program officer
Maria Antonia Botero	Latino Community Association	COVID-19 tracing
Roger Brubaker	Lane County Public Health	Suicide prevention coordinator
Maya Bryant	Youth and Young Adult Engagement Advisory	High school student
Sandy Bumpus	Oregon Family Support Network	Executive director
Iden Campbell	Basic Rights Oregon	Racial justice and trans justice program director
Gordon Clay	Suicide Awareness and Prevention Council of Curry County	Chair of the Suicide Awareness and Prevention Council of Curry County

Name	Organization	Title
Emma Cooper	Youth and Young Adult Engagement Advisory	High school student
Spencer Delbridge	Oregon Department of Education	Student safety program coordinator
Donald Erickson	Oregon Department of Human Services	Chief administration officer for ODHS
Kristin Fettig	Jackson County Mental Health	Suicide prevention specialist
Dan Foster	Greater Oregon Behavioral Health, Inc. Coordinated Care Organization	Applied behavior analysis manager
Wren Fulner	Pacific University	MSW student
Senator Sara Gelser	Oregon Legislature	Oregon Senator for District 8
Leslie Goldon	Lines for Life	Director of IT and security
Rosanna Jackson	Suicide Prevention Coordinator	Confederated Tribes of Warm Spring
Kimberlee Jones	Best Care Treatment	Prevention services supervisor
Judah Largent	Deschutes Defenders	Attorney
Spencer Lewis	Oregon School Boards Association	Director of policy services
Charlette Lumby	Incite Agency for Change	Co-owner and ICU nurse
Julie Magers	Oregon Health and Science University	Family engagement and support specialist
Rebecca Marshall	Oregon Health and Science University	Child, adolescent, and adult psychiatrist
Gary McConahay, PhD	Columbia Care Services	Director
Laura Rose Misaras	CSAC, OCA, Peer Galaxy	Community member
Galli Murray	Clackamas County	Suicide prevention coordinator
Olivia Nilsson	Youth and Young Adult Engagement Advisory	High school student
Jesus Nunez-Pineda	Youth Era	Peer support specialist
Pam Pearce	Community Living Above	Executive director
Justin Potts	Eugene 4J School District	School psychologist
Ryan Price	American Foundation for Suicide Prevention	Area director for Oregon & Idaho
Tanya Pritt	Milestones Recovery	Yes House program director
Karli Read	Youth and Young Adult Engagement Advisory	Young adult peer support
Shane Roberts	Youth and Young Adult Engagement Advisory	Young adult
Mila Rodriguez-Adair	Portland Public Schools	QMHP on special assignment
Julie Scholz	Oregon Pediatric Society	Executive director
John Seeley	University of Oregon	Professor and faculty member
Lon Staub	Unaffiliated	Community member
Joseph Stepaneko	Youth and Young Adult Engagement Advisory	Youth and young adult voice advocate
Suzie Stadelman	Oregon College and University Suicide Prevention Project, University of Oregon	Co-director
Sydney Stringer	Redmond Proficiency Academy High School	School counselor
Olive Vigna	Youth and Young Adult Engagement Advisory	Young adult
Stephanie Willard	Acupuncturist	Community member
Roxanne Wilson	Fifth Corner Academy	Co-founder and president
Kirk Wolfe M.D.	Affiliated with Multiple Hospitals	Child and adolescent psychiatrist

Endnotes

1. Fatal Injury and Violence Data – Leading Causes of Death Reports [Internet]. Centers for Disease Control and Prevention. Centers for Disease Control and Prevention; 2019 [cited 2021 Feb 16]. Available from: https://webappa.cdc.gov/sasweb/ncipc/leadcause.html
2. Fatal Injury and Violence Data – Fatal Injury Reports [Internet]. Centers for Disease Control and Prevention. Centers for Disease Control and Prevention; 2019 [cited 2021 Feb 16]. Available from: https://webappa.cdc.gov/sasweb/ncipc/mortrate.html
3. Oregon Public Health Division, Oregon Violent Death Reporting System, 2013-2017 (pending publication).

PUBLIC HEALTH DIVISION
HEALTH SYSTEMS DIVISION

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact the Health Systems Division at 503-945-5763, 711 for TTY, or email kids.team@dhsoha.state.or.us.

OHA 8874E (04/2021)