



The Oregon Alliance to Prevent Suicide

Youth suicide is a tragedy that can impact any family, school, and community. In Oregon, 103 youth ages 10 to 24 years died by suicide in 2017, making suicide the second leading cause of death (behind unintentional death) among youth in that age bracket. (Oregon Violent Death Reporting System, 2018)

In 2014, the Oregon State Legislature mandated development of a 5-year plan to address Oregon's high rate of suicide among individuals age 10 through 24-years-old. The Oregon [Youth Suicide Intervention and Prevention Plan](#) was signed by the Oregon Health Authority and submitted to the Legislature in January 2016.

Embedded throughout the plan is a belief that it is crucial to support Oregon's youth and families by:

- Promoting a sense of **hope** and highlighting resilience.
- Normalizing **help**-seeking behaviors, and supporting individuals and systems to provide help
- Engaging individuals and communities in the **healing** process after an attempt or suicide

The Plan established the Oregon Alliance to Prevent Suicide (Alliance), which is charged with overseeing implementation of the plan and evaluating outcomes related to suicide prevention in Oregon. Alliance members are appointed by the Oregon Health Authority to develop a public policy agenda for suicide intervention and prevention across agencies, systems and communities. The four strategic directions of the YSIPP are:

- I. **Healthy and Empowered Communities** – Integrate and coordinate suicide prevention activities across multiple sectors and settings. Achievements: Formed the Alliance, developed strategies to expand communications about suicide prevention
- II. **Clinical and Preventive Services** - Develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors. Achievements: Schools are implementing upstream prevention programs such as Sources of Strength and the Good Behavioral Game. Across the state 1291 school personnel have completed the Youth Mental Health First Aid training. Legislation is being proposed to require that all behavioral health professionals in Oregon receive training in suicide prevention, intervention and treatment.
- III. **Treatment and support services** - Promote suicide prevention as a core component of health care services. Achievements: Successfully advocated for legislation for continuity of care, to improve aftercare for post discharge from emergency dept., supported communities to develop comprehensive postvention plans, Promote the adoption of Zero Suicide as an aspirational goal by health care and community support systems that provide continuity of care and support a defined patient population.
- IV. **Surveillance, research and evaluation** – track progress on suicide prevention and intervention. Achievements: the Alliance is a research practice partnership with the University of Oregon, Suicide Prevention Lab, the Oregon Health Authority and the Association of Oregon Community Mental Health Programs.



How to connect with the efforts of the Alliance

- 1) First, we encourage you to get involved locally. There are coalitions around the state working to prevent suicide and to support effective intervention and postvention. Join your local coalition. See the Alliance website Oregon map to find an organization near you.
- 2) Sign up to become part of the Alliance Communication Hubs. Share information about priorities and challenges in your community. Let us know how we can support your work and communicate your successes and concerns to the Oregon Health Authority.

If you are interested in getting involved with the work of the Alliance, you may want to join one of our ongoing workgroups or committees. Contact Annette for more information.

Outreach and Awareness

The Outreach and Awareness Committee is responsible for action items in the Youth Suicide Prevention and Intervention Plan that have to do with messaging about suicide prevention, communication among people and organizations working in the field of youth suicide prevention, intervention and postvention and publicity about suicide issues.

Workforce Development

The Workforce Development Committee is responsible for researching and recommending programs to improve the skills of physical health providers, those serving people with mental health and substance use challenges, and school staff.

Schools

The Schools Committee is responsible for researching and making recommendations on programs and processes for improving suicide prevention, intervention and postvention in Oregon schools and colleges.

Continuity of Care

The Continuity of Care Committee is responsible for researching and making recommendations for making sure care is available and effective as youth transition across types of care, for example from emergency departments to outpatient care with a mental health provider in the community.

Data And Evaluation

The Data and Evaluation Committee is responsible for working with the University of Oregon for monitoring completion of the Youth Suicide Intervention and Prevention Plan and tracking risk factors for suicide in Oregon.

The Alliance also has an LGBTQ Advisory Group and is in the process of forming a Loss and Survivor Workgroup.

Upcoming Events Supported by the Alliance:

- I. **2019 Oregon Suicide Prevention Conference**– March 13 – 15, 2019, Sunriver Resort, Sunriver, For more information about this conference, contact **Asa Wright**, Lines for Life Prevention Projects Coordinator | 971.247.9072 or asaw@linesforlife.org



- II. **Critical Role of Family Support in LGBTQ Suicide Prevention-A one-day intensive with Dr. Caitlin Ryan of the Family Acceptance Project.** Friday, April 5, 2019 9 a.m. to 4:30 p.m., Lane Community College, Eugene, Oregon Email amarcus@aocmhp.org for more information. (Free, lunch provided)

The Family Acceptance Project® is a research, intervention, education and policy initiative that works to prevent health and mental health risks for lesbian, gay, bisexual and transgender (LGBT) children and youth, including suicide, homelessness and HIV – in the context of their families, cultures and faith communities. We use a research-based, culturally grounded approach to help ethnically, socially and religiously diverse families to support their LGBT children.

Learn about how you can put the research of the Family Acceptance Project into practice by sharing information about an evidence-based family model of wellness, prevention and care to strengthen families and promote positive development and healthy futures for LGBT children and youth.





Continuity of Care Committee Report: January 2019

Progress: Committee members played a key role in getting legislation passed and testifying during the RAC process for HB3090 and 3091. With OARS in place for 3090 and 3091 more work is now needed for implementation. Julie Magers, Galli Murray and Danielle Myers are developing an outreach brochure to provide guidance to hospitals regarding implementation. The committee's focus will be supporting implementation. The workgroup with the Children's System Advisory Council has completed the guide for parents bringing their children in to an Emergency Department for a mental health crisis. These are now available for distribution.

Ongoing Action:

1. The committee will track the progress of legislation being developed by the Oregon Hospital Association to put caring contacts for all hospitals statewide under one hotline rather than insurance paying for this. Continuity of Care will discuss further.
2. Invite the CATS program to present information to the Alliance about their demonstration sites.
3. Continue to explore how to measure impact of the new legislation.
4. The committee plans to meet monthly—with the exception of months when a quarterly Alliance meeting is scheduled.



Schools Committee Report: January 2019

Progress: School surveys have been completed by University of Oregon. A full 77% of responding schools asked for additional support. Jonathan will be sending out an email to each responding school with a list of resources. The Schools Committee will review these.

There is overlap with the work of the Governor's Task Force on School Safety. Alliance members Cherryl Ramirez and Peggy Holstedt are both on the task force and Annette Marcus has attended recent meetings. There has been successful advocacy to sharpen the focus of the Task Force on suicide prevention and children's mental health promotion.

Ongoing Action:

5. Basic Rights Oregon is promoting legislation to require all schools to have suicide prevention regulations in statute:

Per Basic Right Oregon's advocacy piece:

Schools need to be ready with the right knowledge, tools, and resources to address the issue of youth suicide. Unfortunately, Oregon is one of only three states that do not have suicide prevention regulations for schools in statute and many schools do not have access to national best practices around suicide prevention.

Basic Rights Oregon is advocating for a youth suicide prevention concept that:

- Provides all school districts in Oregon with a model suicide prevention policy, based on national best practices.
- Requires school districts to have a suicide prevention policy including procedures relating to suicide prevention, intervention, and postvention.
- Address populations at higher risk for youth suicide – like LGBTQ students

This legislation mirrors California law and builds off of Oregon's Safe Schools Act of 2009 that requires anti-bullying policies in K-12 schools.

6. Support the expansion of SB561 to include a requirement for schools or colleges that have a student die by suicide inform the Oregon Health Authority when a death occurs and coordinate with local mental health authority.
7. As possible, attend or provide workshops at school related conferences and in publications. Lines for Life, for example, is presenting to COSA. Schools are being featured at the Suicide Prevention Conference.



Workforce Committee Report: January 2019

Progress: Donald Erickson has taken over as chair of the Workforce Committee, with thanks to Deborah Martin for her service. The Committee held a gathering for faith leaders attended by 12 leaders from a broad variety of faith traditions. The group expressed interest in working together in the future and a follow up meeting will be scheduled this Spring. DHS has made a commitment to train all of its staff in suicide prevention. The process DHS has gone through to assess how to train 8,000 plus staff is becoming the basis for a “Making the Case” paper for other organizations interested in doing this work. The Oregon Pediatric Society also has developed training for pediatricians and their model is also informing the Making the Case paper. DHS is coordinating with the University of Oregon on evaluation

Ongoing Action:

1. Support expansion of SB48 to require that behavioral health providers have at least 6 hours of suicide assessment, intervention and management training. There will be provision to grandfather in those with relevant experience or training.
2. The committee is developing a “Making the Case” paper to be posted on the website and for use in reaching out to other professional organizations that may be interested in training their staff. The committee will be spending time identifying other key areas where it makes sense to get their workforce trained. The committee is also tracking the progress of the Mental Health First Aid trainings around the state—thousands have already been trained in this.
3. Plan another interfaith convening and work on connecting faith organizations with key resources—many of which already exist.

Suicide Prevention Coalitions Identified Through Scan

County	Coalition Name	Lead Organization	Contact Name
Baker		New Directions Mental Health	Jane Claire Chandler
Benton	Linn Benton Lincoln Suicide Prevention Task Force		Justin Thomas, Linn County
Clackamas	Clackamas County Suicide Prevention Coalition		Galli Murray or Kathy Turner (best)
Clatsop		Greater Oregon Behavioral Health, Inc	Janet Holboke
Columbia	Columbia County Suicide Prevention Task Force		Claire Catt
Coos	Suicide Prevention Workgroup		Postvention coordinator is Kelly Olek (541-266-6769)
Coos		Coos Health & Wellness	Megan Ridle
Crook	Central Oregon Suicide Prevention Alliance (COSPA) (includes Descutes, Crook, and Jefferson counties)		Whitney Schumacher
Curry			Gordon
Deschutes	Central Oregon Suicide Prevention Alliance (COSPA) (includes Descutes, Crook, and Jefferson counties)		Whitney Schumacher
Douglas			
Gilliam			
Grant			
Harney			
Hood River			Barbara Seatter (Mid- Columbia Center for Living)
Jackson	Jackson County Suicide Prevention Coalition		Kristin Parrish

Suicide Prevention Coalitions Identified Through Scan

County	Coalition Name	Lead Organization	Contact Name
Jefferson	Prevention Coalition for a Brighter Community		Kimberlee Jones
Jefferson	Central Oregon Suicide Prevention Alliance (COSPA) (includes Descutes, Crook, and Jefferson counties)		Whitney Schumacher
Josephine	Josephine County Suicide Prevention Task Force		Angela Watton (541) 244-3153
Klamath	Klamath County Suicide Prevention Committee		Jenny Wheeler, (541) 883-1030
Lake			
Lane	Lane County Suicide Prevention Steering Committee		Roger Brubaker
Lincoln	Linn Benton Lincoln Suicide Prevention Task Force		Justin Thomas, Linn County
Linn	Linn Benton Lincoln Suicide Prevention Task Force		Justin Thomas, Linn County
Malheur	Malheur County	Lifeways Crisis Support	Heather Brown
Marion	Mental Health & Suicide Prevention Coalition		Michelle Bangen
Morrow			
Multnomah			Mandy Kubisch (Behavioral Health Prevention Coordinator)
Polk	Mid-Valley		Doug Gouge
Sherman			Barbara Seatter (Mid-Columbia Center for Living)
Tillamook	SOS Tillamook Suicide Safer Community	Tillamook Family Counseling Center	DeAnna Pearl
Umatilla	Umatilla County Suicide Prevention Coalition & Out of the Darkness Walk		Amanda Walsborn (541-278-5432)
Umatilla			Amanda Walsborn
Union			
Wallowa			
Wasco			Barbara Seatter (Mid-Columbia Center for Living)

Suicide Prevention Coalitions Identified Through Scan

County	Coalition Name	Lead Organization	Contact Name
Washington			Debra Darmata
Wheeler			
Yamhill			Ivan Estrada (Prevention Coordinator)
Tribal Communities			
	Choctaw nation Tribal Suicide Prevention		Josh Mabray M.S. LRC, CRC
	Circles of Hope, Youth Suicide Prevention Program	Yellowhawk Tribal Health Center	
Other statewide & multi-county organizations			
		American Foundation for Suicide Prevention, Oregon Chapter	
		CATS (Crisis and Stabilization Services)	Jean Lasater (OHA) Rebecca Marshall (OHSU)
		Crisis Text Line	https://www.crisistextline.org/
		Oregon Family Workforce Association	Julie Magers
		The Trevor Project	thetrevorproject.org

(Alliance, AOCMHP, BRO, Lines for Life, etc logos)

Youth Suicide Prevention—The Time is Now

Youth suicide is a tragedy that can impact any family, school, and community. In 2017, 103 youth ages 10 to 24 died by suicide in Oregon, making suicide the second leading cause of death among youth in that age bracket. (*Oregon Violent Death Reporting System, 2018*) At an even higher risk of suicide due to stigma and discrimination, a startling one-half of Oregon's lesbian, gay, bisexual and transgender 8th graders reported considering suicide in 2017. (*2017 Oregon Healthy Teen Survey*).

We are part of a movement that is galvanized to help all young people embrace life by:

- Promoting a sense of **hope** and strategies to build resilience
- Supporting young people to reach out for **help** and working to make sure that the right help is available at the right time
- Bringing communities together to **heal** after a tragedy occurs and to prevent contagion

Hope and Help

From an early age we must work with schools and families to support children's social/emotional development. Instead of waiting to react to acute and crisis episodes that cost the public millions of dollars and incalculable pain and suffering for youth and families, a public health approach is needed. We must move upstream by screening early and provide help when it is first needed to children and youth who are struggling. We can:

- Decrease bullying and harassment (most common problem reported to Safe Oregon tip line) by de-escalating conflict.
- Reduce exclusionary practices like suspension and expulsion.
- Increase availability of counselors and social workers in schools.
- Cultivate supportive relationships between adults and youth and promote social emotional competence through programs like Sources of Strength.
- Fund family support strategies that strengthen family acceptance, build protective factors and link families to resources.
- Connect schools to community resources to support healthy environments and relationships among youth.

We commit to dedicating serious effort and resources toward ending youth suicide by supporting suicide prevention and mental health promotion legislation and policy option packages that:

- Implement the objectives of the Youth Suicide Intervention and Prevention Plan (YSIPP)
- Focus special attention on populations with higher suicide completion and attempt rates, and provide services that meet them where they are
- Empower and equip schools to cultivate healthy environments and prevent crises
- Provide youth with training to build help-seeking skills and resilience

Making a Difference in 2019

We support Governor Kate Brown's recommended budget that calls for an increase in funding for early education, K-12 schools and behavioral health which would allow for the implementation of important strategies to decrease suicide and help Oregon youth to thrive.

We also support:

Oregon Health Authority's POP:

Expand Behavioral Health Services, including suicide intervention and prevention, in schools for children and youth; develop adult suicide prevention, intervention and postvention plan; \$13,103,059

Basic Rights Oregon's concept to provide all Oregon school districts with a model suicide prevention policy based on national best practices and require school districts to implement suicide prevention policies and procedures, addressing high risk populations.

Alliance to Prevent Suicide's concepts to 1) promote healing and prevent contagion by requiring schools to participate in the planning process for youth suicide postvention reporting required through SB561; 2) strengthen SB48 to require behavioral health professionals to take continuing education units on suicide assessment, treatment and management and 3) require Oregon Alliance to Prevent Suicide as an advisory body for OHA to implement the YSIPP in statute.

School Safety Task Force legislation to enhance youth suicide prevention efforts, decrease bullying and enhance student wellness by hiring four Youth Suicide Prevention Specialists assigned to Education Service Districts; promoting the tip line and working to build protective factors through programs such as Sources of Strength, a peer-led school prevention and resiliency program, or other upstream prevention programs such as Signs of Suicide and the Good Behavior Game.

Oregon Department of Education's POPs:

Safe and Effective Schools for All Students (focusing on upstream prevention, like Sources of Strength, and early intervention initiatives)

Improved Levels of Service for Students with Special Needs – Strategy 1 investment of \$75.8 M for Early Intervention/Early Childhood Special Education and Strategy 6 investment of \$1.2 M for SEL in Kindergarten